

PAA submission
09/21/2009

**The Effect of Early Marriage on Women's Sexual Autonomy within
Marital Relationships in Asia: Evidence from India, Indonesia, Nepal and
Philippines**

Hongyun Fu, Ph.D.

Department of International Health and Development
Tulane University School of Public Health and Tropical Medicine

SHORT ABSTRACT

Word count: 149

Though it is widely acknowledged that women in developing countries, particularly those who married in adolescence, have limited control over sexual behaviors within marital relationships, the patterns of Asian women's sexual submissiveness in marriage and the determinants have not been systematically investigated. Utilizing Demographic and Health Survey data collected from four Asian countries between 2003 and 2007 (including India, Indonesia, Nepal and Philippines), this study aims to (1) assess the patterns of Asian women's attitudes towards their autonomy over sexual behaviors within marital relationships, (2) examine the association between early marriage and women's sexual autonomy; (3) explore the individual, couple and community-level determinants of women's attitude towards sexual autonomy. The study includes a total sample of 52,016 Asian couples. Findings from this study would contribute to designing strategies in empowering women within marital sexual relations and reducing their risks for HIV/AIDS and other adverse reproductive health outcomes in contemporary Asia.

Keywords: sexual autonomy, sex negotiation, women's empowerment, India, Indonesia, Nepal, Philippines

EXTENDED ABSTRACT

INTRODUCTION:

In most of the Asian countries, marriages for young women are traditionally arranged by older generation with the families ((Smith 1980; Xeno and Gultiano 1992). Young women exercise little control over whom they will marry, and later on, over decision-makings regarding issues within the family (United nations 1990; Xeno and Gultiano 1992). Child marriages among women are frequent in Asia, though a gradual transition from traditional early and universal marriage to a more modern pattern (e.g. an older age at first marriage) has been witnessed (Xeno and Gultiano 1992). In general, prevailing social and sexual norms in Asia particularly support male dominance in marital partnerships and stress the entitlement of men to sex within marriage, even if it is by force (Tran 1991; Jejeebhoy and Santhya 2003; Im-em et al. 2006). Meanwhile, those norms warrant women's submissiveness within family life and their sense of powerlessness in negotiating sex and sexual relations with men (Gupta and Weiss 1993; Blanc 2001; Shearer et al. 2005).

The unequal gender norms deeply rooted in traditional Asian cultures have profound impact on all aspects of women's lives, including their sexual and reproductive health (Blanc et al. 1996; Blanc 2001; Jejeebhoy 2002; Bloom and Griffiths 2007). A number of studies in literature documented the inability of Asian women to discuss sex issues with their spouses and a significant proportion of them reported ever experiencing non-consensual sex by a current or former spouse (Heise et al. 1995; Sharma et al. 1998; Joshi et al. 2001; 2002; Khan et al. 2004). Women who entered marriage in adolescence are reported to be particularly vulnerable to sexual coercion, physical, psychological or sexual abuse, pregnancy complication, and pregnancy related death and other negative health outcomes (Ouattara et al. 1998; George 2003; Santhya et al. 2006; Jejeebhoy et al. 2006). A sizable literature discussed gender inequality in sexual relationships and its multitude negative effects on women's sexual and reproductive health (Heise et al. 1995; 1999; Kapoor 2000; Pulerwitz et al. 2000; Maitra and Schensul 2004; Koenig et al. 2006). However, the effect of early marriage on women's submissiveness in sexual relationships in Asia has been have been seldom empirically examined.

Utilizing cross-country data collected in Demographic and Health Surveys from India, Indonesia, Nepal and Philippines between 2003 and 2007, this study aims to examine the effect of early marriage on women's attitudes towards their sexual autonomy within marital relationships, while controlling for the confounding factors at the individual, couple and community levels. In particular, this study employs the couples data (N total = 52,016 couples) available in the DHS surveys in the four countries under study to explore the effects of couple characteristics and relationship factors in determining women's control over their sexual behaviors within marriage. One of the main goals is to highlight the influence of men and marriage on women's attitudes and behaviors regarding decision-making in the protection of sexual health and rights.

