

International Journal of Scientific Research and Reviews

Notions of mothers-in-law in poor resource settings on factors affecting pregnancy outcomes: A qualitative exploration in Delhi

Singh Kavita^{1*}, Chopra Geeta² and Puri Seema³

¹Senior Research Fellow (Ph.D. Scholar), Department of Food & Nutrition, Institute of Home Economics, University of Delhi, New Delhi, India

²Associate Professor, Department of Human Development, Institute of Home Economics, University of Delhi, New Delhi, India

³Associate Professor, Department of Food & Nutrition, Institute of Home Economics, University of Delhi, New Delhi, India

ABSTRACT

Indian society, although in transition, is still majorly driven by socio-cultural and traditional beliefs and emphasizes on maintaining hierarchy in inter-personal relationships. In the Indian families, mothers-in-law are a major driver in family decisions, passes on the family's value systems and are major source of knowledge and information. Perceptions of mothers-in-law can largely influence the practices at home. Surprisingly, this important link in family decision making, remains mostly unexplored in health research. In pregnancy, many factors come into force to affect its outcome, here, hierarchy and interpersonal dynamic scan play an important role. The aim of the present study was to explore the perceptions of mothers-in-law regarding healthy pregnancy. Data was collected through focus group interviews from 48 mothers-in-law and analyzed using thematic analysis approach. Findings suggest that mothers-in-law have a strong opinion regarding healthy pregnancy and factors affecting it. However, they also believed that their voices have got lost in the new generation and highlighted their diminishing role in family. The study concludes that, in communities which retain traditionality in inter-personal dynamics, the experience and wisdom of mothers-in-law can be explored. It could be an important factor in developing a culturally appropriate and sensitive intervention to improve reproductive health outcomes at the community level.

KEYWORDS: Pregnancy Outcomes, Mothers-in-law, Qualitative Methods.

***Corresponding Author**

Kavita Singh

Senior Research Fellow (Ph.D. Scholar)

Department of Food & Nutrition, Institute of Home Economics

University of Delhi, F-4, HauzKhas, New Delhi - 110016

Email Id - singhkavita486@gmail.com

Phone Number: +91 9999813486

INTRODUCTION

Complex relationship between a woman and her immediate environment (household and community), can directly or indirectly affects pregnancy outcome. Factors operating at individual, household and community levels are inter-linked and have cumulative effects on the health of women during pregnancy and consequently, on its outcomes. In a developing country, where women live in difficult socio-economic conditions, poor nutrition and health during pregnancy, many maternal and fetal factors are found to be significantly associated with adverse pregnancy outcomes¹. The exact nature of interactions between these factors is however, not very clear². In Lancet's maternal and child health series, maternal mental health was listed as one of the nutrition sensitive factors to have an effect on pregnancy and its outcome³.

Inter-personal relationship often dictates the psycho-social health of a woman and consequently her autonomy in health seeking behavior. In Indian society, which is majorly driven by social-cultural norms, hierarchy of relations in a family is strictly followed. In such societies, decision making is also gender specific and decisions regarding pregnancy and related issues are taken primarily by the mothers-in-law (MIL)⁴. Researches have shown that the women who are well supported by their family members and significant others, have positive pregnancy outcomes as compared to those with little or no support⁵. Therefore, poor relationship between daughters-in-law (DIL) and MIL may influence the former's health and the care she receives at home. Moreover, in many South Asian countries including India, often decisions about health care expenses and health seeking behaviors during pregnancy are controlled by other family members⁶⁻⁸. Studies have shown that the strength of women's relationships with other key family members, including MIL, are significant factors in determining whether or not resources will be directed towards availing health facility⁹⁻¹⁰. A qualitative study conducted in Nepal found that that MIL's perceptions regarding benefits of Antenatal Care (ANC) is an important factor in its uptake. With strong traditional outlook, most MILs in South Asian countries still considers ANC as curative rather than preventive health care^{4, 11}.

After looking at these findings, it will not be an understatement to state that the physical and mental health of any individual is influenced by the inter-personal relations a person shares in the family. Indian society is in transition. With increasing trends of nuclear family, the traditional inter-personal dynamics are also changing. Other factors such as peers, husband, mothers and even social media are creeping in as strong influences on pregnant women. However, MILs still play a rather crucial role in DIL's life, which gets even more pronounced during pregnancy.

Information about knowledge and social agency of MILs regarding healthy pregnancy, in current scenario, will help in developing culturally appropriate and sensitive interventions to improve

reproductive health indicators at large. Taking this into consideration, in the present study, an effort has been made to understand the MIL's notions of a healthy pregnancy and factors influencing birth outcomes using qualitative approach.

