

Care Seeking Behavior Related to Contraceptive Use among Unmarried and Married Adolescents

Summary of Focus Group Discussions

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1. Introduction

To strengthen the findings of the quantitative survey described in the main report, a separate team consisting of Moderator and notes taker held focus group discussions (FGDs) to get more in-depth, qualitative information. FGDs were conducted with married adolescent girls, their husbands, unmarried adolescent girls, and unmarried adolescent boys in same two districts of Madhya Pradesh (MP) and Odisha, the states where the quantitative survey was carried out. Most FGDs were done in villages other than those surveyed; the exception was that FGDs with husbands of married adolescent girls were conducted in the same village where married adolescent girls had been interviewed in the qualitative survey.

2. Methodology

A trained moderator generated the discussion using FGD guidelines (see Section 5, Tools) to ensure that all important issues were covered. While the moderator was to encourage a free-flowing discussion, he/she was also to keep the discussion on topic, to elicit comments from each participant on the key issues, to probe into critical and sensitive issues that could have a bearing on needed interventions, and to look at the group dynamics. However, the moderator was trained only to guide the discussion, not to give an opinion on any issue.

Each FGDs required 8-10 participants. So that participants could see and hear each other, they were seated in a circle. The duration of a discussion was 1 to 1.5 hours.

A note taker recorded the proceedings, which also were audiotaped to prevent data loss and enable better analysis after the discussion.

The FGDs were conducted with informed consent of the participants: Before an FGD started, participants were clearly informed that the information they shared was confidential and would be used only for research purposes. They were told they could leave the FGD at any time if they felt uncomfortable. Finally, their consent was taken.

3. Findings

This section presents the responses and comments made during the FGDs, arranged by the four types of FGD (with married adolescent girls, their husbands, unmarried adolescent girls, and unmarried adolescent boys).

A. Married Adolescent Girls

- Location/Place of FGD: Village Karmasa Hata Block Baldevgarh and Village Nain Badi, Block Tikamgarh, District Tikamgarh, in MP), Village Padadia, Block GairatGanj, Village Alampur, Block GairaGanj, District Raisen, M.P and Village Khaira, Block Gunupur and Village Serigumma, Block Kalyansinghpur, District Rayagada, Kundura and NanadpurBlock, District Koraput, in Odisha

A. 1 Background

Thirty-six married adolescent girls ages 15-19 years from Tikamgarh and Raisen districts of MP were interviewed in these FGDs. The majority of them had a grade 5 to 12 education and except for a few agricultural workers and one tailor, they were housewives. Another 36 married adolescent girls ages 15-19 years from Rayagada and Koraput districts of Odisha were interviewed. The majority were illiterate; only a few had a 2-9th grade education. All in Odisha were housewives except for a few who worked as laborers.

A. 2 Family Aspirations

After the introduction and consent, discussion started with the moderator showing participants two photographs. The photos were of:

1. A rural couple from a poor neighborhood, with 4 or 5 children
2. A rural couple from a poor neighborhood, with 2 children

The participants were asked to view the photos one by one and answer/comment on the following questions:

1. How would you describe the family in this picture?
2. Do you think they are happy with the number of children they have? Why?
3. What aspirations do you think they have for themselves or their families?
Probe: e.g., education, health, prosperity
4. Are these aspirations going to be easy or difficult for them to achieve? Why?

All the participants in both states had a similar reaction. They pointed out that the children in the larger family did not look well fed/nourished or well educated. They noted that a small family is a happy family – this was a common theme across the FGDs.

A. 3 Free listing

Participants were asked to describe what words, phrases, or idioms people commonly use:

1. When a man or woman spaces or limits the number of children they have:

All participants had a similar response: The couple is intelligent for choosing to do this; they space their children because they don't want to have children very close to each other. A few women from Odisha also said "families space or limit the number of children when child is young or there is a financial problem."

2. You can use birth control to prevent pregnancy up to three or four hours after unprotected sex:

Most of the participants said that this is a wrong practice since it can facilitate the wife developing health issues. Some of the participants suggested that a couple should use the pill to avoid pregnancy.

3. Taking medicine or having a procedure to end a pregnancy:

All participants agreed that this is called '*Garbhpat*' (abortion). They also agreed that this is a wrong practice as it can lead to weakness in the woman's body.

4. The loss of pregnancy in the first five months through natural causes:

The majority of the participants mentioned that this is due to God's will and brings a lot of sadness to the family members. This is a myth on abortion in both the state.

5. A method or methods used to prevent pregnancy:

Some of the participants could list family planning methods such as pills, condoms, and injections. A few mentioned methods such as Copper-T, sterilization and ECP, traditional herbs, rhythm, and withdrawal. Many of them did not respond. This shows that many married adolescent girls are not aware of family planning methods.

A. 4. Sources of information on family planning:

Most of the participants from MP said an ASHA was their main source of information about family planning services. They said that pills, condoms, and injectables were available in their village. They added that they prefer using government hospitals for most services even though these facilities are very crowded.

The groups from Odisha also mentioned TV, newspapers, AWCs, and peer meetings as sources of information about family planning methods.

A. 5. Reasons for NOT currently using any family planning method:

Adolescent girl participants in all districts cited family pressure and lack of awareness as common reasons for not using family planning services. No religious beliefs were associated with non-use of any family planning method.

A. 6. Benefits of using contraception:

Participants were asked about the benefits of using contraception. Those in MP said that couples, especially younger women, can use pills or Copper-T along with injections to limit their family size and create a gap between the children. Some of them also mentioned condoms and suggested that after two children, sterilization could be done. Similar findings were noted for Odisha.

A. 7. Attitude of husbands and mothers-in-law:

Participants were asked to talk about the attitude of husbands or mothers-in-law about using contraceptives. Participants in the various FGDs were similarly divided in their responses: Some said that the husbands were supportive and others mentioned that their husbands and in-laws were opposed to it.

A. 8. Advantages and risks in following actions:

Participants were asked what are the advantages and risks in following actions:

- **Using the oral contraceptive pill to space or limit number of children**

Nearly half of all participants were unaware of contraceptive pills and only one of them knew that pills could be used if the couple does not want to have a child. Some participants in MP noted the risks as well as benefits associated with oral contraceptives and said that they can be used for regulating periods. They added that if used too much, they can cause weakness.

The participants from Odisha reported that weakness and nausea are side effects of taking the pill, and periods become irregular. A few of them added that the pill causes vertigo (dizziness), nausea, and bleeding, and one said “it destroys the uterus.” However, all of them agreed that pill is easily available and easy to use.

- **Getting pregnant soon after having a child**

Participants agreed that a mother having two children very close to each other can impact the health of all three of them. They also mentioned that it would be difficult to manage the children, the first child would not get mother’s milk, and she would not be able to take good care of the first child. A few participants from Odisha mentioned that if the mother becomes pregnant soon after the first child, the next child will be weak and mother’s hemoglobin (Hb) will be low.

- **Getting sterilized to limit the number of children**

Most of the participants talked about the benefits of sterilization and said that this will lead to healthier families. Others mentioned that if one of the child dies and the woman wants to become a mother again, she can’t.

- **Having a birth under 18 years of age**

The majority of the respondents agreed that giving birth before 18 years of age can lead to serious problems for both the mother and the child.

- **Using a condom for family planning**

All the participants from both the groups had heard about condoms but did not have accurate knowledge about its benefits. Participants from Odisha knew that condoms are helpful as they prevent conception and help control family size. But some of them mentioned that use of condoms causes itching and no enjoyment in sexual relations.

- **Having 6 children**

All the participants agreed that it is disadvantageous to have six children as that makes it difficult to provide an education and other necessities to all family members.

- **Having an abortion**

The majority of the participants agreed that abortion is very risky and will weaken the mother. One participant from MP mentioned that it can also cause loss of eyesight. A few participants from Odisha were of the opinion that the mother can get cancer and repeated abortions can result in her not being able to have a child in the future. Myths on abortion are common in both states.

- **Using fertility awareness to space or limit number of children**

Most of the participants had incomplete and inaccurate knowledge about this topic.

A. 9. Discussion on abortion:

Some participants had never heard the term abortion while others had heard about abortion but were not aware of abortions occurring in their own village. They mentioned that abortion services are available in both government and private hospitals. Some participants said that abortion causes physical weakness and sometimes even death.

