

**CONTEXTS AND VULNERABILITY OF UNINTENDED  
PREGNANCY AMONG YOUNG WOMEN IN ORISSA, INDIA:  
DOES GENDER ROLE MATTERS?**

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## **BACKDROP**

Gender role that is a set of socially significant activities associated with being male or female is variable and changes from time-to-time, culture-to-culture and even from family-to-family within the same society. Internationally, young peoples' reproductive health has been a major concern for sometimes now both because of an urgent need to reduce the high levels of unintended pregnancy and sexually transmitted infections, and because of a desire to improve less tangible aspects of health including psychological well-being. Youth (15-24 years) who largely define the socio-economic and political future of a population comprise of nearly 20 percent of India's population (RGI, 2001). However, social vulnerabilities persist and transitions to adulthood are often marked by abrupt and premature exit from school, entry into the labour force/marriage and strongly held gender norms (Jejeebhoy and Sebastian, 2004). Further, the fact is that these young people are at a very vulnerable, yet crucial phase of their lives coupled with lack of and/or poor knowledge on matters related to sexuality, reproductive health and their inability, inaccessibility and/or unwillingness to use family planning and health services puts them at a significant risk of experiencing negative consequences (Pradhan and Ram, 2007; Verma and Lhungdim, 2004; Jejeebhoy and Sebastian, 2003; Collumbien et al., 2001 and Mamdani, 1999). Moreover, societies that dictate different attitudes towards males and females with respect to youth sexuality and where talking about sex with young people continues to be a stigma, may further contribute to the risk taking behavior and unwanted health outcomes (Hardee et al., 2004 and Miller and Whitaker, 2001).

Gender disparities and double standards have a considerable influence on the sexual and reproductive health and lives of young people (Tangmunkongvorakul et al., 2005; UNFPA, 1997; Helzner, 1996; Mbizvo, 1996 and Hardon, 1995). In many parts of the world marriage is interpreted as granting men the right to unconditional sexual access to their wives and power to enforce this access through force if necessary. Inequalities in power often make women vulnerable to men's risky sexual behavior and irresponsible decisions.

Unintended pregnancy, which includes both unwanted and mistimed pregnancies (Santelli et al., 2003) is undoubtedly an important indicator of the state of reproductive health, as almost all women are at risk of unintended pregnancy through out the reproductive years (Forrest, 1994) and it occurs in all socio-economic strata of the society (Moos, 2003). In India, almost 75 percent of the conceptions are unplanned; more adolescent girls aged 15-19 years die from pregnancy related causes than from any other cause and almost 90 percent of the induced abortions are performed by unqualified persons subjecting women to the risk of mortality as well as morbidity (Puri, 2005). Langer (2002) opines that the desire to have small family, unmet need for family planning and the ineffectiveness of family planning methods besides the unwanted sexual relations have found to be the important reasons for classifying a pregnancy unwanted. Besides this, other factors associated with unwanted pregnancies are younger age (Sedgh et al., 2006 and Islam et al., 2004), marital duration and number of sons (Khan et al., 2006), higher parity (Islam et al., 2004 and Gadow et al., 1998), low socio-

economic status (PRC, 2001 and Henshaw, 1998), unmet need of contraception (Senanayake, 2001), level of dependability and support from partner (Kroelinger and Oths, 2000), barriers in accessing contraception (Islam et al., 2004), behavioral problems in the offspring (Moos, 2003) besides contraceptive failure and rape (Klima, 1998). Another study by Ram (2001) among the tribal and Muslim women in India has revealed son preference, accessibility to RCH services, exposure to mass media and decision-making power of the women besides education of the couple as important determinants of unwanted pregnancy/birth.

Studies by Islam et al. (2004) and Ram (2001) has found the lack of association between contraceptive knowledge and pregnancy intention, which means awareness does not always show an ability to obtain the methods or to use them correctly. Earlier studies demonstrate that most of the non-consensual sex takes place among people who know each other like spouses, family members, courtship partners or acquaintances (Heise et al., 1995) and the women who lack any autonomy often are powerless to refuse unwanted sex or to use contraception and thus are at risk of unwanted pregnancies as well (Sen, 1999). Studies have further revealed that women who experience mistimed pregnancy are less likely to seek antenatal care (Eggleston, 2000 and Joyce and Grossman, 1990). Women who experience unwanted pregnancy are at greater risk of complicated pregnancy outcomes and their children are more likely to experience physical or psychological problems in infancy than those women with wanted pregnancies (Kroelinger and Oths, 2000). Again, these pregnancies are more likely to result in abortion (Henshaw, 1998; Kost et al., 1998 and Forrest, 1994), which is responsible for at least one in eight maternal deaths worldwide (Rai and Dali, 2002).

