

Perceived Conflicting Desires to Delay the First Birth: A Household-Level Exploration in Nepal

CONTEXT: *It is accepted as the norm that couples in South Asia begin childbearing immediately after marriage and that, even if they would like to delay, they are pressured to have children by household members. Little research, however, has explored the desire to delay childbearing among newly married couples and their household members in Nepal—a setting with changing marriage formation patterns, increasing women's education and falling fertility.*

METHODS: *To explore the dynamics of current childbearing desires, in-depth interviews of 20 intact triads of newly married women, their husbands and their mothers-in-law were conducted in one district of Nepal in February–March 2017. Using thematic analysis, interviews were read and coded separately by type (wives, husbands, mothers-in-law), and then the triads were read together and coded to determine household-level patterns and themes.*

RESULTS: *Most newly married women and men want to delay their first birth, but have not communicated with each other about this. Even though couples are often in agreement about delaying, they feel pressured by in-laws and society to bear children early. Contrary to expectations, some mothers-in-law support delaying childbearing to allow their daughter-in-law to mature, continue her education or earn wages; however, they too perceive societal pressure. Male migration for work also contributes to early childbearing pressure.*

CONCLUSIONS: *Helping couples to sort through conflicting fertility norms and desires may be important to delay childbearing when desired. Programs should engage all household members, and work to increase couples' and household communication to address misperceptions about fertility desires.*

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The most recent Demographic and Health Survey in Nepal found that the average age at marriage among women aged 25–29 was 18.5 years and that approximately 50% of newly married women become pregnant in the first year of marriage.¹ Delaying a first birth, especially in the context of early marriage, is important for improving maternal and child health outcomes.^{2–4} Very early marriage and early childbearing (i.e., when they occur during adolescence) are associated with adverse neonatal outcomes—including preterm birth, low birth weight and infant death—and maternal complications.^{3,5} Furthermore, delaying a first birth may give young women the opportunity to continue their education and to participate in the labor force, which in turn could increase their household and community status, as well as their level of empowerment.^{6,7}

Although the legal age for marriage in Nepal is 20, traditional marriage between adolescents is still common, and is used as a way to circumvent legal marriage; this practice leads to adolescents cohabiting and initiating childbearing early.⁸ A substantial body of research in Nepal and other parts of South Asia has explored early marriage, early childbearing and short birth intervals, and has found several associated variables, including education, caste or

ethnicity, rural and urban residence, and the sex of preceding births (for short birth intervals only).^{9,10}

The literature from Nepal and other parts of South Asia has suggested that young women feel powerless to act on their desires in terms of the timing of childbearing, and thus end up having more children than desired.^{11,12} Women in these settings often perceive that they must prove their fertility and establish ties within their husbands' family through childbearing, especially in areas with high levels of coresidence with extended family.^{8,13} Studies have shown that families, husbands and the community pressure women to bear children early, and have identified opposition from these parties as a reason for decreased contraceptive use.^{11,14} In Nepal, research has found that couples' communication about contraception is associated with contraceptive use, as well as with the use of other maternal and health care services.^{15,16} In addition, son preference exists in Nepal, although perhaps most strongly among older generations, and plays a role in fertility decision making, including contraceptive uptake.^{17,18}

As is the case in much of South Asia, early in marriage, women in Nepal usually live in their husband's households, although as they age, couples are increasingly likely to move into their own homes.^{19,20} A wife has low status

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within her husband's household, which results in low decision-making power, especially for the young and newly married.²¹ Mothers-in-law are at the top of the "hierarchical family network, exercising authority and power over daughters-in-law,"^{22(p.2)} especially for pregnancy, maternal and reproductive health decisions. Men and mothers-in-law are thus important decision makers about fertility timing and contraceptive use.^{23,24} Little research has been conducted, however, among newly married couples in South Asia about their individual and joint fertility desires and intentions and their contraceptive use.^{25,26} Furthermore, few studies have included men's or other family members' perspectives on childbearing timing; when they do, they often show that the views of these parties conflict with those of women themselves.^{25,26} This study fills that scientific gap by investigating fertility desires and childbearing among newly married couples in Nepal.