In discussing abortion, participants in Odisha said that it is a serious problem as it brings great dishonor to the family and negatively impacts the health of the female. A few noted that unmarried women go to private hospitals and married ones go to government hospitals for abortion services.

A. 10. Decision making for family planning

Technique: Storytelling and discussion

In this activity, the moderator read out a fictional story about a rural Indian couple (from MP/Odisha). After reading part one, the moderator started a discussion using the questions provided. In part two, the story picked up again two months later; again, there was discussion using the questions provided.

Story, part one

[*Wife's name*] Rani is 18 years old and recently married to [*husband's name*] Atul. At the local clinic, she has seen a poster about family planning methods that couples can use to space the birth of their next child and she thinks it would be good to wait a while before she and her husband have their first child. Rani isn't sure how Atul would feel about this and isn't sure what to do.

Discussion prompts:

- 1. Why is Rani thinking about using family planning?**
- 2. What do you think will happen next?**
- 3. Who could she talk to about her feelings?**

All the participants in each group agreed that Rani is thinking about family planning as she is too young and does not want to have children right away. She shared her thoughts with her husband as he would be smart enough to help her and couples should always communicate about such decisions.

All the FGD participants agreed that the wife usually initiates discussions regarding the use of family planning, and the method used. Religious beliefs have no role in the use of these methods.

- 4. Who has the most influence over deciding when and how many children to have? Why?**

Most of the participants in both states agreed that both the husband and wife should have an equal role in deciding the timing and number of the children they have. That said, groups in Odisha said that the husband knows more about family planning methods and what is right and wrong. Some of the participants said that sometimes friends also provide correct advice. They also said that religion has no role in the use or non-use of family planning.

- 5. If Rani were your friend, what would you advise her to do? Why?**

Most of the participants agreed that they would advise her to use family planning and not have children for 2-3 years after marriage since she is young.

I. Story, part 2:

Two months later, Rani returns to the clinic and talks to the doctor about different methods of family planning. The doctor prescribes her the oral contraceptive pill. She uses this for around six months but then stops.

Discussion prompts:

- What do you think prompted Rani to start using family planning?**

One group in MP said that Rani's young age made her start using family planning while the other group said that she received the motivation from visiting the doctor.

The majority of participants from all groups in Odisha said that she got all her information from the clinic poster and that this convinced her to start using family planning; she was motivated and supported in this decision by her husband.

- **Why do you think she stopped using the pill?**

The groups from MP said that she stopped the pill because she and her husband were thinking of having a child now. Some of them mentioned that she might be under pressure from her mother-in-law to have a child or might be thinking of having one after seeing other couples with their children.

Most participants in Odisha suggested she stopped using pill because it was making her sick, because her mother-in-law didn't like it, or her husband stopped her.

Some group members also mentioned the reason could be heavy bleeding, irregular periods, weight gain, and fear that later on the child born will not be healthy.

- **Do you think the oral pill was a good method to use? Why?**

Participants from all the groups agreed that using Copper-T or condoms would have been better than the oral pills.

All participants in Odisha said that pill was a good method though some of them mentioned she could have used a condom or Copper-T.

A. 11 Community perception of service provider:

Participants were asked to list all who are working in the field of family planning in their area and rate their performance.

The responses were as follows:

- **ASHAs** (accredited social health activists): Fifty percent of the participants from MP rated services they received from ASHAs as “ok” and 50 percent rated their services as satisfactory. In Odisha, all participants (100 percent) rated the services as good since she goes around the entire villages and provides services to all residents irrespective of caste and is reliable.
- **ANMs** (auxiliary nurse midwives): The participants from MP rated these services as satisfactory. In contrast, all the participants from Odisha rated the services as low and said that ANM visits are not regular.
- **AWWs** (Anganwadi workers): All participants, from MP as well as Odisha, rated these services as satisfactory. They said that their AWW gives out pills, condoms, and advice for sterilization. She also organizes meetings.
- **Private doctors:** Some of the participants from MP rated private doctors as “ok” and said that even though they charge higher fees, they provide good services. Participants in Odisha did not mention private doctors.

A. 12. Consumption of iron folic acid (IFA) tablet:

Nearly 50 percent of participants from MP said that no one other than the pregnant women in the village is supplied with iron folic acid (IFA) tablets while only some of them mentioned that few women who were not pregnant also received IFA tablets from an ASHA. This question was not asked in Odisha.

A. 13. Risk perception

Technique: Card ranking and discussion

In this activity, the moderator asked participants to use “action” cards to rank a set of actions based on the level of risk they think each action poses to health. Participants placed each action card in order

from least risky to most risky. The moderator is to try to get participants to all agree on the order of the cards. If this is not possible, the moderator can use majority opinion to make the final order.

This is a good opportunity to energize the group after a lot of discussion; the moderator needs to make sure all participants are involved and moving around to place / move the action cards on the ground or floor. At the end of the activity, the moderator ensures the note taker makes a record of the final ranking.

The moderator pasted three “risk” cards on the wall – on the far left was “Least risky,” in the middle “somewhat risky”, and at the far right “most risky.”

One by one, participants were asked to arrange the action cards in order from least risky (on the left) to most risky (on the right). Meanwhile, the moderator guided the discussion for each card using the following prompts. Discussion continued until the group agreed on the order of the cards.

Discussion prompts:

- Why is this action risky?
- Why is ‘x’ more/less risky than ‘y’?
- *For family planning methods (oral, rhythm, condom, sterilization):* Do you think people would be more likely to use family planning if these risks did not exist?

Action cards:

- **Using the oral contraceptive pill to space or limit number of children:**
 1. Both groups agreed that this is the riskiest action.
Most discussants in both states said that pills were least risky as they are easily available, can be used by women of young age, and are good for spacing. One or two called pills the most risky method because they make women’s periods irregular.

A few of the married girls said that pills were somewhat risky as they cause nausea and obesity. One or two called the pill the most risky method because they destroy the uterus.
- **Getting pregnant soon after having a child:**
 2. All participants agreed that this is the riskiest action.
 3. All the participants in MP said that it was most risky because it could be life threatening for mother and child. No one could name an advantage of the practice or called it the least risky.
Most of the participants in Odisha also said it was the most risky behavior, also because it could be life threatening for mother and child. Some of them mentioned that it was somewhat risky; as in MP, no one could name an advantage of it or call it the least risky.
- **Getting sterilized to limit the number of children:**
 4. Sterilization was perceived to be somewhat risky by almost all the participants in MP, but overall the participants in Odisha reported it to be least risky as it permanently prevents pregnancy. Some of them ranked it somewhat risky because the woman cannot go to work for about 15 days after the procedure, and a few said that it was most risky because if one of the two children dies, the woman cannot get pregnant again.
- **Giving a birth under 18 years of age**
The participants in MP were divided in their opinion; some said that having a child when the mother is less than 18 years of age is most risky while one participant said that 18 is the right age to start having children. All participants from Odisha agreed that it is a most risky behavior.
- **Using a condom for family planning**

This was considered the least risky method by all the participants in both states although some participants from Odisha mentioned that it was most risky as it causes infection and itching and a few of them called it is somewhat risky because there are chances of conception.

- **Having 6 children:**

5. This was considered most risky by majority of the participants as they felt that this could worsen the mother's health and parents will not be able to fulfil the desires of their children. They also added that there is no advantage in having six children.

- **Having an abortion**

All the participants perceived having an abortion as most risky as this could lead to the mother having problems such as blood loss and pain in the stomach and back.

- **Using fertility awareness to space or limit number of children**

6. The majority of the participants lacked knowledge about this topic.

7.

8.

B. Husbands of Married Adolescent Girls

Village Mavai, Block Talkamgarh, Village Bigha, Block Jatara, District Tikamgarh, Village Nonia Bareli, and village Khargaun, Block Bareli, district Raisen, in MP

- **Village Renga, Block Kashipur and Village Kashipur, Block Kashipur District Rayagada, Kundura and Kotpad Block, District Koraput, in Odisha**

9. B.1 Background

10. Sixty-seven husbands of married adolescent girls were interviewed in four districts (two each from MP and Odisha). The majority of the husbands were literate, with a grade 5-12 education. A few participants from both states were illiterate.