It is thus evident that gender role of the youth plays significant role on their reproductive and sexual health outcomes. Nevertheless, despite their presumed importance, the perceived gender role and their relative impact on youth reproductive health outcomes have received very little research attention particularly in Indian context. The present research attempts to study the contexts and vulnerability of young married women towards unintended pregnancy in rural Orissa, India.

## **DATA AND METHODS**

A cross-sectional study, comprising a pre-survey qualitative phase, a survey and post-survey qualitative phase, was conducted among young married women aged 15–24 years in 10 villages in Puri district of the state of Orissa, India. Data collection was conducted during July 2006–April 2007. In the pre-survey qualitative phase, focus group discussions (FGDs) among the young women have been conducted in some selected villages. The selection of those villages has been done at random in the randomly selected tehsil (administrative unit of the district) for the survey. The young women for the FGDs have been selected keeping in mind their age, education, occupation, caste and marital duration.

A multi-stage sampling design has been adopted for selecting the young women for the individual interview. First of all, one district (administrative unit of the state) i.e. Puri has been selected at random out of the 30 districts of the state of Orissa. At the second stage, out of the 11 existing tehsils of the district, one tehsil is randomly selected. At the third stage, keeping in mind the proportion of married women aged 15-24 years (based on census, 2001), 10 villages have been selected at random. This is followed by complete house listing of all those 10 selected villages. At the time of house listing, information about sex and marital status of the persons aged 15-24 years were collected to identify the households having eligible young women for the survey. With this, a new list of households having at least one eligible young woman was prepared for each of the 10 villages. In view of the non-response, over sampling of the sample size was done by 20 percent. From the new list of households, 30 households from each village were selected using circular systematic random sampling. Keeping in view the sensitiveness of the information to be collected and problems envisaged during data collection, it was decided to interview only one young woman from a household. In case of more than one eligible young woman in the selected household, the young woman for the interview has been selected using Kish table. In the post-survey qualitative phase, for the in-depth interviews (IDIs) a few young women were selected purposively from the young women of the survey. Specifically, the young women who had experienced unintended parenthood were chosen for the in-depth interview.

The findings of the present study has been based on the data from four FGDs, 250 individual interviews and 22 IDIs of rural married young women from the state of Orissa, India. It is worth mentioning that necessary ethical guidelines like informed consent of the young women have been taken into consideration during data collection. Our analytical approach includes both descriptive data as well as bivariate and multivariate analysis. The quantitative data has been analyzed using the Statistical Package for Social Science (SPSS 15.0). Similarly, the Atlas.ti package has been used for content analysis of the FGDs and IDIs. Moreover, the free listed items have been analyzed using ANTHROPAC package.

The dependant variable in the present analysis is unintended pregnancy and is defined as 'experience of any pregnancy that is/was not wanted by the young woman at that time it happened or is/was not wanted at all'. Keeping in view the objectives of the paper, a number of variables have been included in the present analysis. The individual level variables included are perceived gender role towards sexual and reproductive behavior<sup>1</sup>, age,

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<sup>1</sup> The perceived gender role scale consists of 23 statements about men and women's roles related to domestic life and childcare, sexuality and sexual relationships, reproductive health and disease prevention, intimate partner violence as well as attitudes towards homosexuality (see appendix 1). The response choices include: agree/partially agree/ do not agree. The reliability test has been done to determine the final items to be used in the scale and only questions having Cronbach's Alpha value of 0.60 and above have been included in the final scale. After giving scores ranging between '1' and '3' according to the intensity in a three-point scale (lowest to highest), they have been summed up to get the total value of the composite index. After obtaining the composite index, it has been divided into three groups of low equitable gender role, moderate equitable gender role and high equitable gender role by using the formula: (maximum-minimum)/3.

educational status, comprehensive knowledge of pregnancy<sup>2</sup>, awareness of all modern spacing methods of contraception<sup>3</sup>, awareness about timing of safe abortion, inter-spousal communication on reproductive matters<sup>4</sup>, and decision-making power in the household<sup>5</sup>. In addition to this, the household level variables like caste, number of persons in the household and standard of living of the household (SLI)<sup>6</sup> has also been included in the analysis.