Nepal is rapidly developing and changing, with rising age for legal marriage, increasing education levels and shifting roles for women in society more broadly.¹ Older women, those with higher levels of education and those living in nuclear households are more likely than others to have autonomy and decision-making ability in regard to family planning.^{11,14,27-30} Increasing education levels, age at marriage and female labor force participation, as well as a trend toward more couple involvement in the marriage decision-making process, may be creating greater interest and opportunity for newly married couples to delay their first birth. However, the construct of gender is still very influential, especially in rural Nepal, and places women at low status from the start of their lives as new brides.⁸

The aim of this study is to explore the nature of fertility decision making within the households of newly married couples in Nepal from the perspectives of three decision makers and in light of changing demographic, family formation, and social and cultural processes and practices. To this end, we conducted a qualitative study to generate hypotheses about current childbearing dynamics among newly married couples. Our broad area of exploration in this study is fertility desires and how they vary by household decision maker. We also explore attitudes toward and use of contraceptives among newly married young women, their husbands and their mothers-in-law, and intrahousehold decision making about childbearing. The specific aim of this article is to describe the findings related to fertility desires and communication, and contraceptive use.

METHODS

Study Setting

To understand the concerns about and experiences of marriage, fertility and health in the households of newly married couples, and to inform a longitudinal study on changing household dynamics in the first 18 months of marriage, we conducted our study in 2017 in the Nawalparasi district of Nepal, located on the border with India. The study district is located in the Terai region in the central part of the country. The Terai region is mostly

inhabited by Madhesi (Hindu) and Muslim communities. The Madhesi community residing in the Terai region (including the Bhar, Gaud, Gupta, Kahar, Kurmi, Patel, Sahani and Thakur groups) shares similarities with people residing in adjoining districts of India in terms of culture and traditions. About 97% of Nepal's Muslim population lives in the Terai region. Like the Madhesi, the Muslim community in this region has strong ties across the border, and receives cultural and traditional support from the larger populations of Uttar Pradesh and Bihar, India.²⁸ We selected this study area because it consists of ethnic communities that are socially disadvantaged and in which the status of women is very low in terms of education and decision making.^{1,27} The study population is typical of the Terai region of Nepal.

Our study population consisted of the households of newly married couples, and we conducted census mapping in two village development committees (one rural and one urban municipality) to identify eligible households.* The two village development committees—Kushma and Germa—were suggested by the five-member District Advisory Committee on the basis of ethnicity, food security and the level of women's autonomy, and both are located about 10 kilometers from the district headquarters. Kushma has a population of 8,400, while Germa has a population of 7,600.²⁸ Both village development committees consist of diverse Terai ethnic groups; Muslims are the majority population in Kushma. Most of the population depends on agriculture and foreign employment for their livelihood. Respected and knowledgeable community leaders, such as health workers and religious leaders, helped to identify households with newly married couples. The research team prepared a list of such households and then visited them to determine eligibility.

Data Collection

We conducted 60 in-depth interviews with newly married women (the index participant), their husbands and their mothers-in-law (20 intact triads) in February–March 2017. We estimated that 20 triads would be sufficient to reach saturation, and after the interviews, the study team met and determined that saturation had been reached. To be eligible for the study, the index participant had to have been married within the last three months, aged 18–25 and residing with her mother-in-law; we defined "married" as the couple having had a marriage ceremony. In addition, husbands and mothers-in-law both had to be currently living in the household (not migrated abroad).

Permission to recruit household members was first asked of the head of the household (usually the father-in-law or husband), as is culturally appropriate in this setting. After the household head's permission was granted, the index participant was approached for interview,

*Village development committees were the lowest administrative unit during the data collection period; however, following a recent change in political structure, they are now called rural municipalities or urban municipalities, as appropriate. Each village development committee consisted of nine wards.

and subsequently her husband and mother-in-law were approached. If any one of them declined to be interviewed, the household was excluded. A total of 34 households were identified. When the households were visited to check for eligibility, it was determined that four wives had returned to their maternal home and two husbands had already left for work abroad. Thus, the list of eligible households was reduced to 28. From there, the first 20 households that were eligible and agreed to participate were recruited (21 were approached; one declined).

In-depth qualitative interviews were conducted by three trained Nepali research assistants of the same sex as the respondents, after informed consent was obtained (written or thumbprint). The research assistants had previous experience conducting qualitative interviews, and received a three-day refresher training prior to conducting the interviews. The qualitative guide was developed based on a review of the literature and the goals of the larger project. We pretested the questionnaire with six households in the outskirts of Kathmandu, and made changes on the basis of the pretest findings—language was made clearer, and clarifications were added, as were a few additional questions. All interviews were conducted individually in a private location, usually the respondent’s home or field, and generally lasted over an hour; respondents were given a small gift—an umbrella—for their time. Most interviews were conducted in the local language (Awadhi), and the rest were conducted in the Nepali language. One female research assistant interviewed both the wife and mother-in-law, and a male research assistant interviewed the husband. Interviews were audio-recorded, transcribed into Nepali and then translated into English by the interviewer. One mother-in-law refused to be audio-recorded, so that household was excluded.

