Women, Husbands, and In-laws:
Abortion Decision-making in Madhya Pradesh, India

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150 Word Abstract

In this paper, we examine women's decision-making capacity and the role of husbands and in-laws in shaping abortion behavior in Madhya Pradesh, India. Data come from a survey covering life course experience with pregnancies and abortion of 2,448 married women (15-39). Eighteen percent of all pregnancies were unwanted/mistimed, of which abortion was attempted for 42%. Pregnancies were more frequently unwanted by women than their husbands. Women faced considerable pressure to bear children (40%) or sons (30%) and had limited decision-making. Restricting our analysis to 1507 pregnancies unwanted by women or their husbands, we use step-wise logistic regressions to first model women's own desires, autonomy (including restrictions on mobility, spending, incidence of domestic violence, and spousal age difference), and control variables. The second model includes women's perceptions of their husbands' preferences, and the third those of in-laws to establish changes in the statistical effect of women's preferences on abortion behavior.

Introduction

It is widely recognized that women in developing countries are often not the sole decision-makers regarding childbearing, contraceptive use, and abortion. This is especially true in societies based on patriarchal family systems, where women's decision-making power is restricted by social norms governing gender roles, household power dynamics and communication patterns. In this paper, we examine the role of husbands and in-laws in shaping women's abortion behavior in Madhya Pradesh, a poor, largely rural state in central India. We draw on a dataset of individual pregnancies that includes pregnancy-specific information on women's perceptions of the wantedness of the pregnancy, those of her husband, and those of elders in the household to explore this issue. Our analysis examines how each of these influences the decision to seek an abortion, and how they influence one another.

This study has a number of features that distinguish it from prior research exploring female empowerment and its determinants. Firstly, we are able to take advantage of a dataset that is explicitly designed to measure women's empowerment and other characteristics over their entire reproductive life course through the collection of retrospective pregnancy-specific information on women and their intra-household relationships. This allows for a more complex analysis than is feasible using either cross-sectional data or retrospective data gathered for other purposes. The detailed nature of the data on intra-household relationship also allows us to examine the effect of these much more specifically than is typically the case (between women and their husbands,

women and in-laws, and between the marital couple and in-laws). Secondly, we focus specifically on abortion, for which the decision-making process is understudied and largely unaddressed in prior research. The results of this study will allow us to better address a number of questions related to the provision of abortion services to women, particularly those in societies where their actions are heavily dependent on other family members.

Household dynamics and women's behavior

Studies that examine the role of others in shaping women's fertility and reproductive behavior focus primarily on the woman's relationship with her sexual partner and his preferences. For instance, the relationship between women's perceptions of their husband's family planning desires and contraceptive use has been widely studied (Casterline, Perez et al. 1997; Viswanathan, Godfrey et al. 1998; El-Zanaty, Way et al. 1999; Stash 1999; Casterline, Sathar et al. 2001). These studies have found that women's use of contraception is highly dependent on her perceptions of her husband's and other family member's attitudes towards contraception. For example, in an examination of conjugal power relations and couple participation in reproductive health decision-making in Nepal, Chapagain (2006) found that while women had high rates of participation in joint contraceptive decision-making, the "husbands' domination is ubiquitous with respect to all forms of power and gender privileges" and men often directed their wives' contraceptive use or non-use even when she "participated" in the decision. Perceptions of the decision-making process can also have implications for women's behavior: if

women and their husbands have divergent views of women's autonomy, this can have consequences for their reproductive health outcomes (Jejeebhoy 2002).

With regard to abortion, Elul (2005) found that a woman's belief that her husband's consent is required for abortion negatively correlated with abortion-seeking behavior, particularly in rural areas in Rajasthan, India. Similarly, examining contraceptive use in the Philippines, Biddlecom et al. (1997) found that a relatively large amount of disagreement between couples regarding the importance of contraceptive attributes led to lower levels of contraceptive use and greater conflict regarding future family planning intentions.