## RESULTS AND DISCUSSION

### Socio-cultural and demographic profile of the young women

The data in table 1 reveals that 17 percent of the young women possess a low equitable gender role towards reproductive and sexual behavior of the women while about 35 percent have a moderate equitable gender role and the remaining high equitable gender role. The median age of the young women is about 23 years; nine percent of them are below age 20 years while another about 32 percent and 59 percent are in the age group 20-22 years and 23-24 years respectively. Coming towards the education of the young women, about one-fourth of them is either non-literate or has completed less than six years of schooling. Another about one-third of the young women have completed 10 or more years of schooling and the rest are in between six to nine years of schooling. Examining the comprehensive knowledge about pregnancy, it is clear that only half of the young women have it. A little above than half of

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<sup>2</sup> Comprehensive knowledge of pregnancy includes: (1) correct knowledge of at least two ways of pregnancy occurrence out of three possible ways viz. a woman can get pregnant on the very first time she has sexual intercourse; a woman is most likely get pregnant if she has sexual intercourse half way between her periods, and a woman who is exclusively breastfeeding her baby can become pregnant; and (2) rejection of the misinformation that pregnancy can occur after kissing or hugging.

<sup>3</sup> All modern spacing methods include: oral pills, condom, and IUD

<sup>4</sup> The index of inter-spousal communication on reproductive matters has been constructed by considering response to three questions - how frequently you and your spouse discuss- about using contraceptive, number/timing of children and sex composition of children. The variables are given scores ranging between '0' and '4' according to the intensity in a five-point scale (lowest to highest) and then were summed up to get the total value of the composite index. After obtaining the composite index, it is divided into three groups of poor, average and good by using the formula: (maximum-minimum) /3.

<sup>5</sup> The index of decision-making power has been constructed by taking into account six questions, which try to examine the current decision making power of the young women in various fields such as taking up job outside the area, spending leisure time, spending money earned by her, visiting friends outside village, visiting natal family besides obtaining health care for herself. After giving scores ranging between '0' and '3' according to the intensity in a five-point scale (lowest to highest), similar procedure like that of index of inter-spousal communication (op. cit.) has been applied to compute the final index.

<sup>6</sup> The standard of living index (SLI) of the household has been constructed by taking into account eight variables i.e. type of house, source of lighting, source of drinking water, type of toilet, type of fuel, ownership of both agricultural and non-agricultural land, ownership of live stocks and ownership of various consumer durables (Radio/transistor, watch/clock, electric fan, B/W television, color television, telephone/mobile, refrigerator, bicycle, bullock cart, motor cycle/scooter, car/jeep/truck, sewing machine, water pump, thresher and tractor). After giving scores ranging between '0' and '5' according to the intensity in a six-point scale (lowest to highest), similar procedure like that of index of inter-spousal communication (op. cit.) has been applied to compute the final index.

the young women (52 percent) have correct knowledge about all modern spacing methods of contraception and 46 percent know about the timing of safe abortion. Looking at the inter-spousal communication on reproductive matters, it is poor for 20 percent young women, average for 57 percent young women and is good among the remaining.

The data in the same table discloses that 37 percent of the young women seem to have low decision-making power in the household on various matters pertaining to them. The remaining about 40 percent and 23 percent young women have a medium and high decision-making power respectively. The scheduled caste<sup>7</sup> (SC) women constitute about 20 percent of the total women in the sample while the remaining are equally divided among women of other backward class<sup>8</sup> (OBC) and women not belonging to scheduled caste or other backward class (Non-SC/OBC). The analysis further reveals that 28 percent of the households comprise of an average of five or fewer persons. Again, 49 percent of the young women are from households having six to eight members while the rest belongs to households having nine or more members. So far as the SLI of the households is concerned, slightly more than a quarter (26 percent) of the young women belong to households of low socio-economic strata, about three-fifth (56 percent) to medium strata and the remaining to households of relatively better off socio-economic strata of the society.

### **Perceived 'real woman'**

Men and women are biologically different and are typically differentiated on that ground. In addition to this however, there are some other socio-cultural factors that play equally important role in further validating the gender identities in a population. Most societies usually have a host of predetermined list of qualities that one is expected to comply within the context of individual's biological identity that is men vs. women. Additionally, there are certain predetermined parameters a person is often socialized to inherit within the societal context to be a real person of his/her sex. Findings from the focus group discussions reveal that a woman is perceived to be a 'real woman' only if she bears child, obeys her husband, cares for her family and children, shows respect to elders, is well acquainted with domestic chores, keeps away from other men besides being beautiful.