This research received ethical approval from the Nepal Health Research Council of Nepal and Institutional Review Board of the University of California, San Francisco.

Data Analysis

Data were analyzed by three coders (one in Nepal, two in the United States) using a mixture of a priori and inductive coding,²⁹ starting with structural codes stemming from the questionnaire and then adding emerging codes; analyses were conducted using ATLAS.ti, version 8.1.2. Prior to coding, the interview team double- or triple-coded a subset of interviews of each type (wife, husband, mother-in-law) to fully develop codebooks for each and to ensure consistency across coders. First, interviews were read and coded separately by interview type. After the initial coding process, each family group of wife, husband and mother-in-law (triad) was read together, and a separate level of coding was conducted to pull out household-level patterns and themes. More details about our sampling, qualitative data collection and analysis methods have been published previously.²⁰ For quotation attribution, the wives were given pseudonyms; these were used to link the women with their husbands and mothers-in-law.

RESULTS

Participants’ Characteristics

The mean age of the newly married women was 19; it was 23 for the husbands and 48 for the mothers-in-law (Table 1). Eight families (triads) were Muslim and 12 were Madhesi Hindu. Husbands were generally more educated than their wives, and most mothers-in-law had no formal schooling. Four-fifths of wives were homemakers or unemployed, while the others were students. As for husbands, about half (11) were small business owners, teachers or some other profession; the remainder worked in agriculture or earned a daily wage (3), were students (3) or were unemployed (3). Half of the mothers-in-law worked in agriculture or earned a daily wage; two were business owners, teachers or another profession; and the rest (8) were homemakers or unemployed.

Qualitative Findings

Several themes emerged from the data: little communication about fertility desires, desire to delay childbearing, pressure for early childbearing, conflicted desires and contraceptive use. These themes interestingly reveal both conflicting and congruent fertility desires.

• *Little communication about fertility desires.* Some households or couples had talked about fertility desires, even when they had talked very little about anything else. Laxmi, an eighteen-year-old with 10 years of school, explained:

“[My husband] is always roaming here and there. I am busy with work. And he comes in the day, has his meal and goes outside again. He returns home at 9–10 P.M. that’s it... he comes home at night, eats dinner and he uses Facebook, listens to songs and sleeps. We don’t have conversations. But we do talk about one thing—about not having children now. We have to complete our studies now. We want to give birth after one to one-and-a-half years.”

TABLE 1. Selected characteristics of newly married women, their husbands and their mothers-in-law, Nawalparasi district, Nepal, 2017

Characteristic	Women (N=20)	Husbands (N=20)	Mothers-in-law (N=20)
Mean age (range)	19 (18–22)	23 (18–31)	48 (36–63)
Ethnicity/religion			
Muslim	8	8	8
Madhesi Hindu	12	12	12
Other	0	0	0
Education			
Illiterate/no formal schooling	1	0	13
Literate/1–5 yrs.	6	3	6
6–8 yrs.	5	4	0
9–12 yrs.	7	8	1
>12 yrs.	1	4	0
Occupation			
Homemaker/unemployed	16	3	8
Student	4	3	0
Agriculture/earns a daily wage	0	3	10
Small business owner/teacher/other	0	11	2

However, most interviews suggested little direct communication between spouses about fertility desires. Most couples had not talked about when they wanted children or if they should be using contraceptives. Shova, aged 21 with 12 years of school, commented:

“Well, whom should I talk with? My husband is always busy. I feel shy to talk about these things with my mother-in-law and father-in-law. My husband does not stay...with me much, so I am not able to talk with him about these matters. [Until] now, I have not talked with anyone regarding giving birth to a child.”

Her husband confirmed that they had not talked about childbirth; however, he did have strong feelings on the subject, explaining that he wanted to wait a few years before having children.

This lack of communication led to misunderstanding between spouses about desires and to less attention being paid to the women’s fertility desires. For example, one woman commented that she did not want a child at this time, but thought that her husband wanted a child right away. However, her husband also described not wanting a baby right away. There was a common theme of perceived conflicting desires (both leading to and as a result of little communication); in most cases, husbands’ and wives’ desires were actually congruent—both wished to delay the first birth.

