

# **Socio-economic and demographic determinants of pregnancy pressure among married women in Nepal: An analysis of autonomy and ethnic disparities**

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# Introduction

- In Nepal, by tradition, family life and marriage are generally controlled by patriarchal norms, sanctions, values, religious caste levels, ethnic groups, financial status and gender differences ([Mattebo, Sharma et al. 2016](#)).
- The average age at marriage among women aged 25–29 is 18.5 years which contains approximately 50% of newly married women who become pregnant in the first year of marriage ([NDHS 2016](#)).
- The pressure on married women to become pregnant can be influenced by various factors, including autonomy in household decisions, age, ethnicity, education, fertility status, and economic status.

# Introduction

- Autonomy impacts women's ability to negotiate reproductive choices and access family planning resources causing them to face pressure to become pregnant (Adhikari, R., et al, 2009).
- In Nepal, preference of son is very high , especially among illiterate and poor people (Dawadi, Bhatta et al. 2024).
- Ethnic disparities are pronounced in Nepal, with Dalit, Muslim, and Madhesi women experiencing higher odds of reproductive pressure compared to Brahmin/Chhetri women (Bhandari R., et al, 2019).



# Objectives

## **General Objective:**

- Socio-economic and demographic determinants of pregnancy pressure among married women in Nepal

## **Specific Objectives:**

- To determine the association between socio-demographic factors and pressure for pregnancy among married women.
- To determine the effect of women's autonomy on the pressure for pregnancy.

# Methodology

- The study used 2022 Nepal DHS data for secondary analysis
- **Study population:** The study population was currently married women aged 15 to 49 years. A total of 11,180 respondents were taken for the study.
- **Sampling:** NDHS followed multi-stage cluster sampling procedure to represent the all seven province. The analysis is confined to 11,180 currently married women aged 15-49 years. The detailed description of methodology is included in the report of NDHS 2022 (MoHP et al., 2023).

# Methodology

- **Dependent variables:** Pressure on respondents to become pregnant
- **Independent variables:** Age group, ethnicity, education, province
  - Women's autonomy in household decision (No autonomy, Moderate autonomy, High autonomy)
  - Fertility status (have both son and daughter, no daughter but have son, no son but have daughter, not having son and daughter)
  - Place of residency (urban vs. rural)
  - Ecological belt (Mountain/Hill/Terai), current work status
  - Wealth index

# Methodology

## Statistical Analysis

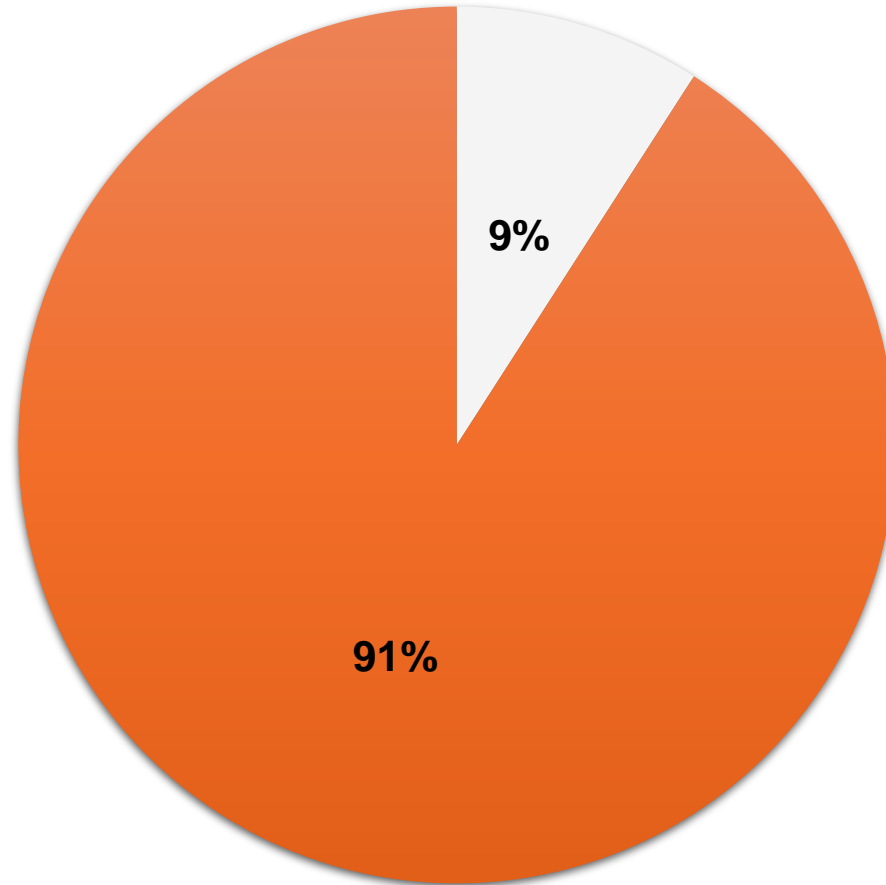
- Descriptive analysis was performed to describe the socio-demographic variables.
- To explore the association between independent variables and the dependent variable, both bivariate (Chi-square test) and multivariate analysis (binary logistic regression) were conducted.
- The results of the regression analysis were presented as crude odds ratio (COR), adjusted odds ratio (AOR), and 95% CI.
- All the analysis was performed by IBM SPSS.

