INSTITUTO
UNIVERSITÁRIO
DE LISBOA

Caring For Her: Exploring the Lives of Daughters-in-Law as Caregivers in the Indian Context

Muskaan Khanka

Master in Psychology of Intercultural Relations

Supervisor:
PhD Marta Alexandra Osório de Matos, Integrated Researcher,
ISCTE - Instituto Universitário de Lisboa,
Lisbon, Portugal

Co-Supervisor:
PhD Sugandha Gupta-Louis, Assistant Professor
Ferkauf Graduate School of Psychology, Yeshiva University,
Bronx, New York, USA

October, 2025

CIÊNCIAS SOCIAIS
E HUMANAS

Department of Psychology

Caring For Her: Exploring the Lives of Daughters-in-Law as Caregivers in the Indian Context

Muskaan Khanka

Master in Psychology of Intercultural Relations

Supervisor:
PhD Marta Alexandra Osório de Matos, Integrated Researcher,
ISCTE - Instituto Universitário de Lisboa,
Lisbon, Portugal

Co-Supervisor:
PhD Sugandha Gupta-Louis, Assistant Professor
Ferkauf Graduate School of Psychology, Yeshiva University,
Bronx, New York, USA

October, 2025

To all the bahu ranis of India

Acknowledgements

I would like to thank my supervisors, Dr. Marta Matos and Dr. Sugandha Gupta-Louis for guiding me through this arduous journey. I appreciate all the knowledge, wisdom and positivity I received from both of you, without which I believe I would’ve been driven to madness.

I would also like to thank Iscte-IUL, and all my course professors for providing me with this prestigious opportunity to research on something so close to me, and allowing me to improve every day as a researcher.

A thank you to the beautiful city of Lisbon for hosting me these past two years, and helping me make amazing friends. I am grateful for the new friends I made in this city, as well as my friends from back home who supported me on this journey from start to finish. No matter how far apart we are now, all of you are always in my heart.

No acknowledgements will ever be complete without my family, who have been with me from the beginning. To my *ma* and my *appa*, my two sources of light and life, I am always so grateful to be your daughter. To my dearest Bean, who’s the main star of all our family video calls. Thank you to all my family members – my aunts, uncles, and cousins – who routinely called to check up on me.

Finally, to all the women who inspired this study – you are never alone, and forever loved. The participants who were ever so kind to give me a glimpse into their fascinating lives, thank you. I hope I did justice to your resilience and ever-present optimism.

Resumo

Este estudo procura compreender as experiências vividas por noras na Índia que desempenham o papel de cuidadoras informais dos seus sogros, explorando como o cuidado é experienciado, significado e situado nos seus contextos familiares e culturais. Foram realizadas oito entrevistas semiestruturadas, analisadas por meio de análise temática, com o intuito de aprofundar a compreensão sobre as tarefas de cuidado, o quotidiano e as relações familiares das participantes. Dessa análise emergiram três temas centrais: 1) o cuidado está presente em todos os aspetos da vida e a atravessa por completo, 2) o cuidado é profundamente moldado pelo contexto cultural, e 3) as relações constituem o espaço no qual o cuidado se manifesta. Os resultados revelam que o apoio social e o reconhecimento dos esforços das cuidadoras favoreceram experiências mais positivas no exercício do cuidado. A maioria das participantes demonstrou o desejo de preservar a própria autonomia na velhice, expressando que só aceitariam ser cuidadas pelos filhos em situações de real necessidade. Tal posicionamento sugere que, embora elas sustentem o papel de cuidadoras em suas famílias e transmitam aos filhos valores de respeito e zelo pelos mais velhos, não desejam que essa prática se perpetue de forma obrigatória, mas sim como uma escolha livre e consciente das futuras gerações.

Keywords: contexto cultural, noras, India, cuidadores informais

Abstract

The present study explores the lived experiences of daughters-in-law in India who serve as informal caregivers to their parents-in-law. Data was collected through eight semi-structured interviews and analyzed using thematic analysis to gain deeper insight into caregiving tasks, daily lives, and family dynamics. From this, three themes emerged: 1) caregiving is everywhere and all-encompassing, 2) caregiving is embedded in the cultural context, and 3) relationships are the context in which caregiving exists. Findings suggest that better social support and appreciation for the caregivers' efforts assisted the participants and improved their caregiving experience. Most participants wished to remain independent as elders, and only wanted their children to be their caregivers if necessary. This may indicate that, although the participants endured the caregiver role in their family setting and imparted the values of elderly respect and care to their children, they do not wish for their own children to be caregivers unless the children desired to do so.

Keywords: cultural context, daughters-in-law, India, informal caregiving

Table of Contents

Acknowledgements ... iii
Resumo ... v
Abstract ... vii
Introduction ... 1
CHAPTER 1: Literature Review ... 3
1.1. To Care and to be(come) a Caregiver ... 3
1.2. Caregiving embedded within a cultural context ... 6
1.2.1. Caregiving in the Indian Context ... 6
1.3. Family Dynamics in India ... 8
1.3.1. Daughters-in-Law in the Indian Household ... 8
1.4. Daughters-in-Law as Caregivers ... 8
1.5. Research Gap and Present Study ... 9
CHAPTER 2: Methodology ... 11
2.1. Qualitative approach and research paradigm ... 11
2.2. Researcher characteristics and reflexivity ... 11
2.3. Sampling strategy ... 12
2.4. Participants and their Context ... 12
2.5. Ethical Issues Pertaining to Human Subjects ... 13
2.6. Data Collection Methods and Instruments ... 13
2.7. Data Processing and Analysis ... 15
CHAPTER 3: Results ... 17
3.1. Caregiving is everywhere and all-encompassing ... 19
3.1.1. Emotions Surrounding Caregiving ... 19
3.1.2. Instrumental Tasks Performed by the Caregiver ... 20
3.1.3. Emotional Support Provided by the Caregiver ... 22
3.1.4. Expectations from Being a Daughter-In-Law ... 22
3.1.5. Looking after Herself ... 23
3.2. Caregiving is embedded in the cultural context ... 25
3.2.1. Family Dynamics and the Caregiver's Household ... 25
3.2.2. Gender Norms and the Daughter-in-Law ... 27
3.2.3. The Motivation Behind Her Caregiving ... 29
3.2.4. The Caregiver's Future, and the Next Generation of Caregivers ... 30
3.3. Relationships are the context in which caregiving exists. ... 31
3.3.1. The Relationship with the Mother-In-Law ... 31

3.3.2. The Friendly Face of the Father-in-Law 32
3.3.3. Assistance from Other Family Members 33
3.3.4. Caregiving Help from the Outside 35
3.3.5. Children in a Caregiving Household 37
3.3.6. A Few Kind Words Go a Long Way 38
CHAPTER 4: Discussion 41
4.1. What are the experiences of Indian daughters-in-law who are caregivers in their married families? 41
4.2. How is caregiving perceived by these women – as a duty bound by society, or an act of love or devotion for the family they married into? 44
4.3. How does the relationship between the caregiver and her in-laws change? 46
4.4. Limitations 48
4.5. Implication and Future Directions 48
Conclusion 51
Bibliographic References 53
Appendix A 63
Appendix B 66
Appendix C 69
Appendix D 71

Introduction

With nearly half of India's 586.5 million women reported as married in the 2011 census (Census 2011 Data on Marital Status & Fertility & Head of Household Released, 2015), married women represent a significant demographic within the world's most populous country (Hertog et al., 2023). Given their vast population, it is important to explore and understand the perspectives of married Indian women, who juggle multiple roles in the household – of wives, mothers, daughters-in-law, and often, caregivers.

It is common to see married couples in India living with or near their in-laws or parents (Dhar, 2012). A family unit in India commonly consists of the married couple, their children, and extended family that may live with them, such as the parents of the couple (usually the husband's), and his grandparents, uncles, aunts, and cousins (Dhar, 2012). Although the trend of a joint family has significantly decreased over the last decade, it is not uncommon to see such a family structure in rural and urban parts of India (Chakravorty et al., 2021).

In their twilight years, Indian parents often expect their children to look after them (Dhar, 2012). In fact, the two most prevalent living arrangements among the elderly population in the country were (1) living with a spouse and children, and (2) living with children but without a spouse (International Institute for Population Sciences, 2020). This aging population would thus be relying on their children for caregiving in case of illness or old age.

As adult children get married, the weight of elderly caregiving falls on the wives of the sons (Govil et al., 2024). Previous research has shown that a major proportion of informal caregivers in India are female family members, including daughters-in-law (Govil et al., 2024). As women leave their maiden homes to reside with their husbands (and possibly her in-laws), the primary responsibility of caregiving falls on the daughters-in-law of the family (Jamuna & Ramamurti, 1999).

Before taking on the role of a caregiver, the daughter-in-law is burdened with the responsibility of keeping Indian traditions alive. Her acceptance into the family is often at the mercy of her parents-in-law, for whom she is an obedient and dutiful junior of the family (Noreen & Sadiq, 2018).

While daughters-in-law have been caregivers for their sick family members for decades, research studying the experiences of daughters-in-law acting as caregivers is limited, especially amongst the South Asian population (Peters-Davis et al., 1999). Their unique position in the family as both an outsider and insider make it even more important to study how they navigate the demanding and often intimate responsibilities of being a caregiver.

The present study attempted to address this gap in the literature by investigating the lived experiences of India daughters-in-law who are also functioning as caregivers to their in-laws within their married families.

CHAPTER 1: Literature Review

Over the past few decades, the life expectancy of older adults has increased due to the advancements in the medical field (Mathers et al., 2014). In 2021, 761 million people made up the total elderly population, a figure that is expected to more than double by 2050 (United Nations, Department of Economic and Social Affairs, 2023).

With imminent rise in global population aging, the demand for caregiving for older adults (aged 65 years or older) is also projected to increase substantially, especially in their home. Indeed, care has been a central factor in human survival throughout history. Skeletal evidence from Ice Age indicates that human beings have survived dire circumstances such as surgical amputations despite the absence of modern medicine, due to the human nature of caregiving (Maloney et al., 2022).

Care, whether provided by individuals or communities, has been one of the fundamental factors for human survival (Tilley & Oxenham, 2011). Evidence of human longevity despite chronic or terminal illnesses is not only influenced by the invention of medicine, safer health practices, and hospitals, but also the human aspect of care (Powell et al., 2016**)**.

Caregiving involves helping another person with everyday activities and tasks. Many caregivers are family members, friends, or neighbors, or employed formal professionals for help (Wullert et al., 2023) – otherwise known as *informal caregivers*. Informal caregivers provide unpaid care, distinguishing it from formal caregiving, which is the act of providing care as a paid professional (Bom et al., 2018).

1.1. To Care and to be(come) a Caregiver

An informal caregiver is an individual who offers unpaid help to relatives or friends who are unable to take care of themselves (Dombestein, Norheim, and Lunde,2020). It is often a role taken happily because individuals may enjoy serving their elders, but it also can take a toll on caregivers' health and well-being (e.g., Schulz and Martire, 2020; Mishra et al., 2023) Caregiving is an intimate process where the caregiver is assisting the care receiver for daily tasks they were used to doing independently.

Typical tasks associated with caregiving are assisting the care receiver with activities of daily life (ADL), and instrumental activities of daily life (IADL). ADL can be essential activities such as bathing, dressing, mobility, feeding, and toileting, while IADL can be instrumental activities related to daily life such as preparing a hot meal (cooking and serving), shopping for groceries, making telephone calls, helping with medications, doing work around the house or garden, managing money, such as paying bills and keeping track of expenses and getting around or finding an address in an unfamiliar place (Chauhan et al., 2022).

This help in simple but routine tasks may bring the caregiver and the care receiver closer, especially if the help given by the caregiver is appreciated by the care recipient. This allows the efforts of the caregiver to be acknowledged and approved of, thus allowing the caregiver to take some pride in their caregiving work.

While meta-analyses done by Dombestein, Norheim, and Lunde (2020) show that many caregivers experience caregiving burden and burnout, studies conducted in collectivistic societies, where filial piety and the care of elderly is a norm, show a lower percentage of caregiver burden and burnout (Awasthi & Awasthi, 2017).

In collectivistic societies, families live interdependently, and behavior is guided by norms, obligations, and duties (Triandis & Gelfand, 2012). Filial piety is not just taking care of an elder parent, looking after their material needs like providing them with financial support, but also respecting their beliefs and listening to their demands or advice (Li et al., 2021). This could be factored due to the culture of the society, or the religion that the caregivers and their families belong to.

Hence, it is also important to acknowledge the positive changes it brings to the caregiving relationship between the caregiver and the receiver. A scoping review study provides us with some insight into the optimistic side of providing and receiving care, such as the improvement in the health of the care recipient allows the caregiver to take pride in the caregiving, increasing their sense of self-efficacy, lower levels of stress and better relationship quality between the caregiver and the recipient (Lee & Li, 2021).

Simultaneously, there is an important body of research focusing on the negative consequences of informal caregiving. Many studies investigate the negative aspects of caregiving, such as negative emotions of anxiety, depression, or stress. Caregiver burden is the caregiver’s level of distress in several areas (caregiver health, psychological well-being, finances, social life, and the relationship between the caregiver and the recipient of care) as it relates to the caregiving situation (Zarit, Reever, & Bach-Peterson, 1980).

Among daughters-in-law of India who care for their in-laws, the lack of help and appreciation may lead to a breaking point within the caregiver (Dhar, 2012). This population then may experience caregiver burnout, mental health problems, or relationship problems within the family dynamics (Dhar, 2012). However, caregiving burden may be alleviated or lessened by acknowledgement, appreciation, or reciprocity of the caretaker's actions by the family members (Ugargol and Bailey, 2018).

Research done on caregiving may seem to exemplify the negative experiences of caregivers (Bastawrous, 2012). However, as each caregiving perspective is unique, and is shaped by the cultural context and time frame during which the experiences were recorded, it is important to cover all sides of the caregiving experience, including the motivation behind it.

To study the motivating factors behind caregiving, we can refer to the Self-Determination theory. According to Ryan and Deci's theory (2012), people can have autonomous or controlled motivation. While the former covers motivation that comes from the internal locus of control, the latter comes from an external factor. As autonomously motivated people present higher self-esteem and self-actualization than people with controlled motivation, experiences where people participate out of their own volition will be more enjoyable than experiences they were obliged to fulfill.

In the present study, we wonder whether caregiving experiences may be affected by the type of motivation experienced by the participants and attempt to explore their motivations to caregiving. Under the light of Howard et al. (2017)'s continuum of Self Determination Theory (Ryan & Deci, 2017), there are different types of extrinsic to intrinsic motivation based on the locus of causality or degree of internalization. External regulation is characterized by behaviors in which a person acts to obtain social or material rewards or avoid punishment with an external perceived locus of causality. Introjected regulation describes a situation in which a person will act to avoid personal feelings of guilt or shame, or to enhance self-esteem, also with an external locus of causality (Howard et al., 2017).

Identified regulation describes engaging in behaviors seen as personally meaningful, people may see their behavior as meaningful and in line with personal values and beliefs, meaning that this form of extrinsic motivation is moderately autonomously driven, with an internal perceived locus of causality. Integrated regulation characterizes a person whose engagement in a behavior is perceived as part of their identity, making it even more autonomously driven. Lastly, Intrinsic motivation is a completely autonomous form of motivation, with an internal locus of causality, and is characterized by behaviors engaged in out of interest and enjoyment for the activity (Howard et al., 2017).

1.2. Caregiving embedded within a cultural context

Caregiving is shaped by the values, norms, and expectations of the cultural context in which it occurs. These factors influence caregiving relationships, and ultimately the quality of the care provided (Meyer et al., 2021). In collectivist cultures, the concept of filial piety extends beyond taking care of one's own parents to encompass the broader elderly population, including extended family members, and even neighbors. Filial piety includes not only the provision of material assistance but also the cultivation of warmth, respect, good order, and harmony (Sung, 1995).

Collectivistic societies, such as those in India, rely more heavily on family members to provide care for older adults (Pyke & Bengston, 1996), whereas individualistic societies (e.g., including those in Sweden, Liechtenstein, or Switzerland) utilize formal care services for the elderly (United Nations, Department of Economic and Social Affairs, 2023). This preference for informal versus formal caregiving is also shaped by whether a society is developed or developing, and the average financial capability of its citizens. Developing societies such as India often rely on family members to provide care, thereby alleviating the financial burden on the family (Thrush & Hyder, 2014).