• *Desire to delay childbearing.* Most newly married women and their husbands wanted to delay the first birth, and they cited similar reasons for wanting to delay, the most common of which revolved around financial concerns. After stating that she wanted to wait two years before starting childbearing, 18-year-old Neha, who had had 10 years of schooling, explained:

“Now he doesn’t have a job. The financial condition of the house is also not good.... There would be lots of expenses after the child’s birth.... I have heard that there would be many difficulties after becoming pregnant; you need money for that.”

Barsa Devi’s husband, aged 26 with nine years of schooling, reflected on his own upbringing in poverty as a reason that he wanted to wait and save money:

“I want my child to eat adequate food. Unlike when we were growing up, I want my child to go to a good school.... We were very poor. Due to lack of money, we couldn’t get an education. And as we couldn’t get an education, we are still living a poor life.”

The theme of physical, as well as mental, maturity came up repeatedly when delaying childbirth was discussed, especially among husbands, but also among mothers-in-law. In this context, and translation, the word “maturity” is used to encompass being an “adult,” making decisions alone, being able to make judgments about right and wrong, and also being physically developed enough to have a child. This was true not only in husbands’ views of their wives, but also in their views of themselves, as seen in the comments by Gauri’s husband, aged 21 with 10 years of schooling:

“I feel that we should become responsible at first before giving birth to a child. I want to wait until we both get more mature. I have started to work and have been learning many things.... My wife also is new to this family and is learning many things. Therefore, we can wait for one more year or so before giving birth to a child.”

• *Pressure for early childbearing.* Despite this desire to delay the first birth, most young women and men felt pressured to have children earlier than they wished to. One driver of early childbearing is the fact that many men in this region migrate for work abroad (temporary migration that can last as long as 2–3 years). For some couples, the husband planning to work abroad led to differences in desires between the husband and wife. Pooja, aged 18 with two years of school, suffered a miscarriage and had actually been told by a doctor to wait to get pregnant again; however, her husband and his parents have pressured her to get pregnant before he leaves to work abroad. She explained:

“I wish to have a child after my husband comes back from abroad. The doctor also has advised me not to get pregnant for about 6–7 months. So, it would be better to have a child later. My body will also be stronger and I can also have adequate rest.... I have discussions with my husband at home. But I have not talked to my mother-in-law about this matter. My husband says that he needs a child now. He is not listening to what the doctor has said.... My mother-in-law also tells her son that I need to get pregnant before he goes abroad. She doesn’t tell me directly but tells her son. In this household, nobody listens to what women say.”

In other cases, husbands also wished to delay, but felt pressured by upcoming plans to go abroad. Sawani Devi’s husband, aged 22 with 10 years of schooling, worried about his wife’s and parents’ happiness, and thus felt compelled to begin childbearing soon:

“Actually, I want a child after a year, but as I will be flying abroad after a month, my wife will be lonely. My parents also want a grandchild and my wife also will have someone to talk with or [be] engaged with. So, thinking about this, I have changed my mind and will want a child early.”

As an example of the impact of poor communication, his wife Sawani Devi, aged 20, with eight years of school, felt differently, saying:

“I don’t feel like getting pregnant now. I am planning to give birth to my child when my husband returns from abroad in 2–3 years because we do not have sufficient money to provide better care to the child. The responsibilities are added after having a child and we have to arrange many things for better care and healthy food.”

Another very common reason why newly married men and women felt the need to have a baby sooner than they would have planned was perceived pressure from family members, generally the husband’s parents (in some cases because of migration, as discussed above). Sawani Devi described how this was rooted in their fear that she would require expensive fertility treatment or other health care if she delayed pregnancy:

“The doctor has told me not to get pregnant for [the] next six months. But my family members want to have a child very soon. They say that it may require [a] lot of money for treatment if I give birth very late. My husband is about to leave for abroad in a week, so all my family members and my husband wish to have a baby soon.”