B.2 Family aspiration

After the introduction and consent, discussion started with the moderator showing participants two photographs. The photos were of:

1. A rural couple from a poor neighborhood, with 4 or 5 children
2. A rural couple from a poor neighborhood, with 2 children

The participants saw one photo at a time, and after each, the moderator started a discussion guide by the following questions:

1. How would you describe the family in this picture?
2. Do you think they are happy with the number of children they have? Why?
3. What aspirations do you think they have for themselves or their families?
Probe: e.g. education, health, prosperity
4. Are these aspirations going to be easy or difficult for them to achieve? Why?

In talking about the first photo, all participants said that a large family with many children is not financially wise and will cause the family challenges such as matrimonial issues.

In reference to the second photo, the participants from both the groups said that the children looked happy and healthy. They commented that smaller families with fewer children remain happy as they don't have to share resources like land or food with as many people.

B.3 Free listing

Participants were asked to use words, phrases, or idioms to describe the following:

1. When a man or woman spaces or limits the number of children they have:

11. While a few participants from MP believed this is a wrong practice, the majority agreed that it is right.

12. In Odisha, nearly 50 percent of the participants believed that a couple spaces the births of their children or limits the number of children they have when they lack money, child is small (of age 2-3 years) the married woman is less than 18 years, or the family is complete. But slightly less than 50 percent could not answer the question.

13.

2. Birth control you can use to prevent pregnancy up to three or four hours after unprotected sex:

14. The majority of the participants from MP didn't know anything about this topic. A few participants praised the couple for making this decision while others said that the couple should use any method rather than have unprotected sex. None of the participants in MP knew what to use to prevent pregnancy after unprotected sex.

15.

Similarly, only three participants in Odisha responded that medicines could be taken, the emergency contraceptive pill (ECP) is available, and an ASHA or older family members could be consulted. One participant remarked that taking ECP within 72 hours of unprotected sex could prevent pregnancy.

Most of the other participants mentioned that use of local herbs or traditional methods would prevent conception after unprotected sex. One stated that conception would not take place if the woman stands for 10 minutes after unprotected sex.

This demonstrate that majority of husbands were ignorant about preventing pregnancy after unprotected sex.

16.

3. Taking medicine or having a procedure to end a pregnancy:

17. Participants from MP agreed that intentionally ending a pregnancy is a wrong decision and can cause weakness and infertility for the mother. They also mentioned that this can also cause problems during the next delivery.

18.

In Odisha, the majority of participants mentioned that medicines should be taken which is available from chemist but five participants thought that medicines would not be effective, that a doctor needs to be consulted.

19.

4. The loss of pregnancy in the first 5 months through natural causes

20.

21. Participants from MP said that a loss of pregnancy can be caused by the mother's weakness or ill health or for reasons beyond their control.

22.

23. A large number of husbands from Odisha did not know the term used for this. All the husbands advised consulting a doctor. Three suggested that home treatment can be taken. Like the MP participants, some of the Odisha participants said that loss of pregnancy could be caused by factors outside of anyone's control.

24.

5. A method or methods used to prevent pregnancy

25.

26. Participants from MP said that use of family planning products is one approach to preventing pregnancy, and using a product is a wise decision.

27.

Participants from Odisha shared that to prevent pregnancy, the medicine Mala N, condoms, and Copper T can be adopted. One noted that male and female sterilization were other methods. Three mentioned injection, withdrawal, and rhythm methods.

28.

B. 4 Sources of information on family planning

Participants were asked to list sources of information about family planning methods. Participants from both villages in MP listed television, radio, friends, and hospitals as sources of information.

Participants from Odisha added other sources such as wall writing, newspapers, internet, mobiles, and billboards. Nearly half of them said community meetings held by ASHAs and AWWs were one of the most important sources; half of them felt TV was the best source as people view TV more often and can understand its messages.

B. 5 Service providers

Participants were asked to list service providers who provide family planning services in their area (where people usually go):

The majority of participants in MP and Odisha mentioned ANMs, ASHAs, followed by government medical officers, chemists, and AWWs.

Participants from Odisha reported that sometimes NGOs also provide the services.

They also mentioned that family planning services are available both in government and private hospitals but the community prefers to go to the government hospitals because their services are free of cost. Some participants mentioned that even though private hospitals are expensive, they are far superior to public ones in terms of quality of care.

B. 6 Reasons for couples NOT currently using any family planning methods in the area:

29.

Nearly 50 percent of participants in MP said that almost all family planning services were available in the village, that family planning methods were being used by almost everyone in the village, and that there was no family pressure regarding the use of family planning. The other half of the participants mentioned that the main reason why family planning methods are not being used is because there is no knowledge about family planning methods and their use. They also said that most villagers wanted to have a son and so they kept having more children.

In Odisha, reasons for not using contraceptives were that people wanted more children, lack of knowledge, non-availability of a female doctor for doing sterilization, fear of the untimely death of the family's child (and so the desire to have another child), parental pressure, inability to pay, and apprehensions about the side effects of family planning use .

B. 7 Benefits of using contraception:

Regarding benefits of using spacing methods and permanent methods at different ages, the participants from MP agreed that there is no problem from the wife or the mother's side regarding the use of family planning methods.

The participants from Odisha said that by using a contraceptive method, one could space children or limit the size of the family. The other benefits were that couples could continue to be sexually active without fear of pregnancy, and women will remain healthy and will be able to provide better care for the family.

B. 8 Attitude of wife or in-laws

The majority of the participants said that their wife's response to the suggestion of using contraception is always negative; some of them said that wives are mostly against using contraception before the birth of the first child. They said that generally wives were anxious to have a child as they felt that the family will blame them for any delay in pregnancy. There is a lot of family pressure from in-laws to produce a grandchild though after one child is born, the couple can use the family planning method of their choice.

B. 9 Advantages and risks in following actions:

- **Using the oral contraceptive pill to space or limit number of children**

30. The participants in MP were divided about the use of oral contraceptives: some said that pills are good at preventing pregnancy while others pointed out the negative side effects of oral contraceptives such as physical effects on the uterus and diseases such as cancer.

31.

32. The participants from Odisha had the same reservations about the use of oral contraceptives; a few of them pointed out negative effects on the uterus, diseases such as cancer, irregular periods, weakness, etc.

33.

- **Getting pregnant soon after having a child**

34. The participants from MP agreed that this is inadvisable because the mother will not be able to pay attention to the first child if she has a second one soon after. They added that this would also negatively affect the health of both the mother and the newborn child. Similar views were expressed by participants in Odisha except for one who said that "this will lead to low Hb and more expenditure."

35.

- **Getting sterilized to limit the number of children**

36. The participants from MP agreed that sterilization is beneficial as it limits the size of the family. Participants in Odisha held similar views. However, a few of them pointed to risks sterilization poses to the health of the mother, and the fact that if one of the two children dies she can't become pregnant again. They also said that a daily wage laborer would need 15 days of paid leave, the normal recovery period from a sterilization procedure.

37.

- **Having a child before 18 years of age**

38. Participants from MP agreed that this would negatively impact the health of both the mother and the child. Participants in Odisha held a similar view. The mother's Hb level would be low, and the child would be mentally weak or underweight. They also mentioned that if the mother is not at least 18 years old, a normal delivery might not be possible and the mother could become very weak.

39.

- **Using a condom for family planning**

40. The majority of participants from both states said that a condom is easy to use, easily available from an ASHA, and prolongs sexual activity. The risks were described as discomfort as well as the fear that the condom might break inside the woman's body and she may become pregnant.

41.

- **Having 6 children**

42. Participants from MP agreed that there is no benefit in having six children as the family will not have sufficient resources to support the large family size. Participants in Odisha held a similar view, and said that the family would incur more expenses on food, clothing, and education. Having more children means more stress within the family.

43.

- **Having an abortion**

The participants from MP and Odisha recommended against having an abortion because it is detrimental to the mother's health and could cause a problem with a future pregnancy.

Only a few participants supported abortion for getting rid of an unwanted child, especially for unmarried girls, but most of them agreed that it is risky, and can even cause cancer.

- **Using fertility awareness to space or limit number of children**

44. Few participants in MP and Odisha had knowledge about this topic. Participants said that if people have the correct knowledge about this topic, it will be beneficial; otherwise it is very risky.

