

Marital Rape and Risk of Sexually Transmitted Diseases and Reproductive Tract Infections among Young Married Women in India

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Background: Worldwide, at least one woman in three has been beaten, coerced into sex, or otherwise abused in her lifetime (JHU, 1999). The World Bank estimates that in industrialized countries sexual assault and violence take away almost one in five healthy years of life of women aged 15-44 (UNFPA, 2000). In a study conducted in Punjab (India), 81% of women felt that if their husband opposed the use of contraception, they were obliged to respect his wishes (Population Council 1997). In South Africa, 30 percent of young women indicate that their first sex was coerced (UNFPA, 2003). Many young women are faced with the challenge of saying no to unprotected sex, especially when dependent economically and socially on their male partners. The fear of violent consequences contributes to the absence of any negotiating position for protected sex (Development studies Network, 2000). The vital issues to women and their health are nutrition, sanitation, and infection of disease, psychological tension, pregnancy, delivery and sexual violence. A study in southern India of 451 married young girls (aged 16-22) found high levels of reproductive health problems, including RTIs (48 percent reported one or more) (Kurz, et al., 1999). Girls are often forced to marry men much older than themselves, leaving them particularly vulnerable to an abusive relationship (UNICEF, 1998).

This study tries to explore the young married women's perception on sexual rights, gender roles and husband's extramarital relationship and its association with experience of sexual & physical violence and sexual health problems.

Data and Methods: The data for this study has been taken from an exploratory study in New Delhi, India to look at the Reproductive and Sexual Rights of Young Married Women and their Health outcomes in diverse socio-cultural and economic settings during December 2007 to January 2008. A total of 300 scientifically selected young married

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women aged 15-30 years were interviewed using structured questionnaire. Informed consent was taken from the potential participants. The response rate was high, with 94% of individuals consenting to participate. The data was collected through handheld device. This method of data collection has been very effective and has been used in various studies (Clarence C. Gravlee 2002; Lal et al 2000; Grasso and Genest 2001; Fischer et al. 2003, Horizon 2008). The survey required 30-35 minutes to complete. The research team received intensive training on the use of handheld devices and its software (*Perseus*) in the classroom and in the field. Systems were developed to download the survey data from the handhelds to the mainframe computer on a daily basis to ensure that the data were not lost (Horizons 2008). Consistency check was run using SPSS v16 to ensure high quality of data. Standardized procedures were established and followed for contacting and interviewing respondents. One-to-one interviews were done confidentially and the identity of respondents was not recorded so that they could not be linked with the data.

Results: The mean age of the women selected for survey was 26 years (SD 3.52) and the median years of schooling was 10 years (SD 3.51). The mean age at first marriage was 18 years (SD 3.09), however, 27% of the women were married before attaining 18 years of age. More than half (54%) were married for more than 6 years at the time of interview; twenty one percent were married for 2 years or less than that. The average household monthly income of the selected sample was 165 USD.

More than four-fifth of young married women reported that they ever experienced coercive sex from their husband and more than 55% of them reported that it happened to them during last 12 months and around 40% of them said that it happened to them more than once during last one year. Forty nine ($p < 0.05$, Chi square test) of women who reported sexual violence also reported physical violence from their husband and 71% ($p < 0.05$, Chi square test) reported non physical (mental) violence by their husbands. The overall violence (physical & mental) by husband among sexually abused women was 74% ($p < 0.05$, Chi square test). Among the women who experienced sexual violence, 44% ($p < 0.05$, Chi square test) had at least one Sexually Transmitted Diseases (STDs)⁴ symptoms during the last 6 months compared to only 27% who did not experience sexual violence ($p < 0.05$, Chi square test). More than 17% of women said that their husband had extramarital sex with other women and 16% feel that they have high probability of being infected by HIV due to husband's behavior. The logistic regression analysis shows that women's perception that 'If a woman is married then she should be ready for sex with her husband whenever he demands' (OR 2.09, 95% CI 1.038-4.27) is the most significant predictor of coercive sex followed by inter spousal communication on safe sex and family planning⁵ (OR 2.19, 95% CI 1.26-3.45).

⁴ These are white discharge, pain during intercourse, pain during urination, some mass coming out during urination, pain in the lower abdomen, blood in urine, blisters around genitals and foul smelling

⁵ Women were asked whether during last 6 months they discussed the following with their husband ; condoms, RTI/STIS, HIV & AIDS, pregnancy & contraceptive and ideal number of children they would have.

Conclusions: There is a wide spread sexual and physical violence against young married women which make them vulnerable to RTIs and STDs. What make the young women more vulnerable is that the perpetrators are mostly their husbands, and their silent justification to such violence to keep their family together continues to be a barrier in promoting gender equitable behavior.