METHODOLOGY

Focus Group Interviews (FGI) have been used as one of the effective techniques to map the perception regarding any particular issue at a community level. It helps in exploring the participants' knowledge and social agency regarding a particular topic¹². The procedure becomes even more relevant for collecting information on culturally sensitive issues^{13, 14}. The present study was conducted in the low-income community of New Delhi. FGIs were used to map the perceptions of MILs, regarding healthy pregnancy. Aanganwadi Workers (AWWs), the first line of health workers at the community level, were approached to enroll the MILs of pregnant women in the community. Convenient sampling technique was used to include MILs in the study. A total of 6 FGIs were conducted wherein each group consisted of 8-10 MILs. In total, 48 MILs participated in the study. A pre-discussion session was held with the MILs in which they were informed about the study and the procedure. MILs who were willing to participate and complete the whole process were considered eligible for the study. Information regarding the socio-demographic profile of the respondents, were also collected.

FGIs were conducted by a trained researcher with the help of a field assistant. Interviews were conducted at the Aanganwadi Centers (AWCs) in the community. To conduct the FGIs at the AWCs, necessary permission was obtained from the Department of Women and Child Development (WCD), Integrated Child Development Schemes (ICDS), Delhi Government. A topic guide was developed to elicit and explore MIL's views and perceptions regarding healthy pregnancy and factors affecting it. All the FGIs were audio recorded with the consent of the MILs. The FGIs were conducted in Hindi, language spoken by all the MILs. The recordings were transcribed for further analysis. The transcripts were checked against the audio recording and field notes, for any missing information and accuracy. No individual names or identifying information were transcribed, however, personal experiences shared by the MILs were noted down without any identifiers. Once the transcripts were ready, thematic analysis technique was used to analyze the data. It is a technique used to identify the patterns or themes in the qualitative data¹⁵. For this purpose, framework laid down by Braun and Clark (2006)¹⁶ was used for systematic analysis of the interviews. Using this framework, transcripts were read thoroughly, and the emerging pattern of responses were extracted out. The extracted data were then categorized into major themes. These themes were further reviewed, and sub-themes were developed and the FGIs were further analyzed.

The ethical approval for the present study was obtained from the Institutional Ethics Committee of Institute of Home Economics, University of Delhi.

RESULTS

Demographic information

Majority of the MILs were aged between 45-55 years (60.4%). The household income of the MIL ranged between Rs.5000-10000 per month (72.9%). Most of the respondents were illiterate (66.6%) and few were able to read and write (33.3%); 79.1 % belonged to Hindu ethnic group and 20.8 % were Muslims.

MAJOR THEMES

Based on the multiple reviews of transcripts, the data was categorized under the following 5 major themes (Table 1).

Table 1. Major Themes

S.No	Themes	Description
1	Healthy Pregnancy	Maps the perception of MIL about “what is a healthy pregnancy”
2	Diet During Pregnancy	What should the diet be like during pregnancy and what foods need to be avoided?
3	Negative Impact on Pregnancy	What are the factors that could adversely affect pregnancy and its outcomes?
4	Stress During Pregnancy	What are the common stressors during pregnancy?
5	Determine New Born’s Health	Signs according to the MIL which helps in determining new born’s health.

The themes were further categorized into sub-themes for the purpose of analysis. The sub-themes emerged are discussed below. To add richness to the results being presented here, verbatim quotes from the MIL have been added to the paper (in italics).

1. Healthy Pregnancy

The first theme represents the MILs perception of a healthy pregnancy. The theme explains what according to them constitutes a healthy pregnancy. MIL and DIL relation dynamics play an important role in shaping up the healthy pregnancy. Knowledge and perception of MIL directly impacts the health seeking behavior of a DIL, especially in an Indian society. In the present study, most MILs had similar ideas of what healthy pregnancy means. According to them, a healthy pregnancy is a pregnancy without any complications or illnesses. To ensure this, MILs suggested many factors which constitute a healthy pregnancy which in turn formed the sub-themes (Figure 1). Majority agreed that, pregnant woman should eat fruits, vegetables and saturated fat (*desi ghee*) and should prefer homemade foods. It was opined that timings of the meals are equally important as the quality and quantity of the meal.