# Result



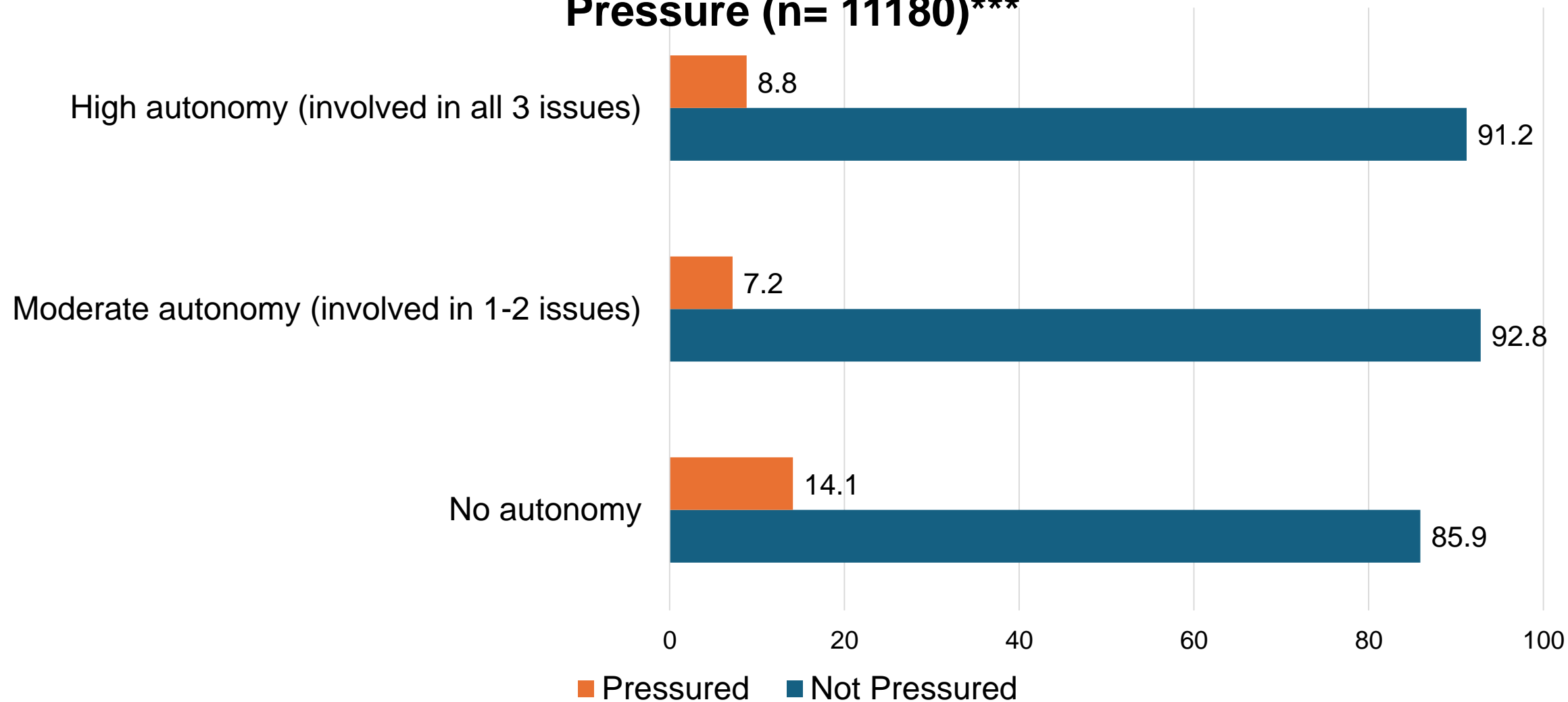


## Status of Pregnancy Pressure among Women (n= 11180)



■ Getting pregnancy pressure    ■ Not getting pregnancy pressure

# Women's autonomy in household decision by Pregnancy Pressure (n= 11180)\*\*\*



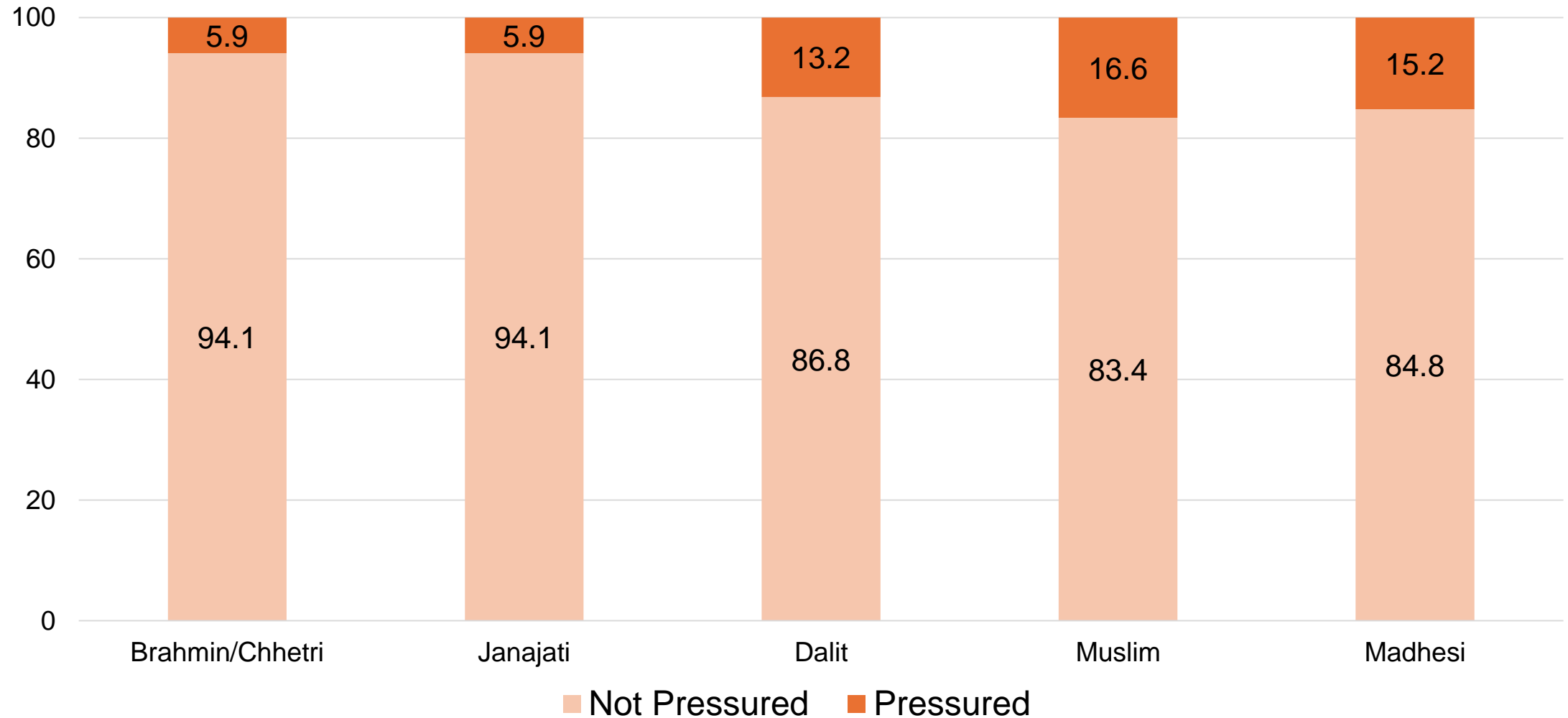
