

Published in final edited form as:

Int J Gynaecol Obstet. 2010 July ; 110(1): 35–39. doi:10.1016/j.ijgo.2010.01.022.

Association between adolescent marriage and marital violence among young adult women in India

Anita Raj^{a,b,*}, Niranjan Saggurti^c, Danielle Lawrence^a, Donta Balaiah^d, and Jay G. Silverman^e

^aDepartment of Community Health Sciences, Boston University of Public Health, Boston, USA

^bDepartment of Medicine, Boston University School of Medicine, Boston, USA

^cPopulation Council, New Delhi, India

^dNational Institute for Research in Reproductive Health, Indian Council for Medical Research, Mumbai, India

^eDepartment of Society, Human Development and Health, Harvard School of Public Health, Boston, USA

Abstract

Objective—To assess whether a history of adolescent marriage (<18 years) places women in young adulthood in India at increased risk of physical or sexual marital violence.

Methods—Cross-sectional analysis was performed on data from a nationally representative household study of 124 385 Indian women aged 15–49 years collected in 2005–2006. The analyses were restricted to married women aged 20–24 years who participated in the marital violence (MV) survey module (n=10 514). Simple regression models and models adjusted for participant demographics were constructed to estimate the odds ratios (ORs) and 95% confidence intervals (CIs) for the associations between adolescent marriage and MV.

Results—Over half (58%) of the participants were married before 18 years of age; 35% of the women had experienced physical or sexual violence in their marriage; and 27% reported such abuse in the last year. Adjusted regression analyses revealed that women married as minors were significantly more likely than those married as adults to report ever experiencing MV (adjusted OR 1.77; 95% CI, 1.61–1.95) and in the last 12 months (adjusted OR 1.51; 95% CI, 1.36–1.67).

Conclusions—Women who were married as adolescents remain at increased risk of MV into young adulthood.

Keywords

Adolescent marriage; India; Intimate partner violence; Marital violence

© 2009 International Federation of Gynecology and Obstetrics. Published by Elsevier Ireland Ltd. All rights reserved.

*Corresponding author: Department of Social and Behavioral Sciences, Boston University School of Public Health, 801 Massachusetts Ave, CT Building 3rd Floor, Boston, MA 02118, USA. Tel: +1 617 638 6467 ; fax: +1 617 638 4483. anitaraj@bu.edu.

Conflict of interest There is no conflict of interest related to this work.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

1. Introduction

Global statistics indicate that 1 in 3 women and girls will be a victim of physical or sexual violence in her lifetime, and perpetrators are most commonly current or former male partners [1,2]. Intimate partner violence (IPV) against women is not only a pervasive human rights violation [1], but it is also a major reproductive health concern; victims of IPV are at increased risk of short birth intervals and unwanted pregnancy, sexually transmitted infections and HIV, maternal complications and injury, and depression and suicide [2,3].

Although vulnerability to IPV and its associated health concerns are not confined by geography or socioeconomic position, adolescence (15–17 years) is a period in which females are more likely to be victimized [2,3–17]. Substantial and consistent evidence of increased risk for IPV among adolescent girls has resulted in increasing research and efforts to prevent IPV in adolescents in higher-resource nations (e.g. the USA, Australia) [18,19]. This work supports the utility of involving the school, healthcare providers, and parents in prevention and intervention, with the goal of mitigation or termination of the abusive dating relationship [20]. Such important work, unfortunately, has limited applicability to low-resource countries, where IPV against adolescents often occurs in marital rather than in dating relationships, which inhibits the utility of parental or school involvement and the possibility of dissolution of the relationship [1,3–14]. Development of interventions for marital violence (MV), which is IPV within a marriage, for adolescent wives in low-resource countries requires better understanding of the relationship between adolescent marriage and MV.