DATA AND METHODOLOGY

Data

This study utilizes recent standard Demographic and Health Survey (DHS) data from four countries in Asia between 2003 and 2007, including Indonesia (2007), India (2005-2006), Nepal (2006) and the Philippines (2003). The 2007 Indonesia Demographic and Health Survey (IDHS) is a nationally representative survey of 40,701 households, 32,895 ever married women age 15-49, and 8,758 currently married men age 15-54 (Statistics Indonesia and Macro International. 2008). The 2005-06 Indian National Family Health Survey (NFHS-3) covered all men and women in 29 states in India, which comprise more than 99 percent of India's population (International Institute for Population Sciences and Macro International 2007). NFHS-3 collected information from a nationally representative sample of 109,041 households, including 124,385 women age 15-49, and 74,369 Indian men age 15-54. The 2006 Nepal Demographic and Health Survey (NDHS) is a nationally representative survey of 10,793 women age 15-49 and 4,397 men age 15-59 (Ministry of Health and Population Nepal, New ERA, and Macro International Inc. 2007). The 2003 Philippine National Demographic and Health Survey (NDHS) is a nationally representative survey of 13,945 women age 15-49 and 5,009 men age 15-54. This study utilizes the sub-samples of 52,016 Asian couples (both married women and their husbands were interviewed in the surveys and information were matched in the data). More specifically, it includes a total sample of 52,016 Asian couples, including 3719 couples from Indonesia, 2600 couples from Nepal, 39242 couples from India and 2094 couples from Philippines.

These four surveys collected information on respondents' socioeconomic background, fertility levels, marriage and sexual activity, fertility preferences, knowledge and use of family planning methods, breastfeeding practices, childhood and adult mortality including maternal mortality, maternal and child health, and awareness and behavior regarding HIV/AIDS and other sexually-transmitted infections, and issues related to women's empowerment within family life.

Measurement

Dependent variable

Respondents were asked whether a wife is justified in refusing to have sex with her husband under four circumstances: (1) she knows her husband has a sexually transmitted disease, (2) she knows her husband has sex with other women, (3) she has recently given birth or is menstruating (this item was not included in India and Nepal DHS), (4) she is tired or not in the mood. The outcome of interest, women's attitudes towards sexual autonomy within marital relationship is derived from the above questions by adding the three items covered by all four DHS surveys. The higher score indicates higher acceptance levels to women's sexual autonomy. A binary variable is also created, using 3 (yes to all three items) as the cut-off point, indicating approval of women's sexual autonomy (1=approval, 0 = not approval or approval some). Overall, women reported a

Table 1: The distribution of women's attitudes towards sexual autonomy within marital relationships and women's age at first marriage in four Asian countries:

Indicators	Countries			
	Indonesia % yes (n)	India % yes (n)	Nepal % yes (n)	Philippines % yes (n)
Attitudes towards women's sexual autonomy				
Item I: Women are justified in refusing to have sex with the husband if her husband has a STD	82.1% (6401)	81.4% (31942)	93.8% (2440)	65.1% (1992)
Item II: Women are justified in refusing to have sex if her husband has sex with other women	80.6% (6284)	82.9% (32525)	87.7% (2281)	91.2% (1909)
Item III: Women are justified in refusing to have sex with her husband if she is tired or not in the mood	66.2% (5159)	80.9% (31748)	90.1% (2342)	95.4% (1997)
Item IV: Women are justified in refusing to have sex with her husband if she recently had birth or is menstruating	89.6% (6990)	--	--	91.7% (1920)
Levels of acceptance to women's sexual autonomy				
4: Yes to four items	56.8% (4431)	--	--	85.6% (1792)
3: Yes to three items	23.8% (1857)	71.8% (28161)	82.0% (2133)	8.4% (175)
2: Yes to two items	8.0% (626)	12.1% (4749)	10.8% (281)	2.6% (55)
1: Yes to one item	3.7% (287)	5.7% (2234)	3.9% (102)	0.7% (15)
0: No to all items	7.6% (596)	10.4% (4098)	3.2% (84)	2.7% (57)
Approval of women's sexual autonomy (yes to all the three items available in surveys from all four countries)				
Yes	56.9% (4449)	71.8% (28161)	82.0% (2133)	85.4% (2033)
Age at first marriage				
Mean (std)	19.58 (4.2)	18 (3.9)	16.88 (2.9)	20.7 (4.53)
Median	19	17	16	20
Early Marriage I (cut-off: 18 years old)				
	44.2%	61.8%	78.0%	34.8%
Early Marriage II (cut-off: 15 years old)				
	15.6%	26.8%	33.6%	8.91%
Total N	7797	39242	2600	2380

considerable level of acceptance to their own sexual autonomy for all the items. The proportion of women approving women’s sexual autonomy within marital relationships is the lowest in Indonesia (56.9%), followed by India (71.8%), Nepal (82.0) and Philippine (85.4%) (Please see table 1).

Independent variables

The major independent variable of interest, i.e. early marriage, is defined as age at first marriage being 18 years old or younger. The median age of women at first marriage ranges from 16 to 20 years old in the four countries (see table 1). The proportion of women getting married at the age of 18 or younger is the highest in Nepal (79%), followed by India (61.8%), Indonesia (44.2%) and Philippines (34.8%). A significant proportion of women in this sample were 15 years old and younger at the first marriage.

