

The influence of household gender dynamics on married adolescent women's access to reproductive healthcare in Bihar, India

Background and aims

My doctoral research studies the influence of household dynamics on married adolescent women's access to reproductive care in Bihar, India. Demand-side factors are an understudied aspect of reproductive health in India, particularly so among women married (willingly or forcefully) before the minimum legal age of 18, owing to their unique position as married minors which enmeshes them in conflicting legal and cultural understandings of maturity, social propriety and gendered norms. The participants of my study are aged between 16-25, and were all married as adolescents. The fieldwork was carried out in Kishanganj and Purnia, two districts in Eastern Bihar which are characterised by poor development indicators, and was designed as a collaborative project with Project Potential (NGO) and independent collaborators.

The research aims to address the following research questions: 1) How do gendered relations in the household shape decisions about health? 2) How do married adolescent girls perceive and negotiate autonomy within the household with respect to access to reproductive healthcare? 3) How do their needs and experiences inform household health decisions and practices? As the fieldwork unfolded, the objective of the research, shifted to how *women make claims on care* from the family (both reproductive healthcare and overall well-being, value and happiness), by navigating the dynamics of the household and the larger context of kinship, caste and community to which these dynamics are inextricably linked. This shift is significant in the study of care in sociology as it positions women as recipients of care rather than the predominant positioning of women as givers of care.

Methods

The study employs a qualitative design, using in-depth interviews and focus groups, both of which were piloted with a group of young married women (18-23 years) associated with Project Potential, the field collaborator in Kishanganj. The pilot was designed as a participatory exercise, where participants evaluated the study objectives and design, participant information sheet and consent form, interview questions, FGD vignettes, and

provided feedback on the experience of the interview and FGD. The participant information sheet, consent form and the interview topic guide were then revisited with the collaborators and appropriate changes made. The fieldwork drew on ethnographic traditions and feminist participatory action research, involving multiple stakeholders in negotiations and discussions - participants' families, immediate communities, frontline healthworkers, and young women working with the field collaborator. A thematic analysis is currently underway using the grounded theory approach.

Progress

The fieldwork for the study is now complete, along with one thematic chapter and the methodology chapter. The thematic chapter discusses the ways in which young women make decisions about their health and well-being within and outside the conventional autonomy framework deployed by policy and the development lexicon. The analysis makes apparent that autonomy is not exercised in a singular way but that its determinants and consequences are what make it valuable, debatable and dispensable. A related analytical paper on decentering autonomy to understand claims on care was published in *Cultivate*, the journal of the Centre for Women's Studies at the University of York, and can be accessed [here](#). The chapter on methodology describes the methods and tools, and includes a detailed discussion on the adaptation of participatory action research and the experience of conducting collaborative research with the development sector and with individuals working at the cusp of research and advocacy. It also includes sections on locating action in feminist research.

Activities supported by the prize

The Phil Strong Memorial Prize supported the year-long field-based activities, which formed the bedrock of the research. A major portion of the prize money was used to remunerate the four individual collaborators (two associated with Project Potential and two independent), whose role was key in negotiating access to the field, recruiting and retaining participants, engaging with families and communities, and averting risk to participants when needed. They also participated in the preliminary analysis and in the community data dissemination events carried out at the end of the data collection period. The remainder of the money was used to remunerate pilot participants for their assessment exercise, to reimburse pilot and study participants for travel expenses, to arrange equipment and refreshments for community

meetings (two groups of up to 50 persons), and to arrange an external training session for the collaborators on reproductive health and rights in India. The collaborative element of the study, which the prize supported, has been highly valuable in experimenting with and reflecting on a model of industry-academia and community-academia collaboration, and public engagement of research.