Often, this pressure for early childbearing had not even been explicitly voiced by the husband’s parents; it may only have been subtly suggested, or had been assumed outright by the newly married couple. As Sabitri Devi’s husband, aged 21 with a bachelor’s degree, commented, “Yes, [my parents] jokingly have said that they want a child. But directly, they haven’t said anything like that.” His wife, Sabitri Devi, aged 22, who had achieved the class 5 equivalent, also said that she had not talked to her husband’s parents or even her husband about the timing of childbearing, and seemed to have a fatalistic attitude about it, saying, “No one has talked to me about it. When it happens, it will happen.” Her mother-in-law, aged 41 with no formal schooling, however, did have strong feelings about the timing of the first and subsequent births, saying:

“Well, it would be better if she gives birth within a year...she will not [have stress]. And in today’s generation, couples do not want to give birth to more than one, two children. If she gives birth now, then I will suggest [she] give birth to another child after 3–4 [years] and then I will ask her to use [a] permanent family planning measure. I would even suggest [she] use [a] contraceptive in between births....”

Rita Kumari’s husband, aged 21 with 10 years of schooling, explained how he wanted to wait to start childbearing, again for both him and his wife to reach maturity, and also to allow her to continue her education. However, he felt his parents wanted to follow the societal expectations of immediate childbearing:

“No matter how much pressure [my family] may create, I do not want to have any children for 2–3 years.... This is because I am still a student. I am not even earning any money, and my wife is a student.... Therefore, I think that if my wife becomes a mother, her entire time will be spent in nourishing her child. She won’t have any time for her education.... I tell my wife not to be under any pressure and to study as long as she wants to.... My parents are uneducated, and the trend in this village is to give birth immediately after getting married. My parents want me to follow the trend. If my wife doesn’t get pregnant, people will start talking against her and may question her fertility.”

Rita Kumari confirmed that she and her husband had spoken about this and wanted to wait 2–3 years, and that they had not spoken to other family members about their plans.

There were a handful of mothers-in-law who felt strongly that their son and daughter-in-law should begin childbearing as soon as possible, for reasons similar to those mentioned by the young couples, including sons working abroad soon and fears of infertility if the daughter-in-law became too old. Fears of people talking (badly)

about daughters-in-law were brought up by a large portion of these mothers-in-law. The role of having a child in solidifying the women’s position and sense of belonging in the new husband’s household was also brought up as an important reason for her to have a child.

Respondent (R): I want her to have [a] child within this year. My son will go...abroad and will return only after two years. If she gets pregnant now, then the child will be grown up at the time he returns. My daughter-in-law will also have a reason to live in this house. We have a joint family, we all will help her to raise the child. Right now, my son is abroad and earning, so we are able to afford food. That’s why I want a child soon.

Interviewer: What happens if a child is born late?

R: Here in Dehat, if you get pregnant late, then people start talking. They say someone’s daughter-in-law has been married for long but has not given birth, she must have some problem. If you give birth early, then everyone’s mouth is shut. If a child is born, then we can play with our grandchild. My daughter-in-law will also forget her sorrows looking at the child. If a child is born early, then the child grows early and the family enlarges.

–Nirmala’s mother-in-law, aged 48, literate

This message had trickled down to her daughter-in-law Nirmala, aged 18 with three years of school, who clearly felt pressure to conceive early, saying, “The society will start backbiting if I don’t have [a] baby soon. I want to know what I should do [to] conceive.”

• *Conflicted desires.* Despite the young newlywed’s perceptions about pressure, a few mothers-in-law actually had much more complex feelings about the timing of their son and daughter-in-law’s first birth. Some mothers-in-law felt that it would be better if their daughters-in-law waited until they were older and healthier to have a child, referring to them as “teenagers” who were not ready to have children. Others discussed the importance of their daughters-in-law being able to finish their education and contribute to the household income through work, as Rita Kumari’s mother-in-law, aged 38 and illiterate, explained:

“I wish I could have grandchildren but she has to study more.... When my daughter-in-law wishes to work outside after her studies, then I would be happy for it. When she will work, then some amount will be added in the source of income of this house, then I will take care of all the household work of this house. When she wishes to earn on her own, then she will be able to raise her children properly...this is good for the house and for them.”

However, a few mothers-in-law who acknowledged the health risks of early childbearing also had perceptions that society thought women should bear children early, and this pressure trumped their other views about the timing of their daughter-in-law’s childbearing. According to Nirmala’s mother-in-law, aged 48 and literate:

“If they are young, then there is difficulty in giving birth to [a] child. Excessive bleeding can occur. The child can also be lean and thin.... What do I do? People talk if childbirth occurs late. It’s better to give birth rather than

listening to others' gossip. If people talk, then you feel bad. That's why I want my daughter-in-law to give birth early."