Chi-square significant at  $<0.05 = *$ ,  $<0.01 = **$ ,  $<0.001 = ***$

# Age group of women by Pregnancy Pressure (n= 11180)\*\*



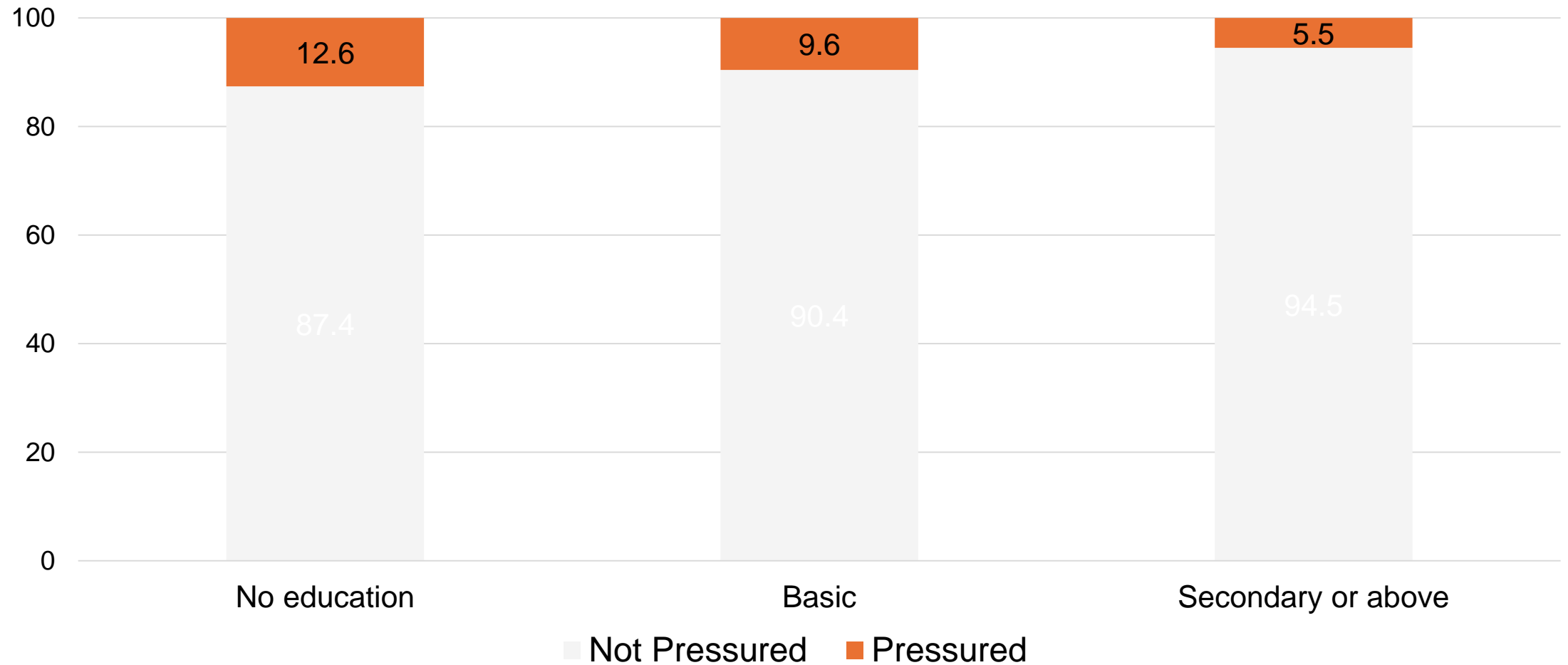
Chi-square significant at  $<0.05= *$ ,  $<0.01=**$ ,  $<0.001=***$