45.

B. 10 Decision Making for Family Planning:

Technique: Storytelling and discussion

In this activity, the moderator read out a fictional story about a rural Indian couple (from MP/Odisha). After reading out part one, the moderator started a discussion using the questions provided. Next, the moderator read out part two, where the story picked up again two months later, and continued the discussion using the questions provided.

Story, part one:

[Husband's *name*] is 21 years old and recently married to [wife's *name*], who is only 17 years old. [Husband] has seen a wall writing in his village about family planning methods that a couple can use to delay the birth of first child or space the birth of their next child. He thinks it would be good to wait a while before he and his wife have their first child.

Discussion prompts:

I. Why is [husband] thinking about using family planning?

Participants from the two states had similar views. They said that the husband is thinking of starting to use some family planning method as he and his wife are very young and they don't want to have a child immediately. Most of them said that the husband took the right decision and he should talk to an ASHA or at least to his friends regarding the method to use. They also said that the husband should talk to his wife as they have an equal role in deciding their family size.

2. What do you think will happen next?

As just noted, the participants agreed that the husband and wife have an equal role in family planning decisions and husband should talk to his wife and take a decision..

3. Who could he talk to about his feelings?

Participants from both states agreed that the husband is right to be thinking of using family planning because of the young age of his wife, and his own. They added that the husband should go to the health center or other place to get information about the various family planning methods. He then should talk with his wife about their use of family planning; Most of the participants also said that an educated wife will support her husband's decision. They also agreed that the husband usually initiates the conversation about family planning methods but that the wife should have an equal say in this decision. They added that religion is not a factor in a couple's adoption of family planning.

4. Who has the most influence over deciding when and how many children to have? Why?

Most of the participants agreed that this should be a joint decision between the husband and wife. They also agreed that family members should act responsibly and provide correct advice to the couple. As far as peer pressure is concerned, one respondent said that helpful suggestions would be received from peers if they know the wife's young age.

5. If [husband] were your friend, what would you advise him to do? Why?

Most of the participants recommended that the couple start to use family planning, as both are very young.

Story, part 2:

Two months later, [Husband] visits the family planning clinic and talks to the doctor about different methods of family planning. The doctor prescribes him condoms. He uses condoms for six months but then stops.

Discussion prompts:

- **What do you think prompted [husband] to start using family planning?**
Participants in all FGDs agreed that after seeing the wall paintings and learning about benefits of family planning, talking to friends, and with his wife's support, the husband was motivated to start using condoms. The views of participants in Odisha were similar; they also said that after seeing the poster, being conscious of wife's health, realizing less expenditure, the husband was motivated to start using condoms.
- **Why do you think he stopped using the condom?**
All FGD participants said that the husband stopped using the condom because the couple might now be thinking of having children. They suggested that the wife no longer supported her husband's use of the condom and that's why he stopped. Participants in Odisha were of the opinion that the husband stopped using the condom and also suggested that the couple found the condom lessened their satisfaction with sexual relations, had side effects, or found the condoms they were getting from the ASHA were not of good quality.
- **Do you think the condom was a good method to use? Why?**

The participants in MP were divided in their opinion about this. Some of them said that using condoms was the best choice, while others said that the wife could have used pills or Copper T.

Participants in Odisha were of a similar opinion. They mentioned that the wife could have used pills or the husband could have used the withdrawal method. A few of them recommended using Copper-T but one said that during sex you feel something is inside your body when you use Copper-T.

B. 11 Community perception of service provider:

Participants were asked to list all who are working in the field of family planning in their area and to rate their services based on quality of services provided.

- **ASHAs:** All participants in all four groups rated the ASHAs' services as satisfactory.
- **ANMs:** Half of the participants in MP rated their services as satisfactory, whereas the other half rated them 'unsatisfactory' In contrast, in Odisha, half of the participants rated the services of ANM as satisfactory but the other half said the ANM did not discuss family planning, she only instructed the ASHA to do the work, and they gave a low rating to her services.
- **AWWs:** All participants rated AWWs' services as satisfactory'
- **Private doctors:** All participants from MP gave a low rating to the services of the private doctor because though services were of good quality but they were costing a lot. And unaffordable. This question was not asked in Odisha.

C. Unmarried Adolescent Girls-

•

• Village Talmau, Block Baldevgarh, Village Sunwaha, Block Tikamgarh, District Tikamgarh, Village Chandoria (Block Begamganj) and Village Chandoniganj (Gairatganj Block), District Raisen, in M.P.

• Village Dudukabahal, Block Kashipur, District Rayagada and Village Meringi, Block Gunupur, District Rayagada Bahiripada Village, Nandapur Block and Umuri Village, Koraput Block, District Koraput, in Odisha

- **C. 1 Eight FGDs** were conducted with 67 unmarried adolescent girls, 34 in MP and 33 in Odisha. The profile of the girls is similar. They were 15-19 years in age, and their educational level varied widely, from 8th grade dropout to graduate. In MP, some of the girls worked in agriculture and tailoring; in Odisha, no girl had gainful employment.

C. 2 Family aspiration

After the introduction and consent, discussion started with the moderator showing participants two photographs. The photos were of:

1. A rural couple from a poor neighborhood, with 4 or 5 children
2. A rural couple from a poor neighborhood, with 2 children

The participants saw one photo at a time, and after each, the moderator started a discussion guide by the following questions:

- 1) How would you describe the family in this picture?
- 2) Do you think they are happy with the number of children they have? Why?

- 3) What aspirations do you think they have for themselves or their families?
Probe: e.g. education, health, prosperity
- 4) Are these aspirations going to be easy or difficult for them to achieve? Why?
All participants from the four districts had a similar reaction. They said there is always stress and unhappiness in large families as it is hard to afford the children's education, and provide them good food and overall wellbeing. These needs make managing resources a burden. They all noted that a small family is a happy family.

This reaction was a common theme across the FGDs.

46.

C. 3 Free listing

In this activity, participants were asked what words, phrases, or idioms do people commonly use to describe:

1. **When a man or woman spaces or limits the number of children they have**
47. All participants in the two states had a similar response. They said that spacing of births or limiting family size is very good and people who use a family planning method are intelligent as they don't want to have children born very close to each other. Some of the participants did not answer this question.
2. **Birth control you can use to prevent pregnancy up to three or four hours after unprotected sex**
The unmarried adolescent girls in all the FGDs were reluctant to respond to this topic. Some girls had no knowledge on this issue. Almost all were of the view that couples should use a method and not have unprotected sex. The girls in Odisha were more vocal and mentioned ECP. Some also mentioned using a home remedy such as coconut water or mixing old Jagri in coconut water and using bark of the drumstick tree with honey as traditional family planning methods after unprotected sex.
3. **Taking medicine or having a procedure to end a pregnancy**
The participants agreed that abortion is a wrong practice as it can cause the mother problems such as blood loss and weakness. They opined that it should be made an illegal act. Odisha girls also said that the likelihood of a woman conceiving is reduced after they have an abortion. Some girls also stated that repeated abortions should be avoided.
4. **The loss of pregnancy in the first 5 months through natural causes**
Most of the participants said that loss of pregnancy is a natural phenomenon and is not the fault of the woman. They also mentioned that loss of pregnancy happens when there is a problem in the woman's body, specifically when her body is too weak. Similar responses were received from all groups.
5. **A method or methods used to prevent pregnancy**
The unmarried girls in both states were aware of various methods of family planning and said that those women who want to postpone pregnancy or don't want to have any more children adopt a method such as pills, condoms, and sterilization. Some of them were also aware of injectables and ECP.

It was interesting to note that even the unmarried adolescent girls said that mothers-in-law pressure their son and his wife not to use family planning.

C. 4 Sources of information on family planning

Hospitals, medical stores, posters, TV advertisements, newspapers, mobile phones, internet, friends, AWCs, etc. were reported as the major source of information on family planning in both states. In Odisha, girls mentioned NGOs and wall paintings as sources of information.

C. 5 Service providers:

Girls in both states were aware of service providers for family planning. ASHAs, AWWs, government hospitals, chemists, NGOs, etc. were reported as the major providers.