Barsa Devi's mother-in-law, a 62-year-old who was illiterate, expressed similar feelings, balancing conflicting views about waiting to begin childbearing with societal pressure. As is clear below, she was excited about having grandchildren but understood the need to wait; she also believed that other people would begin to talk about her daughter-in-law and presume she is infertile (which is highly stigmatized in this setting) if she did not have a baby soon.

"From one point of view, if she gives birth early, I can see my grandchildren early. But if she gives birth late, then her body will be fully mature and she will have strength in her body to give birth to a child.... But if she gives birth early, she might not have enough strength in her body. It might be difficult for both the mother and the child. If she gives birth late, then the people will talk about her, saying that she is infertile so she does not have any child till now. I feel that it would be good if she gives birth within a year."

Another area of conflicted desires was within the newly married women themselves. In this setting, it is the practice that newly married women have limited mobility; in some cases, they do not leave the house at all in the early days of marriage. As Kalyani Devi, aged 20 with five years of schooling, explained, "In our community, you are not allowed to go outside home until you give birth to 1–2 children." Thus, women believed that after they got pregnant, and especially after having a child, they would have more freedom and be allowed to leave the house. This may lead some women to bear a child soon after marriage, despite fundamentally preferring to wait.

• **Contraceptive use.** Although the vast majority of couples reported wanting to delay the first birth, only four were using contraceptives (condoms in all cases). When wives wanted to delay and husbands did not, the women felt powerless and the men were against contraceptive use. Barsa Devi, aged 18 with eight years of schooling, remarked:

"Well, I wish to give birth after one-and-a-half or two years. Also, I am just 18...what would I do giving birth to a child this soon? But my husband insists that he wants a child now.... I have not used any measures of family planning. My husband wants a child, so he is not willing to use any methods of birth control. We have not used any family planning."

Limited access to contraceptives and knowledge about family planning in general or what methods to use was mentioned by a few participants as factors impeding use. Anita, aged 20 with five years of schooling, noted, "My husband does not know about contraceptives.... I told him to buy condoms, but he says he feels shy. He does not have modern thoughts...he likes to live simple life. We both have not studied much, so I also live simple life."

Although family planning was not discussed by many mothers-in-law, the quote from Sabitri Devi's mother-in-law given above suggests that some were balancing the

more traditional pressures to give birth early with modern preferences for small families and the use of contraceptives.

DISCUSSION

These findings suggest that newly married women, their husbands and, in some cases, even their mothers-in-law are interested in delaying a first birth and not beginning childbearing immediately after marriage. Newly married women in this setting overwhelmingly report wanting to delay their first birth; however, they often feel powerless to achieve this desire when faced with perceived pressure from their husband, family and community. Contrary to many wives' beliefs, not all husbands want to conceive immediately either. This finding challenges much of the previous literature, which has found that early childbearing—particularly of a son—was essential to women's role and deeply rooted in societal expectations.^{8,13}

The discrepancy between men's and women's views of each other's fertility desires appears to be due to the fact that few couples discuss childbearing desires or family planning immediately after marriage. Given that these couples had only recently been married, and due to the practice of arranged marriage, many may not have known each other well enough to have had these discussions. Past evidence has found that couples' communication is associated with increased use of contraceptives in Nepal.¹⁵ Misperceptions exist about partner's childbearing timing desires, likely because of societal norms about the importance of early childbearing. Lack of early communication may lead to childbearing earlier than both spouses desire. Even if couples do eventually discuss desires, a few months' delay in such a discussion creates an opportunity for a mistimed pregnancy.

Our findings highlight congruent desires to delay the first birth in recently married couples; however, contraceptive use was uncommon in our sample. The 2016 Demographic and Health Survey in Nepal found that modern contraceptive use had stagnated at 43% in the last 10 years (due to a myriad of factors).¹ The findings that newly married couples wish to delay the first birth suggest that they should be a key area of focus for family planning education. In addition, mechanisms to help young couples communicate early about fertility desires, such as newly married couples' groups or interventions aimed to change norms around relationship dynamics, are essential.

All participant types discussed how a woman's education was valuable to her own future and to the household, noting that this was a reason to delay a first birth and in conflict with other pressures. The nonphysical aspects of maturity (e.g., being able to have good judgment, make decisions and contribute to household income), as discussed by respondents, are likely tied closely with educational attainment. Thus, these findings suggest that as families in these communities continue to see the value of women's education rise, there could be more opportunity for couples to delay their first birth. In addition, it appears that marriage at a young age—even while women are still

in school—might not be in direct conflict with educational attainment, and couples may still be able to delay a first birth as they desire.