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<sup>7</sup> Article 341 of the Constitution of India provides that the President may, with respect to any State or Union territory, specify the castes, races or tribes or parts of or groups within castes, races or tribes which shall for the purposes of the Constitution be deemed to be Scheduled Castes in relation to that State or Union territory. In other words Scheduled castes are Indian population groupings that are explicitly recognized by the Constitution of India, previously called the depressed classes, and otherwise known as untouchables.

<sup>8</sup> The Central Government of India classifies some of its citizens based on their social and economic condition as Other Backward Class (OBC). The OBC list is dynamic (castes and communities can be added or removed) and will change from time to time depending on Social, Educational and Economic factors. At present, the OBCs are entitled to 27% reservations in public sector employment and higher education.

*Until you give birth to a child you can not be real woman.*

24 year old non-literate woman

Again, it is the woman who is expected to be tolerant, adjustable and caring for the family. The way they are brought up and taught how to behave (which is nothing but socialization process) cannot be ignored as the factors leading to such thinking.

*As girls we were taught from childhood not to mix with boys, not to roam around and learn household chore as we have to take care of the family after marriage.*

24 year old teacher

Women having masculine qualities (locally called *Andira chandi*) are rarely admired. They are often seen as deviants and are not welcomed in social functions. The series of rules and regulation and some time physical punishment often compels the women to adhere to the expected gender role according to their biological sex. Thus, the gendered socialization process lead the women internalize the behaviors expected out of them and are in turn reflects in their subsequent sexual and reproductive behavior.

### **Experience of unintended pregnancy**

Pregnancy is a significant event in a woman's life irrespective of whether it is intended or not. The data in table 2 provides details of the young women who have ever experienced at least one unintended pregnancy by selected socio-cultural and demographic characteristics. It has been observed that out of the total young women who have ever been pregnant, 57 percent have experienced any unintended pregnancy. Interpreting the perceived gender role of the young women towards sexual and reproductive behavior, it has been found that higher percentage of the young women with a low equitable gender view has experienced unintended pregnancy than their counterparts with a relatively moderate or high equitable gender views. However, things that need to be discussed here is that almost half of the young women (45 percent) with a higher equitable gender role also have experienced unintended pregnancy. The possible explanation may be that these young women who perceive a high equitable gender role probably have not succeeded in achieving the same due to some cultural or contextual reasons.

*If you do not want child now you should have stayed in your natal family rather than getting married.*

21 year old woman on her husband's remarks about first pregnancy

*We are forced to change our decision to postpone the pregnancy owing to pressure from both natal and in-laws families as well as to avoid criticism of the neighbors about being infertile.*

24 year old housewife

It is clear that 83 percent of the young women aged 15-19 years have replied positively to unintended pregnancy (based on 18 women only). The corresponding figure is slightly lower i.e. 77 percent and 44 percent among those aged 20-22 years and 23-24 years respectively. The possible reason may be that with an increase in age, women may have more decision-making power besides having correct knowledge about contraception and abortion which subsequently reduces the chance of an unintended pregnancy.

*That time I was not aware about any contraception but now I know many of the methods and have convinced him (husband) not to have any more children now.*

20 year old mother

The same table elucidates that the percent of young women experiencing unintended pregnancy is more among the young women having 10 or more years of schooling (72 percent) as compared to those who are either non-literate or have less than six years of schooling (48 percent) and six to nine years of schooling (54 percent). The possible explanation may be that unlike less educated women, women who are more educated become more selective in their fertility behavior i.e. time and number of children, sex composition of the children and any discrepancies are probably reported as unintended.

*I wanted the child after a year or two but it just happened and you know I could not even think of abortion as all the family members including him (husband) are against of abortion.*

24 year old primary school teacher

The data in table 2 reiterates to the fact that the percent of young women having comprehensive knowledge about pregnancy and knowledge of all modern spacing methods besides correct knowledge about the timing of safe abortion have relatively fewer unintended pregnancy than their respective counterparts. It may be inferred that with more and correct knowledge these young women are in a better position to avoid/postpone or even abort the pregnancy (if required). Further, an inverse relationship has been found between inter-spousal communication on reproductive matters and occurrence of unintended pregnancy. As may be seen, 83 percent of the young women who have poor inter-spousal communication have experienced unintended pregnancy. The corresponding figure declines to 60 percent for those having average inter-spousal communication and further to 37 percent for those having good inter-spousal communication.



