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Reproductive Autonomy and Gender Norms: A Study of Partner Communication among Urban Women in India

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ABSTRACT

Communication between the couple is crucial for reproductive health, particularly regarding contraceptive use, sexual negotiation, and childbearing decisions. In India, despite wider access to contraception and rising health awareness, patriarchal norms continue to limit women's reproductive autonomy. This study explores partner communication and reproductive decision-making among 50 married urban women aged 18–32 years in Delhi. Data were collected through structured face-to-face interviews covering demographic details, contraceptive discussions, sexual negotiation, and childbearing preferences. Analysis combined descriptive statistics with thematic insights. Findings reveal mixed communication patterns: half the women found it easy to discuss contraception, yet many struggled to negotiate sexual consent or refuse intercourse. Childbearing decisions were largely male-dominated, though some participants supported joint decision-making and wider birth spacing. The study underscores persistent gendered power imbalances and calls for couple-focused counseling, cultural sensitization, and male engagement to promote equitable reproductive health decisions.

Keywords: Family Planning; Gender Dynamics; Partner Communication; Reproductive Autonomy; Reproductive Health; Sexual Negotiation

Introduction

Effective communication between intimate partners is widely recognized as a key determinant of reproductive health and family planning outcomes. Open discussions about contraception, childbearing decisions, and sexual well-being can enhance mutual trust, informed choices, and gender equity within relationships (WHO, 2020). However, in South Asian contexts, reproductive conversations are often constrained by patriarchal norms, gender hierarchies, and cultural taboos surrounding sexuality (Greene & Biddlecom, 2000; Jejeebhoy & Santhya, 2018).

Despite improved availability of contraceptive methods and public health awareness campaigns in urban India, research indicates persistent gaps between knowledge and practice. Women may be aware of contraceptive options but lack autonomy in negotiating their use or in participating equally in reproductive decision-making (Santhya & Jejeebhoy, 2015). This gap reflects broader structural inequities, where male partners frequently dominate reproductive choices, and women's consent in sexual relations is often assumed rather than explicitly sought (Blanc, 2001).

Urban women represent a unique population for reproductive health research. They are increasingly exposed to educational and economic opportunities, yet continue to navigate deeply ingrained gender

expectations within marital relationships. This duality — modern aspirations alongside traditional pressures — shapes communication patterns and influences reproductive autonomy.

The present study addresses these gaps by exploring partner communication around contraceptive use, negotiation of sexual intercourse, and decision-making regarding childbearing among urban women in Delhi. By focusing on women's lived experiences, the research aims to highlight barriers and opportunities for fostering gender-sensitive reproductive health interventions. Findings from this study are intended to inform programs and policies that seek to promote mutual respect, shared decision-making, and the realization of women's reproductive rights in India's rapidly urbanizing contexts.

Review Of Literature

Gender Dynamics and Fertility Patterns

Research on fertility patterns among Indian women reveals strong socio-cultural influences on reproductive behavior. For example, Chandiok and Kallurnava (2016) examined 1,014 ever-married women from the Jat community in Haryana and found that early marriage, preference for male children, and limited educational opportunities significantly shaped fertility outcomes. Despite socioeconomic development, son preference and early marriage remained prevalent, underscoring persistent gender inequalities.

Women's Autonomy and Reproductive Health

Studies in rural Karnataka highlight the intersection of gender and reproductive health outcomes. Radha, Irena, and Neevan (2012) observed that women's decision-making autonomy — including freedom in dress, movement, and reproductive choices — was strongly associated with contraceptive use and health-seeking behavior. However, 37% of participants reported domestic violence, indicating the complexity of negotiating reproductive rights within patriarchal family structures.

Male Attitudes and Contraceptive Use

Men's attitudes toward gender equality also play a crucial role in contraceptive behaviors. Anurag et al. (2014), using data from the Urban Health Initiative in Uttar Pradesh, demonstrated that gender-sensitive decision-making and equitable attitudes among men were positively associated with contraceptive use, while restrictions on women's mobility were negatively associated. These findings emphasize the need to involve men in family planning interventions.

Gender Power Scores and Reproductive Rights

Research in Wardha, Maharashtra (Gupta et al., 2017), applied a comprehensive gender power scoring system to analyze women's autonomy. The study linked women's property ownership, financial control, and mobility with improved reproductive outcomes, including contraceptive adoption among those desiring no further children. However, high rates of physical and psychological abuse were reported, illustrating systemic gender power imbalances that affect reproductive health.