C. 6 Advantages and risks in following actions:

- **Schooling versus marriage:**

On the question of advantages of study versus marriage, all groups supported the girl getting an education and said marriage should take place only after the girl has completed her education. They pointed out that marriage places additional responsibilities on the girl and this hampers her education and future career.

Similar type responses were obtained in both states. However, some of the girls in Odisha also said that marriage hampers a girl's mental development.

- **Ideal age at marriage for girls (before 18 years or after 18 years):**

Most of the girls in both states were aware of the legal age at marriage of girls in India. Most of them agreed that girls should get married only after they turn 18 years old. Some of the girls in Odisha also stated that early marriage is a health risk. After attaining the age of 18, a girl is mentally strong and able to do all work properly.

- **Use of spacing methods before first child (i.e., immediately after marriage):**

The groups in both states were not confident about answering this question. Some discussants in MP felt that early pregnancy may lead to the girl discontinuing her education. Some stated that early pregnancy may cause the girl ill health and hence spacing methods should be used to avoid pregnancy immediately after the marriage. In Odisha, some of the girls agreed that use of contraception immediately after marriage may cause ill health.

- **Having a birth before 18 years of age:**

Participants in both states said that having children before the age of 18 years is harmful to the mother's health. Some responded that early childbearing leads to more responsibility and reduced enjoyment for the woman.

- **Number of children a couple should ideally have:**

In both states, unmarried adolescent girls were in favor of small families and said that ideally a couple should only have two children. This will reduce their child-related expenses and allow them to provide a good education to their children. Some participants in MP pointed out that more than two children will compensate for a loss due to the death of a child in the future.

- **Ideal gap in years between two children:**

- Groups in both states agreed that mother and child are more likely to be healthy if there is a gap of 2-5 years between two consecutive births, although there was some variation in the number of years reported. A few girls in Odisha felt that a long gap should be avoided because it may cause infertility in the woman. Some of the women in MP suggested a gap of five years.

- **Using the oral contraceptive pill to space or limit number of children:**

In both states, girls called oral contraceptive pills a good method of contraception. However, they also said that it might be harmful because it can cause problems with periods, nausea, and, even if missed for one day, there is a risk of pregnancy. .

- **Getting pregnant soon after having a child:**

Girls in both states were of the view that there is no gain in getting pregnant soon after having the first child. It would be difficult to manage both the children, the children would be malnourished, the older child will not get the mother's milk, and all of this can even lead to the death of the infant.

The girls in Odisha opined that the child would be unhealthy, child care would be difficult, and it would risk the health of the mother.

- **Getting sterilized to limit the number of children:**

The unmarried girls in both states were shy about responding to this question. Some of them said that sterilization is good; however, some girls said there is risk in not being able to have further births in case of infant death. The girls in Odisha also said that sterilization is difficult for working women because they will need more rest after the procedure, hampering their work significantly.

- **Using a condom for family planning:**

The unmarried girls in both states were reluctant to answer the question about condom use. A few girls in MP had a wrong perception that condom use is harmful and causes infertility. The girls in Odisha were more vocal than those in MP. Some of the girls in Odisha said that there is a risk of pregnancy even after condom use and also condom use reduces pleasure and does not give sexual satisfaction.

- **Having 6 children:**

The participants in both states were divided in their opinion about this topic. Some called a large family a disadvantage while others said that it is an advantage as there are more children in the family to work and earn money to support the family. Some girls said that large families are strong because families are a support during any violence from outside the family. Girls in MP were more likely to prefer a small family.

- **Having an abortion:**

Participants from both states agreed that having an abortion is a risk to a woman's health as it can cause her mental and physical distress. They further said that an unmarried pregnant girl should not opt for abortion as it will lessen her future chances of conceiving a child.

- **Using fertility awareness to space or limit number of children:**

Most of the girls in both states had little awareness of this method. Some of them viewed it as very risky as there may be incorrect information among couples in the area and there will always be fear of conception. The girls in Odisha were more aware of the method.

48.

C. 7 Consumption of iron folic acid tablets:

At the request of the MP government, adolescent girls from the state were asked about their consumption of IFA tablets. Their responses were mixed. Some said that they had received IFA tablets from an AWC or in schools. Some of them did not consume the tables due to the bad taste or feeling of nausea.

C. 8 Interaction with service providers:

Participants were asked to list all the providers who are working in the field of family planning in their area and rate their services:

- **ASHAs:** Some girls in MP rated ASHA services as low while the other girls in both states rated the services as satisfactory.
- **ANMs:** Some girls in MP rated the ANM services as average whereas all other girls gave them a low rating.
- **AWWs:** Girls in MP gave their services low/average rating but girls in Odisha rated them as satisfactory.

D. Unmarried Adolescent Boys

- Village Papawani, Block Tikamgarh and Village Madia, Block Prthvipur, District Tikamgarh, Village Girwar and Village Kohnia, Block Raisen (Sanchi), District Raisen, in M.P.

- Village Kaliapada, Block Kashipur and Village Kalyansingpur, Block Kalyansingpur, District Rayagada, Machara Village, Koraput Block and Miriguda Village, Kotpad Block, District Koraput, in Odisha

- **D. 1 Background**

- Eight FGDs were conducted with 70 unmarried adolescent boys, 35 in each state. The profile of the boys is similar. In MP, their ages ranged from 16 to 19 years; in Odisha, they ranged from 15 to 19. Their educational level varied widely, from 5th grade dropout to graduate. Most of the boys were students although some in MP also had gainful employment.

D. 2 Family aspiration

After the introduction and consent, discussion started with the moderator showing participants two photographs. The photos were of:

1. A rural couple from a poor neighborhood, with 4 or 5 children
2. A rural couple from a poor neighborhood, with 2 children

The participants saw one photo at a time, and after each, the moderator started a discussion guide by the following questions:

- 1) How would you describe the family in this picture?
- 2) Do you think they are happy with the number of children they have? Why?
- 3) What aspirations do you think they have for themselves or their families?
Probe: e.g. education, health, prosperity
- 4) Are these aspirations going to be easy or difficult for them to achieve? Why?

49.

50. All groups had a similar reaction to the questions. They said that there is always tension and unhappiness in large families as it is hard to afford the children's education, providing them good food and overall wellbeing. These needs make managing resources a burden.

51.

- 5) All groups noted that a small family is a happy family -- this reaction was common across the FGDs. The benefits of a small family are better care for the children, reduced tension, improved quality of life for all family members, and no scarcity of resources for food and clothing.

52.

D. 3 Free listing

Participants were asked what words, phrases, or idioms people commonly use:

1. When a man or woman spaces or limits the number of children they have

All participants in both states had a similar response. They said it was good to space births and to limit the size of the family and that people who use a family planning method are intelligent to avoid having children very close to each other. Some of the participants did not answer this question.

53.

2. Birth control you can use to prevent pregnancy up to three or four hours after unprotected sex:

Boys from both states were very shy in responding this question but after several repetitions said that this is a wrong step. The couple should have used family planning methods from the beginning and they were unaware of any risks being involved with this activity. None of them were aware of using ECP after unprotected sex.

Some of the boys in Odisha were in favor of use of traditional method, specifically use of herbs, as a method of contraception.

3. Having medicine or having a procedure to end a pregnancy:

Most of the boys from both states were aware of abortion, which they were against. They said that abortion is a sin and will make the mother very sad. They also reported that terminating a pregnancy makes the woman physically weak, and it indicates that the couple is not ready to have a child.

4. The loss of pregnancy in the first 5 months through natural causes:

All the boys said that loss of a pregnancy is not a good thing for the woman and that it is sad that an unborn child has lost its life. The boys reported that pregnancy loss is due to the lack of regular checkups during the pregnancy and the woman's nutritional problem.

5. A method or methods used to prevent pregnancy:

Most of the boys in both states were aware of family planning use and agreed that using a family planning method is wise. This helps in delaying/ precluding the birth of a child.

D. 4 Sources of information on family planning:

The participants were asked to list different sources of information about family planning. Most named government hospitals, medical stores, radio, TV, newspapers, internet, mobile, etc. Some of the boys in Odisha also mentioned books, hoardings, NGOs, teacher, ASHAs, and AWWs as sources.

D. 5 Service providers:

Participants informed moderators that ASHA workers accompanied women to the hospital for sterilization and Copper T. Some of the boys knew that the village ASHA had condoms and pills available, but others were not aware of this. Other participants listed ASHAs, AWWs, ANMs, and NGOs as providers of family planning services in the area. Similar information was obtained in both states.