While the couple dynamic is of particular importance, other intra-household relationships have also been found to influence women's ability to make decisions regarding their reproductive health. This is particularly true in South Asian countries like India, where the power within the household is determined primarily by the sex and age of the household members (Singh, Bloom et al. 1998). In these situations, where married women typically live with the family of their husband, mothers-in-law hold significant status in the household and exercise considerable influence over reproductive and contraceptive behavior, particularly for young, recently married women who have yet to prove their fertility or bear a son (Jejeebhoy 1998). Kurz and Barua (2001), studying the reproductive health-seeking behavior of married adolescents, found girls had limited decision-making power and influence over their care-seeking, including in spacing pregnancies and limiting family size. Their husbands were often the primary decision-

makers, but those decisions were frequently influenced by their mothers (also see Jejeebhoy 1998:1285 for a description of household power dynamics in India).

A number of studies have also documented household abortion decision-making dynamics specific to the Indian-context. Qualitative respondent interviews in Rajasthan suggest that social norms, as replicated in the household, have an important bearing on abortion decision-making; in situations in which a woman's spouse or in-laws are informed of her pregnancy, they may serve as the key decision-makers as to whether or not the woman obtains an abortion, even if this is in opposition to her desires (Elul, Bracken et al. 2004).

However, it is important to note that women's status and bargaining power within the household is not necessarily static over her lifecourse, and changes relative to the role of husbands and in-laws as her position within the household hierarchy shifts over time. A number of studies have found that women's autonomy varies by age, marital status and employment status (Standing 1991; Das Gupta 1996; Hindin 2002). While the extent to which women's ability to make abortion decisions changes over the life course is uncertain, past research has found that life course stage is an important factor in shaping contraceptive decisions, and should therefore be taken into account when examining the determinants of behavior (Rindfuss, Guilkey et al. 1996).

This paper aims to extend this research by focusing specifically on the decision to attempt an abortion, using data that is specific to individual pregnancies. This approach allows us

to explicitly model the ways in which women's own desires and preferences influence the abortion decision, and how these are moderated or supplanted by the desires and preferences of other household members. We expect that while women's own preferences will be important, the implementation of these will depend to a significant extent on the preferences of the women's husbands and in-laws. The analyses are guided by three specific research hypotheses, based on the above discussion:

1. Women at later stages of their life course and family formation process will be more likely to seek an abortion given an unwanted pregnancy than those at earlier stages.
2. Women with higher degrees of autonomy will be more likely to attempt an abortion in response to an unwanted pregnancy than women with lesser autonomy.
3. Women's desires about the pregnancy initially may be a strong determinant of abortion behavior, but will weaken as husbands' desires and pressure from in-laws are taken into consideration.

Study Setting

The data used for this study come from a survey of 2,448 married women between the ages of 15-39 with at least one child in Madhya Pradesh, India. With a population of 60 million people, about three-quarters of which reside in rural areas, Madhya Pradesh is one of India's poorest states, and is characterized by high fertility rates, limited

infrastructure, and a history of underdevelopment (Office of the Registrar General 2001) (International Institute for Population Sciences (IIPS) and ORC Macro 2001).

The state reports a fertility rate of 3.3, compared to 2.9 nationally as well as limited use of means to prevent pregnancy (International Institute for Population Sciences (IIPS) and ORC Macro 2001). Contraception has been largely limited to sterilization, which constitutes 86 percent of total contraceptive use in the state. Only 4.7 percent of married women report using modern, temporary methods of contraception (International Institute for Population Sciences (IIPS) and ORC Macro 2001).

Abortion has been legal in India for a wide array of medical, social, and economic reasons since the enactment of the Medical Termination of Pregnancy (MTP) Act in 1972. To be legal, an abortion must be performed in a registered MTP center by a registered provider. The vast majority of abortions, in Madhya Pradesh and elsewhere in India, are believed to be performed outside of official MTP centers (either by unregistered health providers or by registered providers at an unregistered facility) and are not reported in government records. In 1997-98, Madhya Pradesh had a mere 300 registered MTP centers statewide, or approximately 5 centers per million people (Department of Family Welfare 1998).

Sampling

Respondents were selected through stratified cluster sampling, with one district randomly selected from six geographic regions. Ten primary sampling units (PSU) were selected in

each district through probability proportional to size sampling, with purposeful oversampling of urban areas to ensure sufficient cases for the analysis of rural-urban differences[1]. A PSU typically encompasses a village in the rural areas and an urban ward in the urban areas. A household listing was conducted in each of the selected PSUs from which 40 eligible women were randomly selected for interview per PSU.