1.2.1. Caregiving in the Indian Context

The proportion of older adults in India is rising, as 13.1% of India's total population will consist of people aged 65 years or above by 2031 (Ministry of Statistics and Programme Implementation, 2021). While improvement in modern medicine has prolonged life expectancies and reduced age specific death rates, health issues become a problem as healthcare access may not be accessible across the country (Banerjee, 2021). Many older Indians face chronic health issues, as well as disabilities that require full-time assistance and attention (International Institute for Population Sciences, 2020).

While most families rely on their members to fulfill this need, many families are now looking into old age homes as they relocate for economic migration (Rajasenan et al., 2016). However, with a population of 1.4 billion people, India only has 551 old age homes in the country which are supported by the government, highlighting a critical need for better infrastructure for accessible elderly palliative and hospice care (Government of India et al., 2021). The high costs associated with admission and maintenance render private old age homes a luxury which is only accessible to families belonging to higher socio-economic status (Agarwal & Bloom, 2022).

When socio-economic situations of the average Indian family are combined with the teachings from scriptures and religion, the responsibility of elderly care falls onto the family, with certain family members disproportionately shouldering this duty (Thrush & Hyder, 2014).

The strong patriarchal culture of India, interspersed with its collectivistic orientation reinforces the expectation that caregiving responsibilities will fall on the women of the family – wives, daughters, granddaughters, or daughters-in-law (Gupta & Pillai, 2012). Thus, caregiving is considered to be an inherently female task, which matches the reality, as more than half of all caregivers in the world are female (Anderson et al., 2013; Lee & Tang, 2015; Trivedi et al., 2014, Navaie-Waliser et al., 2002). Therefore, it is essential to explore the role of the informal caregiver, a duty and a role that is often placed unconsciously on the daughter-in-law in the Indian sociocultural context.

In the Indian context, the concept of filial piety resonates with *seva*, which refers to providing service and respect to the elderly, as reciprocity for the love, care, and guidance received by the child during their upbringing (Lamb, 2011; Sharma & Kemp, 2012). *Seva* is embedded within the broader Hindu philosophical framework along with concepts of *karma* and *dharma*, which are often considered inseparable (Sharma, 2000).

Karma, literally meaning ‘action,’ is understood not as an isolated event, but as a part of a continuum of actions linked to one’s past, present, and future lives. Actions from a past life affect one’s current circumstance, and the actions one takes in the present determine their future, reinforcing the concept of reincarnation in Hindu philosophy. As one participant in the study stated, ‘one reaps what one sows.’

Dharma is often translated to ‘religion,’ it encompasses broader meanings, such as righteousness, entitlement, and moral and cosmic duty (Sharma, 2000). Certain duties are prescribed to specific social groups, such as *stridharma*, or the duties of a woman (Sharma, 2000).

The *Vishnu Smriti* is an important part of the Hindu text of the *Dharmasastra* that contains insightful and telling chapters about the roles and duties of women in ancient India (Muller, 1880). Written in the early 1600s, the text specifies the work of married women and indicates how women should always be under the supervision of men in her life – first with their father during childhood, second with the husband till his demise, and lastly with the son as a widow.

Although such ancient texts are not quoted in daily life, their lessons influence the way of living amongst Indians, creating unseen yet long-lasting impressions that cast shadows on every role in the society (Thakur, 2019).

1.3. Family Dynamics in India

As we can see from the concept of *seva*, family is a huge part of Indian culture. A family unit completely changes post marriage. While Western families typically consist of the couple and their children, Indian families typically are made up by the couple, the husband's parents, and any unmarried siblings of the husband (Mandelbaum, 1948).

If both the parents of the husband are alive, then the father (father-in-law) is considered the man of the house - any of his children living with him will be expected not only to look after him but also respect and listen to his advice. The mother of the husband (mother-in-law) may look after the overall household but will allot duties to the daughter-in-law such as cooking and/or cleaning (Chandrasekhar, 1954).

Any unmarried siblings of the husband are usually given fewer duties, especially if they are younger or students (Schlesinger, 196; Musun-Miller, 1993). They may be considered the youngest of the household, even if there are grandchildren in the family.

Marriages signify a transition in the family, marking the progression of the children into adulthood, and the parents entering their later stages of life. Once all the children are married, parents assume the roles of grandparents, parents-in-law, or both – all of which reshape family dynamics with their daughter-in-law, especially as she becomes their caregiver.

1.3.1. Daughters-in-Law in the Indian Household

Daughters-in-law in India have a complex place in the family. As a new bride leaving behind her maternal home and family, she is no longer considered her parents' daughter, and due to this, oftentimes parents do not seek help for elder care from their daughters as it is not 'right' (Negi, 2021). As the wife of the son, she is an integral part of the married family, however her background as an outsider places her away from the family related by blood.

The mother-in-law's approval of the daughter-in-law is integral to her acceptance in the family (Noreen & Sadiq, 2018). The nature of the marriage also sways the approval and attitudes towards the daughter-in-law; women who enter new houses after an arranged marriage may be more liked by the mother-in-law more as it is often the mother-in-law who chooses the bride to be (Sarkar & Rizzi, 2020).

1.4. Daughters-in-Law as Caregivers

Although *seva* or filial piety is considered to be the man's duty as a son of the family, it is more common to see the daughter-in-law taking up the bulk of caretaking for the elder parents (Gupta et al., 2009). This may be due to the daughter-in-law not working or having less stress

at work than her husband, but often it is considered to be the duty of the daughter-in-law to look after household affairs (Negi, 2021).

The husband and wife are also considered one singular unit so the daughter-in-law becoming the caretaker automatically implies that the husband is also a 'caregiver' (Datta et al., 2003). Caregiving here may refer to looking after children, or elderly family members. The daughter-in-law may receive some help from the domestic workers, or the mother-in-law, or extended family members (Ugargol and Bailey, 2018). The duty of caregiving may be unavoidable, as many employed daughters-in-law still perform caregiving tasks in the family. Their mothers-in-law may provide extra help in domestic work, reducing the labor for the daughter-in-law, or instead, the mother-in-law may double down on her daughter-in-law for straying from traditional norms, and give even more household workload as subtle punishment (Jayaraman & Khan, 2023). As the present study delves deeper into the intersection between daughters-in-law and caregivers, the Caregiver Identity theory (Montgomery & Kosloski,2015) is useful as a theoretical underpinning of the present research. The theoretical framework put forward that each person that becomes a caregiver is influenced by their cultural background and familial experiences. The idea that 'no caregiving role is the same can be applied to this study to see each individual caregiver's different perspective about their roles, tasks, and duty, not only as a caregiver but also as a daughter-in-law.

This theoretical framework has three main premises that come out of the caregiving experience: 1) acquisition of the caregiving role, 2) caregiving as a dynamic process, 3) identity changed as experienced by the caregiver. Hence, becoming a caregiver is shaped by the cultural variations affecting the process of accepting the role of a caregiver and who is expected to fulfil said role (Montgomery & Kosloski, 2015). Therefore, the caregiving process is expected to be an interaction between the individual characteristics of the person who becomes a caregiver, and their cultural context and family dynamics which also influenced their acquisition of the caregiver role and ultimately altered the identity of the caregiver as the caregiving experience went on.

1.5. Research Gap and Present Study

Literature on caregiving has expanded considerably over the past decades and the current research landscape is on caregiving experiences, caregiver burden and burnout, and the role of gender on caregivers. However, research in the Indian context is limited compared to that produced in the Western context. Studying this context is important because daughters-in-law

make up a significant population in the Indian household, and manage several responsibilities, which are also understudied.

Although research on informal caregivers is growing, studies often combine the different family members as caregivers together, which hides the unique subtypes, such as the daughters-in-law. While daughters-in-law may make up a smaller section of caregivers in the Western countries due to their individualist societies, the prevalence of daughters-in-law as caregivers in Indian cultures has been ever present. Still, there is limited research conducted on Indian daughters-in-law and their experiences, feelings, and their relationships with their family members.

The present study aims to shed a light on the lives of Indian daughters-in-law who may have never had the chance to properly address their roles as a caregiver, as this role may have been hidden under their role of a daughter-in-law. It explores the lived experiences of Indian women who navigate the dual role of a caregiver and a daughter-in-law to their parents-in-law.

The three research questions that informed the present study included:

1. What are the experiences of Indian daughters-in-law who are caregivers in their married families?
2. How is caregiving perceived by these women – as a duty bound by society, or an act of love or devotion for the family they married into?
3. Does the relationship between the caregiver and her in-laws change, or stay the same?

CHAPTER 2: Methodology

2.1. Qualitative approach and research paradigm

The present study focused on the lived experiences of Indian daughters-in-law who were undertaking the role of a caregiver for their parents-in-law. Reflexive thematic analysis (TA) was used to analyze the data (Braun & Clarke, 2022).

Reflexive thematic analysis embraces the researcher's background as a tool to analyze data rather than a roadblock that should be avoided to achieve positivism. While positivism values objectivity and dogmatism, reflexive analysis or 'Big Q' is steeped in subjectivity and acknowledges the relationship between the researcher and the data. Reflexivity is essential in Braun and Clarke's method to analyze the content of the data, as each researcher's context and bias distinctly shapes the development of themes.

2.2. Researcher characteristics and reflexivity

The primary researcher identified as an Indian cis-woman in her 20s with a background in psychology and originated from similar cultural and socio-economical context as the participants. Being a North Indian female made the researcher an insider researcher of the population, however the difference in marital and caregiving status simultaneously made her an outsider researcher. This dual position allowed the primary researcher to approach the topic with empathy and cultural understanding, while avoiding over-identification with the participants' experiences.

The remaining research team consisted of one woman of European Portuguese origin, and two American women of Indian origin. The diversity in the research team allowed the coding and analysis to have an outsider perspective (unfamiliarity with Indian culture), and insider perspective (familiarity with Indian culture). Background and cultural differences were thoroughly discussed amongst the team to ensure cultural understanding.

The lack of research on daughters-in-law as informal caregivers in the Indian context motivated the primary researcher to conduct this study. Being aware of the duties and responsibilities associated with the role of daughter-in-law, the researcher's positionality may have influenced the research process, by being cognizant of cultural nuances, such as the implicit hierarchies within joint family settings.

To address this, the researcher employed the use of reflexive journalling and engaged in thorough discussions with the research team to ensure the study examined the perspectives of the participants, and not the bias and knowledge of the researcher (Palaganas et al., 2017).

2.3. Sampling strategy

Snowball sampling, a type of convenience sampling method where the researcher asks the first few participants to assist in recruiting more people from the desired population, was used to recruit participants. This sampling method allowed the researcher access to homogenous populations with specific characteristics, such as daughters-in-law as caregivers for this study (Naderifar et al., 2017).

Community members (such as teachers, nurses, leaders of women committees and kitty parties) who had frequent access to women adhering to the criteria were asked to spread the word using group chats on WhatsApp, while social media platforms frequented by ideal candidates, such Facebook were also used to recruit participants (Singh & Sinha, 2021).

Eligible participants were Indian women, who were daughters-in-law co-residing with their parents-in-law, and acting as their caregiver. During recruitment, eleven women agreed to participate in the study. However, two potential candidates were preoccupied with caregiving tasks and thus were unable to participate, while one participant did not respond to any scheduling messages. Ultimately, eight participants completed the study.

2.4. Participants and their Context

As the study aimed to provide an in-depth analysis of the lived experiences of Indian female caregivers who were also daughters-in-law in the household, all eight participants were Indian women who were acting as informal caregivers for their families, or who had previously been providing informal care to her in-laws prior to their passing. The demographics of the participants are listed in Table 1.

All participants came from the Northern region of India, which included states such as Himachal Pradesh, Uttar Pradesh, and Delhi, and were living with their husband's family – which included the parents-in-law. Participants represented different ethnic backgrounds, and some had settled in different cities away from their hometowns. The ages of the participants ranged from 40 to 51 (M=45.1).

While all participants had children, they belonged to various age groups. Most had teenagers in their last years of high school or early years of college, but some participants were mothers to primary school children as well.

Although all the participants were employed at some point, four participants (50% of the sample) were employed during the time of the interview. Of these four, two were domestic workers, one worked in finance, and one managed her family business. Based on

their education and employment status, six of the participants belonged to middle or upper-middle class, while the other two came from a lower socio-economic background.

Five participants were informal caregivers for their mothers-in-law, while the other three participants were informal caregivers for both parents-in-law.

Table 1

Demographics of the Participants

Participant ID	Age	Education	Employment	Caregiver for
A	41	Masters in Finance	Employed	Mother-in-law
B	45	Masters in IT	Unemployed	Mother-in-law
C	40	High-school dropout	Employed	Mother-in-law
D	51	MBA	Unemployed	Mother-in-law, Father-in-law
E	49	BA	Unemployed	Mother-in-law
F	42	MA	Unemployed	Mother-in-law, Father-in-law
G	50	MA	Employed	Mother-in-law, Father-in-law
H	43	High-school dropout	Employed	Mother-in-law

2.5. Ethical Issues Pertaining to Human Subjects

All participants were asked to fill in the Informed Consent Forms before starting the interview, which can be found in Appendix A. After the conclusion of the interview, all participants were given a Debriefing Guide (Appendix B) that explained the aim of the interview and the thesis, contact details of the researcher and supervisors, and provided resources for mental health support if required.

To ensure anonymity of the participants, all recognizable data were given pseudonyms or initialized to avoid any potential recognition. All interviews were titled by alphabetical order, according to the chronological conduction and their age.

The study was ethically screened and approved by the Specialized Ethics Committee of Psychology of ISCTE – IUL (project number: PSI_74/2025) in January 2025.

2.6. Data Collection Methods and Instruments

Interviews were conducted face-to-face for three participants, while the remaining five were conducted using the online/virtual Google Meet platform. The language of interviews was either English or Hindi, depending on the preference of the participant, as the primary researcher was fluent in both the languages and conducted the interviews. The interviews were conducted between March to June 2025.

A semi-structured interview guide (Appendix C) allowed the primary researcher to cover a set of questions to help answer the research questions, while remaining open for probes, follow-up questions, and comments (Potter & Hepburn, 2005).

The semi-structured interview consisted of 22 questions and nine follow-up questions which were divided into five sections.

The first section collected demographic information about the participants, including age, educational background, and employment status (e.g., "What is the highest level of education you have completed? What area of study did you choose?").

The second section asked the participants about their maiden family, their married family, and current living conditions. Questions in the second section included "Tell me about your family life before marriage. How is it similar, and different, from your family life after marriage?" and "Tell me about your family relationships and interactions."

The third section addressed the caregiving role of the daughters-in-law, including questions that asked participants who were they looking after, how long had they been caregiving for, their support systems, experiences, and their duties (e.g., "Could you briefly describe the tasks you assist the family member with?").

The fourth section asked the participants about their self-care behaviors (e.g., "What habits help you look after yourself?") followed up with two questions, "Any physical activities (such as exercising, walking or yoga)?" and "Any emotionally cathartic activities (such as journalling, meditation?").

The last section wrapped up the interview, asking the participants to look back at their experience of being a caregiver and asking them about their caregiving expectations from their children (e.g., "After having been a caretaker, how do you feel about asking your children in the future to fulfil the same role and duties?"). This section also provided an opportunity for the participants to comment on the interview or ask any questions to the researcher (e.g., "Would you like to add something or make any question?").

The interviews lasted between 60 – 90 minutes (Avg = 89.75 mins). All interviews were audio-recorded on a mobile phone. Interviews were then transcribed by the primary researcher.

Among those interviews conducted in Hindi (N = 7), the transcribed interviews were translated to English by the bilingual primary researcher. Each interview was transcribed shortly after it was conducted, which allowed the researcher to begin the process of familiarization with the data. All participant details from the interviews were anonymized and pseudonyms to maintain participant confidentiality. Verbatim transcription was completed to preserve all the information provided by the participants, with some edits to provide clarity and grammar in English.