Objectives of the Study

The present study aimed to explore the intricate relationship between gender dynamics and reproductive decision-making among women in an urban setting. Specifically, the study sought to

1. **Examine the influence of gender relations on fertility preferences**, including how power dynamics within marital relationships shape women's desires and choices regarding the number and timing of children.

2. **Analyze the process of decision-making in relation to childbearing**, focusing on whether decisions are individually led, jointly made, or dominated by one partner, and the socio-cultural factors influencing these patterns.
3. **Understand women's perceptions of desirable changes** in reproductive decision-making, particularly concerning greater autonomy, equitable participation of both partners, and improved dialogue on contraception and family planning.

Methodology

Sample

The research study was done as in a non-governmental organizational context, which actively works against all forms of gender based violence in New-Delhi. A sample of 50 participants married women in the reproductive age group of 18-32 years, having one child was selected for the study.

Data Collection

Tool

An interview schedule was prepared for the purpose of data collection with respect to objectives of the study. Most of the questions in the schedule are structured and close ended. It has four sections which deals with demographic and socio-economic information of the respondents, decision making process, communication with respect to contraception use and sexual relation among partners and perception of women about desired changes in contraceptive use.

Procedure of Data Collection

The final tool was administered on 50 respondents, Face to Face Interview was considered a more appropriate method given the research question being explored. Around 45 minutes was taken for conducting reach interview. Data for the study was collected in the community at the residence of the participants by the researcher from January 2023 to February 2023.

Data Analysis

The data collected through the Structured Interview Schedule was analyzed using Statistical Package for the Social Sciences (SPSS). A tabulation plan was prepared keeping in view the research objectives.

Findings

Communication between partners

Ease of communication in use of contraceptive methods

The researcher attempted to understand the ease of communication the respondent experienced in talking about use of contraceptive methods. The responses of the research participants revealed that nearly 50 per cent of participants found it easy to communicate with their partners regarding contraceptive methods. However, there is a significant number of participants who had never found it easy to communicate about use of contraception with their partners. It would be critical from the perspective of future research to explore the reasons for this pattern.

Ease of communication in negotiating sexual intercourse with partner

Reproductive rights also include the ability to negotiate with the partner regarding having sexual intercourse. Accordingly the respondents for the present study were asked about the ease that they experienced in saying no to their partner in case if they were not comfortable in having sexual

intercourse. Majority of the participants shared that they always faced difficulty in denying sexual intercourse.

The inability in denying sex could be related to gender dynamics in sexual relationships which was highlighted in the responses the respondents gave during the data collection

R1"unko toh bus chahiyie hi chahiye unhe farak nahi padta hum kaise hai aur aurat ko karna hi padta hai "(men don't care about us they just need sex and we have to comply their wish)

R2"Bacche badein hogye hai, kabhi kabhi ladai hojati hai magar wo nahi mante " (Kids have grown up ,sometimes denial turns to fight but he never negotiate)

R3"Kabhi nahi mante unko bus chaiyie hi kya hath paw daba ke kar hi lete hai" (He never negotiates,he just need it and does it forcefully)

R4 "Mera to chaar bacchon ke baad man hi na kare unka roz kare ,nahi mante hai"(I don't wish to do it after four children ,he wishes for it daily and never negotiates)

These responses are extremely pertinent in order to understand the positioning of the woman in intimate partner relations. The concept of mutuality is missing and moreover the desire of the partner is not taken into consideration at all. It almost seems that this is thrust upon women and she would have to face violence in case if she were to deny having sexual intercourse with her partner.

Ease of communication in respect to planning a child.

The researcher also explored the ease of communication that the respondents experienced with The responses of the respondents reveal that the respondents had found it easy to communicate with their partners regarding child bearing. There were also 7 research respondents who had never been comfortable in communicating with their spouses regarding conception which means that they were never able to voice their opinion regarding when to have children or even with respect to the number of children.

Perceptions regarding desirable changes in decision making pattern regarding child birth and contraceptive use

In the study perception of respondents about the desirable changes in decision making with respect to child bearing were explored. The responses of the respondents reveals that the participants believe that husbands should be the primary decision makers while joint decision making was favoured by six of the participants. Further another five felt that the decision should lie in the hands of the women. When the respondents were asked about the reason of their perception the replies were *R1"Husband kamata hai toh kitne bacche hone chaiyie unhi ko tay karna chahie" (husbands earns therefore the decision on number of childrens should be theirs)*

R2 "Aadmi log ko zyada samajh hoti Aurat se duniyadari ki " (men knows more about outside world than women).Some felt that women should be the decision maker followed by a preference for joint decision making. The reason for their perception were stated as *R1"Baccha smbhalana aurat ko hota hai to faisla bhi aurat ko hi lena chaiyie" Women have to take care of the children so the decision should be of women".R2 "Admi bahar kamata hai aurat ghar me paalti hai tabhi baccha pal pata"(Men earns and women nurtures)*

The participants were asked as to what would be an appropriate time to have children after marriage. Majority of the respondents (30) felt that there should be a gap of one or two years between marriage and first conception. The reason for the delay was stated as *R1"Shaadi ke k do saal tak sab kuch samjhna chaiyie "(Till 2 years of marriage one shouldexplore things) R2 "Shuruaat me khel khud ki*

umar hoti hai" (Intial years for enjoying). The responses and the reasons given for the same are indicative of the space that women require before they are prepared to have a child.