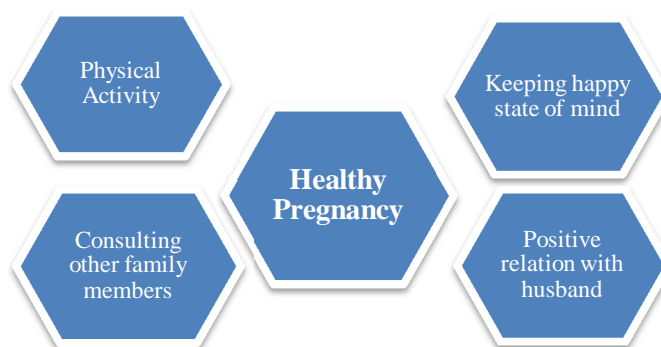


Figure 1. Healthy Pregnancy and sub-themes

Sub-Themes: Factors leading to healthy pregnancy

1.1 Physical activity was considered as an important aspect of a healthy pregnancy. MILs reported that physical activity ensures a normal delivery instead of caesarean delivery. According to the MILs, a healthy pregnancy is one where a mother is physically active. Many MIL(s) believed that children born out of the cesarean are weak and remain so throughout their life.

“A healthy pregnancy leads to a normal delivery. For that one has to be active throughout the pregnancy. Operations complicate things and children born out of c-section grows out to be weak as adults. Children born like this usually keep falling ill.”

1.2 Keeping happy state of mind: State of mind, whether positive or negative, was emerged as one of the factors that affects pregnancy. A happy state of mind during pregnancy was also considered as one of the ways to ensure a healthy pregnancy. According to the MILs, a woman who is happy with her family and have a positive frame of mind, will have a healthy pregnancy. It was emphasized that mothers should try to be happy with whatever they have, and should make the most out of it.

“Eat nutritious food and be happy...there should not be any illness. Be happy with the family.... what else do you need. At our times, we used to be happy with whatever we had, financial crisis was there, but we used to try to adjust and be happy...now a day, girls are more tensed about all this”.

1.3 Relationship with husband: According to MILs, the relationship of a wife and husband is the most significant one and has a major influence on health during pregnancy. A good-natured husband is more important for a “healthy pregnancy” than anything else. MILs believed that in new generation, a woman’s relationship with her husband defines everything for her. Other relations are not as important.

“if husband is loving and caring, she will not think about her MIL. Who cares about MIL anyway?”

“Now a days...mothers in law are not as important. If husband is good, wife and kid also remain happy. If husband is not good, the mahol (environment in the family) will not be good...nobody cares about saas (Mother-in-law) and sasur (father-in-law)”.

1.4 Consults family members on various issues related to pregnancy:

Following the advice of elders in the family was considered important to ensure healthy pregnancy by MILs. However, the diminishing role of elders in the family as advisors, was also highlighted by the participants. As reported by them, mothers of new generation, despise the traditional ways of living, which makes them susceptible to many complications during pregnancy.

“They should take advices from mothers and MIL. If we are saying that you should eat this and that, and avoid certain foods in pregnancy, we have reason behind that. Experience is something”.

According to them, new generation mothers are more concerned about changes in their physical appearance due to pregnancy than the child’s health. As quotes by one of the MILs;

“Fashion is more important to them than the food. They care more about their weight than the child inside.”

There was a prevailing belief among the participants that, if the advices given by the elders in the family are taken seriously, mothers will not face any health-related issues during pregnancy.

“If a woman is maintaining a good diet, does the household chores to keep herself physically active, listens to her elders in the family, she will have a healthy pregnancy.”

2. Diet during Pregnancy

Diet was highlighted as one of the most important factors affecting pregnancy. Participants believed that with good diet, mothers are not required to be dependent on medicines. Diet consisting of fruits, green leafy vegetables, milk, curd and dry fruits was considered healthy. While talking about diet, many MILs referred to their times and how their diet used to be. According to them it is necessary to eat everything in pregnancy without being choosy about it and should be less dependent on doctors and medicines to keep their pregnancy healthy, which according to them, is a new generation “thing”.

“We used to eat everything in our times. Used to work throughout the day. We had no issues. Nowadays dependency is more on the medicines. Doctors keep giving them and they keep eating the medicines. They trust on the doctors more than they trust their husbands.”

Tea was considered harmful during pregnancy especially if taken in high frequency. Outside foods like burger, pizza, samosa, *bhature* (Indian bread) etc. have negative effects on our body and should be avoided during pregnancy. However, they think DIL these days do not listen to all this advice.

“They keep drinking tea all day...that’s wrong. Also, outside foods should be avoided. New generation prefers to eat outside foods like burger, pizza and samosa and bhatura (Indian snack and bread). All this has negative effects.”