2.7. Data Processing and Analysis

Reflexive thematic analysis was used to interpret the data and generate themes, following the six steps defined by Braun and Clarke (2021): familiarization with the dataset, coding, the generation of initial themes, development and reviewing of themes, reviewing, defining and finalization of themes, and writing up of the analysis.

The primary researcher led the data analysis process, in collaboration with the research team, who provided feedback and constructive comments during team discussions. The primary researcher familiarized themselves with the data during interview transcriptions and then read the interviews twice to gain further understanding. The research team also read the interviews before codebook generation began.

After familiarizing oneself with the dataset, the primary researcher generated a codebook keeping in mind the interview transcriptions. A codebook is a compilation of codes and sub-codes, their descriptions, and an example for reference. A code is often a word or short phrase that symbolically assigns a summative attribute for a portion of language-based data (Saldana, 2025).

After the codebook was developed, it was revised six times with the help of the research team, which eased the process of theme formation later during data analysis. Inter-rater reliability was established by having all the coders collectively code an interview until consensus on how to apply the codes was achieved. The codebook can be referred to in Appendix D.

All interview transcripts were then coded accordingly using the final codebook. While the first interview was coded as a group to ensure consensus in data coding, subsequent coding of the interview transcriptions was divided amongst the research team. Two members of the team handled two transcriptions each, while the primary researcher coded three interviews. The fourth member of the team incorporated all coded interviews into the qualitative analysis software NVivo, while offering additional comment.

After the coding of all interviews was finalized, the primary researcher took an inductive approach for the development and revision of themes and sub-themes to answer the three research questions:

1. What are the experiences of Indian daughters-in-law who are caregivers in their married families?
2. How is caregiving perceived by these women – as a duty bound by society, or an act of love or devotion for the family they married into?
3. Does the relationship between the caregiver and her in-laws change, or stay the same?

Discussions with the research team helped finalize the content of the themes and sub-themes. Excerpts from the interviews for specific codes and themes were noted, before the primary researcher finished the analysis.

A reflexive journal was maintained by the primary researcher throughout the data analysis, for better interpretation of data by providing reflection to the primary researcher's pre-existing knowledge and assumptions (Braun & Clarke, 2021). The primary researcher's familiarity with Indian culture, including the traditions, gender norms and expectations experienced by married women were kept in mind. As participants knew that the primary researcher was an insider member of the population, they had responded to the interview questions with a sense of familiarity and comfort. The researcher thus ensured to explain the context the participants had been referring to.

CHAPTER 3: Results

The present study attempted to explore the lived experiences of Indian daughters-in-law who are acting as caregivers for their parents-in-law. Three research questions were created for better research:

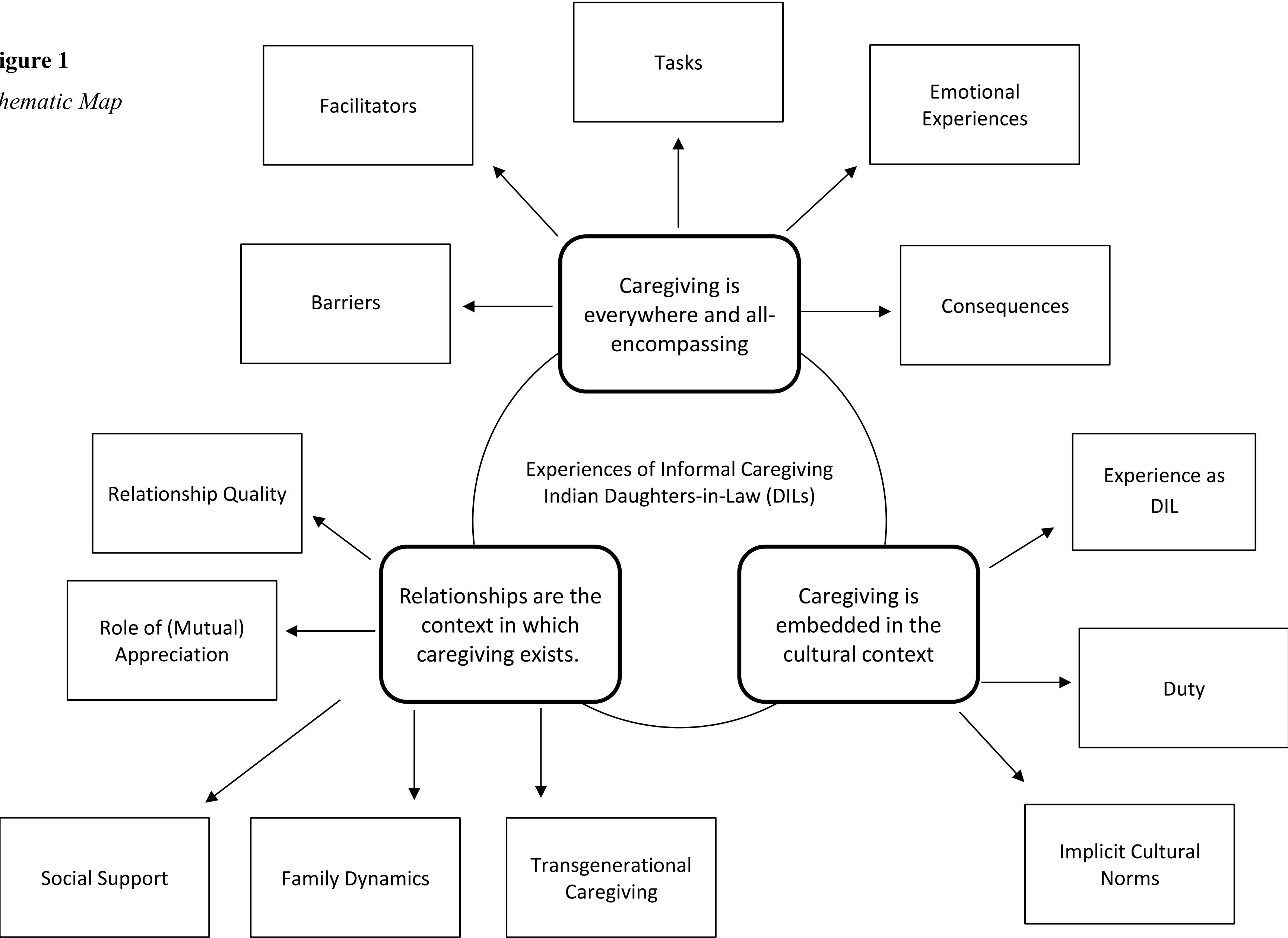
1. What are the experiences of Indian daughters-in-law who are caregivers in their married families?
2. How is caregiving perceived by these women – as a duty bound by society, or an act of love or devotion for the family they married into?
3. Does the relationship between the caregiver and her in-laws change, or stay the same?

Three themes and fifteen sub-themes were developed from the data: 1) Caregiving is everywhere and all-encompassing, which consisted of five sub-themes, 1.1) The Emotions of Caregiving, 1.2) Instrumental Tasks Performed by the Caregiver, 1.3) Emotional Support Provided by the Caregiver, 1.4) Expectations from being a Daughter-in-Law, and 1.5) Looking After Herself; 2) Caregiving is embedded in the cultural context, which was made up of four sub-themes, 2.1) Family Dynamics, and the Caregiver's Household, 2.2) Gender Norms 2.3) Motivation Behind Her Caregiving 2.4) The Caregiver's Future, and the Next Generation of Caregiving; 3) Relationships are the context in which caregiving exists, which had six sub-themes, 3.1) The Relationship With the Mother-in-Law 3.2) The Friendly Facet of the Father-in-Law 3.3) Assistance from Other Family Members, 3.4) Caregiving Help from the Outside, 3.5) Children in a Caregiving Household, 3.6) A Few Kind Words Go a Long Way.

A thematic map is given below to demonstrate the interrelatedness of the themes and sub-themes developed for the study (Figure 1).

Figure 1

Thematic Map



3.1. Caregiving is everywhere and all-encompassing

The first theme covered the all-encompassing nature of caregiving in the lives of the participants, and attempted to answer the first research question, 'What are the experiences of Indian daughters-in-law who are caregivers in their married families?' The narratives of the participants described caregiving as being ever-present in their daily lives.

Many participants attempted to juggle the tasks of a wife, a mother, a daughter-in-law, and a caregiver, roles which often overlapped, and found it difficult to quantify the time taken up by their caregiving. As Participant B (41 years old) attempted to quantify the time spent on caregiving alone,

> "On any average day, so I would say extra, it would take about two hours or so. In a day, I would say extra work, which I was always doing, is a different kind of thing. Added work which you would say would take two hours a day, so an average in a week, 14 hours."

Others appeared to underestimate the time spent caregiving, as indicated by the discrepancies between time and tasks described, such Participant E (49 years old),

> "Maybe around 30 minutes? I had to make sure she finished up all the medicine, once in the morning and once in the evening. So, total of one hour. I would apply the apparatus and then would work around the house, checking up on her every few minutes to make sure nothing moved, and the medicine was being administered properly. After that I would take the apparatus and clean it up and put it away."

Despite receiving several clarifications about caregiving tasks being separate, many participants stated that their everyday tasks were indistinguishable from those of being a caregiver.

This first theme encompasses the following sub-themes:

3.1.1. Emotions Surrounding Caregiving

This sub-theme explored the emotions experienced by the participants caused by caregiving. As caregiving was intertwined with other daily tasks performed by the participants, the emotions they experienced due to caregiving may have also affected their broader emotions experienced in daily life.

The overall feeling towards caregiving experiences varied for participants, with responses ranging from negative to positive emotions. Positive experiences included emotions of enjoyment, satisfaction, and pride, such as Participant F (42 years old) who stated,

"Personally, I also like to take care of people, so I really enjoyed caregiving. I liked it a lot, and I thought that God had given me this chance to take care and provide for my in-laws, so I was really happy."

Similarly, there were some participants who were completely happy with their choice of becoming a caregiver for their in-laws. For these women, caregiving was something they enjoyed doing, which made it easier for them to endure difficult situations with a positive outlook. As Participant C (40 years old) said, "I feel very good inside. Taking care of them and serving them - serving anyone makes me feel very good. I really enjoy it."

Negative experiences for the participants included feelings of empathy as they watched a family member suffer. Participant G (50 years old) shared, "I did not like watching them (participants' parents-in-law) in pain. If someone goes away from this world, I want them to go without any pain. It hurts to watch them be hurt."

Some participants expressed feeling tired from performing instrumental tasks along with providing emotional support for the care recipients, such as Participant B (45 years old),

"But emotionally it becomes very draining. That is one thing like. if they are feeling low, or if they are not understanding something, to sit with them it's okay. But repeatedly when you have to do it, it becomes very taxing."

Finally, a few participants were more impartial in their responses about their experiences, as they may have perceived caregiving as an obligation to carry out for their family. As demonstrated by Participant H (43 years old) who responded, "I don't find any difficulties in looking after her when she falls sick. It's all fine. There is nothing that hard. I mean, she is family after all; these are things we just have to do."

3.1.2. Instrumental Tasks Performed by the Caregiver

This sub-theme explored the participants' undertaking of instrumental tasks, particularly how often they overlapped with their daily household chores, showcasing how caregiving was interconnected to several aspects of their daily lives.

Most participants were responsible for the daily meal preparation of not only the unwell parent(s)-in-law, but also the whole family. Depending on the condition of the unwell person, the participant may have been preparing two separate meals – a milder dish prepped according to the doctor's recommendation for the unwell parent(s)-in-law, and seasoned meals for the other family members. Participant B (45 years old) explained:

"Even with food, she was unable to eat so a lot of things so I used to give her 10 kinds of options that I'll cook something and we'll try something, one bite of a thing, and it was a journey."

However, many unwell parent(s)-in-law would complain upon the diet restrictions placed upon them. As a daughter-in-law, the participants had to juggle the food restrictions with the satisfaction of the unwell parent(s)-in-law, not wanting them to be unhappy with their caregiving treatment. In Participant G's (50 years old) case, she would adhere to the diet prescribed by the doctor, but would occasionally humor her mother-in-law's cravings.

"I would give her oatmeal, porridge, easy things to digest. She did not like that at all, she would get annoyed… She had constipation so her diet was restrictive but she would ask me to make it for her. I would feel bad and end up making a small parantha to satiate her want."

In Participant B's (45 years old) case, her mother-in-law refused to make the change from white processed bread to healthier whole wheat alternative, "…now no one eats that white bread, but my mother-in-law is so adamant that we will have to order that white bread for her."

Apart from the daily food prep and adherence to the required diet, almost all participants were assisting their parent(s)-in-law with many tasks that could be classified as activities of daily living (ADL) such as assisting them in bathing, or instrumental activities of daily living (IADL) such as assisting the parents-in-law with their medication.

Only a few of the participants assisted their parents-in-law with ADL during periods of acute illness or physical weakness. Most parent(s)-in-law were healthy enough to manage self-care tasks themselves. As Participant C (40 years old) recalled helping her mother-in-law,

> "And then bathing her. (I) Would treat my mother-in-law like a baby. (I) Would stay close to her as she bathed so I could scrub her back, oil her hair, and soap her up. I would bring her clothes after shower…Mother-in-law broke her leg so I had to help her pee too."

However, with IADL, the participants' contributions are different. Most participants were expected to take up responsibilities of the household after they get married; thus, they took up the responsibilities in the kitchen as soon as they entered the family.

In some participant's situations, they assisted their parents-in-law with financial issues such as visits to the banks. Participant F (42 years old) joked about transforming into her mother-in-law's assistant as she described,

"…because my mother-in-law was too weak. So, my mother-in-law, I would ask her if she needed to get any work done for money. Then I'd go to her bank, withdraw money, get the work done…So, in a way, my mother-in-law made me her secretary. I was her personal secretary, and my mother-in-law made me do all her work."

All participants were involved with the medication intake of the unwell parent(s)-in-law. In some cases, only the participant knew the exact medication prescribed by the doctor, and thus her presence was essential for any instances of hospitalization, as described by Participant G (50 years old),

"I suggested that the mother-in-law go for support but my brother-in-law insisted I come since I was the only one who knew the medication and his (participant's father-in-law's) schedule. Then we had him admitted to the hospital – I would stay with my father-in-law during the day and my brother-in-law would stay the nights."

3.1.3. Emotional Support Provided by the Caregiver

Aside from instrumental caregiving tasks, many participants also provided emotional support to their unwell parent(s)-in-law. Ensuring emotional comfort and attention to the care recipient demonstrated how participants in the study were providing a holistic caregiving experience.

Some often set aside time to sit down with their parent(s)-in-law to fulfill their need for emotional comfort and attention, as Participant B (45 years old) explained, "And then half an hour is the time when I sit with them - my in-laws, and I chat with them. And because, as I said, they need that kind of emotional support or, they need time."

While some participants seemed more comfortable providing emotional support to their parents-in-law, other participants were troubled by their demands, such as in Participant H's (42 years old) case,

"The only thing she would specifically ask from me is that I sit with her when she eats. Everything else everyone can help her with; she might even do it herself. But she often asks for me to serve her food and then sit with her while she eats."

3.1.4. Expectations from Being a Daughter-In-Law

The sub-theme explored the responsibilities and duties the participants were supposed to uphold as daughters-in-law. As married women, the participants managed their caregiving tasks with their everyday chores of managing a house as both were interconnected to their role of being a daughter-in-law.

After getting married and joining a new family, many participants were expected to take up household chores – either by working in tandem with the mother-in-law to alleviate her burden, or by completely taking over the manual work to allow the mother-in-law to relax. This was illustrated by Participant G (50-years-old) as she described her instant adaptation to her duties as a daughter-in-law:

> "I also took over the kitchen. She had never been interested in handling food so after I came in, I took over immediately. Everything I would do on my own. She guided me, told me the habits and preferences of the family, helped me, but I did everything."

Hence, the participants would be expected to handle the cleaning and cooking of house, the supervising of the domestic help, childcare and other chores depending on the family. A quote from Participant A (41 years old) when asked to define how much time she spends caregiving for her mother-in-law highlights the overlap between the roles of a wife, a mother, a daughter-in-law, and a caregiver.