Most husbands and wives perceived pressure to begin childbearing early from their mothers-in-law or the husband's whole family. Young couples also felt broader pressure from society in general. Thus, many women and men had an inner conflict, whereby they wanted to delay but felt pressure to live up to family and societal expectations. However, some mothers-in-law also had conflicted feelings about the timing of their daughter-in-law's first birth, and felt similarly pressured by society to encourage early childbearing, while actually thinking that delaying the first birth could be beneficial. Our findings contradict previous studies that suggest that the practice of childbearing immediately after marriage was desired by all members of the household, and especially by husbands and in-laws (if not by wives).^{11,14} Misperceptions about other family members' or community members' views on early childbearing appear to be a driving force behind the persistence of early childbearing.

Past research in Nepal has shown some evidence of inner conflict on another topic related to childbearing—son preference. Young women want to reject the tradition of son preference, but feel societal pressure, especially when coresiding with her husband's family.¹⁸ That study, however, found that the older generation of women (the age-group of the mothers-in-law in our study) held strong to the traditional norms regarding son preference. That even older women, who represent "social pressure," are experiencing inner conflict related to the societal importance of early childbearing is a new finding in this specific area, and perhaps more broadly in the field. It is possible that this is reflective of change among older generations generally, potentially encompassing other topics accepted as immutable norms, or it could be evidence of the lack of research on and engagement with these important decision makers. Future research needs to consider the voices of all household decision makers to understand why and how decisions are made, and what opportunities for intervention and change exist. Programs and policies that engage all decision makers, and that encourage individuals, households and communities to discuss their perceptions and complex feelings, could help break down the assumptions held about what must or should be done because of what others believe.

Another important finding is that husband's planned temporary labor migration is adding pressure for all household members to adhere to the norm of early childbearing. Previous research in Nepal has found that temporary migration is contributing to low contraceptive use (as couples see less need to use longer-term methods), but also potentially contributing to fertility decline.^{31,32} However, to our knowledge, this is the first study to highlight the pressure that migration puts on newly married couples to have a baby earlier than they desire. Evidence suggests that international labor migration continues to increase in Nepal among all segments of the population,

including young and potentially newly married men.³³ If the trend of migration abroad continues in Nepal, we may see a persistence of earlier than desired childbearing; however, more research is needed to see if the pressure respondents in our sample felt actually translates into women giving birth early.

Respondents were vague about why women should have a child before her husband migrates, sometimes mentioning that she would be lonely otherwise. However, members of our community advisory board explained that this is to ensure that the child is actually from the husband, a fear that is so deep that it is the norm for newly married women to not be permitted to leave the house until they bear a child. In addition, in many Nepali communities, a woman's own family members (her father and mother) do not eat anything in their daughter's house until she has had her first birth. For young women who would, in other circumstances, prefer not to begin childbearing, either norm might be indirectly incentivizing them to have a baby soon to have more physical freedom and to see their own parents. These norms also highlight the importance of childbearing for solidifying the new family structure, and the woman's role in her new husband's home.

Limitations

This study has limitations. Data were collected from one district in Nepal and, therefore, are not generalizable to all of Nepal or other countries. However, given the similar population characteristics and proximity to India, these findings may apply to parts of northern India, as well as the rest of the Terai region of Nepal. In addition, coding data with researchers in different countries may have posed challenges and led to miscommunications. To protect against this, all researchers were actively engaged during coding, participating in regular phone calls and detailed e-mail discussions. Despite these limitations, overall, the study design with the triadic nature of the qualitative sample and the focus on an understudied population (newly married women and their households) gives our study several unique strengths and adds to the literature.

Conclusions

Our findings suggest that, despite the perceptions of norms for immediate childbearing after marriage, there may in fact be a window to delay first birth and respond to individual desires by providing family planning services to newly married couples. Family planning programs can work to increase women's and men's access to contraceptives across their life course. Given the presumed household pressure and societal norms of bearing children early in marriage, much of the focus of family planning programs has been on spacing births and limiting fertility after childbearing is complete, rather than on delaying first births.^{1,34} Family planning programs should specifically provide contraceptives to newly married couples; programming must engage all household members and go hand-in-hand with efforts to increase couples' and household communication

about these topics to address misperceptions about fertility desires. Given that childbearing timing in this setting is often a household-level decision, facilitating conversations early in marriage for all household members may be key to couples being able to time their pregnancies in the way that they desire.