3. Negative Impact on Pregnancy

Many factors were reported to be affecting the pregnancy adversely. Figure 2 represents the various factors as per the participants that negatively affect the pregnancy.

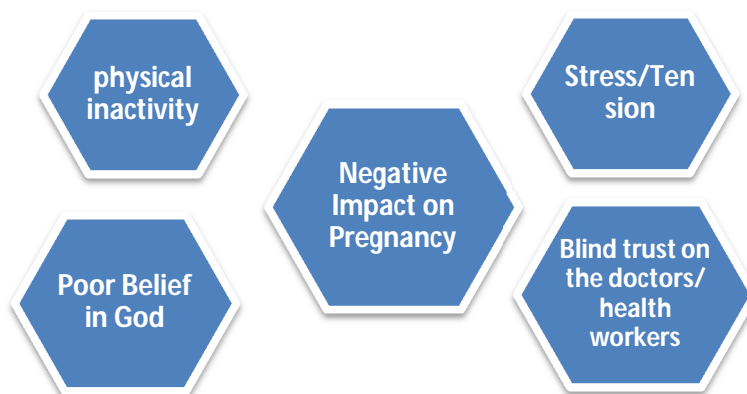


Figure 2. Sub-themes for Negative Impacts on Pregnancy

3.1 Physical inactivity: Physical inactivity has been emphasized many times during the discussion to have an impact on the pregnancy outcomes. While talking about negative effects, it was reported that mothers who are majorly physically inactive during pregnancy are at higher risk of developing complications. And, suggestions from doctors regarding rest during pregnancy worsen the situation. Physical inactivity, also termed as “laziness” by participants, was also linked with poor dietary practices during pregnancy. It was highlighted that mothers who take “resting time” during pregnancy too seriously, often wakes up late in the morning and thus are at higher risk of skipping one meal of the day. The deleterious effects of meal skipping on pregnancy outcome is well explored.

“DIL are not physically active enough. Doctors would tell them to take some rest during the day. These DIL take it so seriously and they will keep sleeping all day. And will get up late in the morning. If they are getting up by 10-11 am, they have almost missed one meal”.

3.2 Blind trust on the doctors/ health workers: Role of doctors/ health workers and dietary supplements was seen skeptically by the participants. There was common consensus that advices given by health professionals are not always good for health and should be avoided as much as possible. Participants believed that distributing medicines is doctors/health worker's business, and should not be taken seriously as it may harm in the long run. While explaining further on this, MIL reported their own experiences as quoted below.

"Yes, I agree, I also never had (any medicine) and I also discourage my DIL to take it. She is 5 months pregnant but we haven't started any medicine...what's the need? We give her good food, milk, curd, fruits.... what else she needs? And then whatever happens is God's will. doctors can say anything.... they have to run their shop."

"I will tell you my example, my elder DIL was pregnant and in the 6th-month, doctors said to go for some tests as she saw some issues in the ultrasound. She also prescribed some more medicines to my DIL. But we decided to not listen to her and continue like same. My DIL delivered a healthy male child after sometime. If we had listened to the doctors, we would have wasted our money and time"

3.3 Poor Belief in God: Another major factor emerged during the discussion which as per the MILs have a negative influence on health during pregnancy is lack of belief in new generation mothers. Most groups opined that doing religious rituals (*puja*) daily makes one hopeful about the future, belief in God lessens the stress and tensions and helps a woman to experience a healthy pregnancy. Many believed that a child's thinking gets affected by what mothers think. To make sure that the child is born healthy, one should listen to good things, should do *Puja* and *bhajans* (religious songs) as much as possible during pregnancy.

"Not doing puja affects negatively...nobody does it. I used to do puja three times in a day, you can't change the situation, but at least you will have a belief that god will take care of everything. All this affects".

3.4 Stress/Tension: It was discussed as another factor which could have major effects on health during pregnancy. They do opine that tension and stress affects the child. According to them, nature of the child gets affected by the amount of stress or tension a mother takes.

"If we are in tension for 24 hours, it will affect the child definitely. Woman will be ill and the child will also be ill. Tension is equal to death."

While explaining this, a Bhagwat Gita lesson from Mahabharata was quoted: "In Bhagwat Gita (holy book of Hindus) it is shown that whatever knowledge a child gains is given by mother, he gained that much only. So, whatever the mother thinks and feels, the child also feels that. What mother goes through, child also goes through that"

However, MIL believed that stress or tensions are part of life. It was opined that tensions should be dealt like any other day to day issue is handled. By quoting their own examples, the common consensus was made that one should try to be happy with whatever they have instead of wanting for more. According to them tension or stress is a state of mind. It affects as much as we think and acknowledge them.