> "I cannot tell you this time. There is no time limit. I cannot say if it is like one or two hours every day. I cannot tell you because there are days when…uh…that some food is being made separately maybe an hour then? It's not on a daily basis. She eats whatever everyone is eating. She eats everything. So, I wouldn't say that every day I have to dedicate two hours to her or something. So yeah. I cannot tell you the exact time actually… for her every day. Maybe…I cannot tell you. This is what. Sometimes, washing clothes. It's not like we wash clothes by hand but still using the machine, drying them, ironing, all of these. These are all weekly tasks. Washing the clothes, making the food…I would say half an hour? I would say half an hour. To do the food, clothes, physio. Maybe not correct actually."

The participants were engrossed by their tasks – helping their children, giving the correct medication to their parent(s)-in-law, hosting guests over who are coming over to see the unwell parent(s)-in-law, or simply planning the next meal.

The mental load of planning everyday activities and the physical weight of carrying out the planned tasks leave very little time for the participant. As Participant C (40 years old) explained, "Household chores would never end and people would keep visiting, so my brain was fried."

3.1.5. Looking after Herself

As caregivers, the well-being of the participants is essential for the caregiving experience to be successful. The present sub-theme covered how the external help received by the participants affected the caregiving experience, and how their caregiving experience influenced their habits and routine they allocated for self-care.

Some participants found solace in the presence of their preferred god, having some mental peace where they could recollect their thoughts (such as Participant C, 40 years old) or engaged in hobbies that supported their habit of worship (such as Participant F, 42 years old).

> "At my old maiden house, there is a temple made in honor of Durga Mata. And I always want to…sometimes when we visit the temple I don't feel like leaving. There is a lot of attachment to that temple. I don't think of her as a god, to me, she is a mother – like my mother. So, when I visit her temple, I feel like I'm home… I told them (participant's family) that I am not coming back home with them, I want to stay in the temple. I enjoy being there so much – there is so much peace here."

> "I do it (gardening). Not a lot. Just enough so I have flowers for my worshiping. Anything seasonal too. I have all the flowers needed for worshiping. My routine starts with God."

Others found strength and resilience to persevere during tough times by communicating with their gods. This belief in God could be perceived as a facilitator in their caregiving experience, helping the participants keep on going despite the strain faced by them.

> "I would talk to my gods a lot. I would make a mental list of all the temples I would visit with my family after I recover. And I did. I thanked all the gods for their assistance because who knows otherwise my picture would be up on the wall with a garland on it (in India, deceased people's portraits are hung on walls or placed on shelves with a flower garland placed on it)"

More than half of the participants were engaged in moderate physical exercise such yoga, or walking with their friends, while a few participants engaged in other hobbies that allowed them time for themselves, such as Participant A who called gardening her stress-buster,

> "Recently, a new hobby I really am loving and that I see as a stress buster is my plants. I have gotten into plants since the last 2-3 years. I enjoy propagating them, watering them, cutting them. I do that at night too. I really like that you know…I can call this my stress buster."

Some participants shared that they had paused their hobbies such as exercise to focus on caregiving. Many participants did not have the luxury to pursue their old hobbies or try out new activities.

While the blame of not pursuing hobbies cannot be put entirely on caregiving, participants admitted that becoming a caregiver was one of the factors. They either completely ignored their own self-care behaviors, or reduced the time spent on themselves, in the cases of Participant G (50 years old) and Participant D (51 years old):

“I come a little late to the hotel, but in the mornings, I go for a walk. I also try to do yoga. I had left all of these things in the middle, you know, because of the caretaking, but now I’m trying to restart.”

“So, when you are looking after them, during that time, your schedule completely changes, whatever me time you had, time for yourself - to laze around - all of that vanishes. you wake up in the morning at 8 and you start your routine immediately. You don’t have time to take a bath. You have to prepare things. You have to look after them. All of those things disappear.”

As self-care time was traded to focus more on caregiving, all participants were asked about considering hiring outside help to assist in caregiving. Hiring outside help also enabled them to look after themselves, as some participants.

Caregiving, daily life, aging, caused the participants to neglect self-caring behaviors, which all together caused changes within the caregiver. The negative consequences of being a caregiver were described in tandem with the expectations and duties of being a daughter-in-law and a mother, all of which were related to feelings of exhaustion or burden and were associated with a detriment to physical well-being.

For Participant C (40 years old), the changes were physical, “After looking after them day and night, there have been changes in my body. My knees hurt a lot now.”

3.2. Caregiving is embedded in the cultural context

The second emergent theme supported the importance of understanding the cultural context of caregiving, as Indian culture was described to be influential to the caregiving experience, thereby also exploring the second research question, ‘How is caregiving perceived by these women – as a duty bound by society, or an act of love or devotion for the family they married into?’

This theme was reinforced by participants’ acknowledgement of the influence of cultural factors such as religion and traditions, in the context of caregiving. This theme encompasses the following sub-themes:

3.2.1. Family Dynamics and the Caregiver’s Household

Consistent with literature on Indian families, joint family living arrangements were the norm for the participants in the study. Many participants grew up in joint family settings and were already residing with their parent(s)-in-laws when the additional role of caregiver was placed

on them. The present sub-theme explored influence of family dynamics on the caregiving experience of the participants.

The central authority within the family unit varied across households, with either the mother-in-law, or the father-in-law fulfilling the head role. This dynamic was visible in Participant D's (51 years old) family, where her mother-in-law had a more commanding presence, "My father-in-law actually does not have a say in my family. If she (participant's mother-in-law) says you sit, he will sit."

Participants were asked to use a family tree to further elaborate on family dynamics and hierarchy. While most participants placed themselves at the center, Participant F (42 years old) positioned her father-in-law to be the focal point, affirming his presence as the core of her family unit, "I would always consider my father-in-law to be the center of the family tree – my family and I would be his branches."

The decision to live with one's in-laws was varied amongst the participants, as a joint family living arrangement was simultaneously described as agreeable and disagreeable by them. Participants who viewed it as agreeable lived with their in-laws voluntarily, as they received emotional and spiritual guidance from the elderly family members, which came from their wisdom and experience. For example, Participant G (50 years-old) said:

> "But I made the conscious decision to raise my sons with their grandparents so that they can get the same manners and culture. Children raised with their grandparents are different – there is a change. So, I consciously chose to move away from a city and come back home, so I could raise my kids with their grandparents. I wanted the kids to have that experience. Grandparents also guide you."

A few participants believed that living with older family members provided guidance to a newly married couple, as Participant D (51 years old) explained, "Your generation may not understand this but I feel that in the initial stages of your marriage, you should live with the (husband's) family…You will learn a lot. And after learning, you will know the way of managing things."

Some participants were not provided with a choice in their living arrangement, whether due to the parents-in-law's preference, or family circumstances such as having only one living parent-in-law. In Participant B's (45 years old) case, "No, so that was probably the sad part. I did not have a say in that. So that was a discussion, maybe an unsaid discussion."

But for others, such as Participant A (41 years old), the idea of living with their mother-in-law was present from the inception of her marriage.

"So, from the beginning, I started thinking that my family included my mother-in-law…Now I cannot even imagine without her being a family and living together because since beginning – from my first year of marriage we are all together."

This pattern of the mother-in-law living with her daughter-in-law was attributed to a few reasons. Some parent(s)-in-law had been living with their sons prior to his marriage, and thus continued the living arrangement, with the daughter-in-law joining the family; whereas others moved in with their son and daughter-in-law post marriage. The latter is described by Participant B (45-years-old):

"…my mother-in-law always felt that she had to stay with the children. So initially her thought was such, but it changed. So that is what also caused a problem for me. Because I had married with the mindset that maybe we would be staying separate. That is what they had assumed, and they had thought… I did not have a say in that. So that was a discussion, maybe an unsaid discussion… And so, I think I did not have a say. That wasn't discussed with me. So, I realized gradually that this is it. This is our living situation now."

In a few cases, participants resided with their sisters-in-law until the sibling of the participant's husband moved out of the family home, such as in Participant F's (42 years old) case, "…my second sister-in-law, we both used to live together, so we both used to live like sisters - then later she went away a little bit."

3.2.2. Gender Norms and the Daughter-in-Law

Participants in the study were married Indian women who were daughters-in-law and caregivers. This sub-theme explored the expectations of work and duty that are attached to these two roles by the Indian society, and how the participants navigated through these expected gender norms.

The traditional expectation of women being stay-at-home wives was subverted by the participants, as half of the caregivers were employed at the time of the interview, and the other participants had been employed in the past, showing the change of roles for women in modern day India. However, all participants were expected to fulfill the roles of a dutiful wife, mother, daughter-in-law, and caregiver, regardless of their employment status.

"Look, sometimes I feel frustrated in the way that 'I don't feel like doing it.' There does come a time when I feel like this because I am full-time working, I have a small son who doesn't sleep at night, and my job at this point is mentally exhaust- I feel mentally exhausted from my job."

Unemployed participants quit the work force to focus on family, w care, while some left to focus on the family. However, lack of employment did not indicate a dislike to working. These participants were still inclined on joining the workforce, or starting their own small business. As Participant B (45 years old) expressed her feelings, “As I told you, there is this feeling of remorse, ‘Why did I leave (my job)?’ Probably if I would not have quit, I would be doing something, because I wanted to go back.”

While this traditional belief was not reflected by the participants’ opinions on marriage or domestic labor, their division in responsibilities was a subtle indication that the gender divide between the husband and the wife was still present.

> “It is put on one gender - that is absolutely correct. It should be split. I don’t know about other households, but generally, it is the lady who takes all the burden. Like I would talk about my case. What I feel is that I am expected to do a lot of things which my husband is not expected to do. And if I do it hundred times but miss it even once, then it is spoken about. But he doesn’t do anything. And when he does one time, then it’s like ‘wow very well done.’ People would clap for him.”

Participants were also expected pass on gender norms by teaching their daughters how to handle household work. In Participant H’s (43 years old) household, extended family members would comment on her daughters’ non-adherence to gender norms,

> “And when I get to work myself, they (the participant’s in-laws) say that my daughters are grown and I am not teaching them any household responsibilities. They say that since they will get married too one day they should also be working so that they can learn. but they will only learn if they want to. And they do know how to work. I have taught them, but they just don’t want to cook. They don’t enjoy it. But my other family members keep telling me that I am not teaching the girls anything…they keep repeating that.”

However, some participants in the study wished to break the traditional norms and raise their children more equally, ensuring that their children would learn how to live alone and manage a household regardless of their gender.

> “Even kids… I even trained my sons to do household chores. I tell them that it is not a woman’s job to do the dishes – when it’s time to eat, everyone eats, so when it’s time to clean, everyone cleans too. I make all three kids work at home – it is equal for them all. I don’t let the boys just sit around while my daughter helps me in household chores. I make the boys sweep floors, and when I go to work, I tell them to look after the cows – feeding them, milking them. But my daughter still does the most work after I leave for work. But I try my best to make the siblings work together.”

3.2.3. The Motivation Behind Her Caregiving

As participants came from a culture where caregiving is a duty of the adult children of aging parents, it is important to explore how the external culture affects the caregiving experience in comparison to the participants who voluntarily accept the caregiver role. The current sub-theme attempted to explore these motivating factors which would affect the participants' caregiving experience, and whether their motivations came from an external or an internal source.

Some participants mentioned caregiving as a way to ensure good karma for themselves– a concept where good deeds in the present would lead to good future outcomes.

> "Good karma, absolutely. So, this is the way of ensuring that you have to stay happy in whatever situation you are. I try to analyze that, okay, there are certain things which I feel at times are missing in my life, but this is how I think and I balance it, it's fine at that time when I grow old, someone else will do it for me so why not I do it at this time."

Similarly, other participants were blessed by their in-laws to receive a dutiful daughter-in-law in the future as a reward for the participant's diligent caregiving.

> "Yes, they give me blessings. They say - they even used to say when we used to live together…they used to give blessings and say 'the way you have taken care of us the same way your daughter-in-law will look after you' and this is our blessing to you."

When asked about their motivations for caregiving, most participants did not have a clear-cut answer. It was visible that most had never thought about their personal motivations towards caregiving, viewing it as an obligation to fulfill.

When asked directly if they considered caregiving to be a duty, or an obligation, the responses varied. While some participants agreed that they became a caregiver for their in-laws because it was expected from them, some others mentioned giving care back to their parents' for raising them. As Participant G (50 years old) and Participant A (41 years old) explained, "From the beginning, they have done so much for us so it's only fair."

> "It's a duty. For me, it's a duty. Duty in the sense that she is completely dependent on us. For her here – the environment she was living, her friend circle, she has been completely removed from it and she did that for us. Just to stay with us."

Keeping the Indian context in mind, many participants came from joint family settings themselves, and had seen their own mothers act as caregivers for their mothers-in-law. The notion of 'family takes care of family' was another a motivator for the participants. As Participant D (51 years old) put it, "I don't consider it from my heart. I won't lie. I am not lying. We have seen and heard this (caregiving) all our lives."

However, a few participants derived joy and fulfillment by providing care for others and were happy to be caregivers for their family members. As Participant C (40 years old) revealed, "No, I have always enjoyed caregiving. From my childhood, it was my wish that I get a chance to take care of someone, like in-laws."

Across all participants, the motivation to take up the role of a caregiver varied, as some were influenced by their pre-existing role of a daughter-in-law to carry out their duty, while others were internally motivated by their personal enjoyment of serving their elders.

3.2.4. The Caregiver's Future, and the Next Generation of Caregivers

Having experienced the role of a caregiver, the present sub-theme asked the participants about their opinion on the future of transgenerational caregiving, and what expectations they had from their own children.

When asked about their children caregiving for them in the future, most of the participants did not have any expectations from them, however they hoped that the children would look after them by their own choice. As Participant C (40 years old) talked about her children, "If they want to help and look after me, great. If not, I will just try my best to look after myself as best as possible. Everything else, the kids will decide."

Almost all participants wished to be healthy enough in their old age to remain independent as long as possible, not wanting to burden their children with the responsibility as they had been by their in-laws.

Some participants talked about their future daughters-in-law, and if they would be willing to look after the participant in old age, believing that if the transgenerational lesson of caregiving had passed on, they (the future daughters-in-law) would agree to it. Participant D (51 years old) addressed both the issues,

> "The way my family members and society tied me down with responsibilities, I would not do that to my children. I would let them live the life they want to live. I would not want to put pressure on any of them to look after us. If they want to and they wish to, then that is great. But if they don't…they will do it on their own but how can we force someone to look after us? If the wife they choose is good, then she will do it on her own. I won't need to ask any of my sons for help."

While participants did not suggest co-residing with their children's spouses, many participants expressed their wish for their children to be near them.

> "My plan is that as soon as my son gets married, we will have like a separate living accommodation for him nearby, but we will live separately so that I don't rely on him, and we don't intrude on their personal time and space. With my daughter I want her to have as much freedom and choice as possible."

3.3. Relationships are the context in which caregiving exists.

The third theme described the relationships under which caregiving exists. As the present study explored the experiences of the Indian daughter-in-law as an informal caregiver for her in-laws, it is essential to keep in mind the relationship between the caregiver and the care recipient, as it also effected the caregiving quality provided by the caregiver. The final theme thus attempted to explore the final research question, 'Does the relationship between the caregiver and her in-laws change, or stay the same?'

While caregiving is a stressful endeavor, the contexts under which these participants were operating made things more complicated. The resilience of these women comes from not only their background and individual traits, but also the community that supports them. This variety in responses to emotional caregiving may also be explained by the prior relationship quality of the caregiver with her in-laws, which will be covered by the third theme. This theme encompasses the following sub-themes:

3.3.1. The Relationship with the Mother-In-Law

The most common care recipient of the present study were mothers-in-law, as all participants were acting (or acted) as caregivers for their mothers-in-law. As mothers-in-law were often the guiding member for the daughters-in-law, the current sub-theme explored the relationship between the two, and how it dictated other family dynamics.

The personalities of the mothers-in-law were described as complex, which impacted relationship quality. Participants described their mothers-in-law to be critical about their habits, or the way the participants carried out their tasks and duties, such as in Participant H's (43 years old) case, "She complains to her daughters about my way of doing things, but I don't think I'm doing anything wrong."