The sample was restricted to one eligible woman per household, with a random selection of the eligible woman from households with more than one eligible woman. To be eligible, respondents had to be between the ages of 15-39 and married with at least one child. These eligibility criteria ensured that all respondents had at least one pregnancy to record from their reproductive histories. Women over the age of 39 may present considerable recall bias in reporting their earliest pregnancies (and are likely to have been sterilized and thus contribute no recent pregnancies) and were therefore excluded. Eligibility was further restricted to married women because pilot-testing indicated that, because premarital sex is still highly sensitive and taboo, including them would likely result in underreporting of contraceptive use, pregnancies, and abortions.

The survey covers the life course experience with pregnancies, contraception, and abortion using an innovative methodology that incorporated a "narrative" life story technique commonly used in qualitative approaches into the quantitative survey with precoded response categories (Nyblade, MacQuarrie et al. 2006). Information was collected on a range of characteristics of both the women and their households, both at

[1] All results presented in this paper have been adjusted to account for this sample design, including summary statistics.

the time of the survey and, for a subset of variables, retrospectively. Information at the time of the survey included basic demographic characteristics, educational and occupational experience, a range of variables designed to measure female autonomy, and household characteristics. It also includes data on knowledge on the legal status of abortion, knowledge and attitudes about contraception and physical access to abortion services.

The retrospective portion of the survey focused on women's pregnancy histories starting from the point of marriage, in which women were asked a series of questions for each pregnancy they had experienced. This resulted in a dataset where the pregnancy is the unit of observation that includes 9,127 pregnancies with a known outcome from a total of 2,448 women. The life course information includes many of the same autonomy and household variables as at the time of the survey, but also incorporates a range of questions specific to the individual pregnancy, among them questions on women's and their husbands' desire for the pregnancy, household pressure for continued childbearing, and pregnancy outcome. Data on wantedness of the pregnancy was collected at two different points of the pregnancy interval. First, women were asked at the start of the interval if they desired another child then, at some later point, or not at all. Women were again asked their feeling at the time they became pregnant. Women reported their perceptions of their husbands' desires at these two points as well.

Analytical Model and Measures

The modeling strategy used by this paper is designed to examine how the effect of women's own fertility preferences on abortion attempts 9in any given (unwanted) pregnancy is influenced by those of her husband and extended family. In order to do this, we focus specifically on those pregnancy intervals where the woman reported not having wanted the pregnancy at the time of conception (either in terms of fertility limitation or timing), or who reported that their husbands did not want the pregnancy at that time[2]. Of the 1608 pregnancies that met this criterion for inclusion in the sample, 1507 pregnancies among 933 women had complete information on all the variables included in the analyses.

We estimate three separate models of the determinants of abortion attempts in the interval: the first model includes only the woman's preferences for childbearing in the interval (in addition to a number of additional control variables); the second includes both the woman's preferences and those of her husband; and the third also includes those of the inlaws. This allows us to examine how the influence of the woman's preferences of abortion attempt is shaped by those of other household members, and each of the parties in the decision-making process influence the decision to attempt an abortion.

[2] Women were asked about their childbearing desires at two points in the pregnancy interval: at the beginning of the interval, and again at the time of conception. With the exception of the dependent variable, all other variables refer to the beginning of the pregnancy interval, ensuring that the measures are consistent with the temporal order implied by the model.

The dependent variable in each of the three models is a dichotomous variable indicating whether a woman intentionally took any action that could result in an abortion, including both medical and non-medical methods. The statistical model used is a logistic regression of the form:

$$\Pr(y_i = 1|x_i) = \frac{\exp(x_i\beta)}{1+\exp(x_i\beta)}$$

where $\Pr(y_i=1|x_i)$ is the probability of observing outcome 1, given the vector x_i of individual, household, and community level variables, all measured at the start of the interval. Parameter estimates are obtained with maximum likelihood procedures, using the Huber/White/Sandwich robust estimate of variance technique available in Stata to correct for the effect of the sample design and the potential contribution of multiple pregnancy intervals to the dataset by individual women.