Finally, programs should be developed to address community-level norms about the importance of early childbearing. Mass media, educational programs at the community level or community leaders speaking openly about the value of delaying first births (positive deviants) could help assuage fears and dismantle misperceptions about the broader community's views on early childbearing. If more people were aware that their family members, friends, neighbors and community leaders also had shifting and less traditional views about delaying the first birth, newly married women and men might have the opportunity to delay their first birth if they want to, potentially opening the door for increased education or labor force participation, or more time to build relationships (within couples, as well as with the larger household).

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RESUMEN

Contexto: Se acepta como norma que las parejas en Asia del Sur comiencen a tener hijos inmediatamente después del matrimonio y que, aun si quisieran retrasar la maternidad, sean presionados por parte de los miembros de la familia para tenerlos. Sin embargo, pocas investigaciones han explorado el deseo de retrasar la maternidad en parejas de recién casados y los miembros de sus familias en Nepal –un entorno con patrones cambiantes de formación del matrimonio, creciente educación de las mujeres y decreciente fecundidad.

Métodos: Para explorar la dinámica de los actuales deseos de maternidad, entre febrero y marzo de 2017 se condujeron entrevistas en profundidad de 20 triadas intactas de mujeres recién casadas, sus cónyuges y sus suegras, en un distrito de Nepal. Mediante el uso de análisis temático, las entrevistas fueron leídas y codificadas por separado según su tipo (esposas, esposos, suegras) y, posteriormente, las triadas se leyeron juntas y se codificaron para determinar los patrones y temas a nivel de la familia.

Resultados: La mayoría de las mujeres y hombres recién casados desean retrasar su primer nacimiento, pero no se lo han comunicado mutuamente. Aun cuando las parejas están frecuentemente de acuerdo con respecto a retrasar el tener hijos, sienten presión de familiares y la sociedad para tenerlos pronto. Contrario a lo esperado, algunas suegras apoyan el retraso de la maternidad para permitir que las mujeres jóvenes maduren, continúen su educación o ganen un salario; sin embargo, ellas también perciben la presión social. La migración de los hombres debido al trabajo también contribuye a la presión por una temprana maternidad.

Conclusiones: Ayudar a las parejas a examinar los conflictos en las normas y los deseos de fecundidad podría ser importante para retrasar la maternidad cuando se desee. Los programas deben involucrar a todos los miembros de la familia y trabajar

para aumentar la comunicación entre las parejas y la familia para abordar las percepciones erróneas sobre los deseos de fecundidad.

RÉSUMÉ

Contexte: La norme généralement acceptée en Asie du Sud veut que les couples commencent à avoir des enfants immédiatement après le mariage et que, quand bien même ils préféreraient différer leur parentalité, ils subissent la pression contraire des membres de leur foyer. La recherche n'a cependant guère examiné le désir de retarder la parentalité parmi les jeunes mariés et les membres de leur foyer dans le contexte changeant du Népal, où les tendances du mariage évoluent, l'éducation des femmes augmente et la fécondité est en baisse.

Méthodes: Pour explorer la dynamique des désirs actuels de fécondité, des entretiens en profondeur ont été organisés avec 20 triades intactes formées, chacune, d'une jeune mariée, de son mari et de sa belle-mère, dans un district du Népal en février-mars 2017. Par analyse thématique, les entretiens ont été lus et codés séparément par type (femmes, maris, belles-mères), puis les triades ont été considérées ensemble et codées pour déterminer les tendances et les thèmes au niveau du foyer.

Résultats: La plupart des jeunes femmes et hommes mariés désirent différer la naissance de leur premier enfant, mais n'ont pas communiqué entre eux à ce sujet. Bien que les couples soient souvent en accord sur la question du report, ils sentent la pression, de la part de leur belle-famille et de la société, d'avoir rapidement des enfants. Contrairement aux attentes, certaines belles-mères soutiennent l'idée de différer la parentalité, pour permettre aux jeunes femmes de mûrir, de poursuivre leur éducation ou de gagner un salaire. Elles perçoivent cependant elles aussi une pression contraire de la société. La migration économique des hommes contribue du reste à la pression d'avoir rapidement des enfants.

Conclusions: Il peut être important d'aider les couples à tirer au clair les normes et désirs de fécondité contradictoires, afin de faciliter le report de la parentalité pour ceux qui le souhaitent. Les programmes doivent engager tous les membres du foyer et chercher à accroître la communication au sein du couple et du foyer pour résoudre les perceptions inexacts concernant les désirs de fécondité.

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