Nationally representative data from India document that 37.2% of married women report physical or sexual MV in the last year [4] and that 45% of young adult women in India were married before 18 years of age [21]. However, there is little peer-reviewed published research on the relationship between MV and adolescent marriage in India and elsewhere. International publications (e.g. from UNICEF and WHO) and a few peer-reviewed published studies do, however, indicate that within India [4,5,21–23] and other parts of Asia and Africa [5–14] there is an increased risk of MV among adolescent wives. These studies also report that adolescent wives are, compared with women who marry later, more socially and demographically vulnerable and have little or no formal education, live in poverty within rural areas, and have limited access to health care [4–14,21–23]. Furthermore, these adolescent wives are more likely than adult wives to have limited mobility, to reside with and thus be controlled and abused by in-laws, to be 10 or more years younger than their husband, and to experience adolescent childbearing and short birth intervals; these factors are related to an increased risk of MV [2,4–14,22,23].

Although these studies clearly indicate that MV is greater for adolescent compared with adult wives within India and elsewhere, there has been more limited research on whether this is due to the social and demographic vulnerabilities (e.g. rural residence, little education, poverty, older partners) of adolescent wives, rather than their young age. Peer-reviewed published studies are also lacking on whether adolescent wives remain at increased risk of MV subsequent to reaching adulthood. A published report, which assessed MV across 9 countries including India, revealed higher rates of experience of MV in the last 12 months among those who married before the age of 15 years, compared with those married at 21 years or older [5]. However, this study did not assess the relative roles of adolescent marriage and other key demographic vulnerabilities on recent victimization from MV, nor did it consider the risk of MV among women who married at age 15 to 17 years, the ages at which most young girls in India and elsewhere are married [4,21]. Finally, the study included a broad sample of 15- to 49-year-old married women, which prevented conclusions specific to how more recent adolescent marriage is linked with MV in India today [5].

The aim of the present study was to assess the association between adolescent marriage (i.e. marriage before 18 years of age, the legal age for marriage in India) and victimization from MV, ever and in the last 12 months, among a nationally representative sample of married Indian women aged 20–24 years.

2. Materials and methods

The India National Family Health Survey 3 (NFHS-3), a household survey conducted across all Indian states by the International Institute for Population Sciences (IIPS) and Macro International from November 2005 to August 2006, was used for this study. A nationally representative household-based sample was created via a stratified, multistage cluster sampling strategy. Women aged 15–49 years were surveyed verbally by a trained interviewer in English or in the principal language of each Indian state based on the preference of household members, to minimize potential literacy barriers. Written informed consent was obtained from all participants before the survey was conducted. The data collection and management procedures that were used are described elsewhere [4]; all study procedures were reviewed and approved by the IIPS ethical review board in India and the institutional review board of ORC Macro in the USA. Surveys were collected from 124 385 female participants at a 95% response rate. A subsample of these women (n=83 703) were also asked to answer a series of questions on domestic violence (including MV); those asked to participate were women who had ever been married and could answer the questions in privacy. The subsample of participants who completed the domestic violence module did not differ significantly from the total sample in any of the major demographic indicators.

The sample used in the analysis here was restricted to women aged 20–24 years who were currently married and had participated in the domestic violence module (n=10 514; 73.7% of the total subsample of 20–24 year old women) so that the association between MV and marriage as a minor could be investigated. Participants aged 20–24 years were included in the study because this age group is representative of more recent adolescent marriage practices. More details on sampling are available in the NFHS 3 report [4].

The demographic characteristics assessed were age, education, religion, wealth index (indicated by assets observed by interviewer; households were ranked and divided into quintiles from 1 = poorest to 5 = wealthiest), area of residence (rural/town/city), and national region of residence (developed by IIPS; see IIPS [4] for details). Partner demographics included the husband's level of education and age; a variable on older husbands was created based on whether the participant's husband was 10 or more years older than his wife. Marital characteristics included marital status, duration of marriage, and age at marriage. The adolescent marriage variable was defined as being married at 15–17 years; in contrast, adult marriage indicates being married at 18 years or older.