*We discuss everything together and thus the question of unintended does not arise at all.*

24 year old high school pass housewife

It is apparent that incidence of unintended pregnancy is low (39 percent) among the young women having higher decision-making power in the household where as it is notably high among those having relatively lower decision-making power (84 percent). It can be said that those who have higher decision-making power in the household, may also have better bargaining power on reproductive and sexual matters. So far as the caste of the women is concerned, it is evident that 56 percent of the young women belonging to scheduled caste have experienced unintended pregnancy. The corresponding figure for young women belonging to OBC and non-SC/OBC are 62 percent and 52 percent respectively. Again, 63 percent of the young women living in the households comprising of five or fewer members have experienced unintended pregnancy while the same is 57 percent and 52 percent among the young women living in the households comprising of six to eight persons and more than nine persons respectively. The possible explanation may be that larger households are likely to have older persons with more adherences to traditional gender roles and thus motivating/influencing the newly married couple to have children early. The data further reveals that 50 percent of the young women belonging to low SLI households have any experience of unintended pregnancy while it is 60 percent among the young women falling under households of relatively medium or high SLI.

Moreover, it has been found that not only the newly married women are often persuaded or pressurized to prove their fecundity, the young men are under pressure too. Almost three out of every 10 young women have told that their husbands want/ have wanted them to be pregnant soon after marriage to prove their (women's) ability to reproduce (figure 1). Similar percent of young women also have opined that their husbands want/ have wanted them to become pregnant soon after marriage so as to prove their (husbands') masculinity as well as to avoid social criticism (figure 2).

*He (husband) intended me to be pregnant soon after marriage to prove his strength and become a father before his friends who have got married the same year.*

24 year old currently pregnant woman

It is again important to note that majority of the young women (78 percent) who have ever been pregnant had their first conception within one year of marriage (figure 3) and a most of the them (63 percent) are of the view that they would have delayed the pregnancy if all the decisions about pregnancy were up to them (couple) raising an important issue for the researchers as well as the policy makers (figure 4).

## **Determinants of unintended pregnancy**

The data in table 3 clearly brings out that age, educational status, comprehensive knowledge of pregnancy, awareness about timing of safe abortion and inter-spousal communication on reproductive matters besides the perceived gender role of the young women have emerged as crucial factors determining unintended pregnancy. It is evident that after controlling other variables, the likelihood of unintended pregnancy is significantly low among the young women with a high equitable gender role than those with a low equitable gender role; further validating the fact that- perceived gender role does matters. Again, there exists an inverse relationship between age and occurrence of unintended pregnancy. As may be seen that the chances of an unintended pregnancy decreases with increase in age of the young women and the relationship is statistically significant too. The trend is just the reverse in case of education i.e. the probability of unintended pregnancy is more among young women who have completed 10 or more years of schooling than those who are either non-literate or have less than six years of schooling. Further, the likelihood of unintended pregnancy is significantly low among young women having comprehensive knowledge of pregnancy and those with correct knowledge about the timing of safe abortion than their respective counterparts. It is again clear that the chances of unintended pregnancy significantly decrease with increase in inter-spousal communication on reproductive matters.

## **CONCLUSION**

The study reveals that nearly three-fifth of the young women has experienced any unintended pregnancy. Moreover, age, education, knowledge about timing of safe abortion, inter-spousal communication on reproductive matters besides perceived gender role of the young women have come out as important determinants of unintended pregnancy in the study population. Nevertheless, highly educated young women, young women belonging to households of high SLI and those with higher equitable gender role are also the disadvantaged ones indicating the patriarchal social structure and forced adherence of young women to such practices. Young women are often socialized to be a woman perceived as an ideal in the eyes of the society and have child soon after marriage to be a woman in true sense or a 'real woman'. Many of them are found to have poor knowledge of reproductive matters besides low decision-making power in the household often leading to low bargaining power in the issues that involve their health and thus are vulnerable to unintended pregnancy. The qualitative data further supports that the young women succumb to the traditionally expected gender role often resulting into early conception soon after marriage, as a result of domestic violence, marital discord, tension to natal family, economic dependence status besides to avoid social criticism of being barren.

The unequal perceived gender role of young women towards sexual and reproductive behavior and its strong association with the socio-cultural norms of the society urges focused efforts to intensify information education and communication (IEC) programs in promoting

gender equality for the development of society in general and young women in particular. Gender sensitive programs at the community level such as puppet shows, street plays and community video shows creating awareness on the importance of the rights of the young women, is suggested for a more egalitarian society. In view of the inverse association of knowledge about various sexual and reproductive health issues with experience of unintended parenthood, programs to enhance the knowledge level of the same need to be promoted. Monthly interaction meeting between health care providers and self-help group (SHG) members need to be encouraged. Moreover, reinforcement of programs such as regular home visits by the health care providers for the same purpose may be a good step forward in decreasing the incidences of unintended pregnancy.