“Tension is something which they (DIL) live in these days. At our times, we used to be happy with whatever we had, financial crisis was there, but we used to try to adjust and be happy...now a day, girls are more tensed about all this. We had many children and raised them well, but they will have only one or two and still be stressed out about their upbringing”.

4. Stress during pregnancy

The theme explores the common stressors that could operate during pregnancy (Figure 3). According to the MILs, following are the major stresses that could affect the pregnancy.

4.1 Gender of the child: Of all the sub-themes, gender of the child i.e. preference for male child was highlighted as the most significant source of stress during pregnancy. Almost all the MILs, across all the 6 groups highlighted this as the major stress a woman has to go through during pregnancy. According to the MIL, the stress becomes even more pronounced among women who already have a girl child.

“Nobody wants two girls, having another girl will make the woman more tensed about her daughter’s future. Getting a girl child married is not an easy task in our society. It is an added financial pressure as well”

“Child, however modern we become, we all know the importance of having a son. I can say that I had the similar story. I had two daughters, in my third pregnancy the only tension I had was to deliver third girl child... rest of the issues looks small in front of this. I was thinking about what will happen to me if I deliver another girl child.”

Various reasons were reported for preferring sons over daughters. MIL reported that the reason sons are preferred in the society is because of the traditions that is existing from the past so many decades. They are required to take the lineage of the family forward and also for taking care of parents in their old age.

“Child, the thing is that it’s a long run tradition, daughter will have to go to other’s house one day. Only son will remain with parents. Nothing else...this is only reason, otherwise sons and daughters are equal”

Birth of a girl child was signified with grief in the society. Many MILs reported that having girls is considered as a curse on the family by others. For these reasons, girls are treated differently in

the family. They are often given less food in comparison to boys. The gravity of the situation can be understood with the following statement by one of the MILs.

“When I delivered a girl, my father-in-law was extremely upset about it. I remember he said that because of this girl child, his life is cut short by 2 years. We had a tradition of giving sweets and gifts to dais (Traditional Birth Attendants), but the Dai who helped in my delivery was not given anything as she gave the news of a girl child”.

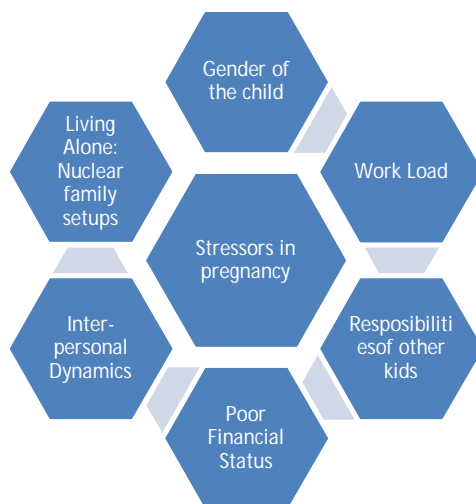


Figure 3. Stress during pregnancy and Sub-themes

4.2 Financial stress: Financial stress was another major source of stress reported during pregnancy. Poor earning by husband is associated with compromised purchasing power for good quality food. Not being able to afford the food that one would want to eat during pregnancy or one is recommended to eat, would add to the stresses among women.

“Because of poor finances, mothers struggle to have a proper diet. Milk, paneer(cheese) is expensive, not everyone can have it.”

Meeting expenses of raising a child with less money is also considered to be causing stress during pregnancy.

4.3 Nuclear family: Nuclear family set up was termed as an added stress among the other existing stresses in women’s life, the impact of which increases during pregnancy. MILs opined that staying alone in nuclear family set up increases the work load of a mother. Lack of support and help and taking care of the young child especially during pregnancy makes her susceptible to increased stress and tensions. Also, living alone not only increases work load, it also increases loneliness as the mother would have no one to talk to or share her issues with. According to them, when a couple decides to live alone, they are bound to go through all this stress in their life. Joint families are considered as an advantage to overcome these stresses during pregnancy.

“Girls prefers to live alone these days. They just want to have their husband and kids around. Rest of the family members are not as important for them. Because of this they have to go through all the pressures and stresses related to pregnancy alone. This also increases their household work load”.

“if you don’t live with your parents in law...this is bound to happen. That is why I feel joint families are best”

4.4 Inter-personal Dynamics: Relationship with husband came out to be the most significant relationship that was considered to have an impact on the health of mother and the child. It was also argued that a good-natured husband is more important for a “healthy pregnancy” than anything else. MILs believed that now days, a woman’s relationship with her husband defines everything for her. Other relations are not as important. MIL believed that if the husband is loving and caring, then a woman wouldn’t think about her other relationships.