In order to understand the perception of respondent on child bearing the respondent were asked whether there should be spacing between the children or not. Majority of the respondents perceive that there should be a gap of 4-6 years between two children. Significantly there were eight participants who preferred a gap of 6-8 years between two children. The reason for having spacing between the children was stated as *R1"Dono bacche chote ho to dekh bhal ache nahi ho pati"(If both the children are of same age their nurturing becomes difficult) ,R2 "Ek pal jayein tabhi dusra karna chaiyie"(When one grows up then only think for the second).*

Contraceptive Use

The respondents were asked whether there should be a discussion regarding contraceptive use between the partners .The responses from the research reveals that all of the respondents perceives that there should be a discussion on contraceptive use among the partners.

Conclusion and Recommendations

The present study provides compelling insights into the dynamics of communication between intimate partners concerning reproductive matters, particularly contraception, sexual negotiation, and childbearing decisions. The findings reveal a complex interplay of **gender norms, cultural expectations, and individual agency**, illustrating both progress and persistent challenges in women's reproductive autonomy.

1. Gendered Power Relations and Sexual Negotiation

One of the most striking findings of this study is the **difficulty women face in refusing sexual intercourse**, often due to entrenched patriarchal expectations that prioritize male desire over female comfort or consent. Several respondents articulated that sexual intimacy was viewed not as a mutual act but as a **marital obligation**, a sentiment echoed in prior studies from South Asia (Santhya & Jejeebhoy, 2014; George, 2006). This aligns with the concept of *conjugal rights*, historically framed within marriage, where women's bodies are expected to be accessible to their husbands (Patil, 2020). The absence of negotiation and coercive undertones in these narratives indicate systemic silencing of women's voices in intimate spaces.

Feminist theorists argue that this imbalance reflects a **structural form of gender-based violence**, where coercion is normalized within marriage and rarely recognized as abuse (Dobash & Dobash, 1992). The women's inability to deny sexual advances can also be linked to fears of **domestic conflict or violence**, reinforcing silence as a survival strategy.

2. Communication on Contraceptive Use: Progress Amid Silence

Interestingly, **half of the participants reported ease in discussing contraception**, signaling a gradual shift toward open dialogues in marital relationships. This may be attributed to **increased exposure to family planning campaigns** and rising literacy levels among urban populations (NFHS-5, 2021). However, the persistence of discomfort among the other half indicates that **stigma around reproductive conversations remains strong**, even in urban settings presumed to be progressive.

This duality mirrors findings by Jejeebhoy and Bott (2019), who observed that while knowledge of contraceptives is high in India, **actual negotiation and shared decision-making lag behind** due to gender hierarchies and myths about fertility control. The unanimous perception that discussions *should*

occur (even among those who struggle to initiate them) suggests a **latent desire for egalitarian communication**, which health programs could harness through couple-based counseling approaches.

3. Childbearing Decisions: Balancing Tradition and Emerging Autonomy

Responses regarding childbearing reveal a **tension between traditional norms and evolving preferences**. Many women deferred decision-making to their husbands, rationalizing it through men's role as primary earners — *"Husband kamata hai toh kitne bacche hone chaiyie unhi ko tay karna chahie."* Yet, a notable minority emphasized women's caregiving role, advocating for maternal authority in such decisions. This diversity reflects a **gradual shift toward joint or woman-led decision-making**, albeit constrained by socio-cultural conditioning.

The preference for a **1–2 year delay after marriage** before first conception highlights women's recognition of the need for personal adjustment and marital stability prior to parenthood — a perspective increasingly supported by reproductive health frameworks promoting informed and planned pregnancies (WHO, 2020). Similarly, the preference for **4–6 year spacing** between children aligns with health guidelines, indicating awareness of maternal and child well-being considerations.

4. Cultural Expectations and Reproductive Roles

The narratives underscore **deep-seated cultural scripts** where motherhood is central to women's identity, yet autonomy over timing and frequency of childbirth remains limited. This paradox — being celebrated as nurturers but excluded from key decisions — resonates with broader feminist critiques of reproductive roles in patriarchal societies (Chakraborty, 2017).