Despite their complaints, the participants also sympathized with their mothers-in-law, maintaining a neutral to positive outlook on their relationship. This silver lining outlook could be important for the participants to ensure no resentment or other negative feelings develop between the family members, which would cause disharmony in the family.

> “So, and after a certain one, when we know that we have to stay together, it’s better to be happy. Yeah. Rather than, crib about it and all. But I don’t need to prove it to anyone that I am a good person or, we get along very well. So that gets irritating.”

The act of caregiving brought a change in the relationship between the mothers-in-law and the participants. For many participants the change was positive, where the two became closer, especially during the caregiving period.

> “But after her cancer, she has developed faith in me. She knows and I feel a shift - from a daughter-in-law to a daughter…I get that feeling. Although, every day is not same, but I can feel that affection which has developed towards me. So, we are all the closer now than before.”

However, there were negative instances of strained relationships, which may have been caused due to the stressful situation of the illness, but also due pre-existing dynamics between the mother-in-law and the daughter-in-law. In Participant H’s (43 years old) case, the stress of her mother-in-law’s illness along with her preoccupation with employment caused a strain in their relationship, “…But she has many problems – she complains about small, small things again and again. As if she is tolerating many things while she lives with us.”

3.3.2. The Friendly Face of the Father-in-Law

The current sub-theme studied the varying dynamics with of the fathers-in-law with their daughters-in-law. While some participants acted as caregivers for their fathers-in-law, more than half of the participants co-resided with them as family but not as caregivers, thus making them a potential support system for their daughter-in-law.

Almost all participants reported having a positive relationship with their fathers-in-law, especially the three participants who were also their caregivers. These men were either the one half of the unwell parents-in-law, or the spouse to the sick mother-in-law. Co-residing fathers-in-law were often providing support to the participants, either instrumentally and/or financially.

> “My father-in-law, he was there. He also helped throughout this, and both of us were like a team. Acting together at the home front. providing the right kind of atmosphere, - the right one, because my husband would lose his cool at times…so both of us would manage everything me my father-in-law and I.”

Fathers-in-law also contradicted the mothers-in-law, providing active positive feedback and approval to the participants, which all of them appreciated.

> "My father-in-law really appreciated me. He considered me one of his daughters, even though he had three sons, he would think that I was one of his kids. He will always support me and he would never complain. He was always on my side. My mother-in-law would also sometimes appreciate me, but my father-in-law is always there for me."

3.3.3. Assistance from Other Family Members

The present sub-theme investigated the wider familial relationships near the participants and how these relationships shaped their caregiving experience. While the participants were the primary caregivers, some received help from their husbands, and others reported having a good dynamic with their sisters-in-law or brothers-in-law.

Participants reported positive relationships with their husbands. Most of the marriages were arranged by the family, and the participants had been selected by the mothers-in-law. While almost all husbands were employed, they provided some assistance to the participant and the family during caregiving experience, either through instrumental caregiving, financial or transportation aid.

> "So, my husband took care of all the medical doctors, and teaming up with the right kind of treatment, which has to be given and everything. So, he was taking care of all that and I was taking care of everything at home. During this is difficult treatment."

The husbands also provided emotional support to the participants if there was any argument in the family, which the participants were grateful for. It can be assumed that the husband's support alleviated the participant's caregiving stress and may have resolved any conflicts between the daughter-in-law and the parents-in-law.

> "…My husband supports me as much as possible – whether it is here with my in-laws or at my maiden house. He stands next to me always. He may not come with me but he will be my rock and ensure things are stable back home…"

While the husbands of the participants were mentioned to help with childcare, the younger children were still looked after by the caregiver. This could be due to all the husbands being employed; however, it does bring up the issue of mental load and the unfair distribution of responsibilities placed on the participant alone. For Participant H, "My husband would do the work when I would have to leave the house for some work or some visit, but then once I would be back, I would handle everything again."

While the study focuses on experiences of daughters-in-law, as the primary care receivers are the parents of the husband, it was interesting to see how much the son of the in-laws was involved in their parents' healthcare through the eyes of the participants. For some participants, such as Participant F (42 years old), their husbands worked out of town, and thus were not able to participate more. "My husband would go out of town for work at times…"

While for other participants, such as Participant B (45 years old), their husbands took a step back as they would get too involved and emotional while caregiving. "...because my husband would lose his cool at times…so both of us would manage everything me my father-in-law and I."

Although all husbands were assisting the participants in caregiving; there seemed to be no instance where the initiative for caregiving was shown by the husband.

Participants described other family members, and how these family members affected caregiving. Some participants had siblings-in-law living abroad, which reduced their physical presence and assistance in the family.

Sisters-in-law were the biggest outsider support system for the participants apart from their immediate family. The relationship of the sister-in-law to the participant varied, as they could be two fellow daughters-in-law or the participant's husband's sisters. In Participant C's (40 years old) case, her sisters-in-law were her husband's younger sisters, "But I believe that we should respect our in-laws, as well as getting along my husband's sisters."

While for other participants, such as Participant E (49 years old), her husband had a brother and two sisters, which gave her three sisters-in-law, one through the wife of the husband's brother, and two as his husband's sisters. "Yes, he does. He has two sisters and an older brother."

Many participants had a positive relationship with their sisters-in-law, sometimes splitting daughter-in-law responsibilities amongst each other, thus reducing the burden of the participant or by maintaining constant communication, thus allowing the daughter-in-law a space to vent, as with Participant F's (42 years old) case, "So, my bonding with the oldest sister-in-law is the best. Along with my sisters. And we talk daily…"

However, catharsis via venting was only possible if the sister-in-law was a fellow daughter-in-law and not a daughter of the family, as the daughter may take offense in the participant's complaining.

Sisters-in-law would also occasionally host the parents-in-law, however this was more common for the daughters of the family, as the participants were usually the primary daughter-in-law they would reside with.

> “I am grateful that my sister-in-law took my mother-in-law home for a while…People persuaded her and told her to go and give me a break. They reasoned with her by saying if I fall sick then I will not be able to take care of anyone for a while so she agreed and left for a bit.”

Some participants did have neutral relationships with their sisters-in-law – specifically their husband’s sisters. This could be because the sisters-in-law visit the house as daughters on a vacation and thus do not help the participant in any household chores, and be a hindrance to the participant’s caregiving schedule, as explained by Participant D (51 years old), “My sister-in-law…No, my sister-in-law did not help me. She was a guest on her own… So, no help from her as such.”

Brothers-in-law made a positive yet smaller impact on the caregiving experience of some participants. All brothers-in-law were the sons of the family and thus had the same role as the participants’ husbands. During the unavailability of the participant’s husband, the brother-in-law would occasionally step in to assist the participant with caregiving tasks such as taking the parent(s)-in-law to the hospital, or assisting with outside chores such as getting medicine, etc. As Participant F (42 years old) explained about her brother-in-law who lived nearby, “But my brother-in-law also would help occasionally…then my brother-in-law, who lives a little close, used to go sometimes, like for dialysis…”

However small their assistance was, participants were almost always grateful and spoke positively about their brothers-in-law or sisters-in-law (siblings-in-law).

> “When I came into the house newly married, my husband’s brother was still single. So, he also helped me adjust and get comfortable around the house. We are less than a year apart so it was easier to bond with him too. He was like a friend. He supported me if mother-in-law said anything to me. Anything small or something related to food, but then he would tell my mother-in-law to not scold me since I was new and still adjusting.”

3.3.4. Caregiving Help from the Outside

The present sub-theme identified the external help received by the participants during the caregiving experience, and how it affected their responsibilities – both mental and physical.

While many participants received help from family members living close by, a more constant source of assistance was the domestic help and attendants some of the participants employed. All participants were asked about utilizing formal caregiving services to assist in caregiving.

Participants who could afford professional help did so, and expressed interest in hiring professional help in the future if needed, such as Participant A (41 years old), "If medically we feel like we are not able to understand any point, any injection or medicine or care then we may consider it (hiring nurses) …"

In Participant G's (50 years old) situation, her domestic help stepped in as back up while they searched for a part-time attendant,

> "In the beginning, we did try to find an attendant, but it took too long to find someone to help us, so we asked one of our domestic workers to help us while we were still searching for the attendant…"

However, in a few cases, the financial situation of the participants did not allow them to hire extra help. This meant that the entire catalogue of household chores fell on the participants, alongside caregiving and childcare, causing the participants to experience noticeable amounts of strain. While these participants did rely on family members (such as their children) to help out in household work, the management, supervision, and bulk of the work still fell on the daughters-in-law, such as in Participant H's (43 years old) case,

> "I would give the children the schedule of her medication and instruct them with the time and dosage of each medicine. I can't take too many holidays – so I just take a day off to assign all the tasks to my kids and my husband so the house runs smoothly while I go to work the day after."

The hiring of attendants seemed to help the caregiver more than the care receiver, as it reassured the caregiver that the unwell parent-in-law was under supervision and not left alone.

> "She was mostly there just to keep my mother-in-law company and to see that nothing went wrong. Because for the cleaning I would help her or we also had another normal maid come in… She was also helping in massaging my mother-in-law because that was recommended for her, so she would…the attendant would do massages on her arms and legs. Those were her main duties."

While a few participants hired attendants to assist in their responsibility of caregiving, other participants who came from lower socio-economic backgrounds did not have access to such privileges. These participants instead relied on their family members for support. Participant H (43 years old) elaborated, "Now, when she (the participant's mother-in-law) has monthly appointments, my daughters and my husband take turns to go with her."

Some participants had the privilege of hiring domestic help to assist them in either the cooking or cleaning of the house, yet they were still the primary caregivers of both the children and the sick parent(s)-in-law.

In some of the participants cases, some of them handled the two vulnerable groups alone, as their husbands either worked out of town or were incapacitated as well. So, there were a variety of participants in different contexts with varying amounts of help, such as Participant F (42 years old), whose husband would travel out of town for work, “So, it just my mother-in-law, father-in-law, and us at home - we were left alone… my husband had also gone out.”

While having extra help did facilitate caregiving for the participants, they were still carrying the mental load of organizing tasks and people around the house. Most participants did not rely on the attendants, or their family members completely – especially those participants who occasionally asked their children for assistance.

3.3.5. Children in a Caregiving Household

The present sub-theme examined of the interactions of the participants’ children within the family. As participants juggled several responsibilities of being a mother, wife, daughter-in-law and a caregiver, their relationship with their children was also affected.

Most participants did not directly ask for their children to help in caregiving, as only the older children of three participants assisted them in a time of need. In Participant G’s (50 years old) case, her sons assisted her when both her father and her father-in-law fell sick at the same time,

> “My son would always insist to clean up after my father-in-law, and when I would insist, he would say as long as I’m here. Let me do it…He (Participant’s son) did everything - nails, cleaning, everything. Father-in-law was very comfortable with my son.”

For the other two participants who came from a lower socio-economic status, their children assisted them in household work as the families could not afford to hire extra help. These participants, like Participant H (43 years old) would not ask their children to directly assist with caregiving unless necessary.

> “When she is on bed rest, I don’t completely depend on my kids – I just ask them to help with menial tasks like serving her warm water to soothe her throat and other small things.”

Due to their responsibilities – caregiving and otherwise, some participants did mention not being able to provide their children with adequate time and attention. However, they were aware of their preoccupation with the caregiving of their in-laws and tried to spend more time with their kids whenever possible. As Participant F (42 years old) shared, “I want to focus on my kids because I don’t want them to be mad that I didn’t spend enough time with my kids.”

3.3.6. A Few Kind Words Go a Long Way

The final sub-theme explored the impact of feedback on the participants and their caregiving experience. Many participants received direct positive feedback regarding the caregiving experience from either the care receiver, and/or by other family members or neighbors. This positive feedback positively influenced the caregivers as they were happy to receive acknowledgement of their hard work. As Participant H (43 years old) expressed her feelings,

> "…they (participant's sisters-in-law) were happy about the fact that their mother could walk and recover faster when the doctor was unsure about her progression. They contributed her recovery to my hard work and care and that felt good."

However, in some instances, participants did not receive direct appreciation or feedback from their parent(s)-in-law who were the care receiver. Sometimes, participants were aware that their mother-in-law would praise their caregiving in front of others but would not compliment them directly.

This affected the participants as they would doubt their abilities, and wonder if the mother-in-law was satisfied with the care being provided by the daughter-in-law. Participant G (50 years old) recalled, "…she talked to my sister-in-law, and she was praising me to her. She would never say anything good to my face, though, never, she never did, but in front of others, she was appreciative."

Amongst the eight participants interviewed, many of the mothers-in-law did not directly appreciate their daughters-in-law's efforts. A few participants mentioned the aloofness of their mother-in-law, as a tactic to maintain their power as a head of the family. As Participant G (50 years old) tried to guess,

> "One time I had to get an angiography because my heart and blood pressure were having some issues and for the first time I think in our relationship, she would come up to me and asked me how I was doing, and then she would also tell my kids to look after me, and to take care of me…I guess I don't know. Maybe that is the aura of a mother-in-law. There should always be some terror involved."

In contrast to this, the fathers-in-law of many participants were appreciative, offering compliments to their caregiving, and praising the participants to be pillars of support for the family.

> "Yeah, my father-in-law. So, he is also a very balanced person. So, he has given me a lot of independence that way. So, I could say that I have a very good equation with him. In fact, he will always support me."

Negative, or lack of positive feedback can detract quality not only from the caregiving relationship, but also from the relationship between the participants and the parents-in-law.

> "You know when there is so much grumbling and complaining about small, small things… She complains that I didn't do something specific. So, then I ask her, what do you want? And then she says that I never ask her how she's doing. If her mood is fine, then she tells me if she needs anything. But then sometimes she becomes stubborn and insists that I just keep working. She gets mad like a kid. And then, I also give up. I am like okay I am not doing anything either. I won't do anything either."

Positive feedback and appreciation given to the participant resulted in better caregiving, as the participant experienced positive moods and felt recognized. Better caregiving would positively influence the relationship, as the care receiver would have a pleasant mood and be easier to work with, thus allowing the caregiving experience to be smoother and creating an environment for more positive feedback. This positive feedback loop would also improve the relationship quality of the family members, leading to a more positive environment in the house. In Participant C's (40 years old) case, she was able to endure scoldings from her parents-in-law due to the appreciation she received from them,

> "Yes, they (participant's parents-in-law) give me blessings. They say - they even used to say when we used to live together…they used to give blessings and say 'the way you have taken care of us the same way your daughter-in-law will look after you' and this is our blessing to you…I can take their scolding because I know that despite how mad they look on the outside, they care about me and us deep down…My father-in-law especially respects me a lot."

A positive relationship with the parents-in-law and consistent quality in caregiving would also lead to the parents-in-law relying on the daughter-in-law more than their own son, which was acknowledged with some reverence or honor, almost as if the daughter-in-law had earned a promotion. Participant A (41 years old) recalled a comment, which showcased her mother-in-law's trust in her capabilities,

> "Her thought…I do really like it as it is kind of positive. That in a few years I have started feeling. Because she even told me that…to my husband she said 'I told you that is why it didn't happen. If I had told her, it would've already been done…'"

However, the participants' overall experiences were polarizing. While some participants talked about how a daughter-in-law can never be a daughter of the house (Participant E, 49 years old), other participants had the opposite experience (Participant F, 42 years old), as illustrated with the quotes below.

> "Being a daughter-in-law, we cannot act the same way we act with our mothers with our mother-in-law. There is always a differentiation – a mother is always a mother and a mother-in-law is always a mother-in-law. It is wrong to say that there is no differentiation because there always is. I'm not saying mothers-in-law are bad but there is always distance between a daughter-in-law and her in-laws – she won't get the daughter treatment from them. the people who say a daughter-in-law is a daughter are not truthful. Even my mother does this. With her daughter-in-law, she is a daughter-in-law and a daughter is a daughter. That is always there."
>
> "My father-in-law really appreciated me. He considered me one of his daughters, even though he had three sons, he would think that I was one of his kids. He will always support me and he would never complain. He was always on my side…"

The contrasting opinions of the participants show how all the individual caregiving experiences were unique, and how they all perceived their role as a daughter-in-law. Participants who received appreciation and positive feedback constantly had their role in the family affirmed by their parents-in-law, making them feel welcomed. On the contrary, participants who did not receive direct responses for their efforts felt like an outsider in the eyes of their parents-in-law.