“For how many days will the MIL be staying with them...her absence can be taken care of. But husband should be good. If you give some food to MIL she will eat it, if not, she will keep sitting (will not interfere). First and foremost is husband. MIL don’t earn...so she is not as important. We don’t have a salary, pension. When son give his salary to DIL, we will also get the food. So automatically family will run happily.”

5. Determine New Born’s Health: When asked how will they determine the health of a child on delivery, most of the MILs said that, if the child cries at the time of birth and has hands and legs moving and there is no physical deformity, then the child should be considered healthy.

“One should check if the child cries, has hands and legs properly formed and moving, then he is healthy.”

Birth weight, a globally accepted parameter for determining health of a child at birth, was not well accepted by the MILs as a way to determine health of the new born. Rather, they reported that just by looking at the child, one can tell if the child is healthy or not.

“You can tell about health of the child just by looking at him, if the child looks fat (mota), he is absolutely fine, if he looks thin (slim) then he is weak (kamjor). This is how we used to determine the health at our times. We never weighed the child, that is not required”

DISCUSSION

The present study revealed the perceptions of MILs regarding healthy pregnancy and various factors affecting it. MILs laid out many factors which could have negative or positive effects on the pregnancy. Most of these factors are based on their own personal experiences. MILs have a fair idea of a healthy pregnancy. They do recognize that for a healthy pregnancy, one needs to have a

“proper” (nutritious) diet. Regular consumption of fruits and vegetables was suggested as one of the ways of achieving healthy diet. Milk was recommended as one of the important intakes during pregnancy as it was believed that consumption of milk would ensure that the baby will be born fair and beautiful. Raw papaya, sapota and non-vegetarian foods were considered as hot food which can harm the foetus. It was believed that non-vegetarian foods affect the child’s brain and makes them short-tempered. Also, frequent consumption of tea was believed to be linked with adverse pregnancy outcomes. MILs do not consider new generation dietary patterns satisfactory. According to them, the new generation mothers are more concerned about their body image than the child’s health. Physical activity during pregnancy emerged as the major factors affecting pregnancy as there was a prevailing belief of its association with type of delivery a mother is going to have. There was a strong disapproval for caesarean section among MILs in the present study as they believed caesarean delivery results in many short and long-term adverse health outcomes among children. This is often taken as a traditional way of thinking, however, there are emerging evidences available which supports the notion of poor health outcomes among children born out of caesarean sections. A recent review shows that children born out of caesarean section have reduced immunity, high risk of developing asthma and obesity in late childhood¹⁷. Further, there was a strong belief among the study participants that, any adverse pregnancy outcome, is the result of the modern-day practices adopted by the new generation mothers, which includes relying too much on the modern medicines or doctors; taking minor illnesses of pregnancy too seriously; being inactive during pregnancy for the sake of taking rest and poor dietary and lifestyle habits. In the discussion, it was found that MILs do not have a positive outlook towards modern health practices as they had little trust on the doctors/health workers. Visiting doctors/health workers and taking medicines without any illness, was looked as unnecessary and referred as a new generation fad, by the MILs. The negative connotations with health facility among MILs, can negatively influence the ante-natal care services uptake by the DILs during pregnancy⁴.

Further, many stressors were identified by MILs, which according to them, could affect the pregnancy adversely. The ones that were highlighted the most were, the gender of the child: preferences to male child, poor financial conditions, nuclear family set up and disturbed interpersonal relationships especially with husband. It was believed that women, especially those who already have a daughter, are significantly stressed about the gender of their next child. Studies from low- and middle-income countries also shows that male child preference is significantly associated with prenatal anxiety¹⁸⁻¹⁹. Interestingly, although MILs did agree that pressure to have a son was an added stress to the mothers, they also highlighted the importance to have a son. Many reasons were reported for the strong preference for male child in the community like, “need to take the family

lineage forward” and “taking care of parents in old age”. Many studies conducted in different parts of the country found similar results for the reasons of male child preferences²⁰⁻²⁵. Relationship of a husband and a wife was touted as one of the major influencing one which, according to the participants, was a key contributing and/or inhibiting factor for stress during pregnancy. Similar results were found in a study conducted on “would be” mothers, where it was found that women who did not have support from their husbands and were unhappy with the relation, are most likely to be depressed during pregnancy²⁶.