# Ethnicity by Pregnancy Pressure (n= 11180)\*\*\*



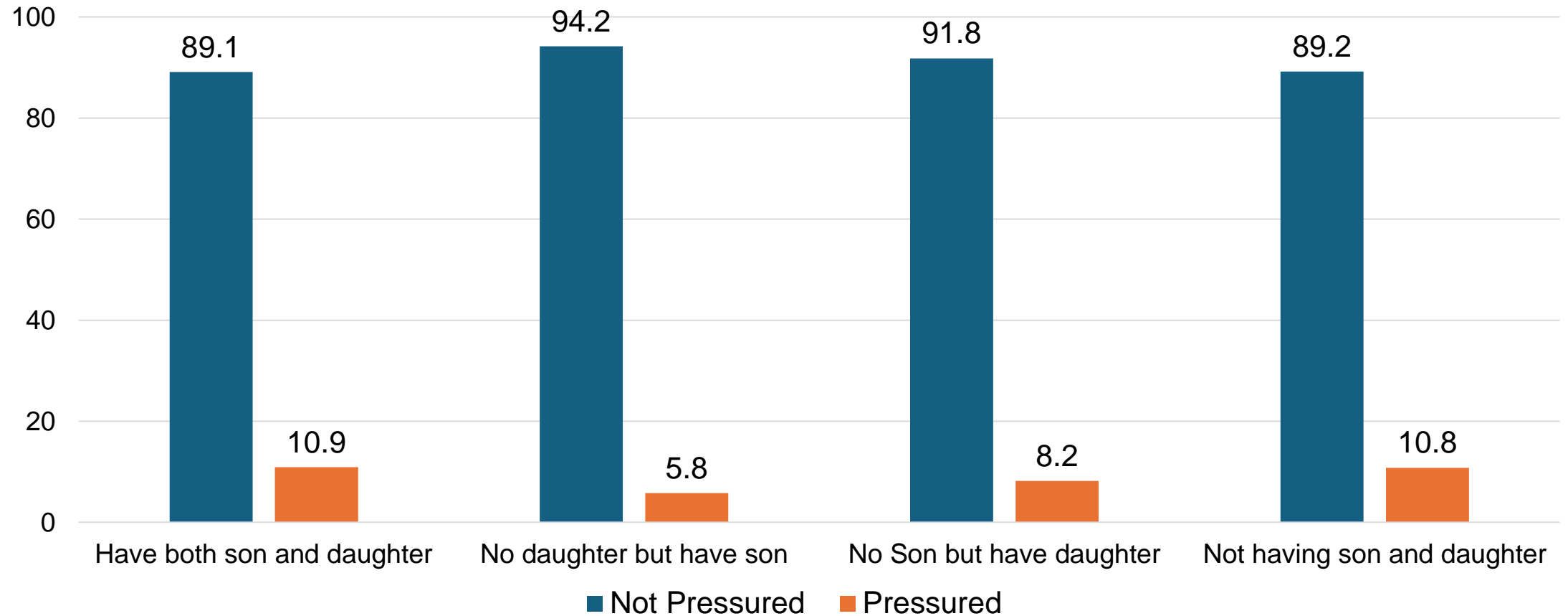
Chi-square significant at  $<0.05= *$ ,  $<0.01=**$ ,  $<0.001=***$