Experience of MV included both physical and sexual MV. Physical MV was assessed as victimization from a current partner ever and victimization from a current partner in the last 12 months. Women were classified as experiencing physical MV on the basis of their response of “yes” to any of the following 7 yes/no questions: slapped; twisted arm or hair; shaken, pushed or thrown; kicked or dragged; punched with fist or something else; strangled or burned; threatened or attacked with a knife or gun. These questions demonstrated good internal reliability, with Cronbach alphas >0.8 for both last year physical MV and ever physical MV. On the basis of the definition of severe violence from the WHO multicountry study of domestic violence [2], severe physical MV “in the past year” and “ever” variables were also constructed based on respondents answering “yes” to any of the following: kicked or dragged; punched with fist or something else; strangled or burned; threatened or attacked with a knife or gun. Similarly, sexual MV was assessed as victimization from a current

partner ever and victimization from a current partner in the last 12 months. Women were classified as experiencing sexual MV based on their response of “yes” to either of the following 2 yes/no questions: physically forced to have unwanted sex; and physically forced to engage in other sex acts. These questions also demonstrated good Cronbach alphas (0.7) for both last year and ever sexual MV. In addition to the physical and sexual MV variables, we also created any MV variables for the past year and ever, based on respondents answering “yes” to physical or sexual MV in these specified timeframes.

Prevalence estimates of adolescent marriage and experience of MV were calculated for the total sample. These proportions were assessed via weighted analyses to account for selection probability and non-response using the national testing weight for the NFHS 3 women’s subsample participating in the IPV questionnaire. This national level weight was calculated to account for differences in sampling proportions across states for the sample of women who participated in the domestic violence module, and it is normalized for the NFHS sample as a whole.

Simple logistic regression models were constructed to estimate odds ratios (ORs) and 95% confidence intervals (CIs) for associations between adolescent marriage and MV, ever or in the last 12 months. For each of these same outcome variables, multivariate logistic regression analyses were conducted to assess the effect of adolescent marriage on experience of MV beyond that attributable to differences in sociodemographic covariates (i.e. participant’s age and education, household wealth index, city versus rural residence, religion, national region of residence, and having a husband who is 10 or more years older). Illiteracy of the participants was not included in the adjusted model because of its co-linearity ($r > 0.7$) with participant education; duration of marriage was not included in the model because of its co-linearity ($r > 0.7$) with the adolescent marriage variable. All statistical analyses were conducted using SPSS version 16.0 (SPSS, Chicago, IL, USA).

3. Results

The median age of the participants ($n=10\ 514$) was 22.0 years (interquartile range [IQR], 21–23 years); the median age of the husbands was 27 years (IQR, 25–30 years). Education and literacy levels were not high in this population (Table 1). The median duration of marriage for the participants was 5 years (IQR, 2–6 years; mean, 4.6 ± 2.7 years).

The majority of the participants (57.7%, $n=5715$; weighted analysis) were married before the national legal age of 18 years; a small proportion of the women were married before the age of 13 years (3.2%; $n=340$). Among the subsample of women who married as minors, 71% (4041/5715) were married at 15 to 17 years, and the median age at marriage was 15 years (IQR, 14–16 years). Among the women who married at 18 years or older, the median age at marriage was 19 years (IQR, 18–20 years). More than one-third of women (34.9%) reported that they had ever experienced physical or sexual MV; 27% of the women reported MV in the last 12 months. Almost 1 in 10 participants reported severe or life-threatening MV in the last 12 months (Table 2).

The women who were married as adolescents were significantly more likely than those married as adults to report experiencing MV ever (adjusted odds ratio [aOR] 1.77; 95% CI, 1.61–1.95) and in the last 12 months (aOR 1.51; 95% CI, 1.36–1.67) (Table 3).