Numerous individual and household level independent variables in several domains are included in the analyses. The particular focus of this study are the variables measuring women's and their husbands' preferences regarding each pregnancy and the degree to which women felt pressure from their in-laws with regard to having another child. To capture women's desires, we use a dichotomous variable describing whether women wanted the pregnancy at the start of the interval. Similarly, we included a dichotomous variable that described, as women reported them, whether or not husbands wanted the pregnancy at the start of the interval. The variable representing in-law pressure for a child compares little or much pressure to no pressure. Our dataset also contains data on

in-laws' pressure for sons specifically, but we did not include this variable in any of the models here. That variable was correlated with pressure for a child (those intervals in which there was pressure for a son were a subset of those in which there was pressure for a child). When this variable for pressure for a son was substituted in the place of pressure for a child, it performed quite similarly in each of the models.

Measures of female autonomy are also included as independent variables in the analyses We used a categorical variable on mobility, dichotomous variables for domestic violence during the pregnancy interval and whether she worked outside the home during the interval, and a continuous variable on the age difference between the woman and her husband. Mobility in each interval was ascertained through a single question inquiring whether the woman faced many, some, few, or no restrictions on moving about. The variable, as all other categorical variables in the analysis, was recoded as a series of dummy variables for use in the regression.

In addition to these variables, three measures of life course stage are included in the analyses. These are: age of the woman at the beginning of the interval, age of the consummation of first marriage, and the number of surviving children, disaggregated by sex, also at the beginning of the interval. We also included personal characteristics (e.g. educational attainment) for the woman and her husband as well as household characteristics such as extended versus nuclear family and degree of problems meeting monthly household expenses during the interval.

Additional control variables include religion, caste, and urban/rural residence. With the exception of education, consummate age at marriage, and the control variables, all the independent variables included in the analysis are pregnancy specific.

Results and Discussion

Table 1 presents the descriptive statistics for the dependent and independent variables. Women were more than 20 percent more likely to report not wanting the child than their husbands. An abortion was attempted for 42% of pregnancies considered to be unwanted by either the woman or her husband (as reported by the respondent).

--- Table 1 here ---

More than 30 percent of women reported having difficulties in their relationship with their in-laws at the time of the unwanted pregnancy and a further 31 percent with their husbands, suggesting that many women in this context live in environments where poor communication, particularly on subjects such as abortion, is common. In addition, almost 40 percent of women reported feeling pressure for more children from their family, and more than thirty percent for more sons specifically. While 45 percent of women reported having wanted to delay or prevent the pregnancy, well over half (58%) did not discuss this with anyone and only 13 percent were using contraception prior to becoming pregnant.

The results of the multivariate regression models of the determinants of abortion attempts are shown in Table 2. For ease of presentation, the results are displayed as odds ratios, which are the exponentiated coefficients resulting from the logistic regression[3]. While there are a number of interesting results in the table, we focus this discussion on those identified specifically in our research hypotheses.

--- Table 2 here ---

Life Course and Family Formation

There is only limited evidence that women at later stages of the family formation process are more likely to attempt an abortion. Of the life course variables included in the analyses (consummate age at marriage, age at start of the interval, number of surviving boys and girls at the start of the interval), only the number of surviving boys had a statistical effect on abortion attempts, with the likelihood of an abortion attempt increasing by over 20 percent for every additional surviving male child in each of the models. This result suggests that fertility desires, including ideal number of children, are likely to be oriented primarily around a family composition that includes one or more boys. This result is not surprising given the strong preference for sons in the region, but the dominance of this effect, with all other life course indicators proving to be statistically nonsignificant in all models, was somewhat unexpected.

[3] For example, the odds ratio of 0.973 for age at the start of the interval in Model 1 is equivalent to exp(-0.028). This can be interpreted as each additional year of age decreasing the likelihood of an abortion attempt by approximately three percent.

Female Autonomy

The indicators of female autonomy, including whether the woman worked outside the home, her freedom to move about without permission, and her experience with domestic violence, were statistically significant in all models. However, the direction of the effect was the opposite of what was hypothesized. Having been beaten during the pregnancy interval increased the likelihood of an abortion attempt by between 40 and 50 percent. Women with few restrictions on their movement were more than twice as likely to attempt an abortion than those with no restrictions in each of the models, while the likelihood was between 66 and 82 percent greater for those with several or many restrictions. Working outside the home had a similar effect, reducing the likelihood of an abortion attempt by almost 35 percent in each of the models.