## Education by Pregnancy Pressure (n= 11180)\*\*\*



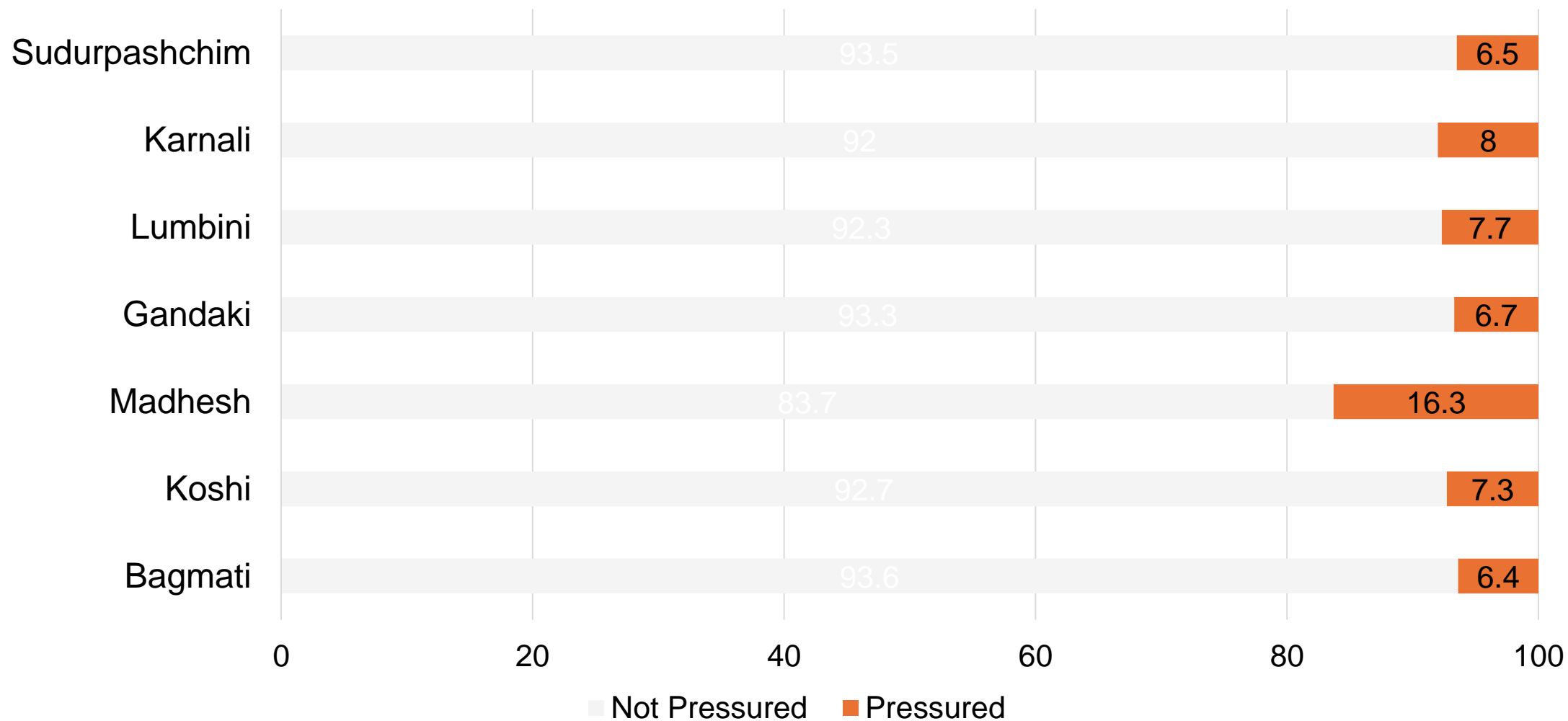
Chi-square significant at  $<0.05= *$ ,  $<0.01=**$ ,  $<0.001=***$

## Fertility status of women by Pregnancy Pressure (n= 11180)\*\*\*



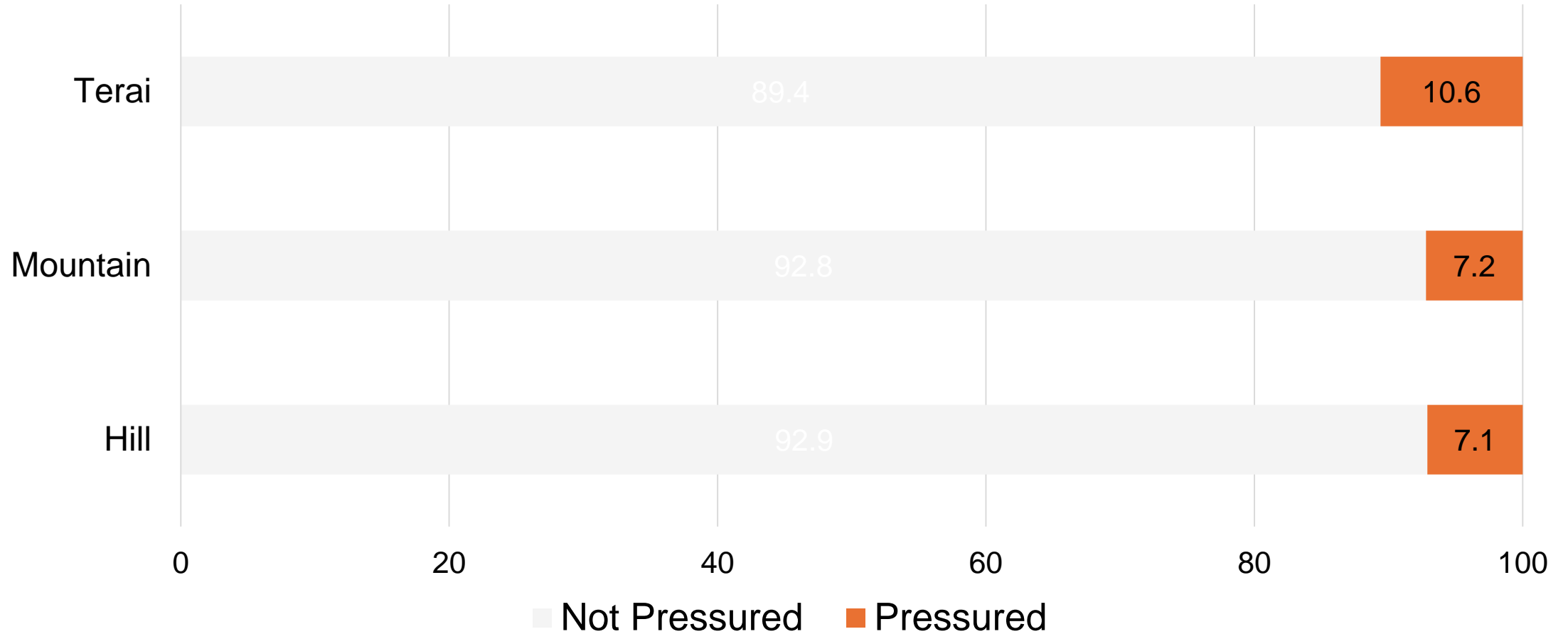
Chi-square significant at  $<0.05= *$ ,  $<0.01=**$ ,  $<0.001=***$