D. 6 Reasons for not currently using any family planning method:

When asked to share reasons for non-use of family planning methods by couples in their village, most of the boys attributed this to lack of awareness about the methods. Family pressure was another reason and another was lack of availability. Other reasons reported were hesitation to use condoms, son preference, unreliable methods, etc.

D. 7 Advantages and risks in following actions

- **Schooling v/s marriage**
Most of the boys listed the benefits of education as the ability to build a better future and fulfill the dreams of their family members. They described the risks of getting married at a young age as a waste of time, discontinuation of education, and break with a future career. Responses were similar in the two states.
- **Ideal age at marriage for girls (before 20 years or after 20 years):**
Most of the groups agreed that it is beneficial to wait to get married until the girl is 20 years of age and they have finished their education. Participants listed risks of early marriage as population growth, lack of growth in family incomes, and decline in health status; lower incomes can lead to issues with families and children.
- **Use of spacing methods before first child (i.e., immediately after marriage):**
The group said that the benefits of using spacing methods are that the couple will not have children immediately after marriage and this will let the wife continue her education if she wishes to. Waiting can also enable the couple to enjoy a better married life, stick to desired family size, and ensure the wellbeing of their children. Responses were similar in both states.
- **Having a birth before 18 years of wife's age:**
Most of the boys felt that having a child before the age 18 years is not good; it risks the life of the mother and child because the girl's body is not mature by this age.
- **Number of children a couple should ideally have:**
Boys from both states mentioned that ideally a couple should have only two children, hopefully a son and a daughter. However, some boys added that the birth of a child depends upon God's will. Some of them also supported the birth of at least one son in the family. Responses were similar in both states.
- **Ideal gap in years between two children:**
Most of the participants believed the ideal age gap between children is 2-5 years, similar to what was observed in case of adolescent girls. Boys' responses were similar in both states.
- **Using the oral contraceptive pill to space or limit number of children:**
The participants talked about the advantages and disadvantages of the pill. Most of the participants said the pill can have negative side effects on the body and the uterus, and create weakness in the woman's body. Some of the boys described the benefits of the pill as having a small family.

The boys from Odisha listed the advantages of the pill as its easy availability from an ASHA, its availability in the market at a very low cost, and its ease of use. They also said that the pill might be harmful as it causes nausea and, if missed even for one day, there is risk of pregnancy.
- **Getting pregnant soon after having a child:**
All the participants agreed that getting pregnant immediately after childbirth is risky as the first child would not get the mother's milk, would not be healthy, and could be malnourished. They all agreed that this is a loss for both the mother and the child.
- **Getting sterilized to limit the number of children**

Some of the boys agreed that sterilization is beneficial as it will help control the family size. However, other boys did not support sterilization because if a family's child dies, the sterilized woman cannot have another child. Responses were similar in both states.

- **Using a condom for family planning**

Most of the boys agreed that condoms are helpful as there are no risks in using them and they help control family size. Some boys pointed out that condoms causes irritation, reduced sexual pleasure, etc.

- **Having 6 children**

54. The participants in both states were divided in their opinion about this topic. Some of them said that it is a loss while others said that it is a gain as there will be more children to work and earn money to support the family.

- **Having an abortion:**

Participants from both states agreed that having an abortion is a risky to the woman's health as it will cause her mental and physical distress. They said that an unmarried girl should not opt for abortion as it will reduce her chances for conceiving in the future.

- **Using fertility awareness to space or limit number of children:**

55. Most of the boys were not much aware of this method. Some of them viewed it as very risky as knowledge of fertility awareness is poor among woman.

56. D. 8 Interaction with service providers:

Participants were asked to list all providers who are working in the field of family planning in their area and rate their services:

ASHAs: All the participants rated ASHA services as "ok."

ANMs: Some boys rated ANM services as ok; others gave their services low rating.

AWWs: The boys in MP rated their services as average, whereas boys in Odisha rated services as satisfactory.

Private doctors: Half of the participants in MP were satisfied with their services while the other half rated their services as low. In Odisha, the participants did not mention it.

4. RECOMMENDATIONS

I. Married adolescent girls

- Family planning advice should be provided by family elders. Advice provided should keep in mind the needs and happiness of the son and daughter-in-law.
- Good, transparent communication on family planning methods between husband and wife should be encouraged. If they don't want to have children right away, they should adopt a family planning method such as condoms or pills.
- ANMs, ASHAs, AWWs, and private doctors should provide family planning services. Community health workers should be accompanied by a doctor to explain the use of family planning methods.
- ASHAs, AWWs, and ANMs should provide more counseling services.
- A family planning awareness program should be organized at the school level. There should be a special class where teachers explain like a friend about family planning.

- Awareness generation on family planning methods should be shown on TV programs.
57.

2. Husbands of married adolescent girls

- Family elders should educate the younger generation on family planning issues and methods that are currently available.
- ASHAs and AWWs should make sure that all villagers are aware of all the methods of family planning.
- Teachers should disseminate information on family planning issues and encourage students to talk freely about these issues and not hesitate to ask any questions in school.
- ASHAs should talk to the boys and disseminate information to peer groups.
- Private Doctors should provide proper counselling to their clients.
- Couples should be supportive of each other's decisions and be aware of the various family planning methods.
- There should be a male health worker in the village who can answer questions, and family planning services should also be available at community-level hospitals.
- Group meeting should be organized with married and unmarried adolescent's age 15-19 years in which ASHAs, AWWs, ANMs, and a doctor be present to explain the use of family planning methods.
- There should be a drama presented or a film screened on family planning in the village to explain use of different family planning methods and their advantages and risks.
- Community meetings should be arranged where people could discuss family planning issues and increase their knowledge.

3. Unmarried adolescent girls

- Information about family planning should be disseminated at the individual level. Also at this level, couples should talk to each other regarding family planning issues, and provide support to each other.
- Families should not pressure the couple regarding the number and timing of children.
- At the community level, both the government and private doctor should have good attitude and provide good services so that more people are able to approach them.
- Information regarding family planning should be provided in schools.
- Peer groups should play a positive role and advise the couples in the right way.
- The adolescent girls in MP mentioned that government should give them *kanya dhan* (a special incentive) after they give birth to a daughter.
- ASHAs, AWWs, ANMs, and health center staff should disseminate information related to family planning. Using pictures will improve girls' knowledge about it.
- Girls in Odisha added that family planning issues should be discussed in school through a cultural program, to increase girls' knowledge. They said the teacher should explain family planning like a friend, with a story-based play in the local language and special training for unmarried girls.
- If ASHA/AWW/ANM explains about family planning using picture, it will improve the knowledge of adolescent girls about it.

4. Unmarried adolescent boys

- At the individual level, both husband and wife should communicate with each other regarding family planning choices and methods. Some boys stated that marriages should not happen before 20 years of age and couples should not have children until at least four years later. This will help them to complete their education.

- At the family level, family members should encourage couples not to have children for at least three years after marriage and the number of children must be limited to two. There should be no pressure on the couple from family elders, as they do not have much information.
- A number of participants suggested that meetings for adolescent boys should be conducted just like the meetings for adolescent girls, and they should have access to services to Anganwadi Center (AWC).
- Awareness regarding family planning should be created at schools.
- A male health worker should facilitate discussions regarding family planning with the boys.
- A film show in which all family planning methods are explained should be organized at the Anganwadi Centre(AWC); it should explain what the method is, how to use it, and its advantages.
- ASHAs and AWWs should distribute free books or materials on family planning so that unmarried adolescent boys can read and get the information that should be promoted.
- Youth clubs should be organized at which family planning films could be shown from time to time.
- A group meeting should be organized at least once a month in which ASHAs, ANMs, AWWs, and government health staff should participate and orient the boys.

5. TOOLS

58. Consent form

59.