The MV variables that were used were largely based on physical rather than sexual MV (Table 2); however, we conducted exploratory analyses to determine whether the associations between adolescent marriage and MV held true for sexual IPV. Analyses were conducted to predict sexual MV ever and in the last 12 months; analyses included both simple regression models and multivariate models adjusting for demographics and physical

MV in the same timeframe as that of the outcome variable. Crude findings indicated a significant association between adolescent marriage and sexual MV ever (OR 1.99; 95% CI, 1.74–2.27) and in the last 12 months (OR 1.93; 95% CI, 1.67–2.23); however, significant findings were lost in multivariate analyses. In contrast, multivariate models testing the association between adolescent marriage and physical MV, adjusting for demographics and sexual MV, revealed very similar findings to the final models for any MV (for physical MV ever aOR 1.79; 95% CI, 1.63–1.96; for physical MV in the past 12 months aOR 1.50; 95% CI, 1.24–1.66). Furthermore, when constructing these same models, adjusted for demographics and sexual MV, to predict severe physical MV, effect sizes strengthened; women who married as adolescents were approximately twice as likely to report severe physical MV ever (aOR 2.04; 95% CI, 1.75–2.38) and in the last 12 months (aOR 1.82; 95% CI, 1.54–2.16).

4. Discussion

In the present study, one-third of young adult Indian wives reported experiencing MV, as has been found for Indian wives across all age ranges [4]. However, the present findings indicate that MV is significantly more likely for those who married as adolescents (i.e. before 18 years) compared with those married as adults (i.e. at 18 years or older). This disparity is substantial, with 43% of those married as adolescents reporting violence from husbands compared with 24% among those married as adults. The differential is even more marked in terms of severe physical MV, and 16% of those married as adolescents reported experiencing potentially life-threatening abuse compared with 6% of those married as adults. The present results are consistent with previous studies conducted in India that documented an association between these two forms of gender-based maltreatment using a child marriage variable of less than 15 years [5], and extends this work both by demonstrating this association among those married at 15–17 years (the most likely ages for marriage as a minor). Furthermore, present findings indicate that the observed associations are not simply an artifact of the demographic vulnerabilities disproportionately faced by adolescent wives (e.g. low education, poverty, rural residence), and that the association remains for women into their young adulthood.

Although the link between adolescent marriage and MV is supported by the current study, analyses further indicate that this association is specific to physical MV and is not observed for sexual MV. The present findings indicate that there is a crude association between adolescent marriage and sexual MV and are thus consistent with previous work that demonstrates substantial proportions of forced sex and forced sexual initiation from husbands of adolescent wives [24,25], as well as a study documenting a higher risk for sexual MV among adolescents compared with older wives [2]. However, models from previous studies were not constructed to account for the demographic vulnerabilities associated with both MV and adolescent marriage or for experiencing physical MV (to estimate more precisely the effect due to sexual MV, given the substantial overlap between sexual and physical MV). Current adjusted estimates indicate that adolescent marriage might not increase the risk of sexual MV from husbands alone. However, it is important to note that sexual MV in the absence of physical MV is extremely uncommon (reported by only 3% of the women in the present study). Lower rates of reported sexual MV in this population compared with that reported in many other countries [2] might be indicative of under-recognition and under-reporting of sexual MV in India. In addition, questions on sexual MV were more limited in number and scope compared with those used to assess physical MV, potentially inhibiting positive responses to these questions. Further research with more comprehensive sexual MV questions is needed to examine this issue more carefully.

Although results from the present study offer important insights into adolescent marriage in India and its association with MV, they must be interpreted in the light of the limitations of the study. MV outcomes were based on self-report and are vulnerable to social desirability and recall biases. The MV ever variables provide no insight into when MV occurred before the last year, which affects our understanding of MV in adolescent marriage or in early marriage for the sample as a whole. Further research is needed to provide greater insight into the role of MV in early marriage and how this differs for young women who were and were not married as adolescents. Analyses are cross-sectional; thus, causality cannot be assumed. However, as adolescent marriage occurred before the last 12 months, and MV was assessed for the last 12 months, ordering of events can be assumed for these variables. Finally, findings are specific to young adult women in India, and cannot be generalized to other countries or to women of other age groups within India.