## Province by Pregnancy Pressure (n= 11180)\*\*\*



Chi-square significant at  $<0.05 = *$ ,  $<0.01 = **$ ,  $<0.001 = ***$

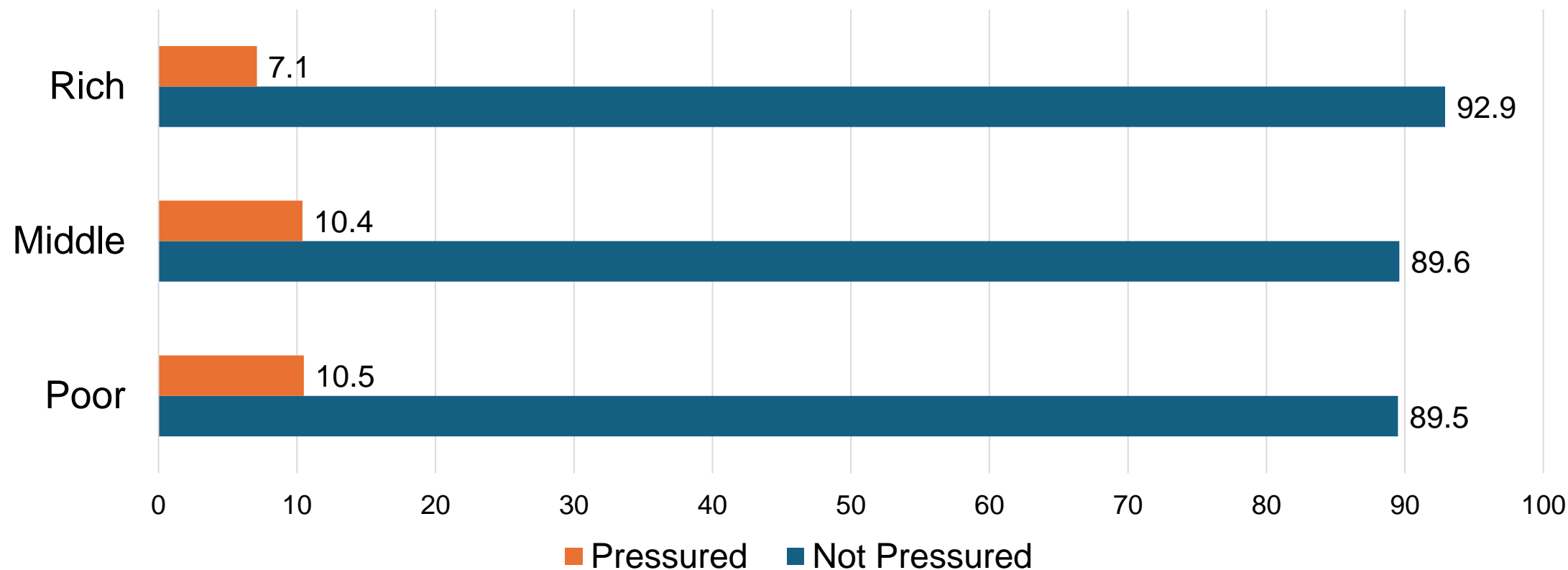
# Ecological regions by Pregnancy Pressure (n= 11180)\*\*\*