Other factors at individual level, couple level, and community level, which might affect women’s attitudes toward sexual autonomy, under study are summarized in table 2. Individual level variables include age, education, religion, ethnicity, exposure to the media, and knowledge on HIV/AIDS. Couple level variables include spousal differences on age and social economic status (e.g. education, occupational attainment), household wealth index, during of marriage, family structure (including household size, whether having a son, and co-residence with parents/in-laws) and women’s contribution to household expenditure. The community level variables include residence type (rural versus urban) and community social norms regarding women’s sexual autonomy. The community norms variable is the proportion of adults living in the community who reported approval of women’s autonomy within marital sexual behaviors. It is calculated from the individual- to the community-level, excluding the index individual to avoid problems associated with correlation, and then dichotomized at the median value of all communities.

Table 2: Key control variables in the study

Individual level variables	<ul style="list-style-type: none"> • Current age • Socioeconomic status (education, occupation) • Religious belief • Exposure to mass media • Knowledge about HIV/AIDS
Couple/relationship level variables	<ul style="list-style-type: none"> • Spousal difference on age, education, occupation status • During of marriage • Household wealth index • Family structure (e.g. number of children, whether having a son, co-residence with parents or in-laws) • Women’s contribution to household expenditure
Community Level variables	<ul style="list-style-type: none"> • Residence: urban versus rural • Community norms regarding women’s sexual autonomy

Data Analysis

Statistical analysis will be carried out with STATA software package (version 10 /Special Edition to examine the statistical significance of an association (StataCorp, 2008).

Descriptive statistics will be reported to present the characteristics of the samples and the distribution of outcomes in four countries. Weighted percentages will be reported. Bivariate logistic regression will be employed to examine the association between early marriage and approval of women's sexual autonomy within marital relationships. The survey set of commands will be used to adjust for the potential within-cluster correlations considering the fact that individuals were not independently sampled, but were selected within chosen clusters. The bivariate associations between women's sexual autonomy and other individual, couple and community level factors will also be reported.

At the multivariate level, structure equation modeling will be used to examine the association between early marriage and women's approval of sexual autonomy, while simultaneously controlling for the confounding social, economic, relationship and contextual factors at the individual, couple and community levels as well as the potential endogeneity issue between those factors and early marriage in the models predicting women's attitudes towards sexual autonomy.

SIGNIFICANCE OF THE STUDY

Findings from this study would help us to understand the attitudes of contemporary Asian women towards their autonomy over sexual behaviors within marital relationships as well as its determinants of women's sexual autonomy at individual, couple and community levels. This study highlights the importance of reducing early marriage among women in addressing sexual autonomy over sexual relationships among them. In addition, this study emphasizes the importance of couple and relationship factors in understanding women's attitudes and behaviors. Findings from this study would be of significance in designing strategies in empowering women in negotiating safe sex and reducing HIV risk in the contemporary Asian social contexts.

REFERENCE

- Blanc, Ann Klimas; Brent Wolff; Anastasia J. Gage, Alex C. Ezeh, Stella Neema and Joyun Ssekamatte-Ssebuliva. 1996. *Negotiating Reproductive Health Outcomes in Uganda*. Calverton, MD, Institute of Statistics and Applied Economics (Uganda) and Macro International.
- Blanc, Ann K. 2001. The Effect of Power in Sexual Relationships on Sexual and Reproductive Health: An Examination of the Evidence. *Studies in Family Planning* 32(3): 189-213.
- Bloom, Shelah S. and Paul L. Griffiths. 2007. Female Autonomy as a Contributing Factor to Women's HIV-related Knowledge and Behavior in Three Culturally Contrasting States in India. *Journal of Biosocial Science* 39(4):557-73.
- George, A. and S. Jaswal. 1995. Understanding Sexuality: Ethnographic Study of Poor Women in Bombay. Women and AIDS Program Research Report Series no. 12, Washington D.C.: ICRW.
- George, A. 2003. Newly married adolescent women: Experiences from case studies in urban India. In S. Bott et al., eds, *Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia*, pp. 67-72, Geneva: WHO
- George A and Jaswal S, Understanding sexuality: an ethnographic study of poor women in Bombay, India, *Women and AIDS Research Program Report Series*, Washington, DC: International Center for Research on Women, 1995, No. 12.
- Gupta, Geeta Rao and Ellen Weiss. 1993. Women's Lives and Sex: Implications for AIDS Prevention. *Culture, Medicine and Psychiatry* 17: 399-412.
- Heise, Lori; Fristen Morre, and Nahild Toubia. 1995. *Sexual Coercion and Reproductive Health: A Focus on Research*. New York: Population Information Program.
- Heise, Lori; Mary Ellsberg and Megan Gottemoeller. 1999. *Ending Violence Against Women*. Population Reports Series L, No. 11. Baltimore: John's Hopkins University School of Public Health, Population Information Program.
- Hindin, M. J., & Adair, L. S. (2002). Who's at risk? Factors associated with intimate partner violence in the Philippines. *Social Science and Medicine*, 55, 1385-1399.
- Im-em W, Kanchanachitra C and Archavanitkul K, Sexual coercion among ever-partnered women in Thailand, in: Jejeebhoy SJ, Shah I and Thapa S, eds., *Sex Without Consent: Young People in Developing Countries*, London: Zed Books, 2006, pp. 74-85.
- International Institute for Population Sciences (IIPS) and Macro International. 2007. *National Family Health Survey (NFHS-3), 2005-06: India: Volume I*. Mumbai: IIPS.