In the present study, while the husband-wife relationship was highlighted much by the MILs, the diminishing role of other relationships, especially of parents-in-law, was also pointed out. A shift in the prominence of different inter-personal relationships emerged at many places throughout the discussion, reflecting the ongoing transition of traditional family system in the Indian society. Difference in expectation of new generation from old generation was highlighted as the cause of changing inter-personal dynamics. The notion of “being satisfied” with the bare minimum was prevalent in the old times when family ties were given more values, which, as reported in the present study, is lacking in the new generation. The changing inter-personal dynamics can adversely affect the health outcomes. Previous researches have shown that to a larger extent, inter-personal relationships shape up the health seeking behavior of a mother. Studies from South Asian countries have shown that MILs significantly affect the uptake of health services by DILs^{10, 27}. In Bangladesh, it was found that MILs do not support the idea of seeking medical help in pregnancy by young mothers²⁷. Another study from Pakistan found that MIL are important decision makers regarding health care utilization²⁸. Older generation views health seeking behavior as a curative measure instead of preventive one, hence, DILs are normally discouraged in going for ante-natal checkups⁴. Present study also highlights this thinking of MILs where they believe that visiting doctors is a new generation fad and unnecessary and that dependency on the modern medicines should be avoided.

Overall findings from the present study highlights that family, which forms the fundamental unit of a community, is one of the key influences in the physical as well as the mental health of a person. Most researches which have tapped on to the influence of a family on health, have mostly been limited to the socio-economic aspect of it. Inter-personal dynamics of the relationships, especially with key members of family, are largely unexplored. Indian society is presently experiencing a paradox of concurrent social transition and still prevailing traditionality in the hierarchy of relations in a family. During pregnancy of a DIL in a joint family set up, key life and health decisions are still primarily taken by their husbands or MIL^{10, 27-28}. The traditional notions related to health, often do not have any scientific evidences proving them right, in such situation, any mis-informed advises by the key members of a family, can have adverse health outcomes.

However, with increasing literacy rate and nuclear family set ups, there is an autonomy shift in the interpersonal dynamics. In the present study, MILs have also mentioned about their diminishing role and the gradual change in the hierarchical system, which they referred to as a “generation gap”. However, in this conflicting reality of “society in transition” and still persisting traditionality in inter-personal dynamics, MILs are still considered to have a key role in the family owing to the patriarchal nature of the Indian society. With their experience and wisdom, therefore, MIL can be explored as change mediators not only at the family level, but also at the community level in order to develop a culturally appropriate and sensitive intervention to improve reproductive health outcomes at the community level.

STRENGTH & LIMITATION: The strength of the study is that it highlights the perception of MILs regarding pregnancy which have not been explored much. Of the available evidences, role of MIL in pregnancy have been explained mainly through the perspective of pregnant women (DIL). The findings of the study are important especially in the context of Indian society and helps in understanding the role of relatively unexplored dimension of family dynamics during pregnancy.

Limitations of the study are the small sample size and convenient sampling technique because of which the findings of the study cannot be generalized in other populations. Most of the MILs were illiterate so it would not be possible to comment if the findings would differ with the education level of the mothers-in-law.

CONCLUSION: The study finds that mothers-in-law have strong perception regarding “healthy pregnancy” which are majorly driven by culture, traditions and their own experiences. Being a key member of a family, mothers-in-law are usually the decision maker for daughters-in-law, especially during pregnancy. It is therefore imperative to involve them in the intervention planned for pregnant women.

REFERENCES

1. Mumbare SS, Maindarkar G, Darade R et al. “Maternal risk factors associated with term low birth weight neonates: A matched-pair case control study”. *Indian Paediatrics*, 2012; 49(1): 25-8.
2. Valero DBJ, Soriano T, Albaladejo R, et al. “Risk factors for low birth weight: A review”. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 2004; 116:3–15.
3. Black RE, Allen AH, Bhutta ZA, et al. “Maternal and child undernutrition: Global and regional exposures and health consequences”. *The Lancet*, 2008; 371(9608): 243– 260.