Suggested time: About 15 minutes

INSTRUCTIONS TO MODERATOR

- **Thank** the participants for coming.
- Explain the **purpose** of the Focus Group Discussion (FGD): We are from “Avenir Health.”
- Tell the amount of time the discussion is expected to last – about **less than an hour**.
- **Introduce** the facilitator, the note taker and other team members and explain what each one will be doing.
- Explain that a **tape recorder** will be used since the note taker can’t write down everything.
- Assure that the discussion will be **kept confidential**. Remind the participants that anything which is said in the discussion should not be talked about outside of the group.
- Explain that there are **no right or wrong answers** and it is okay to disagree.
- It is important to **respect** others’ opinions.
- Ask everyone to speak **one at a time**.
- Read out the **consent script**.
- Ask if there are **any questions**.
- Have participants **introduce** themselves. If they want, they can choose a nickname or fictional name to use during the group discussion instead of their real name.

Namaste, my name is _____ and I am working with Avenir Health. We are conducting a research study led by Avenir Health for the Government of India. The objective of the study is to find out the knowledge about contraceptives, source of availability and their utilization by adolescent girls.

You are invited to take part in this study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

SELECTION PROCESS AND PURPOSE OF THE RESEARCH

You are being asked to participate in this study because you satisfy our eligibility criteria which are: [the respondent should be unmarried adolescent boy in the age group of 15-19 years].

STUDY PROCEDURES AND COMPENSATION

- As part of focus group discussion (FGD) we will ask you some general questions about yourself, and will have detailed discussion about your aspirations, family planning services available for adolescents in the area, and suggestions to improve accessibility and utilization of these services by adolescents. For participating in this group discussion, you will not get any financial/material benefit. However, by participating, you are doing a societal benefit, as information you provide will be used for strengthening government health programs. We will not proceed without your consent.

CONFIDENTIALITY

Your answers will not be shared with anyone outside this project. The information you provide will be kept strictly confidential; your name and any personal and professional details will be removed from the interview at the time of analysis. Your name will never appear in any of the documents. During the discussion, I will be recording your response in the recorder. But as I said before, please do not be concerned with this because the recorded information will be securely stored and nobody outside the research team will have access to this information. We will also destroy tapes once collected information is analyzed.

RISK AND DISCOMFORT

There are no risks to you for participating in this study. If you feel uncomfortable about any of the discussion topics, you do not have to answer them. I can skip those topics and go to the next topic. You can refuse to answer some topic or stop participating in the interview at any point during our discussion. Did you understand the purpose of interviewing you? If you don't understand please let me know so that I can explain it to you again.

YOUR RIGHTS AS PARTICIPANT/ QUESTION

This study has been reviewed by the ethics committee formed by Sigma India that works to protect your rights and welfare. If you have additional questions or concerns or in the case of an emergency, please contact:

Name: Dr. Y.P. Gupta

Contact No: 011-27486367 (Weekdays during 10AM-300PM)

Email: yg@ygconsultants.com

For any ethical issues, please contact Ms. Meena Pahwa of Sigma-IRB at 011- 4619 5555, e-mail: irb.sigma@sigma-india.in

CONSENT

During the group discussion if you are not able to understand any question/topic please feel free to ask me to repeat. I request you to provide honest responses because the information we are collecting is very critical for improving health programs for mothers and newborns in India.

Now, can you tell me if you agree to participate in this FGD? If you say yes, it means that you have agreed to be part of the study.

Yes→ Start FGD

No→ End FGD

_____ (Name) _____ (Signature) _____ (Date)

Do you need a copy of the consent form? If you want, we can provide you a copy of this form.

Instructions to moderators: If the respondent is not able to write, please take written consent from another group member.

60. Discussion guidelines common to all categories of participants

61.

ACTIVITY 1: FAMILY ASPIRATIONS (Technique: Photo elicitation)

Suggested time: About 30 minutes

Materials: 2 photo cards

Note to facilitator:

In this activity, you will use photos of rural families to encourage discussion among group members. To do this, show each photo one-by-one and after each photo, start a discussion using the questions below.

The photos are:

1. Rural couple from poor neighborhood, 4 or 5 children
2. Rural couple from poor neighborhood, 2 children

62.

Discussion questions/prompts:

1. How would you describe the family in this picture?
2. Do you think they are happy with the number of children they have? Why?
3. What aspirations do you think they have for themselves or their families?

Probe: e.g. education, health, prosperity

63. Are these aspirations going to be easy or difficult for them to achieve? Why

ACTIVITY 2: TERMINOLOGY (Technique: free-listing)

Suggested time: About 15 minutes

Note to facilitator:

In this activity, you will conduct a free-listing exercise by asking participants to think of different words, phrases or idioms that people in their community commonly use to describe the concepts below.

Ask participants: What words, phrases or idioms do people commonly use to describe:

1. When a man or woman spaces or limits the number of children they have
2. Birth control you can use to prevent pregnancy up to three or four after unprotected sex
3. Taking medicine or having a procedure to end a pregnancy
4. The loss of pregnancy in the first 5 months through natural causes
5. A method or methods used to prevent pregnancy

Ask participants: List down different sources of information about family planning methods

Probes:

- Most preferred source (radio/TV/newspaper/mobile/wall paintings/hoardings/pamphlets/peer group meetings/ community meetings) and why?

Ask participants: List down service providers who provide family planning services in their area (where people usually go)

64. **Probes:**

- Which family planning services are available in their area? (female sterilization, male sterilization, pills, injectable, condoms – free, social marketing and priced), IUD/PPIUD, ECP, any other)
- Who provides services (public, private, NGOs, others) and what type of services?
- Choice of methods to adopt, preferred service providers and time to wait.

Ask participants: Reasons for NOT currently using any method by several couples in your area

Probes:

- Lack of awareness about family planning methods

- Family pressure
- Peer group influence
- Religious beliefs
- Availability of services in your area (limited or non-availability)
- Want more children

Ask participants: Benefits of using contraception

Probe

- Benefits of using spacing methods and terminal methods at different ages

Ask participants: Attitude of wife or (*husband's*) mother about using contraceptives?

- **Probe**

Against or support in using contraception, want a child quickly, complete family size quickly and sterilize, not interested using spacing methods

Ask participants: What are the advantages and risks in following actions:

- Using the oral contraceptive pill to space or limit number of children
 - Getting pregnant soon after having a child
 - Getting sterilized to limit the number of children
 - Having a birth under 18 years of age
 - Using a condom for family planning
 - Having 6 children
 - Having an abortion
 - Using fertility awareness to space or limit number of children
- 65.

ACTIVITY 3: INTERACTION WITH SERVICE PROVIDERS (Technique: Discussion)

Suggested time: About 15 minutes

Note to facilitator:

<i>In this activity, you will explore community perception about different health functionaries in their area. This helps us to improve implementation of program.</i>
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Rating:

<i>Check and count how many participants rated “Low”, “OK” and “Satisfied”.</i>

Ask participants: To list all who are working in the field of family planning methods in their area.

Probes:

- ASHAs (types of services provided; overall interaction with her, rate the level of satisfaction with her work)
- ANMs (types of services provided; overall interaction with her, rate the level of satisfaction with her work)
- AWWs (types of services provided; overall interaction with her, rate the level of satisfaction with her work)
- Private medical practitioners (types of services provided; overall interaction with her, rate the level of satisfaction with her work).

3. Additional guidelines

3.1 Unmarried adolescent boys

66.

ACTIVITY 4: SUGGESTIONS & OPINIONS (Technique: Discussion)

Suggested time: About 10 minutes

Note to facilitator:

In this activity, you will explore respondents' suggestions to improve health programming their area with special focus on family planning services. This helps us to improve implementation of program.

Ask participants: their suggestions how to improve family planning services particularly among adolescent boys both married and unmarried

Probe:

- Individual level
- Family level
- Community level – youth clubs, groups, religious functionaries etc.
- Govt – ASHA, ANMs, AWWs and other staff from SC/PHC
- NGOs
- Schools
- Private health sector
- Any other

CLOSING

- *Thank participants for their cooperation and participation.*
- *Remind them that the discussion will be kept confidential.*
- *Anything said in the discussion should not be talked about outside of the group.*

3.2 Husbands of married adolescent girls

67.

ACTIVITY 4: DECISION-MAKING FOR FAMILY PLANNING (Technique: Story telling & discussion)

Suggested time: About 45 minutes (20-25 minutes for each story)

Note to facilitator:

In this activity, you will read out a fictional story about a rural Indian (from MP/Odisha) husband and wife. Read out part one, then start a discussion using the questions provided. Next, read out part two, where the story picks up again two months later, and continue the discussion using the questions provided.