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| <b>Table 1: Socio-cultural and demographic profile of the young women</b> |               |            |
|---|---------------|------------|
| Characteristics   | Percent       | Number     |
| Perceived gender role   |               |            |
| Low equitable   | 16.8          | 42         |
| Moderate equitable  | 35.2          | 88         |
| High equitable  | 48.0          | 120        |
| Age   |               |            |
| 15-19 years   | 09.2          | 23         |
| 20-22 years   | 32.0          | 80         |
| 23-24 years   | 58.8          | 147        |
| Education   |               |            |
| 0-5 years <sup>#</sup>  | 25.2          | 63         |
| 6-9 years   | 42.8          | 107        |
| ≥10 years   | 32.0          | 80         |
| Comprehensive knowledge of pregnancy                                      |               |            |
| No  | 50.4          | 126        |
| Yes   | 49.6          | 124        |
| Awareness of all modern spacing methods                                   |               |            |
| No  | 47.6          | 119        |
| Yes   | 52.4          | 131        |
| Awareness about timing of safe abortion                                   |               |            |
| No  | 54.4          | 136        |
| Yes   | 45.6          | 114        |
| Inter-spousal communication on reproductive matters                       |               |            |
| Poor  | 20.0          | 50         |
| Average   | 57.2          | 143        |
| Good  | 22.8          | 57         |
| Decision-making power in the household                                    |               |            |
| Low   | 37.2          | 93         |
| Medium  | 40.0          | 100        |
| High  | 22.8          | 57         |
| Caste   |               |            |
| Scheduled caste (SC)  | 20.0          | 50         |
| Other backward class (OBC)  | 40.0          | 100        |
| Non- SC/OBC   | 40.0          | 100        |
| Number of persons in the household  |               |            |
| ≤ 5 persons   | 28.8          | 72         |
| 6-8 persons   | 48.8          | 122        |
| ≥ 9 persons   | 22.4          | 56         |
| Standard of living of the household                                       |               |            |
| Low   | 26.0          | 65         |
| Medium  | 56.0          | 140        |
| High  | 18.0          | 45         |
| <b>Total</b>  | <b>100.00</b> | <b>250</b> |
| <sup>#</sup> Includes non-literates                                       |               |            |

| <b>Table 2: Unintended pregnancy by socio-cultural and demographic characteristics of the young women</b> |             |            |
|---|-------------|------------|
| Characteristics   | Percent     | Number     |
| Perceived gender role   |             |            |
| Low equitable   | 85.4        | 41         |
| Moderate equitable  | 55.1        | 69         |
| High equitable  | 45.2        | 84         |
| Age   |             |            |
| 15-19 years   | 83.3        | 18         |
| 20-22 years   | 76.8        | 56         |
| 23-24 years   | 44.2        | 120        |
| Education   |             |            |
| 0-5 years <sup>#</sup>  | 48.1        | 52         |
| 6-9 years   | 53.9        | 89         |
| ≥10 years   | 71.7        | 53         |
| Comprehensive knowledge of pregnancy  |             |            |
| No  | 77.3        | 97         |
| Yes   | 37.1        | 97         |
| Awareness of all modern spacing methods   |             |            |
| No  | 69.1        | 94         |
| Yes   | 46.0        | 100        |
| Awareness about timing of safe abortion   |             |            |
| No  | 73.3        | 105        |
| Yes   | 38.2        | 89         |
| Inter-spousal communication on reproductive matters   |             |            |
| Poor  | 82.8        | 29         |
| Average   | 60.4        | 111        |
| Good  | 37.0        | 54         |
| Decision-making power in the household  |             |            |
| Low   | 83.5        | 79         |
| Medium/high   | 39.1        | 115        |
| Caste   |             |            |
| Scheduled caste   | 55.8        | 43         |
| Other backward class  | 62.1        | 87         |
| Non- SC/OBC   | 51.6        | 64         |
| Number of persons in the household  |             |            |
| ≤ 5 persons   | 63.3        | 49         |
| 6-8 persons   | 56.8        | 95         |
| ≥ 9 persons   | 52.0        | 50         |
| Standard of living of the household   |             |            |
| Low   | 50.0        | 56         |
| Medium/high   | 60.1        | 138        |
| <b>Total</b>  | <b>57.2</b> | <b>194</b> |