The effect of these variables could be due to a number of factors. The first relates to the particular relationship between household wealth and mobility in this context, with women in lower income households more likely to be mobile to facilitate work outside of the home as a result of economic necessity. These households are also more likely to have traditional views as to women's roles and status. In this case, neither greater mobility nor the "ability" to work outside the home actually reflects a greater degree of autonomy or decision-making power on behalf of the woman herself.

In addition, these households often lack the financial resources with which to seek out an abortion. Although abortion services are intended to be available free of cost at MTP

centres, this is not always the case in practice. Furthermore, women seeking an abortion (when not a self-attempt within the home) face an opportunity cost, particularly in areas underserved by the MTP infrastructure. This interpretation is supported by the finding on household economic problems. Women reporting that the household had some or many problems meeting their expenses at the beginning of the pregnancy interval reduces the likelihood of an abortion attempt by approximately 35 percent in each model.

A second and contrasting explanation may be that women who are likely to attempt an abortion in response to an unwanted pregnancy are not in fact highly autonomous, but rather are women with limited autonomy who are nonetheless motivated to terminate a pregnancy when they experience difficult household circumstances. This explanation is supported by the finding that women who experienced domestic violence in a particular interval were 40-50% more likely to attempt an abortion than those who did not. Whereas in the first case our hypothesis would be maintained because the mobility and work variables do not, in the end, represent autonomy, in the second scenario, our hypothesis would be rejected.

Husbands' and In-Laws' Influence

The results also paint an interesting picture of the ways in which the desires of each of the main players in the abortion decision are related to the actual attempt to terminate a pregnancy. As expected, the desire of the woman for a child was a very important determinant of whether she attempted an abortion or not, but this was influenced

considerably by the preferences of other household members. In the Model 1, which includes only the woman's desires, the likelihood of an abortion attempt was approximately 63 percent lower for those that reported wanting a further pregnancy at the beginning of the interval. When added in Models 2 and 3, both the husband's and in-law's preferences strongly influenced the likelihood of an abortion attempt. As expected, women were significantly less likely to attempt an abortion if the husband wanted the child or if they felt pressure from their in-laws for more children. Additionally, the inclusion of these variables reduced the effect of women's own desires on abortion attempt by roughly five percent when the husband's and in-law's preferences were controlled for (58 and 59 percent in Models 2 and 3 respectively). Notably, women's preferences remained strongly statistically significant in all three models.

Conclusions

Little data was found to support our first hypothesis. The effect of most life course and family formation variables was weak and nonsignificant. The only variable that was significant was the number of surviving sons at the onset of an interval. Bearing male children is an important feature of family formation in this context and is a significant determinant of abortion behavior.

Our third hypothesis, on the other hand, is supported by our findings. Women are clearly acting on their own desires regarding childbearing to a significant extent as seen by this variable remaining highly significant even when husbands' and in-laws' desires are

controlled for. It seems that in situations where women feel strongly about their childbearing they make attempts to control it. Yet their abortion-seeking behavior is influenced to a very large extent by others in their household.

Further research is required to fully establish how women's own preferences may be influenced by those of her husband and in-laws, to what degree women's own preferences align with either their husbands' or their in-laws, and how preferences among different members of the household are articulated and exerted throughout the decision-making process. It would be useful to examine whether women inform either of their pregnancy, seek their support, and involve them in the abortion process or whether women circumvent household members with opposing desires, as well as what effect that may have on choice of provider/method for an abortion attempt and its outcome.

Another area warranting further investigation is around mobility. We do not fully understand how mobility restrictions vary across the life course and how they relate to other measures of female autonomy. As a result, we fell short of either proving or rejecting our second hypothesis in this analysis. We remain uncertain whether women with greater degrees of autonomy are more or less likely than other women to seek an abortion when faced with an unwanted pregnancy.

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Table 1: Percentage Distributions of Sample Population on Dependent Variable and Key Independent Variables for Individual Pregnancies to Females aged 15-39 (N=1608)*†.

