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# Influence of mothers-in-law on young couples' family planning decisions in rural India

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**Abstract:** *It has been widely documented in patrilocal and strongly patrilineal settings in India that the presence and influence of mothers-in-law in the household may affect fertility decisions made by young couples. However, not much is known about how intra-family relationships* per se *influence choice of contraceptive method and timing of use. To understand patterns of family planning decision-making, we carried out short, open-ended interviews in rural Madhya Pradesh in 2005 with 60 mothers-in-law, 60 sons and 60 daughters-in-law from the same families. Mothers-in-law were found to have an important influence on family decisions pertaining to activities within the household. They were also likely to influence the number of sons their daughters-in-law had and the timing of their daughters-in-law being sterilised, but they did not seem to have the same authority or influence with regard to decisions on the use of reversible contraceptive methods, which were mainly being made by young couples themselves. The findings show the flexibility and transformability of intra-family interactions, even within a hierarchically-ordered kinship system that is often considered an obstacle to improving reproductive health and gender equity. Given the right information, and availability of and access to reversible methods, young couples in rural Madhya Pradesh are increasingly making contraceptive choices for themselves.* ©2010 Reproductive Health Matters. All rights reserved.

**Keywords:** contraception, sterilisation, marital relations, family size preference, family dynamics and decision-making, India

THE recent decade has witnessed a growing interest in understanding how couple communication influences contraceptive use in the developing world. Demographic and Health Surveys report that, in general, communication between spouses about family size and family planning is limited in many countries in Asia and sub-Saharan Africa.[1,2] Nonetheless, numerous studies have reported a positive association between spousal communication and contraceptive use.[3–6] Almost all studies conclude that a more couple-oriented approach is the key to successful family planning programmes. However, this limited focus often ignores an important reality in many couples' lives – that couples are often not the sole decision-makers regarding contraceptive use, particularly in cultures where extended kinship relations and lineage structures have a socially determining role.[7]

Few studies have looked at the impact of family members and others on the sexual and reproductive health of young couples.[7–9] While these few persuasive qualitative studies on the family dynamics behind Indian women's reproductive choices attest to the central importance of mothers-in-law,[10–12] there is very little systematic empirical evidence on the extent to which family interactions affect contraceptive

method choice. In India, female sterilisation is the predominant method used, while according to the National Family Health Survey (2005), overall use of all modern reversible methods is barely 10% (and in rural India, 7%).[1]

The impetus for the present study emerged from a five-year sexual and reproductive health intervention in rural Madhya Pradesh (2001–2005), implemented by a contraceptive social marketing organisation.* The goal of the intervention was to address unmet need for contraception, by making reversible contraceptive methods (mainly condoms and oral contraceptives) available and accessible using a social marketing model. In casual discussions during the intervention project, rural women often mentioned that mothers-in-law were opposed to young women's desire to limit family size. It was therefore felt relevant to ascertain whether mothers-in-law were really as powerful and domineering as young women suggested.

The research on this question was initiated six months after Project *Mandi* was completed, as part of broader research on male involvement in reproductive health. Three different data sets were gathered in the study area: a survey among currently married men, focus group discussions and family interviews. The views of men on female sterilisation were published in 2009.[13] In the family interviews, we studied the interplay between mothers-in-law, sons and daughters-in-law as regards contraceptive decision-making, focusing on the use of reversible contraceptive methods. We aimed to answer the following questions: How does the mother-in-law influence young couples' contraceptive choice in a kinship system characterised by strong inter-generational power asymmetries, an ideal of extended, patrilocal households and pronounced patrilineal ideology, such as in rural Madhya Pradesh? Are household power dynamics as regards family planning transformed when reversible contraceptive methods are made available?

## The study area

Kinship practice among Hindus in the state of Madhya Pradesh corresponds largely to the North Indian model, in which patrilines formed by males are the backbone of society. Traditionally, only sons have had the right to inherit, and in land-owning and better-off households, daughters are married off with a dowry into an unrelated and unknown family, generally far from their natal village. The young wife enters a household of strangers in which men and secondarily older women hold decision-making power.

The data reported here were collected in Sehore district, about 50 km from the state capital, Bhopal, from August to September 2005. About 73% of the state population lived in rural areas, and 98% of families self-identified as Hindus. According to the National Family Health Survey (2005), the total fertility rate of Madhya Pradesh was 3.12 (3.34 in rural areas), compared to the national rate of 2.68 (2.98 in rural India). According to the 2001 census, about 70% of the population depended on agriculture for their income. The sex ratio in 2001 was 933 females to 1000 males, the birth rate was 32.3 per 1000 persons and about 50% of women and 70% of men were literate.[14]

In 2005, the contraceptive prevalence rate in Madhya Pradesh was 55.9% (54.1% in the rural areas), among which 46.9% of eligible couples were using female sterilisation.[1] Due to the intervention that preceded this research, the research area had a much higher prevalence of reversible contraceptive use (29%)[13] than rural Madhya Pradesh as a whole (3.5%).[14] Thus, we could examine how they made sense of the introduction and use of reversible contraceptive methods within a rural hierarchical family system.

## The study

For this study, 12 villages were purposively selected from among the villages involved in the social marketing intervention. The aim was to choose all households where young married couples and the parents of the young husband were in regular day-to-day interaction. Information on the number of eligible couples residing together within the same household was gathered, and all households in the 12 villages where the mother-in-law, son and daughter-in-law were all living in the same house, or where the mother-in-law lived close by in the neighborhood, were listed. Based on this listing, five families per village were randomly selected, one from the centre and four from the four corners

*Project *Mandi*, an initiative of DKT India, Mumbai.