Chi-square significant at  $<0.05 = *$ ,  $<0.01 = **$ ,  $<0.001 = ***$

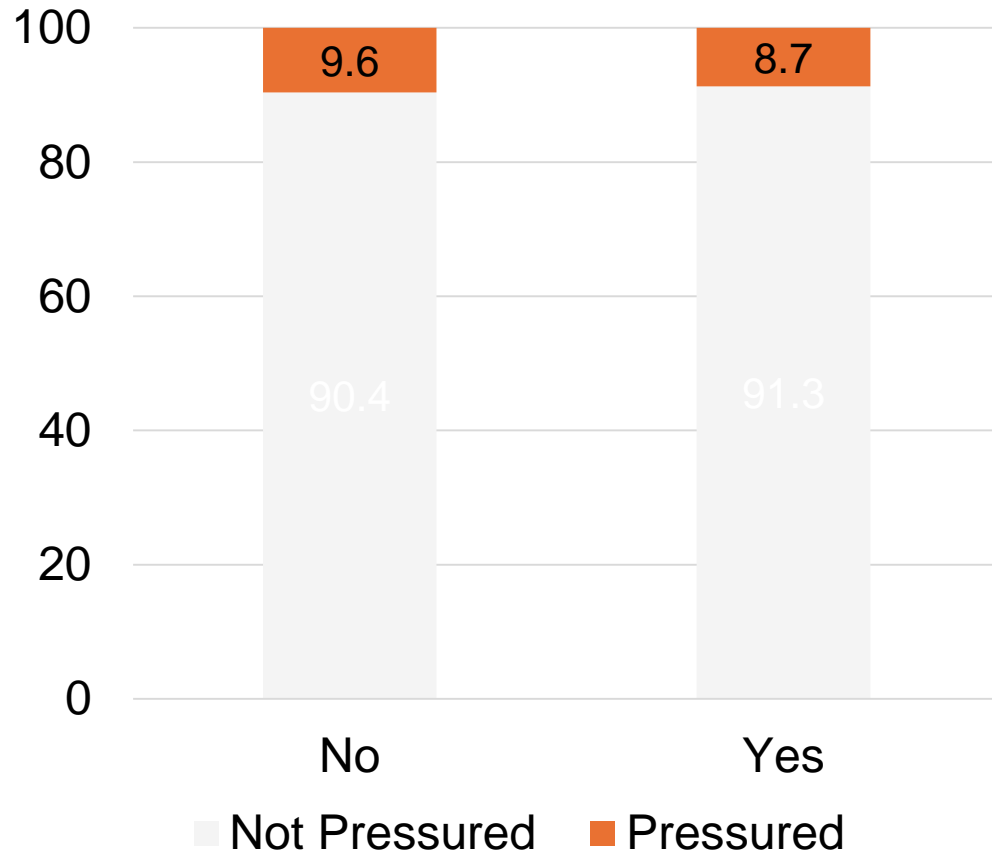


## Wealth index by Pregnancy Pressure (n= 11180)\*\*\*

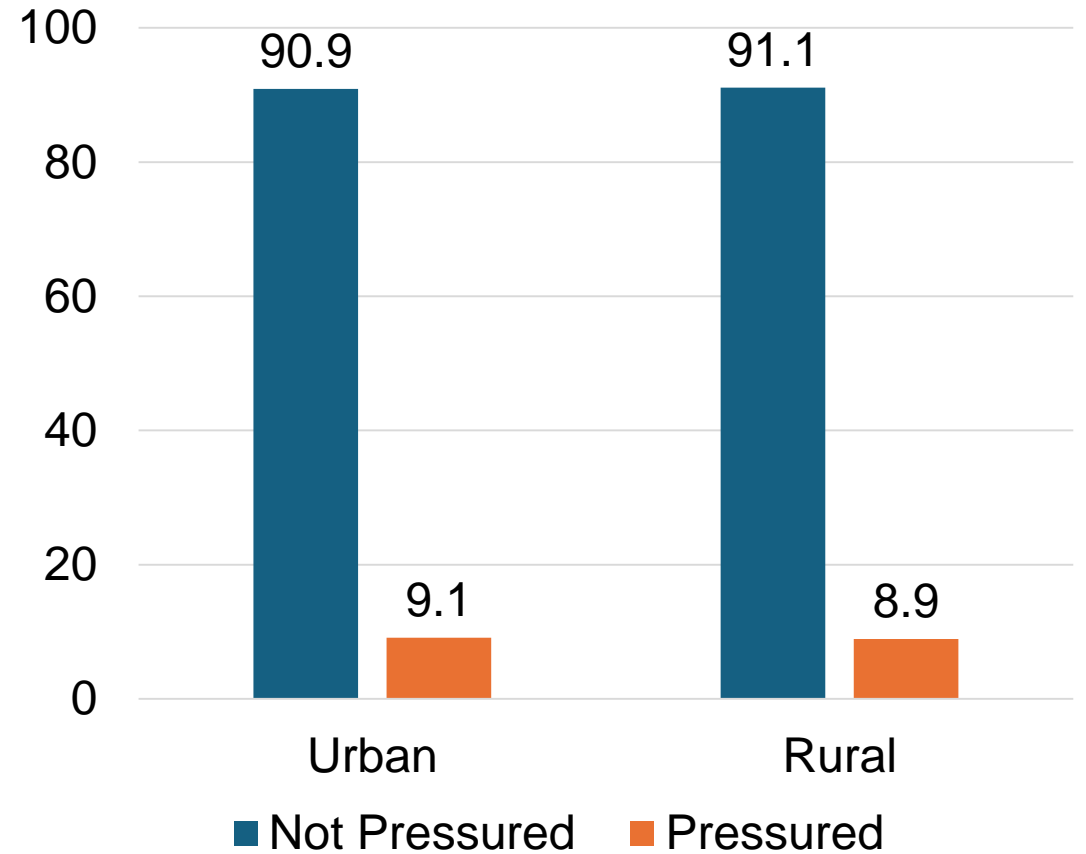


Chi-square significant at  $<0.05= *$ ,  $<0.01=**$ ,  $<0.001=***$

**Working status of women by Pregnancy Pressure (n= 11180)**



**Place of residence by Pregnancy Pressure (n= 11180)**



|  |  | Model I |         |        |       |
|--|--|---------|---------|--------|-------|
|  |  |         |         | 95% CI |       |
|  |  |         | cOR     | lower  | upper |
| Women's autonomy in household decision | No autonomy (ref)                          |         | 1.00    |        |       |
|  | Moderate autonomy (involved in 1-2 issues) |         | .468*** | .392   | .560  |
|  | High autonomy (involved in all 3 issues)   |         | .586*** | .498   | .689  |