4. Simkhada B, Porter MA, Teijlingen ER. "The Role of mothers-in-law in antenatal care decision-making in Nepal: a qualitative study". *BMC Pregnancy and Childbirth*, 2010; 10(34).
5. Haobijam J, Sharma U, David S. "An exploratory study to assess the family support and its effect on outcome of pregnancy in terms of maternal and neonatal health in a selected hospital, Ludhiana". *Nursing and Midwifery Research Journal*, 2010; 6.
6. Mullany BC, Hindin MJ, Becker S. "Can women's autonomy impede male involvement in pregnancy health in Kathmandu, Nepal?" *Social Science & Medicine*, 2005; 61, 1993-2006.
7. Masvie H. "The role of Tamang mothers-in-law in promoting breast feeding in Makwanpur District, Nepal". *Midwifery*, 2006; 22(1): 23-31.
8. Mesko N, Ostrin D, Tamang S et al. "Care for perinatal illness in rural Nepal: a descriptive study with cross-sectional and qualitative components". *BMC International Health and Human Rights*, 2003; 3.
9. Allendorf K. "Couples' Reports of Women's Autonomy and Health-care Use in Nepal". *Studies in Family Planning*, 2007; 38(1): 35-46.
10. Mumtaz Z, Salway SM. "Gender, pregnancy and the uptake of antenatal care services in Pakistan". *Sociology of Health & Illness*, 2007; 29(1): 1-26.
11. Stephenson R, Tsui AO. "Contextual influences on reproductive health service use in Uttar Pradesh, India". *Studies in Family Planning*, 2002; 33(4): 309-320.
12. Hyde A, Howlett E, Drennan J, Brady D. "The focus group method: Insights from focus group interviews on sexual health with adolescents". *Social Science and Medicine*, 2005; 61(12): 2588-2599.
13. Green J, Thorogood N. "Qualitative Methods for Health Research". SAGE publication, 2004.
14. Tausch AP, Menold N. "Methodological Aspects of Focus Groups in Health Research: Results of Qualitative Interviews with Focus Group Moderators". *Global Qualitative Nursing Research*, 2016; 3.
15. Maguire M, Delhant B. "Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars". *AISHE-J*, 2017; 9(3).
16. Braun V, Clarke V. "Using thematic analysis in psychology. *Qualitative Research in Psychology*", 2006; 3(2): 77-101.
17. Keag OE, Norman JE, Stock SJ. "Long-term risks and benefits associated with cesarean delivery for mother, baby, and subsequent pregnancies: systematic review and meta-analysis". *PLoS Med*, 2018; 15: e1002494.
18. Loo KK, Li Y, Tan Y, et al. "Prenatal anxiety associated with male child preference among expectant mothers at 10-20 weeks of pregnancy in Xiangyun County, China". *International*

- Journal of Gynaecology and Obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics, 2010; 111(3): 229-32.
19. Supraja TA, Varghese M, Desai G, et al. "The relationship of gender preference to anxiety, stress and family violence among pregnant women in urban India." *International Journal of Culture and Mental Health*, 2016; 9(4): 356-363.
 20. Ashturkar M, Fernandez K, Pandve HT. "A cross-sectional study of factors influencing sex preference of a child among married women in reproductive age group in a rural area of Pune, Maharashtra". *Indian Journal of Community Medicine*, 2010; 35: 442-3.
 21. Kansal R, Khan A, Bansal R et al. "A Hospital-based Study on Knowledge, Attitude and Practice of Pregnant Women on Gender Preference, Prenatal Sex Determination and Female Feticide". *Indian Journal of Public Health*, 2010; 54: 209-12.
 22. WadgaveHV, Jatti GM, Pore PD. "Attitude of Pregnant Women towards the Gender Preference". *Indian Journal of Maternal and child health*, 2011; 13(4): 1-7.
 23. NandaP, Gautam A, Verma R et al. "Study on Masculinity, Intimate Partner Violence and Son Preference in India". New Delhi, International Center for Research on Women, 2014.
 24. Nithin K, Tanuj K, Unnikrishnan B, et al. "Gender preferences among antenatal women: a cross-sectional study from coastal South India". *African Health Sciences*, 2010; 15(2): 560-67.
 25. Shidhaye PR, Giri PA, Shidhaye RR. "Determinants and Prevention of Gender Preference among Pregnant Women in India: An Updated Review". *International Journal of Education and Research in Health Sciences*, 2016; 2.
 26. RøsandGMB, Slinning K, Eberhard-Gran E, et al. "Partnerrelationship satisfaction and maternal emotional distress in early pregnancy". *BMC Public Health*, 2011; 11.
 27. Chowdhury AMR, Mahbub A, Chowdhury AS. "Skilled attendance at delivery in Bangladesh: an ethnographic study". In *Research Monograph Series Research and Evaluation Division*, 2003; BRAC Dhaka, Bangladesh, 22.
 28. QureshiRN, Sheikh S, Khowaja AR, et al. "Health care seeking behaviors in pregnancy in rural Sindh, Pakistan: a qualitative study". *Reproductive Health*, 2016; 13.
-