Category and measured indicator	Percentage of women
Dependent Variable	
Did you attempt to terminate pregnancy?	
Yes	42
No	56
Key Independent Variables	
Wanted child	
Yes	66
No	26
Undecided	8
Husband wanted child	
Yes	43
No	51
Undecided	5
Wanted to delay/prevent pregnancy?	
Yes	42
No	45
Undecided	4
Discussed delaying/preventing pregnancy?	
Yes	42
No	58
Used contraception prior to getting pregnant?	
Yes	13
No	87
Relationship with in-laws	
Few problems	48
Some problems	26
Many problems	6
In-laws passed away	20
Relationship with husband	
Few problems	67
Some problems	23
Many problems	8
Pressure for more children from family	
No pressure	63
Some pressure (husband)	17
Lot of pressure (husband)	6
Some pressure (in-laws)	7
Lot of pressure (in-laws)	7
Pressure for more sons from family	
No pressure	67
Some pressure (husband)	12
Lot of pressure (husband)	6
Some pressure (in-laws)	5
Lot of pressure (in-laws)	9
Wanted to delay/prevent pregnancy?	
Yes	42
No	45

* Percentages may not add to 100 due to missing variables/don't know categories.

† The analysis will also include the following variables, all specific to each pregnancy: measures of women's autonomy (mobility, freedom to spend money), incidence of domestic violence, age, age difference with husband, number of sons and daughters born, religion, caste, urban/rural residence, household wealth, and community characteristics.

Table 2: The Determinants Of Abortion Attempts In Pregnancy Intervals Where Either The Pregnancy Was Unwanted By Either The Woman Or Her Husband: Results from a Logistic Regression (N=1507)

	Model 1		Model 2		Model 3	
Women's Characteristics						
Age at start of the interval	0.973	(0.033)	0.974	(0.032)	0.968	(0.031)
Education						
No education (reference)						
Below slc	1.354	(0.429)	1.33	(0.411)	1.369	(0.413)
Slc or above	1.87	(0.715)	1.88	(0.677)	1.798	(0.652)
Worked outside of home	0.655**	(0.081)	0.663**	(0.078)	0.664**	(0.083)
Consummate age at marriage						
Below 15 (reference)						
Between 15 and 17	0.861	(0.262)	0.860	(0.255)	0.857	(0.242)
18 and above	1.180	(0.188)	1.185	(0.184)	1.176	(0.206)
Number surviving children at start of interval						
Girls	1.009	(0.113)	1.026	(0.115)	1.046	(0.105)
Boys	1.210*	(0.110)	1.221*	(0.108)	1.225**	(0.096)
Women's desires for children at start of interval						
Woman did not want child (reference)						
Woman wanted child	0.372**	(0.109)	0.424*	(0.142)	0.407**	(0.133)
Woman was unsure about wanting child	1.135	(0.538)	1.314	(0.640)	1.297	(0.632)
Husband's characteristics						
Education						
No education (reference)						
Below slc	1.329	(0.529)	1.32	(0.523)	1.349	(0.517)
Slc or above	1.171	(0.640)	1.145	(0.609)	1.221	(0.668)
Husband's desires for children at start of interval						
Husband want child (reference)						
Husband did not want child	--	--	1.397**	(0.175)	1.335*	(0.172)
Unsure about husband's desires	--	--	1.073	(0.274)	1.002	(0.264)
Women's empowerment						
Age difference with husband	0.962	(0.054)	0.963	(0.053)	0.958	(0.053)
Restrictions on mobility in interval						
No restrictions (reference)						
Few restrictions	2.025***	(0.275)	2.048***	(0.303)	2.131***	(0.280)
Several/many restrictions	1.658**	(0.289)	1.775**	(0.307)	1.821**	(0.314)
Woman experienced domestic violence	1.408**	(0.137)	1.438**	(0.136)	1.510***	(0.151)
Household Characteristics						
HH had some or many of problems meeting expenses (dummy)	0.642**	(0.106)	0.633**	(0.111)	0.649**	(0.103)
Household is multi-generational (dummy)	0.691	(0.144)	0.684	(0.142)	0.766	(0.183)
In-law pressure for additional children						
Pressure from in-laws for next child	--	--	--	--	0.549**	(0.084)

Notes: Additional control variables include: respondent's religion, caste, and a rural/urban residence
* Significant at 10%; ** significant at 5%; *** significant at 1%
Robust standard errors in parentheses