Jejeebhoy, Shireen J. 2002. Convergence and Divergence in Spouses' Perspectives on Women's Autonomy in Rural India. *Studies in Family Planning* 33(4): 299 -308.

Joshi, A. et al. 2001. Experiences and perceptions of marital sexual relationships among rural women in Gujarat, India. *Asia-Pacific Population Journal* 16(2): 177-94

Joshi, et al., op. cit.; Khan, M.E. et al. 2002. Behind closed doors: A qualitative study on sexual behaviour of married women in Bangladesh. *Culture, Health and Sexuality* 4(2): 133-51;

Joshi A et al., Experiences and perceptions of marital sexual relationships among rural women in Gujarat, India, *Asia-Pacific Population Journal*, 2001, 16(2):177-194.

Kapoor, Sushma. 2000. Domestic Violence against Women and Girls. Innocenti Digest NO. 6. Florence, Italy: UNICEF and Innocenti Research Center.

Khan ME, Townsend JW and D'Costa S, Behind closed doors: a qualitative study on sexual behaviour of married women in Bangladesh, *Culture, Health & Sexuality*, 2002, 4(2):237-256.

Koenig MA et al., Individual and contextual determinants of domestic violence in North India, *American Journal of Public Health*, 2006, 96(1):132-138.

Maitra S and Schensul SL, The evolution of marital relationship and sexual risk in an urban slum community in Mumbai, in: Verma RK et al., eds., *Sexuality in the Time of AIDS: Contemporary Perspectives from Communities in India*, New Delhi: Sage Publications, 2004, pp. 129-155

Ministry of Health and Population (MOHP) [Nepal], New ERA, and Macro International Inc. 2007. *Nepal Demographic and Health Survey 2006*. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and Macro International Inc.

National Statistics Office (NSO) [Philippines], and ORC Macro. 2004. *National Demographic and Health Survey 2003*. Calverton, Maryland: NSO and ORC Macro.

Ouattara, M. et al. 1998. Forced marriage, forced sex: The perils of childhood for girls. *Gender and Development* 6(3):27-33. 14

Presser, Harriet B. and Gita Sen. 2000. *Women's Empowerment and Demographic Processes: Moving Beyond Cairo*. Oxford University Press

Santhya KG and Jejeebhoy SJ, Young women's experiences of forced sex within marriage: evidence from India, in: Jejeebhoy SJ, Shah I and Thapa S, eds., *Sex Without Consent: Young People in Developing Countries*, London: Zed Books, 2006, pp. 59-73.

Sharma V, Sujay R and Sharma A, Can married women say no to sex? Repercussions of the denial of the sexual act, *Journal of Family Welfare*, 1998, 44(1):1–8.

Shearer, C.L., S.J. Hosterman, M.M. Gillen, and E.S. Lefkowitz. 2005. Are Traditional Gender Role Attitudes Associated with Risky Sexual Behavior and Condom-Related Beliefs? *Sex Roles* 52:311-324.

Smith P. 1980. Asian marriage patterns. *Journal of Family History*. Spring Pp. 58-96.

Statistics Indonesia (Badan Pusat Statistik—BPS) and Macro International. 2008. *Indonesia Demographic and Health Survey 2007*. Calverton, Maryland, USA: BPS and Macro International.

Tran Dinh Huou. 1991. Traditional Families in Vietnam and the influence of Confucianism. In Rita Lilhestrom and Toung Lai (eds): *Sociological Studies on the Vietnamese Family*. Social sciences publishing house. Hanoi, Pp 25-47.

Xenos, Peter and Gultiano, Socorro, A. 1992. Trends in female and male age at marriage and celibacy in Asia. *Papers of the program on population: East-West Center*. Honolulu, Hawaii, No. 120, September.