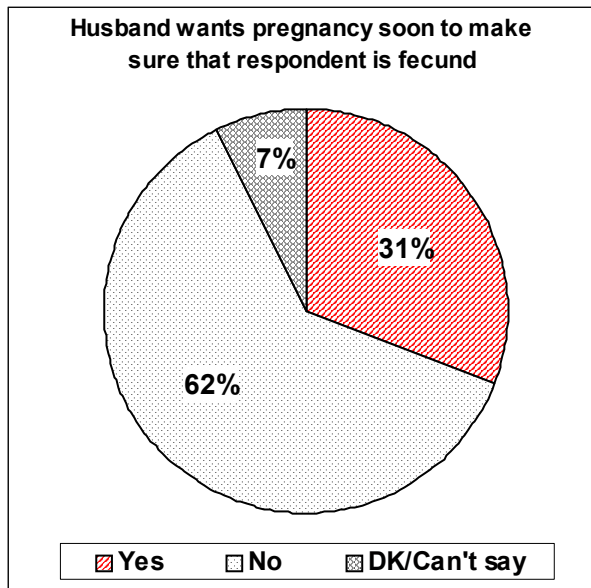
Note: Based on women who have ever been pregnant <sup>#</sup> Includes non-literates

| <b>Table 3: Odds ratio of logistic regression</b>   |   |
|---|---|
| Explanatory variables                               | Unintended pregnancy<br>(Yes=1 No=0)<br>Exp (B) |
| Perceived gender role                               |   |
| Low equitable ®                                     |   |
| Moderate equitable                                  | .400  |
| High equitable                                      | .311**  |
| Age   |   |
| 15-22 years ®                                       |   |
| 23-24 years   | .271**  |
| Education   |   |
| 0-5 years <sup>#</sup> ®                            |   |
| 6-9 years   | 3.238*  |
| ≥10 years   | 6.238***  |
| Comprehensive knowledge of pregnancy                |   |
| No ®  |   |
| Yes   | .062***   |
| Awareness of all modern spacing methods             |   |
| No ®  |   |
| Yes   | .894  |
| Awareness about timing of safe abortion             |   |
| No ®  |   |
| Yes   | .428*   |
| Inter-spousal communication on reproductive matters |   |
| Poor/average ®                                      |   |
| Good  | .307***   |
| Caste   |   |
| Scheduled caste ®                                   |   |
| Other backward class                                | 1.924   |
| Non- SC/OBC   | 1.824   |
| Number of persons in the household                  |   |
| ≤ 5 persons ®                                       |   |
| 6-8 persons   | 1.130   |
| ≥ 9 persons   | 1.907   |
| Standard of living of the household                 |   |
| Low ®   |   |
| Medium/high   | 1.796   |
| Constant  | 6.472   |

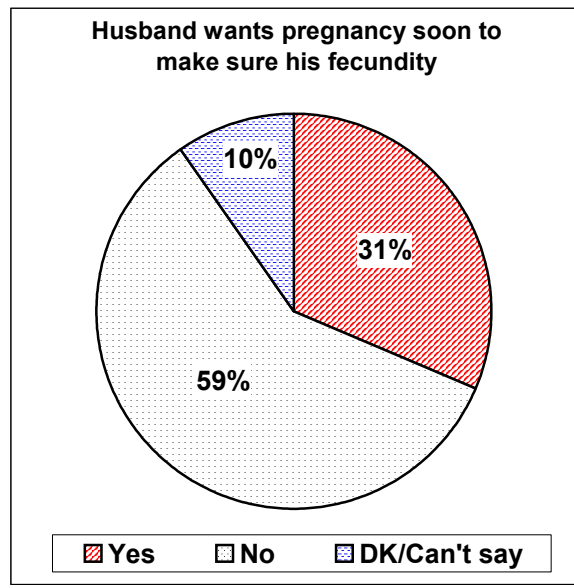
\*\*\* P< 0.001 \*\* P< 0.05 \* P< 0.10 ® reference category # Includes non-literates