CHAPTER 4: Discussion

From the participants' reports, three themes emerged:

1) Caregiving is everywhere and all-encompassing,
2) Caregiving is embedded in the cultural context, and
3) Relationships are the context in which caregiving exists.

The three themes are interconnected, as the caregiving experiences of the participants are affected by the cultural context they live in, and the relationships they have with the family members.

Due to the primary researcher's position as an Indian woman, many participants expected the researcher to already understand the dynamics between the two women. Often unsaid, mothers-in-law were a revered presence in the participant's life who would covertly (or overtly) dictate certain practices and responsibilities and even manage the hobbies of the participant.

A discussion of the themes in relation to the research questions is included below.

4.1. What are the experiences of Indian daughters-in-law who are caregivers in their married families?

Globally, research on informal caregivers has shown a variation in the lived experiences of the caregivers (Lee & Li, 2021). While some informal caregivers observed positive change after taking on the caregiver role (Koerner et al., 2008), other informal caregivers reported feelings of exhaustion, higher levels of anxiety and depression as the main outcomes of their caregiving experience (Pinquart & Sörensen, 2007). Likewise, a similar variation was noticed in the present study, which explored the lived experiences of Indian daughters-in-law as caregivers.

Overall, caregiving is a complex process, where pre-established boundaries are tested as the informal caregiver and the care recipient interact (Sawatzky & Fowler-Kerry, 2003). Most participants in the study found it difficult to summarize their caregiving experiences. For some, it was their first time discussing their caregiving tasks in detail, implying that discourse around caregiving was scarce (Murthy, 2016).

Characteristic to human life, all participants experienced a variety of emotions as they took on the role of caregiver for their family members. Many participants had an overall positive outlook on their caregiving experience, despite them mentioning that they endured periods of discomfort and adjustment.

These participants, who focused on the silver lining of caregiving, expressed satisfaction and fulfillment with taking on the role of a caregiver. In studies exploring the positive aspects of caregiving (PAC), feelings of satisfaction, accomplishment, and pride were connected to positive caregiving experiences (Cohen et al., 2002; Folkman & Moskowitz, 2000).

On the other hand, some participants experienced feelings of frustration and exhaustion as they juggled the various tasks expected of their roles as a wife, mother, daughter-in-law, and caregiver. Global research has shown that employed women tend to perform more household chores than employed men (Srivastava, 2020; Chung et al., 2022). This may imply that for participants in the present study, their negative feelings may have been exacerbated by their employment status, as they simultaneously juggled their professional and personal domains.

Some participants revealed that the interview was the first time they had identified themselves as a 'caregiver' rather than just a dutiful daughter-in-law. A similar pattern was noticeable in the 2001 study conducted by the American Association for Retired Persons (Eifert et al., 2015) where many family caregivers did not identify themselves as caregivers. This lack of self-identification as a caregiver may have hindered the participants' ability to separate their different roles from one another.

As daughters-in-law, many participants had clustered their caregiving tasks with household chores (P. Singh et al., 2023). Most were handling household duties, as well as chore management and allocation on their own, alongside primary childcare. Without addressing their role as a caregiver, participants had thus incorporated caregiving responsibilities with their pre-existing tasks as daughters-in-law, wives, and mothers, burdening themselves further (Shekhani, 2024). This implied that the participants in the study either considered regular household chores to be a part of caregiving, or they were unable to detach caregiving from their daily routine.

Aside from instrumental tasks, some participants also provided emotional support and attention to their parents-in-law. While the responses of some participants indicated that they had gotten comfortable in providing emotional attention to their in-laws, others expressed hesitation in fulfilling this expectation, as they were either too preoccupied with employment or not interested in going the extra distance with their in-laws.

Thus, they were expected to holistically approach caregiving for their parents-in-law. As all the participants interviewed were not trained in providing therapy, it may explain their possible discomfort in being a reliable emotional support to their parent(s)-in-law.

All tasks thus fell under one category and were carried out by one person – the daughter-in-law (Allendorf, 2015). Thus, the division of labor was skewed unfairly towards the participants of the study. This amalgamation of assigning all tasks into one role meant that the informal caregivers in the study misjudged the time they spent on caregiving tasks (Urwin et al., 2021).

Although while some participants had access to additional domestic help and received support from other family members, their mental load while handling household chores and tasks as the daughter-in-law and the primary caregiver did not provide them with ample time for self-care (Pope et al., 2017).

Participants who came from a more privileged socio-economic background had access to better healthcare, better transport, and could afford to hire professional or domestic help to assist them in caregiving. Domestic workers allowed the participants to focus more on the caregiving experience, as the cooking and/or cleaning of the house was done by the hired help. This is consistent with research on other caregiving populations which demonstrated that domestic help assisted caregivers in either completing household tasks or provide extra support during caregiving tasks (Chong et al., 2016).

While domestic help may have provided some extra time for the participants to engage in self-care behaviors, participants were not consistent with their habits. Some had paused their self-care behaviors until their parent(s)-in-law had recovered significantly, while others barely engaged in any self-care behaviors. Reduced time for self-care behavior may increase the stress experienced by the caregivers.

Analyzing the first theme using the Caregiver Identity theory (CIT), we can further understand the experiences of the participants (Montgomery & Kosloski, 2009). In CIT, acquisition of the caregiving role, and the identity change that follows are premises that talked about how the caregivers come into their roles, and how their identity changes as they take on more caregiving tasks.

As most participants were in the early to middle stages of identity change, they may have not been able to process how their identity gradually changed to include caregiver in their existing roles of wife, mother, and daughter-in-law, causing psychological stress. Their responsibilities also shifted as they took on more caregiving tasks, without acknowledging their new role, which may have caused further psychological stress.

Overall, the caregiving experience among participants was both pervasive and multi-layered, influencing nearly every aspect of their daily lives—from household management to emotional well-being and self-care behaviors.

4.2. How is caregiving perceived by these women – as a duty bound by society, or an act of love or devotion for the family they married into?

The role of culture has always been influential in caregiving research (Pharr et al., 2014). While caregiving is performed by family members in Western societies, there is also a prevalence of utilizing nursing homes (Asadzadeh et al., 2022). On the other hand, Asian societies have been reliant on multigenerational cohabitation and familial caregiving for centuries (Jiang et al., 2024; Negi, 2021).

Thus, for collectivist Asian societies such as India, reliance on family members for caregiving is the norm (Allendorf, 2015). While most research on informal caregivers has been done on spouses, or children of the elderly, consanguineal relationships primarily consisting of children-in-law also made up a significant proportion of the informal caregiver population (Allendorf, 2015).

Caregiving for the participants was transmitted generationally, as they observed their own mothers act as informal caregivers for their grandparents. This observation may have had a role-modelling effect on the participants, as they became inclined to the idea of becoming future caregivers themselves (Tang, 2011).

The concept of marriage is also an influencing factor in caregiving, as marriages in India are not only to one's spouse, but also to their family. Influenced by ancient texts, many Indian marriages even today adhere to more traditional gender roles where the wife handles the domestic sphere of the household and the family, while the husband is the breadwinner of the house (Bose, 2010).

The importance of family in India can be seen as marriages heavily involve familial engagement and are often arranged by the parents of the couple. The role of the husband and wife is thus shaped by the families' dynamics (A. Singh & Shanbhag, 2025). For some participants, co-residing with their husband's parents was the expected way of living, and living with their in-laws provided them with a structure as new couples.

Participants were observed adapting new religious habits, changes in daily routines, or adhering to the family's established gender norms. A few of the participants reported changing their habits to appease their parents-in-law, taking on more household responsibilities, and changing their methods of food preparation. The participants in the study may have altered their behavior to be accepted into their new families. Thus, caregiving for some participants may have been the next acceptable step while acting as the dutiful daughter-in-law.

However, some participants described caregiving as a source of self-fulfillment and enjoyment, demonstrating that their caregiving was internally motivated rather than a social obligation as a daughter-in-law. These participants explicitly stated their satisfaction, not only in the caregiving process but also about their treatment and positions in the family.

This variety in motivation for caregiving can be analyzed under the lens of Self-Determination Theory (Ryan & Deci, 2017), as extended by Howard et al. (2017). Applied to caregiving, the motivations of the caregiver can be along a continuum – from extrinsic to intrinsic.

Participants' responses could place them on different points of the spectrum. As many participants had absorbed the role of the caregiver within their pre-existing roles of a wife, mother, and daughter-in-law, their motivations for caregiving would fall under Identified or Integrated regulation.

Others implied that they were abiding by traditional gender norms present in Indian society, as they were responsible for most of the caregiving, childcare, and household chores of the house. For these participants, External or Introjected regulation could have been a key factor in determining their motivation.

A few participants expressed being intrinsically motivated, deriving feelings of enjoyment and pride from caregiving. However, as many participants were exposed to caregiving by their maiden families, their intrinsic motivation may be a mixture of personal volition and internalized cultural norms.

Thus, for the participants in the study, motivation for caregiving may be a hybrid of external factors (such as cultural and gender norms) and personal inclination and enjoyment.

Some participants were facing the expectation of women overseeing the household translated to society thinking that the managing the domestic sphere was considered inherently a woman's job, and that the knowledge of household chores and childcare should be imparted from generation to generation – mother to daughter.

While trends in marriage have been changing in the past few decades, the participants in the study have a unique position as they stand at the precipice of change, wishing for a different future for their children and the future generations, while enduring the traditional expectations of society for women and daughters-in-law. While caregiving was another role the participants had adopted through marriage and expectations, they expressed that they would wish for their daughters-in-law to have autonomy in becoming their future caregiver.

Ultimately, the participants in the study may not have been consciously aware of the driving factors of their efforts, and they may be influenced by the environment they were raised in, and are currently living in. While environmental factors such as culture, marriage and observing transgenerational caregiving have significant influence on their caregiving experience (Pharr et al., 2014), some participants were personally motivated to become caregivers for their parents-in-law as they derived personal joy and satisfaction. Thus, the motivations behind caregiving for the participants in the present study were complex and nuanced, and could be a dynamic interaction between cultural conditioning and individual agency.

4.3. How does the relationship between the caregiver and her in-laws change?

The final research question explored the evolving dynamics between the participants and their family members. All participants in the study noticed a change in their relationship with their in-laws as they took up the role of the caregiver.

As discussed earlier in the Indian cultural context, the hierarchical relationship between the head of the family (the parent(s)-in-law) and the children (the daughter-in-law) was characterized by respect, guidance, and obedience (Greif & Woolley, 2021). Family dynamics and the pre-existing relationship between the daughter-in-law and her parent(s)-in-law influenced the caregiving relationship and its quality for these participants.

Participants reported fearing their mothers-in-law when they first entered the household after their wedding. Adjusting in a new environment and learning about many new family members can be a source of stress for the participants that stopped them from becoming more comfortable in the new family. Many participants noted that it took them a few years to properly adjust to their new family.

As most participants in the study had been married for at least a decade, they had gotten accustomed to the family dynamics. However, this familiarity in family dynamics did not mean complete acceptance. Some participants felt loved by family members, especially their parents-in-law, while others mentioned being treated like a daughter-in-law and never a daughter.

Thus, attitudes of the other family members also influenced the relationship. Some parents-in-law may wish to uphold familial hierarchies and thus might not attempt to develop closer bonds with their new daughter-in-law. Some participants speculated that their mother-in-law's reluctance to praise their caregiving may have stemmed from personal characteristics such as stubbornness, or a desire to maintain psychological control despite losing physical strength due to their illness.

Returning to the Caregiver Identity theory (Montgomery & Kosloski, 2009), the final premise talks about caregiving as a dynamic process, and how relationships change over the course of the caregiving experience. This change in relationship, along with the increasing severity of tasks – from cooking separate meals, to assisting in hospital visits and providing at home nursing – may have also been a source of stress for the participants. As they took on more intimate tasks such as assisting their parent(s)-in-law with ADLs such as bathing, their perception of their relationship with their unwell parent(s)-in-law may have changed. A few participants in the study expressed that they had become a mother to their parent(s)-in-law.

Thus, it is essential to consider that relationship between the daughter-in-law and her parent(s)-in-law, which preceded their dynamic as the caregiver and the care receiver. If the relationship between the daughter-in-law and her parent(s)-in-law was initially rocky or neutral, the quality of caregiving provided by her may not have been satisfactory. On the contrary, a daughter-in-law who had a positive relationship with her parents-in-law may try to provide the best care during their period of illness.

It might be expected that caregiving would skew the relationship in a positive direction, leading to the acceptance and appreciation of the participant; however, that was not always the case. While some did reap the benefits of a closer family dynamic, other participants felt confused and dissatisfied with their treatment within the family.

Participants who received appreciation from their parents-in-law expressed positive emotions of fulfillment, enjoyment, and gratitude, whereas those who were not praised for their caregiving efforts openly mentioned feeling obligated to take part in caregiving duties and performed only the essential tasks.

Despite the lack of appreciation, participants fulfilled their duties as a daughter-in-law, as they attempted to reside peacefully with their parent(s)-in-law. This obligation could be due to a few factors – the participants could be motivated to maintain face in society to avoid shame or guilt, or to show respect to the bond they had to their husband and thus honor their husband's family.

Husbands seemed to benefit from the traditional gender norms and expectations of the family and continued to assign the responsibility of caregiving to their wives. This is not surprising as women are often described as 'natural carers,' though they may appear more skilled simply because they are more frequently assigned caregiving roles, and have therefore spent more time as caregivers, improving their skills (Revenson et al., 2016).

Overall, there seemed to be a positive relationship between caregiving and family dynamics. While each participant's case was unique and not wholly positive, all participants wished to be in a positive and loving family dynamic. The participants who were more appreciated by their family members reported an overall positive caregiving experience and a growth in their relationship with their in-laws.

As the nature of marriage changes in modern India, it will be interesting to observe the relationship between newer parents-in-law and daughters-in-law, and how caregiving patterns and expectations alter from the older generations to the younger ones.

4.4. Limitations

There are a few limitations within the study. First, the sample size was insufficient for holistically understanding the findings of the study to the targeted population of Indian daughter-in-law caregivers. Although participants represented varying economic backgrounds, their cultural backgrounds were relatively homogenous. While all participants were Indian women practicing Hinduism, it is essential to not mistake and overlap culture with religion. The experiences of Indian Muslim daughters-in-law, or Sikh daughters-in-law may be different from the participants in the present study.

As the most populous country in the world, Indian culture is a blend of different regions and religions, all of which have different customs, expectations and gender norms imposed on daughters-in-law. Thus, to accurately represent the experiences of the Indian daughter-in-law, it is essential to consider the influence of each region and culture on the lives of the population, and how it affects the caregiving experience and relationship.

Second, while snowball sampling is often recommended for qualitative research, the recruitment method may backfire. As snowball sampling relies on earlier batches of participants to recommend and help recruit new participants, absence of a well-established network may cause problems in recruitment (Parker, Scott & Geddes, 2019). Sensitive topics, which participants deem personal may also not be recommended to new people.

While the present study explored the experiences of Indian daughters-in-law as caregivers, it is important to recognise its limitations to further improve future research in this area.

4.5. Implication and Future Directions

With further research and more detailed responses from the participants, we may be able to place them better on the Self-Determination theory continuum (Ryan & Deci, 2012; Howard et

al., 2017) as well as identify their stages in the Caregiver Identity theory to observe how their possible motivations equate to their reactions of their caregiving experience.

Applying a mixed-methods approach would also provide a deeper understanding of the participants' perspectives, creating a more comprehensive outlook of their lived experiences. Quantitative measures of self-esteem and life satisfaction would support the qualitative research further.

The present topic can be further studied with a larger, more diverse sample, including cultural and regionally diverse participants representative of the cultural diversity of India. The findings could inform policies and the development of resources for informal caregivers in India.

At present, the Government of India is beginning to focus on training professional caregivers, however, there remains a critical need for development in familial caregiver, as support systems and resources are scarce. Further research could highlight caregivers' needs and areas of support, which can be used for policy creation.

Studies have shown that training informal caregivers (such as daughters-in-law) can lead to higher self-efficacy, and lower levels of anxiety and depression (Aksoydan et al., 2019). Additional research investigating a larger sample of Indian caregiving daughters-in-law could identify effect coping mechanisms to prevent mental strain and caregiver burnout.