*Logistic regression significant at <0.05= \*, <0.01=\*\*, <0.001=\*\*\**

|  |  | Model II |          |        |       |
|--|--|----------|----------|--------|-------|
|  |  |          |          | 95% CI |       |
|  |  |          | aOR      | lower  | upper |
| Women's autonomy in household decision | No autonomy (ref.)                         |          | 1.00     |        |       |
|  | Moderate autonomy (involved in 1-2 issues) |          | .631***  | .520   | .765  |
|  | High autonomy (involved in all 3 issues)   |          | .744**   | .619   | .895  |
| Age group                              | Less than 25 years (ref.)                  |          | 1.00     |        |       |
|  | 25-34                                      |          | 1.430**  | 1.151  | 1.777 |
|  | 35 or above                                |          | 1.724*** | 1.354  | 2.196 |

*Logistic regression significant at <0.05= \*, <0.01=\*\*, <0.001=\*\*\**

|           |                        | Model II |          |        |       |
|-----------|------------------------|----------|----------|--------|-------|
|           |                        |          |          | 95% CI |       |
|           |                        |          | aOR      | lower  | upper |
| Ethnicity | Brahmin/Chhetri (ref.) |          |          |        |       |
|           | Janajati               |          | .906     | .732   | 1.123 |
|           | Dalit                  |          | 1.810*** | 1.431  | 2.291 |
|           | Muslim                 |          | 2.087*** | 1.495  | 2.913 |
|           | Madhesi                |          | 1.948*** | 1.498  | 2.533 |
| Education | No education (ref.)    |          | 1.00     |        |       |
|           | Basic                  |          | 1.016    | .857   | 1.204 |
|           | Secondary or above     |          | .704**   | .566   | .875  |

*Logistic regression significant at <0.05= \*, <0.01=\*\*, <0.001=\*\*\**

|                  |                                   | Model II |         |        |       |
|------------------|-----------------------------------|----------|---------|--------|-------|
|                  |                                   |          |         | 95% CI |       |
|                  |                                   |          | aOR     | lower  | upper |
| Fertility status | Have both son and daughter (ref.) |          | 1.00    |        |       |
|                  | No daughter but have son          |          | .687*** | .569   | .829  |
|                  | No Son but have daughter          |          | 1.093   | .892   | 1.340 |
|                  | Not having son and daughter       |          | 1.554** | 1.199  | 2.014 |
| Province         | Bagmati (ref.)                    |          | 1.00    |        |       |
|                  | Koshi                             |          | 1.050   | .793   | 1.390 |
|                  | Madhesh                           |          | 1.550** | 1.138  | 2.110 |
|                  | Gandaki                           |          | .961    | .708   | 1.304 |
|                  | Lumbini                           |          | 1.017   | .765   | 1.353 |
|                  | Karnali                           |          | .943    | .666   | 1.336 |
|                  | Sudurpashchim                     |          | .938    | .666   | 1.320 |

*Logistic regression significant at <0.05= \*, <0.01=\*\*, <0.001=\*\*\**

|                       |             | Model II |        |        |       |
|-----------------------|-------------|----------|--------|--------|-------|
|                       |             |          |        | 95% CI |       |
|                       |             |          | aOR    | lower  | upper |
| Wealth index combined | Poor (ref.) |          | 1.00   |        |       |
|                       | Middle      |          | .931   | .778   | 1.116 |
|                       | Rich        |          | .749** | .623   | .901  |

*Logistic regression significant at <0.05= \*, <0.01=\*\*, <0.001=\*\*\**

*(In addition to variables in the table, place of residence, ecological region, and employment status were also adjusted in model-II)*



## Major takeaways

- This study highlights that pressure for pregnancy is deeply rooted in cultural, familial, and societal expectations.
- Women with lower autonomy face greater pressure from husbands and family members to conceive.
- Factors such as ethnicity, education, wealth, and fertility status significantly influence this pressure, with marginalized groups of women experiencing higher expectations.
- The study also shows that women with secondary or higher education, greater decision-making power, and better economic status are less likely to face such pressure.





# Conclusion

- Program working for women also need to address the pressure for pregnancy.
- Women's autonomy need to be increased through education, financial independence, and awareness campaigns which can help to reduce pregnancy pressures.
- Policymakers and health professionals should focus on empowering women, promoting reproductive rights, and challenging traditional norms that reinforce early and pressured childbearing.
- Strengthening support systems, including counseling services and community-based interventions, can play a crucial role in ensuring informed and voluntary reproductive choices for women.

# References

- Adhikari, R., Soonthorndhada, K. & Prasartkul, P. Correlates of unintended pregnancy among currently pregnant married women in Nepal. *BMC Int Health Hum Rights* **9**, 17 (2009). <https://doi.org/10.1186/1472-698X-9-17>
- Dehesh, T., Salarpour, E., Malekmohammadi, N. *et al.* Associated factors of pregnancy spacing among women of reproductive age Group in South of Iran: cross-sectional study. *BMC Pregnancy Childbirth* **20**, 554 (2020). <https://doi.org/10.1186/s12884-020-03250-x>
- Bhandari R, Pokhrel KN, Gabrielle N, Amatya A (2019) Long acting reversible contraception use and associated factors among married women of reproductive age in Nepal. *PLOS ONE* 14(3): e0214590. <https://doi.org/10.1371/journal.pone.0214590>

**Thank you!!!**





I am Aarti Chaudhary, a Public Health Graduate and I am affiliated with Center for Research on Education, Health and Social Science. I am presenting our study focused on pregnancy pressure among married women in Nepal, aiming to highlight status of pressure faced by women to get pregnant.