Moreover, male dominance in reproductive decisions is often justified through claims of men's "worldly knowledge" (*aadmi log ko zyada samajh hoti aurat se duniyadari ki*), reflecting a **paternalistic model of decision-making** wherein men are deemed better equipped to determine family size and timing.

5. Implications for Reproductive Rights and Policy

These findings have significant implications for **reproductive rights frameworks** in India. While legal and policy frameworks advocate for voluntary and informed family planning, **ground realities reflect limited female agency**. Programs must move beyond individual-focused interventions (targeting only women) to **engage men as equal partners** in reproductive health. Evidence suggests that male involvement reduces unmet contraceptive needs and fosters healthier marital communication (Verma et al., 2018).

Further, **community-level sensitization** is crucial to challenge the normalization of marital coercion and silence around contraception. Incorporating discussions on **consent and mutual respect** into reproductive health education could bridge the gap between policy ideals and lived realities.

6. Theoretical Reflections

Applying **Gender and Power Theory** (Connell, 1987), the study illustrates how *sexual division of power* manifests in women's inability to refuse sex or decide on childbearing, while *social norms* around gender roles reinforce men's decision-making authority. Intersectionality also emerges, as urban women navigate pressures of modernity (education, smaller families) alongside traditional patriarchal expectations.This study provides valuable insights, future research could explore:

- **Comparative rural-urban dynamics** in partner communication.
- The role of **education and economic status** in shaping reproductive negotiations.
- Longitudinal studies assessing changes over time as awareness and gender roles evolve.

References

1. Anurag, M., Priya, N., Ilena, S. S., Lisa, C. M., Allison, Z., & Rochak, B. (2014). Men's attitudes on gender equality and their contraceptive use in Uttar Pradesh, India. *Reproductive Health.* https://doi.org/10.1186/1742-4755-11-41
2. Barham, C. (2015). Quantitative and qualitative research: Perceptual foundations. *International Journal of Market Research, 58*(6).
3. Bruce, J., & Shelley, C. (2004). The implications of early marriage for HIV/AIDS policy. *Population Council Technical Consultation on Married Adolescents.* https://www.popcouncil.org/uploads/pdfs/EMBfinalENG.pdf
4. Chandiok, K., Mondal, P., Ranjan, C., & Kallurnava, S. (2016). Biological and social determinants of fertility behaviour among the Jat women of Haryana state, India. *Journal of Anthropology, 2016,* 6. https://doi.org/10.1155/2016/5463168
5. Dyson, T., & Moore, M. (1983). On kinship structure, female autonomy, and demographic behavior in India. *Population and Development Review, 9*(1), 35–60. https://doi.org/10.2307/1972894
6. Edmeades, J., Hinson, L., Sebany, M., & Murthi, L. (2018). *A conceptual framework for reproductive empowerment.* International Center for Research on Women.
7. Gupta, S., Maliye, C., Deshmukh, P., Raut, A., Dongre, A., & Garg, B. (2017). Gender power dynamics in rural area of India. *International Journal of Medical Science and Public Health.* https://doi.org/10.5455/ijmsph.2017.0821908082017
8. International Conference on Population and Development (ICPD). (1994). *Programme of action.* UNFPA. https://www.unfpa.org/publications/international-conference-population-and-development-programme-action
9. Jenifer, M.-S., Allinson, M., & Anmol, M. (2012). *Women's demand on reproductive rights: Understanding and addressing gender barriers.* International Center for Research on Women.
10. Krishnaraj, M., Sudarshan, R. M., & Shariff, A. (1998). Reproductive health: Concept, framework, ideology. In S. Pachauri (Ed.), *Defining a reproductive health package for India: A proposed framework* (pp. 310–339). Oxford University Press.
11. Marphatia, A. A., Gabriel, S., & Reid, A. M. (2017). Women's marriage age matters for public health: A review of the broader health and social implications in South Asia. *Frontiers in Public Health, 5,* 269. https://doi.org/10.3389/fpubh.2017.00269
12. Mitta, A. (2018). Reproductive health rights: A case study in India. *World Journal of Public Health,* 99–104.
13. Ministry of Health and Family Welfare, Government of India. *National family health survey, India.* International Institute for Population Sciences.
14. Santhya, K., & Jejeebhoy, S. (2003). Sexual and reproductive health needs of married adolescent girls. *Economic and Political Weekly, 38*(41).
15. Sarin, A. (1991). Indian women's reproductive health: Challenges and remedies. *NCBI.*