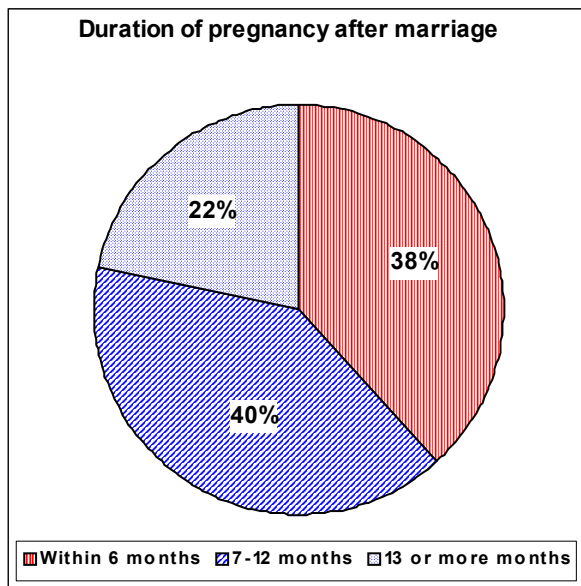
**Figure 1**



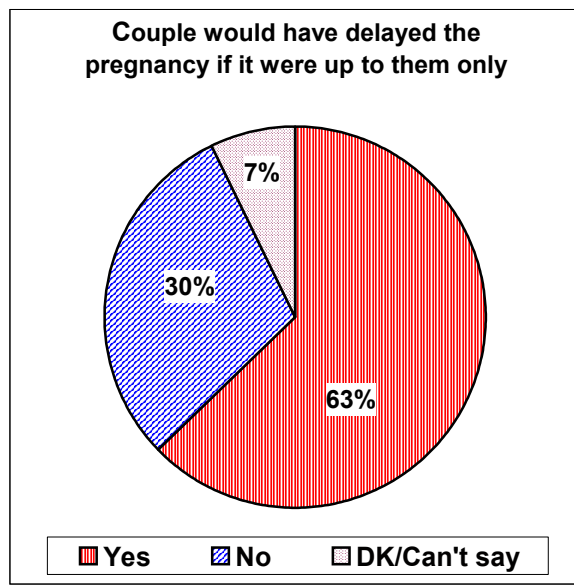
**Figure 2**



**Figure 3**



**Figure 4**



| Appendix 1: Scale for perceived gender role |  |                |        |    |    |
|---|--|----------------|--------|----|----|
| ITEMS                                       |  |                | SCORES |    |    |
| 1=Agree                                     | 2=Partially agree  | 3=Do not agree | A      | PA | DA |
| 1   | A woman's most important role is to take care of her home and cook for her family.                 |                | 1      | 2  | 3  |
| 2   | It is the man who decides what type of sex to have.  |                | 1      | 2  | 3  |
| 3   | Changing diapers, giving a bath and feeding the kids are the mothers' responsibility <u>only</u> . |                | 1      | 2  | 3  |
| 4   | It is a woman's responsibility <u>only</u> to avoid getting pregnant.                              |                | 1      | 2  | 3  |
| 5   | A man should have the final word about any decisions in domestic matters.                          |                | 1      | 2  | 3  |
| 6   | There are times when a woman deserves to be beaten.  |                | 1      | 2  | 3  |
| 7   | A man needs other women, even if things with his wife are fine.                                    |                | 1      | 2  | 3  |
| 8   | A woman should tolerate violence in order to keep her family together.                             |                | 1      | 2  | 3  |
| 9   | It is okay for a man to hit his wife if she refuses sex with him.                                  |                | 1      | 2  | 3  |
| 10  | A man always deserves the respect of his wife and children.  |                | 1      | 2  | 3  |
| 11  | If she wants, a woman can have more than one sexual partner.                                       |                | 1      | 2  | 3  |
| 12  | If a woman cheats on a man, it is okay for him to hit her.   |                | 1      | 2  | 3  |
| 13  | Men can take care of children just as well as women can.   |                | 1      | 2  | 3  |
| 14  | If a man cheats on a woman, it is okay for her to hit him.   |                | 1      | 2  | 3  |
| 15  | Women have the same right as men to study and to work outside house.                               |                | 1      | 2  | 3  |
| 16  | Women should be virgins until they get married.  |                | 1      | 2  | 3  |
| 17  | A woman should know what her partner likes during sex.   |                | 1      | 2  | 3  |
| 18  | A couple should decide together if they want to have children. *                                   |                | 3      | 2  | 1  |
| 19  | In my opinion, a woman can suggest using condoms just like a man can. *                            |                | 3      | 2  | 1  |
| 20  | If a man gets a woman pregnant, the child is the responsibility of both. *                         |                | 3      | 2  | 1  |
| 21  | A man should know what his partner likes during sex. *   |                | 3      | 2  | 1  |
| 22  | A man and a woman should decide together what type of contraceptive to use. *                      |                | 3      | 2  | 1  |
| 23  | A woman should be consulted in household decisions*  |                | 3      | 2  | 1  |