

## Improving the Reproductive Health of Married and Unmarried Youth in India

### Role of Mothers-in-Law in Young Women's Reproductive Health: Evidence from Intervention Research in Rural Maharashtra, India

Young married girls in India require critical reproductive health information and services because early marriage brings unique and urgent health concerns. Yet adolescent married girls have less access to reproductive health services than older married women. A key reason is that young married women often depend on permission from mothers-in-law for access to health care. Despite the crucial role of mothers-in-law, researchers have a poor understanding of mother-in-law attitudes toward and communication with their daughters-in-law.

The Foundation for Research in Health Systems (FRHS), in collaboration with the Maharashtra state government and the International Center for Research on Women (ICRW), conducted a qualitative study as part of a community mobilization intervention in rural Maharashtra to document this relationship. Results suggest that a community mobilization approach can change mother-in-law attitudes to support their daughters-in-law's reproductive health.

#### Pre-intervention (1996) Findings

*Mothers-in-law's unsupportive attitudes on maternal & reproductive care and family planning:* Mothers-in-law were aware of health services for maternal care but regarded pregnancy as a natural phenomenon that did not require such care. As one mother-in-law noted: "I don't see the need to take any medicines during pregnancy...The earlier tradition of doing hard work during pregnancy was much better." At best, they accompanied their daughters-in-law for antenatal care visits. Still, they did not understand why these visits were important. They considered gynecological problems to be unavoidable and untreatable; they were only worrisome if they impaired a daughter-in-law's ability to work or conceive a child. And such problems were considered taboo to discuss. Mothers-in-law also often were adamant that their young daughters-in-law not use any contraception.

*Mothers-in-law and daughters-in-law have unequal relationships:* Young married women have little or no power in their marital household and are almost entirely at the mercy of their husbands' or mothers-in-law's perception of their reproductive and sexual health needs. Daughters-in-law also are reluctant or embarrassed to voice their concerns to their mothers-in-law.

*All major decisions in my house are taken by my husband and me. Others have to listen to the decision, they have no option...If she [daughter-in-law] doesn't like the decisions...I tell her that it is our right to make decisions for her.*

Mother-in-law, 1996

Both are aware of this power imbalance. Even if a young woman's husband is in agreement with his wife, he can still be overruled by the mother-in-law's opinion: "...I am against them [contraceptives] as they cause problems. I will not allow my daughter-in-law and son to use modern spacing methods. ...They are under my control."

*I have red discharge and pain in my abdomen. I was ashamed of telling her [mother-in-law]. I had to go to my mother's.*

Daughter-in-law, 1996

#### Mid-intervention (2003) Findings

*Changes in attitudes:* FRHS' community-mobilization approach engaged mothers-in-law and young married women in youth health education sessions to try and change their attitudes and beliefs about reproductive and sexual health.

The qualitative data suggest that these sessions contributed to some behavior change. Mothers-in-law now consider the benefits of the health system and are learning more about it. One mother-in-law said: "I think this new system of care is good for the health of the mother and the child. This generation is lucky. We did not have such [a] system of care." They recognized that young women, when pregnant, may need additional care because of their youth. As one mother-in-law noted: "My daughter-in-law is still young... being pregnant she needs medicines to build up her strength."

Young women also were more likely to voice their reproductive and maternal care needs to mothers-in-law who were, in turn, more likely to secure care for the younger women. As one young woman reported: "When I had nausea and loss of appetite, I told her [mother-in-law]. She told me that I was pregnant. ...She accompanied me for check ups."

*I had burning during urination and blood in the urine. I told my mother-in-law about it. She was sympathetic and she took me to the doctor.*

Daughter-in-law, 2003



## Lessons Learned

- Mothers-in-law play a key role in determining young married women's access to maternal and other reproductive health services.
- Young daughters-in-law feel unable to discuss reproductive health needs with their mothers-in-law, who are key gatekeepers of reproductive health information. The embarrassment and taboo around discussing reproductive morbidity makes intergenerational communication especially difficult.
- Community mobilization approaches can be used to ameliorate this situation and increase the support of mothers-in-law in addressing young married women's health needs.

### **Role of Mothers-in-Law in Young Women's Reproductive Health: Evidence from Intervention Research in Rural Maharashtra, India (2001-2006)**

**Objective:** Document and assess the attitudes of daughters-in-law and mothers-in-law toward reproductive health, their communication and the decision-making process around reproductive health.

**Structure:** Two sets of in-depth interviews, one in 1996 before the intervention study started, and again in 2003 at the mid-point of the intervention.

**Target group:** 75 women who were mothers-in-law of young married women in the study.

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### **About FRHS and ICRW's Adolescent Reproductive Health Program in India**

The Foundation for Research in Health Systems (FRHS) is a nongovernmental organization with offices in Ahmedabad, Delhi and Bangalore, India. FRHS's study on mothers-in-law was part of a broader multi-partner program, led by the International Center for Research on Women (ICRW), aimed at improving girls' reproductive health. This research program, the Adolescent Reproductive Health Program in India, was funded by the Rockefeller Foundation.