Future studies that incorporate perspectives of additional family members could also provide a holistic image of an Indian family household. Including the care recipients could highlight their perceived discrepancies in care provision and areas of improvement, while engaging with the spouses of caregivers could shed light on marital dynamics, and the shared responsibilities between the couple while caregiving.

As an integral member of the household, daughters-in-law are in need of compassion, support, and empathy to ensure the well-being of the entire family unit.

Conclusion

The present study explored the lived experiences of Indian daughters-in-law who were acting as caregivers for their parents-in-law. The findings showed that caregiving permeated nearly aspects of their lives – from the emotions they experienced, to their self-care behaviors. Participants' caregiving motivation was dynamic in nature, as some undertook the role of caregiver due to familial obligation, while a few experienced genuine fulfillment. Most participants' motivations were a complex blend of obligation, devotion, and enjoyment of the two. Finally, the relationships of the caregiver had a major influence on their caregiving experience, as positive relationships could inculcate and thaw even neutral relationships and make them blossom, while negative feedback affected not only the caregiving experience, but also the caregiving dyad, and the caregiver's motivation. Future research should be conducted to explore a larger population's experience to gain further understanding into the lives of these Indian women.

Bibliographic References

Agarwal, A., & Bloom, D. E. (2022). Long-term care in India: Capacity, need and future. *International Social Security Review*, *75*(3–4), 167–186. https://doi.org/10.1111/issr.12312

Allendorf, K. (2015). Like Her Own: Ideals and Experiences of the Mother-In-Law/Daughter-In-Law Relationship. *Journal of Family Issues*, *38*(15), 2102-2127. https://doi.org/10.1177/0192513X15590685 (Original work published 2017)

Aksoydan, E., Aytar, A., Blazeviciene, A., Van Bruchem - Visser, R. L., Vaskelyte, A., Mattace-Raso, F., Acar, S., Altintas, A., Akgun-Citak, E., Attepe-Ozden, S., Baskici, C., Kav, S., & Kiziltan, G. (2019). Is training for informal caregivers and their older persons helpful? A systematic review. *Archives of Gerontology and Geriatrics*, *83*, 66–74. https://doi.org/10.1016/j.archger.2019.02.006

Anderson, L. A., Edwards, V. J., Pearson, W. S., Talley, R. C., McGuire, L. C., & Andresen, E. M. (2013). Adult caregivers in the United States: Characteristics and differences in well-being, by caregiver age and caregiving status. Preventing Chronic Disease, 10, E135.

Asadzadeh, M., Maher, A., Jafari, M., Mohammadzadeh, K. A., & Hosseini, S. M. (2022). A review study of the providing elderly care services in different countries. *Journal of Family Medicine and Primary Care*, *11*(2), 458–465. https://doi.org/10.4103/jfmpc.jfmpc_1277_21

Awasthi, K., & Awasthi, P. (2017). Effects of filial piety in the experiences of informal caregivers. *Indian Journal of Positive Psychology, 8*(3), 447-449.

https://www.proquest.com/scholarly-journals/effects-filial-piety-experiences-informal/docview/1962557541/se-2

Banerjee, S. Determinants of rural-urban differential in healthcare utilization among the elderly population in India. *BMC Public Health* **21**, 939 (2021). https://doi.org/10.1186/s12889-021-10773-1

Bastawrous, M. (2012). Caregiver burden? A critical discussion. *International Journal of Nursing Studies*, *50*(3), 431–441. https://doi.org/10.1016/j.ijnurstu.2012.10.005

Bom, J., Bakx, P., Schut, F., & Van Doorslaer, E. (2018). The impact of informal caregiving for older adults on the health of various types of caregivers: a systematic review. *The Gerontologist*. https://doi.org/10.1093/geront/gny137

Bose, M. (2010). Women in the Hindu Tradition: Rules, Roles and Exceptions (1st ed.). Routledge. https://doi.org/10.4324/9780203864197

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Braun, V., & Clarke, V. (2022). Thematic Analysis: A practical guide. *QMiP Bulletin*, *1*(33), 46–50. https://doi.org/10.53841/bpsqmip.2022.1.33.46

Chong, A. M. L., Kwan, C. W., Lou, V. W. Q., & Chi, I. (2016). Can domestic helpers moderate distress of offspring caregivers of cognitively impaired older adults? *Aging & Mental Health*, *21*(10), 1023–1030. https://doi.org/10.1080/13607863.2016.1191059

Chung, H., Seo, H., Birkett, H., & Forbes, S. (2022). Working from Home and the Division of Childcare and Housework among Dual-Earner Parents during the Pandemic in the UK. *Merits*, *2*(4), 270–292. https://doi.org/10.3390/merits2040019

Cohen, C. A., Colantonio, A., & Vernich, L. (2002). Positive aspects of caregiving: rounding out the caregiver experience. *International Journal of Geriatric Psychiatry*, *17*(2), 184–188. https://doi.org/10.1002/gps.561

Deci, E. L., & Ryan, R. M. (2012). Self-determination theory. *Handbook of theories of social psychology*, *1*(20), 416-436.

Dhar, R. L. (2012). Caregiving for elderly parents: A study from the Indian perspective. *Home Health Care Management & Practice, 24*(5), 242–254. https://doi.org/10.1177/1084822312439466

Dombestein H, Norheim A, Lunde Husebø AM. Understanding informal caregivers' motivation from the perspective of self-determination theory: an integrative review. *Scand J Caring Sci*. 2020; 34; 267–279.

Eifert, E. K., Adams, R., Dudley, W., & Perko, M. (2015). Family Caregiver Identity: A Literature Review. *American Journal of Health Education*, *46*(6), 357–367. https://doi.org/10.1080/19325037.2015.1099482

Folkman, S., & Moskowitz, J. T. (2000). Stress, positive emotion, and coping. *Current Directions in Psychological Science*, *9*(4), 115–118. https://doi.org/10.1111/1467-8721.00073

Greif, G. L., & Woolley, M. E. (2021). *In-law relationships: Mothers, daughters, fathers, and sons*. Oxford University Press.

Govil, D., Sahoo, H., Chowdhury, B., & James, K. S. (2024). A qualitative perspective of working women care providers and care receivers on eldercare: a study from India. *BMC Geriatrics*, *24*(1). https://doi.org/10.1186/s12877-024-04782-z

International Institute for Population Sciences. (2020). *Longitudinal Ageing Study in India (LASI) Wave 1 India report 2020*. Ministry of Health and Family Welfare, Government of India. https://www.iipsindia.ac.in/sites/default/files/LASI_India_Report_2020_compressed.pdf

Jamuna, D., & Ramamurti, P. V. (1999). Contributants to good caregiving: An analysis of dyadic relationships. *Social Change*, *29*(1-2), 138-144.

Jiang, N., Wu, B., & Li, Y. (2024). Caregiving in Asia: Priority areas for research, policy, and practice to support family caregivers. *Health care science*, *3*(6), 374–382. https://doi.org/10.1002/hcs2.124

Koerner, S. S., Kenyon, D. B., & Shirai, Y. (2008). Caregiving for elder relatives: Which caregivers experience personal benefits/gains? *Archives of Gerontology and Geriatrics*, *48*(2), 238–245. https://doi.org/10.1016/j.archger.2008.01.015

Lamb, S. (2011). Ways of Aging. In I. Clark-Decès (Ed.), *A Companion to the Anthropology of India* (pp. 500–516). Blackwell Publishing. https://doi.org/10.1002/9781444390599.ch27

Lee, Y., & Tang, F. (2015). More caregiving, less working: Caregiving roles and gender difference. *Journal of Applied Gerontology, 34*(4), 465–483.

Li, W. W., Singh, S., & Keerthigha, C. (2021). A Cross-Cultural Study of Filial Piety and Palliative Care Knowledge: Moderating Effect of Culture and Universality of Filial Piety. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.787724

Maloney, T. R., Dilkes-Hall, I. E., Vlok, M., Oktaviana, A. A., Setiawan, P., Priyatno, A. a. D., Ririmasse, M., Geria, I. M., Effendy, M. a. R., Istiawan, B., Atmoko, F. T., Adhityatama, S., Moffat, I., Joannes-Boyau, R., Brumm, A., & Aubert, M. (2022). Surgical amputation of a limb 31,000 years ago in Borneo. *Nature*, *609*(7927), 547–551. https://doi.org/10.1038/s41586-022-05160-8

Mathers, C. D., Stevens, G. A., Boerma, T., White, R. A., & Tobias, M. I. (2015). Causes of international increases in older age life expectancy. *Lancet (London, England)*, *385*(9967), 540–548. https://doi.org/10.1016/S0140-6736(14)60569-9

Ministry of Statistics and Programme Implementation. (2021). *Elderly in India 2021*. Government of India. https://mospi.gov.in/sites/default/files/publication_reports/Elderly%20in%20India%202021.pdf

Mishra, N., Datti, R. S., Tewari, A., & Sirisety, M. (2023). Exploring the positive aspects of caregiving among family caregivers of the older adults in India. *Frontiers in public health*, *11*, 1059459.

Muller, F. M. (1880). *The Institutes of Vishnu*. https://doi.org/10.4324/9781315829227

Murthy, R. Srinivasa. Caregiving and Caregivers: Challenges and Opportunities in India. Indian Journal of Social Psychiatry 32(1):p 10-18, Jan–Mar 2016. | DOI: 10.4103/0971-9962.176761

Naderifar, M., Goli, H., & Ghaljaie, F. (2017). Snowball sampling: a purposeful method of sampling in qualitative research. *Strides in Development of Medical Education*, *14*(3). https://doi.org/10.5812/sdme.67670

Navaie-Waliser, M., Spriggs, A., & Feldman, P. H. (2002). Informal Caregiving: Differential Experiences by Gender. *PubMed*, *40*(12), 1249–1259. https://doi.org/10.1097/01.mlr.0000036408.76220.1f

Noreen, N. N., & Sadiq, N. R. (2018). Mothers-In-Law Acceptance-Rejection as a Predictor of Psychological Well-Being among Daughters-In-Law with Urdu Adaptation of In-Law Acceptance-Rejection Questionnaire: Mother-in-Law [Short Form]. *International Journal of Indian Psychology*, *6*(2). https://doi.org/10.25215/0602.066

Parker, C., Scott, S., & Geddes, A., (2019). Snowball Sampling, In P. Atkinson, S. Delamont, A. Cernat, J.W. Sakshaug, & R.A. Williams (Eds.), SAGE Research Methods Foundations. https://doi.org/10.4135/9781526421036831710

Peters-Davis, N. D., Moss, M. S., & Pruchno, R. A. (1999). Children-in-Law in caregiving families. *The Gerontologist*, *39*(1), 66–75. https://doi.org/10.1093/geront/39.1.66

Pharr, J. R., Francis, C. D., Terry, C., & Clark, M. C. (2014). Culture, Caregiving, and health: Exploring the influence of culture on family caregiver experiences. *ISRN Public Health*, *2014*, 1–8. https://doi.org/10.1155/2014/689826

Pope, N., Giger, J., Lee, J., & Ely, G. (2017). Predicting personal self-care in informal caregivers. Social Work in Health Care, 56(9), 822–839. https://doi.org/10.1080/00981389.2017.1344755

Pyke, K. D., & Bengtson, V. L. (1996). Caring more or less: Individualistic and collectivist systems of family eldercare. *Journal of Marriage and the Family*, 379-392.

Rajasenan, D., Jayakumar, M. S., & Abraham, B. G. (2016). Socio economic and psychological dimensions of migration-induced exclusion of the elderly in Kerala, India: an empirical analysis. *International Journal of Migration Health and Social Care*, *12*(1), 51–65. https://doi.org/10.1108/ijmhsc-05-2014-0018

Revenson, T. A., Griva, K., Luszczynska, A., Morrison, V., Panagopoulou, E., Vilchinsky, N., & Hagedoorn, M. (2016). Gender and caregiving: The costs of caregiving for women. In *Palgrave Macmillan UK eBooks* (pp. 48–63). https://doi.org/10.1057/9781137558985_5

Ryan, R. M., & Deci, E. L. (2017). Self-Determination Theory: Basic psychological needs in motivation, development, and wellness. In *Guilford Press eBooks*. https://doi.org/10.1521/978.14625/28806

Palaganas, E., Sanchez, M., Molintas, M. V., & Caricativo, R. (2017). Reflexivity in Qualitative Research: A Journey of learning. *The Qualitative Report*. https://doi.org/10.46743/2160-3715/2017.2552

Pinquart, M., & Sorensen, S. (2007). Correlates of Physical Health of Informal Caregivers: A Meta-Analysis. *The Journals of Gerontology Series B*, *62*(2), P126–P137. https://doi.org/10.1093/geronb/62.2.p126

Potter, J., & Hepburn, A. (2005). Qualitative interviews in psychology: problems and possibilities. *Qualitative Research in Psychology*, *2*(4), 281–307. https://doi.org/10.1191/1478088705qp045oa

Powell, L., Southwell-Wright, W., & Gowland, R. (2016). *Care in the past: Archaeological and Interdisciplinary Perspectives*. Oxbow Books.

Saldana, J. (2025). *The Coding Manual for Qualitative Researchers*. SAGE Publications Limited.

Sarkar, K., & Rizzi, E. L. (2020). Love marriage in India. *Louvain la Neuve: Université Catholique de Louvain, Demographie et societes. Document de travail*, *14*.

Sawatzky, J. E., & Fowler-kerry, S. (2003). Impact of caregiving: listening to the voice of informal caregivers. *Journal of Psychiatric and Mental Health Nursing*, *10*(3), 277–286. https://doi.org/10.1046/j.1365-2850.2003.00601.x

Sharma, A. (2000). *Classical Hindu Thought: An Introduction*. Oxford University Press.

Sharma, K., and Kemp, C. L. (2012). “One should follow the wind”: individualized filial piety and support exchanges in Indian immigrant families in the United States. *J. Aging Res.* 26, 129–139. DOI: 10.1016/j.jaging.2011.10.003

Shekhani, S. S. (2024). Daughters and daughters-in-law providing elderly care: a qualitative study from Karachi, Pakistan. *BMC Geriatrics*, *24*(1). https://doi.org/10.1186/s12877-024-05295-5

Sinha, N., & Sharma, A. (2021). Understanding social media usage and engagement among women to inform breast cancer knowledge and prevention practices: Cross-sectional study in Delhi-National Capital Region of India. *Indian Journal of Community Medicine*, *46*(3), 411-415.

Singh, A., & Shanbhag, T. (2025). Parental Interference and Marital Stability: A scoping review of sociocultural influences on Indian families. *Indian Journal of Community Medicine*, *50(2)*, 155–160. https://doi.org/10.4103/ijcm.ijcm_470_24

Singh, P., Pattanaik, F., & Singh, A. (2023). Beyond the Clock: Exploring the Complexities of Women’s Domestic Roles in India Through the Lenses of Daughters and Daughters-in-Law. *Indian Journal of Labour Economics*, *66*(2), 535–559. https://doi.org/10.1007/s41027-023-00441-w

Srivastava, A. (2020). Time use and household division of labor in India—Within-Gender Dynamics. *Population and Development Review*, *46*(2), 249–285. https://doi.org/10.1111/padr.12309

Sung, K. T. (1995). Measures and dimensions of filial piety in Korea. The Gerontologist, 35(2), 240-247.

Tang, M. (2011). Can Cultural Values Help Explain the Positive Aspects of Caregiving Among Chinese American Caregivers? *Journal of Gerontological Social Work*, *54*(6), 551–569. https://doi.org/10.1080/01634372.2011.567323

Thakur, P. (2019). Fossilization of Gender Identities in the Hindu Social Structure: A Study through the Marriage Hymns of Atharva-veda. In *3rd International Academic conference on Humani-ties and Social Sciences. Berlin* (pp. 131-145).