Story, part one:

[Husband's name _____] is 21 years old and recently married to [wife's name _____] who is only 17 years old. [Husband] has seen a wall writing in his locality about family planning methods that a couple can use to space the birth of their next child and thinks it would be good to wait a while before he and his wife have their next child. [Husband] isn't sure how his wife would feel about this and isn't sure what to do.

Discussion prompts:

1. Why is [husband] thinking about using family planning?
2. What do you think will happen next?
3. Who could he talk to about his feelings?

Probes:

- Why?
- What could he say?
- Will this be easy or difficult for him? Why?
- Would he talk to his wife? Why/why not? What would he say?
- What would her wife say? Why?
- In this community, who usually starts the conversation about using family planning?

- Will he talk to his peers?
 - His religious beliefs allow him?
- 68.
4. Who has the most influence over deciding when and how many children to have? Why?
- 69.
70. **Probes:**
- a. What about the extended family?
 - b. How involved do you think his wife will be in making the decision to use family planning? Why?
 - c. How involved should the wife be?
 - d. What about his peer group?
 - e. How involved his religious beliefs and practices?
- 71.
5. If [*husband*] was your friend, what would you advise him to do? Why?

Story, part 2:

Two months later, [*husband*] visited the family planning clinic and talks to the doctor about different methods of family planning. The doctor prescribes him to use condoms. He uses this for around 6 months but then stops.

Discussion prompts:

- What do you think prompted [*husband*] to start using family planning?
- 72.
73. **Probe:**
- What motivations do you think he had to start using family planning?
 - Did his wife play a role in the decision to start using family planning? How?
- 74.
- Why do you think he stopped using the condom?
- 75.
76. **Probe:**
- Did his wife play a role in the decision to stop? How?
- Do you think the condom was a good method to use? Why?
- 77.
78. **Probe:**
- What other methods could he or his wife could use?
 - Are these better or worse than the condom? Why?

ACTIVITY 5: SUGGESTIONS & OPINIONS(Technique: Discussion)
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Suggested time: About 10 minutes

Note to facilitator:

In this activity, you will explore respondents' suggestions to improve health program in their area with special focus on family planning services. This helps us to improve implementation of program.

Ask participants: Their suggestions how to improve family planning services particularly among adolescent boys and husbands of married adolescent girls in their area.

Probe:

- Individual level
- Family level
- Community level – youth clubs, groups, religious functionaries etc.
- Govt – ASHA, ANMs, AWWs and other staff from SC/PHC
- NGOs
- Schools
- Private health sector
- Any other

CLOSING

- *Thank participants for their cooperation and participation.*
- *Remind them that the discussion will be kept confidential.*
- *Anything said in the discussion should not be talked about outside of the group.*

3.3 Married adolescent girls

79.

ACTIVITY 4: DECISION-MAKING FOR FAMILY PLANNING (Technique: Story telling & discussion)

Suggested time: About 45 minutes (20-25 minutes for each story)

Note to facilitator:

In this activity, you will read out a fictional story about a rural Indian (from MP/Odisha) husband and wife. Read out part one, then start a discussion using the questions provided. Next, read out part two, where the story picks up again two months later, and continue the discussion using the questions provided.

Story, part one:

[Wife name ____] is 18 years old and recently married to [husband's name ____]. [Wife ____] has seen a poster at a local clinic about family planning methods that couple can use to space the birth of their next child and thinks it would be good to wait a while before her and her husband have their next child.

[Wife ____] isn't sure how her husband would feel about this and isn't sure what to do.

Discussion prompts:

1. Why is [wife ____] thinking about using family planning?
2. What do you think will happen next?
3. Who could she talk to about her feelings?

Probes:

- Why?
- What could she say?
- Will this be easy or difficult for her? Why?
- Would she talk to her husband? Why/why not? What would she say?
- What would her husband say? Why?
- In this community, who usually starts the conversation about using family planning?
- Will she talk to her peers?
- Her religious beliefs allow her?

80.

4. Who has the most influence over deciding when and how many children to have? Why?

81. Probes:

- What about the extended family?
- How involved do you think her husband will be in making the decision to use family planning? Why?
- How involved should the husband be?

- What about her peer group?
- How involved her religious beliefs and practices?

82.
5. If [wife____] was your friend, what would you advise her to do? Why?

Story, part 2:

Two months later, [Wife____] returns to the clinic and talks to the doctor about different methods of family planning. The doctor prescribes her the oral contraceptive pill. She uses this for around 6 months but then stops.

Discussion prompts:

- What do you think prompted [wife____] to start using family planning?
83. **Probe:**
 - Why motivations do you think she had to start using family planning?
 - Did her husband play a role in the decision to start using family planning? How?
84.
- Why do you think she stopped using the pill?
85. **Probe:**
 - Did her husband play a role in the decision to stop? How?
 - Did her mother-in-law play a role in the decision to stop? How?
86.
- Do you think the oral pill was a good method to use? Why?
87. **Probe:**
 - What other methods could she use?
 - Are these better or worse than the oral pill? Why?

ACTIVITY 5: RISK PERCEPTION (Technique: Card ranking & discussion)	
Suggested time: About 20 minutes	
Materials:	3 risks cards (Most risky, somewhat risky, least risky) 8 action cards Tape (to tape cards to walls)
Note to facilitator: <i>In this activity, you will ask participants to rank a set of actions based on the level of risk they think each action poses to health. Participants will place each action card in order from least risky to most risky. Try to get participants to all agree on the order of the cards. If this is not possible, you can use the majority opinion to make the final decision. This is a good opportunity to energize the group after a lot of discussion so make sure all the participants are involved and moving around to place / move the action cards on the ground or floor. At the end of the activity, ensure the note taker makes a record of the final rankings</i>	
Step 1: Paste 3 cards on the wall – at the far-left place “Least risky”, in the middle “somewhat risky”, and at the far right “most risky”.	
Step 2: One by one, ask participants to place the following picture cards in order from least risky to most risky, guiding discussion for each card using the following prompts. Continue discussion until the group agrees on the order of the cards. Each action should be more risky than the action to its left.	

Discussion prompts:

- Why is this action risky?
- Why is 'x' more/less risky than 'y'?
- For family planning methods (oral, rhythm, condom, sterilization): Do you think people would be more likely to use family planning if these risks did not exist? What?

Action cards:

- Using the oral contraceptive pill to space or limit number of children
- Getting pregnant soon after having a child
- Getting sterilized to limit the number of children
- Having a birth under 18 years of age
- Using a condom for family planning
- Having 6 children
- Having an abortion
- Using fertility awareness to space or limit number of children

ACTIVITY 6: SUGGESTIONS & OPINIONS(Technique: Discussion)
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Suggested time: About 10 minutes

Note to facilitator:

In this activity, you will explore respondents' suggestions to improve the health program in their area with special focus on family planning services. This helps us to improve implementation of the program.

Ask participants: Their suggestions how to improve family planning services particularly among adolescents in the area.

Probe:

- Individual level
- Family level
- Community level – youth clubs, groups, religious functionaries etc.
- Govt – ASHAs, ANMs, AWWs and other staff from SC/PHC
- NGOs
- Schools
- Private health sector
- Any other

CLOSING

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|---|
| <ul style="list-style-type: none"> • Thank participants for their cooperation and participation. • Remind them that the discussion will be kept confidential. • Anything said in the discussion should not be talked about outside of the group. |
|---|

3.4 Unmarried adolescent girls

88.

ACTIVITY 4: SUGGESTIONS & OPINIONS (Technique: Discussion)

Note to facilitator:

In this activity, you will explore respondents' suggestions to improve health program in their area with special focus on family planning services. This helps us to improve implementation of program.

Ask participants: their suggestions how to improve family planning services particularly among unmarried adolescents in your area.

Probe:

- Individual level
- Family level
- Community level – youth clubs, groups, religious functionaries etc.
- Govt – ASHAs, ANMs, AWWs and other staff from SC/PHC
- NGOs
- Schools
- Private health sector
- Any other

CLOSING

- *Thank participants for their cooperation and participation.*
- *Remind them that the discussion will be kept confidential.*
- *Anything said in the discussion should not be talked about outside of the group.*