Thrush, A., & Hyder, A. (2014). The neglected burden of caregiving in low- and middle-income countries. *Disability and Health Journal*, *7*(3), 262–272. https://doi.org/10.1016/j.dhjo.2014.01.003

Tilley, L., & Oxenham, M. F. (2011). Survival against the odds: Modeling the social implications of care provision to seriously disabled individuals. *International Journal of Paleopathology*, *1*(1), 35–42. https://doi.org/10.1016/j.ijpp.2011.02.003

Triandis, H. C., & Gelfand, M. J. (2012). A Theory of Individualism and Collectivism. In P. a. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of Theories of Social Psychology* (2nd ed., pp. 498–520). SAGE Publications.

Yeonjung Lee, Lun Li, Evaluating the Positive Experience of Caregiving: A Systematic Review of the Positive Aspects of Caregiving Scale, *The Gerontologist*, Volume 62, Issue 9, November 2022, Pages e493–e507, https://doi.org/10.1093/geront/gnab092

Ugargol, A. P., & Bailey, A. (2018). Family caregiving for older adults: gendered roles and caregiver burden in emigrant households of Kerala, India. *Asian Population Studies*, *14*(2), 194–210. https://doi.org/10.1080/17441730.2017.1412593

Urwin, S., Lau, Y., Grande, G., & Sutton, M. (2021). The Challenges of Measuring Informal Care Time: A Review of the Literature. PharmacoEconomics, 39(11), 1209–1223. https://doi.org/10.1007/s40273-021-01053-2

Williams, G. C., Rodin, G. C., Ryan, R. M., Grolnick, W. S., & Deci, E. L. (1998). Autonomous regulation and long-term medication adherence in adult outpatients. *Health psychology : official journal of the Division of Health Psychology, American Psychological Association*, *17*(3), 269–276. https://doi.org/10.1037//0278-6133.17.3.269

Wullert, K., Whitacre, P., & National Academies of Sciences, Engineering, and Medicine. (2023). Research on Different Types of Caregivers. In *Barriers, Challenges, and Supports for Family Caregivers in Science, Engineering, and Medicine: Proceedings of Two Symposia*. National Academies Press (US).

Zarit, S. H., Reever, K. E., & Bach-Peterson, J. (1980). Relatives of the impaired elderly: Correlates of feelings of burden. Gerontologist, 20(6), 649

Appendix A

Semi-Structured Interview Script

Segment 1: Demographics

Before we start the interview, I would just like to ask you a few questions related to demographics in order to assess the sample population of our interview participants. If you are comfortable sharing, I would like to know a few details about you.

1. Could you please tell me your age?
2. Are you currently employed? If not, have you worked in the past? Which field were you working in?
3. What is the highest level of education you have completed? What area of study did you choose?
4. Could you briefly tell me about your immediate family (husband and number of children)?

Probes: Who do you consider family? Who lives with you at home?

Segment 2: Family and Culture

Indian culture may talk about culture, family, and marriage in India through Bollywood, TV serials, and general stereotypes, but I would like to know more about *your* experience and what Indian culture means to you.

1. What was it like to join a new family from your maiden side?
2. Tell me about your family life before marriage. How is it similar, and different, from your family life after marriage? Tell me about your family relationships and interactions.
    a. If it is easier, you can draw a family tree with each different branch indicating a different relative and relation.
3. How was your spouse's family's initial reaction to your entry when you got married?
    a. How, if at all, have things changed since your marriage?

4. There is a concept of seva in Indian culture, where children look after their aging parents as a sign of respect. Some people believe it is their duty to perform seva, while others don't. What does seva mean to you?
    a. Do you believe this (act of caretaking) is *your* duty or a duty?
5. Who are you looking after?
    a. How long has it been?

Segment 3: Caretaking

We will now move on to questions related to your role in the family as a caregiver and your experience.

1. Could you briefly describe the tasks you assist the family member with?
    a. How many hours of your day are taken up by caregiving?
2. How has the experience been so far?
3. Do you enjoy caretaking? Does it make you feel fulfilled?
4. Do you receive any assistance from any other family members or professional healthcare workers, such as live-in nurses?
    a. Is there anyone whom you tag-team with? Do you synergise well with them?
5. Do you think our culture puts the responsibility on just one person or gender? Do you agree with this? Do you think the burden should be split?
6. What, if any, changes have you experienced in your family since you started caretaking?
    a. Did any family member appreciate or praise you for your work? How did it make you feel?

Segment 3: Self-Care

1. What is your daily routine?
2. What habits help you look after yourself?

   a. Any physical activities (such as exercising, walking, or yoga)?
   b. Any emotionally cathartic activities (such as journalling, meditation)?

3. What barriers or obstacles, if there have been any, make it hard for you to indulge in activities which you enjoy?
4. Are there any activities you would like to try in the future?

Segment 5: Wrap Up

1. After having been a caretaker, how do you feel about asking your children in the future to fulfil the same role and duties?
2. After becoming a caregiver, have there been any changes in you? Mentally, physically, emotionally, psychologically?
3. Would you like to add something or ask any questions?

Thank you so much for participating!

Appendix B
Informed Consent Form

This study is part of an ongoing research project at Iscte – Instituto Universitário de Lisboa.

The study aims to gain insight into the lives and experiences of Indian women who caretaking daughters-in-law. Specifically, we want to gain insight inside on the experiences of Indian daughters-in-law as informal caregivers, their relationships and family dynamics.

Your participation in the study, which will be highly valued, will contribute to the advancement of knowledge in this field of science, consists of a semi-structured interview that will take approximately 45 minutes,

Iscte is responsible for the processing of your personal data, collected and processed exclusively for the purposes of this study, having as a legal basis your consent under article 6, no. 1, a) and / or article 9, no. 2, a) of the General Data Protection Regulation.

The study is carried out by Muskaan Khanka (khanka.muskaan@gmail.com) with scientific supervision of Prof. Marta Matos (marta.matos@iscte-iul.pt) and Prof. Sugandha Gupta (sugandha_gupta@brown.edu), whom you can contact if you wish to clarify a question, comment or exercise your rights regarding the processing of your personal data. You can use the indicated contact to request access, rectification, erasure or limitation of the processing of your personal data.

Participation in this study is confidential. Your personal data will always be processed by authorized personnel, bound by the duty of secrecy and confidentiality. Iscte ensures that appropriate techniques, organizational and security measures are in place to protect personal information. All personnel involved in the study is required to keep personal data

confidential. In addition to being confidential, participation in the study is strictly voluntary: You can freely choose whether, or not, to participate.

Your participation is voluntary and, if you choose to participate, you may stop participation and revoke your consent for the processing of your personal data at any time, without having to provide any justification. The withdrawal of consent will not affect the legality of any processing carried out prior to the withdrawal based on the consent provided.

Your personal data will be kept for 3 months, until interview is transcribed and irreversibly, ensuring their anonymity in the study results, only disclosed for purposes such as teaching, communication at meetings or scientific publications.

There are no significant expected risks associated with participation in the study, although if any discomfort may arise during or after your participation the research team might be reached through e-mail.

Iscte does not divulge/disclose or share, with third parties, the information relating to your personal data will only be available to the research team identified above and will be erased after 3 months.

Iscte has a Data Protection Officer, who can be contacted at mailto:dpo@iscte-iul.pt. If you consider it necessary, you also have the right to lodge a complaint with the competent supervisory authority – the National Data Protection Commission.

I declare that I have understood the objectives of what has been proposed to me and explained by the researcher, that I have been given the opportunity to ask all the questions about this study and that all of them have received an enlightening/satisfactory answer.

I agree to participate in the study and consent to the use of my personal data in accordance with the information made available to me.

Yes ☐ No ☐

Name:

Signature: ________________,

_____ / ____ / ____ [place, day / month / year]

Appendix C
Debriefing Guide

Thank you very much for taking part in this study.

As stated at the beginning of your participation, the study focuses on Indian daughters-in-law who are caretakers and aims at getting a better understanding of their experience in the dual role of a daughter-in-law and a caretaker in the Indian context. More specifically, the study also wishes to see if there is a change in family dynamics after the daughter-in-law takes up the role of the caretaker, and the role of filial piety in caretaking.

In the context of your participation, all information will be anonymized and only relevant sections of the interview will be added.

We would like to reinforce the contact details you can use should you have any questions, wish to share any comments, or signal your intention to receive information about the main results and conclusions of the study: Muskaan Khanka (khanka.muskaan@gmail.com), Dr. Marta Matos (marta.matos@iscte-iul.pt), Dr. Sugandha Gupta (sugandha_gupta@brown.edu)

If you are interested in accessing more information about the subject of the study, you can also consult the following sources:

- 1090 – National Helpline for Women's Safety.
- 181 – Toll-free number for women in distress.
- 18001027282 – Helpline established by the International Foundation for Crime Prevention and Victim Care (PCVC)
- +91 7217735372 – Domestic Violence helpline number by National Commission For Women

- Sayfty – Website for Empowering Women Against Violence. They have a list of therapists who are familiar with cases of domestic violence.

The study will be published on Iscte's website (https://www.iscte-iul.pt/theses) after it has been successfully defended by the primary researcher and will be open for public access.

Thank you again for your participation.

Appendix D

Codebook

A. Caregiver Experiences

Description: This parent code should be applied to participants' responses that focus on their experiences as caregivers. Specify with appropriate child code(s) below.

Child Codes:

- **Emotional Experience of Providing Informal Care:** Any instance where the caregiver mentions emotions (e.g., sadness, anger, or pride) related to their caregiving, either during their caregiving experience or when reflecting upon it.
- **Consequences of Caregiving:** Any challenges or encounters in life faced by the participant due to their role as a caregiver.
  - **Changes in Self:** Any time the participant talks about change or growth in herself as a result of a caregiving experience. Specify, where possible, whether the change is perceived as:
    - **Negative,** or a change that is/was unwelcomed or challenging.
    - **Positive**, or a change that is/was welcomed or beneficial.
  - **Health Consequences:** Any instance where the caregiver mentions consequences of caregiving on their health.
  - **Strain:** Moments of negative emotions, tiredness, or pressure experienced by the caregiver.
- **Self-care Behaviours:** Any habits (past, present, or future) that the caregiver considers as self-care.
- **Barriers:** Any barriers or problems faced by the caregiver.
- **Facilitators:** Factors that support the caregiver, making the caregiving process easier or more manageable.

B. Caregiving Related Tasks

Description: Any instance where a participant describes an activity or action that they do for their families (primarily their in-laws, given the research question). This can constitute

activities that they mention explicitly as caregiving (giving medicines, scheduling/going for doctors' appointments, etc.) during the interview, or activities that can be considered as caregiving– such as providing emotional support to a family member.

Child Codes:

- **Emotional Caregiving:** Any actions described by the participant that they undertake in an effort to support another's emotional state.
- **Instrumental Caregiving:** Any actions described by the participant that involve movement or effort on part of the participant.

C. **Family Dynamics**

Description: Any text that talks about the family as defined by the participant and their interactions. This includes interactions with the spouse, children, the parents-in-law, and other people from the husband's family.

Child Codes:

- **General Family Dynamics:** Any interactions, general relationships, and choices made amongst the family the caregiver married into.
- **Mother-in-law:** Interactions and general relationship of the caregiver with the mother-in-law.
- **Father-in-law:** Interactions and general relationship of the caregiver with the father-in-law.
- **Experiences as a Daughter-in-Law:** Any interactions or moments that the caregiver experiences in her role as the daughter-in-law of the family she married into.
- **Sister-in-Law:** Interactions and relationship with a sister-in-law (can be husband's sister, or husband's brother's spouse).
- **Brother-in-Law:** Interactions and relationship with a brother-in-law (can be husband's brother, or husband's sister's spouse).
- **Maiden Family:** Any text that talks about their relationship with their maternal family members – parents, siblings, grandparents, etc.
- **Other family members:** Any other family members mentioned.

D. **Spouse**

Description: Notable mentions of the spouse in relation to the caregiving process. Any significant interactions of the caregiver with their spouse. This includes their relationship as a couple and their relationship with the parents of the spouse.

Child Codes:

- **Characteristics of Spouse:** How the participant describes her husband, any noticeable characteristics that may affect the caregiving process of the participant.
- **Interactions of Caregiver with Spouse:** Any descriptions of the caregiver's relationship with the spouse. This can include their dynamics as a couple, their daily interactions, etc.
- **Relationship of Spouse and Parents:** Any mentions of how the spouse interacts with his own parents.
- **Spousal Support:** Any support (or lack of) from the spouse during the process of caregiving – can be emotional, physical, psychological or financial, etc.

E. **Children**

Description: Any mentions of the caregivers' children, their interactions within the family, and their relationship with other family members.

Child Codes:

- **Interaction of Caregiver with Children:** Any activities or interactions between the caregiver and her children, such as spending time with them, helping them with school work, etc.
- **Relationship of Children with Grandparents:** Interactions of the children with the grandparents.
    - **Positive Interactions with Grandparent(s):** Any positive interactions of the children with their grandparents.
    - **Negative Interactions with Grandparent(s):** Any negative interactions of the children with their grandparents.

- **Relationship with Others:** Relationship and interaction of the caregiver's children with any other family member.
- **Transgenerational Caregiving:** Notable mentions of the caregiver having seen their parents or mother take up caregiving for their grandparents, or the caregiver's children observing the current caregiving happening in the house.
  - **Maiden Family to Caregiver:** Instances of the caregiver observing her parents (or mother) take care of elderly family members during her childhood, which may have contributed to her caregiving for her in-laws in the present day.
  - **Caregiver to Her Children:** Instances of the caregiver's children learning from her duties as a caregiver to become caregivers for their parents in the future.

F. In-Laws

Description: Any text about the in-laws mentioned in the interview in the context of either the caregiving process or the relationship of the caregiver with the in-laws.

Child Codes:

- **Interactions with Mother-in-Law (MIL):** Caregiver's descriptions of interactions or relationship with their MIL.
- **Characteristics of MIL:** Characteristics, habits, or personal attributes of the MIL.
- **Interactions with Father-in-Law (FIL):** Caregiver's descriptions of interactions or relationship with their FIL.
- **Characteristics of FIL:** Characteristics, habits, or personal attributes of the FIL.

G. Cultural Context

Description: Any time the caregiver mentions culture, it can be her maternal side, the in-laws, or their shared culture. This can also include certain expectations that may stem from a particular culture or tradition.

Child Codes:

- **Karma:** Any mentions of karma, or the belief that what one reaps one will sow. For example, if person A does a good deed now, they will get it back from another person (person B) in the future.
- **Religion:** Any notable mentions of religion or religious practices. This can also include the practices or beliefs of the caregiver.
- **Tradition:** Any notable mentions of certain traditions (customs, traditions, rituals, etc.) being followed by the family of the caregiver – maternal or married.

H. Society

Description: Any text that may talk about any societal pressure, norms or expectations mentioned by the caregiver. This may be expectations or pressures placed on the individual caregiver, or a general understanding of roles and duties.

Child Codes:

- **Gender Norms:** Instances that comment on gender norms and expectations from specific genders or sexes to uphold certain rules or practices in society.
- **Expectations:** Expectations from people to perform a certain role in the house or the public. These expectations can be unsaid but may exist in the cultural context.

I. Duty

Description: Any text that mentions the sense of duty the participant may feel while undertaking the responsibilities of a caregiver. If they believe caregiving to be a duty that they fulfil due to their personal beliefs, or for the sake of being a daughter-in-law. Specify the motivation for the sense of duty using the codes below, wherever possible:

Child Codes:

- **Intrinsic Sense of Duty:** Caregiving comes from within for the participant. They feel fulfilled and happy in ensuring proper caregiving to their in-laws.
- **Extrinsic Sense of Duty:** Their role as a daughter-in-law makes caregiving essential. They may tolerate the responsibilities or may do the bare minimum to ensure the welfare of the family members.

J. Appreciation

Description: Any moments of appreciation between the caregiver and the family members, where one party may praise, acknowledge or appreciate the other's actions, or characteristics.

Child Codes:

- **Appreciation for the Caregiver:** Interactions and moments of appreciation for the actions of the caregiver from the in-laws.
- **Appreciation from the Caregiver:** Interactions and moments of appreciation where the caregiver appreciates any in-law family member for their actions - emotional or instrumental support.

K. Other

Other: Any quotes or text that are not mentioned here but seem important to the research question

Great Examples: Quotes given by the participant that will be great exemplars for analysis and manuscript purposes.