More than 2 in 5 young Indian women who were married as adolescents are abused by their husbands. Furthermore, adolescent marriage appears to maintain the risk of wives experiencing MV into young adulthood. The results highlight the urgent need for targeted policies and intervention efforts to reduce MV among men and boys married to adolescent girls, particularly given that these issues are both pervasive and place women and girls at increased risk for reproductive health concerns [2,3,6–14,21–23]. Broad efforts are needed to combat the normalcy of these two forms of gender-based abuse; this will probably require reinforcement from larger social change approaches to improve the status of women and girls in India. Large-scale evidence-based programs and policies need to be developed, evaluated, and implemented.

Synopsis

Adolescent marriage is pervasive in India and increases the risk of marital violence against women; this heightened risk is sustained into young adulthood.

Acknowledgments

Analyses for this study were conducted via funding from the National Institutes of Health (NIH, United States) and the Indian Council on Medical Research (ICMR, India) (Grant Number: 5R21MH085312)

References

- [1]. United Nations Commission on the Status of Women. Report on the forty-fourth session (28 February–2 March 2000). [Accessed July 24, 2009]. Available at: <http://www.un.org/womenwatch/daw/csw/e200027.pdf>
- [2]. World Health Organization. WHO Multi-country Study on Women's Health and Domestic Violence Against Women. Initial results on prevalence, health outcomes and women's responses. [Accessed July 24, 2009]. Available at: http://www.who.int/gender/violence/who_multicountry_study/en/
- [3]. Campbell JC. Health consequences of intimate partner violence. *Lancet*. 2002; 359(9314):1331–6. [PubMed: 11965295]
- [4]. International Institute for Population Sciences (IIPS) and Macro International. National Family Health Survey (NFHS-3), 2005–6: India. Mumbai: IIPS; [Accessed February 11, 2010]. 2007 Available at: [http://www.measuredhs.com/pubs/pdf/FRIND3/FRIND3-Vol1\[Oct-17-2008\].pdf](http://www.measuredhs.com/pubs/pdf/FRIND3/FRIND3-Vol1[Oct-17-2008].pdf)
- [5]. Kishor, S.; Johnson, K. Profiling domestic violence: a multi-country study. ORC Macro, MEASURE DHS+; Calverton, Maryland: [Accessed July 15, 2009]. 2004 Available at: <http://www.measuredhs.com/pubs/pdf/OD31/OD31.pdf>

- [6]. International Council for Research on Women (ICRW). New insights on preventing child marriage: a global analysis of factors and programs. [Accessed July 18, 2009]. April 2007 Available at: <http://www.icrw.org/docs/2007-new-insights-preventing-child-marriage.pdf>
- [7]. UNICEF. Early marriage: child spouses. Innocenti Digest. No. 7. [Accessed July 18, 2009]. March 2001 Available at: <http://www.unicef-icdc.org/publications/pdf/digest7e.pdf>
- [8]. UNICEF. Early marriage: a harmful traditional practice. A statistical exploration. UNICEF; New York: [Accessed July 18, 2009]. 2005 Available at: http://www.unicef.org/publications/files/Early_Marriage_12.lo.pdf
- [9]. UNICEF. Progress for Children. Protecting against abuse, exploitation and violence. Child marriage. [Accessed July 18, 2009]. 2007 Available at: http://www.unicef.org/progressforchildren/2007n6/index_41848.htm
- [10]. International Planned Parenthood Federation. Ending child marriage: A guide for global policy action; the Forum on Marriage and the Rights of Women and Girls and UNFPA; [Accessed July 24, 2009]. 2006 Available at: <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2006/endingchildmarriage.pdf>
- [11]. UNFPA. Child Marriage Fact Sheet. [Accessed July 18, 2009]. Available at: http://www.unfpa.org/swp/2005/presskit/factsheets/facts_child_marriage.htm
- [12]. YouthNet. Youth Lens on Reproductive Health and HIV/AIDS. No. 15. Family Health International; [Accessed July 19, 2009]. 2005 Early marriage and adolescent girls. Available at: <http://www.fhi.org/NR/rdonlyres/ehu66g74bdvjb7jugu5k2ka6ugwxnuxmmcae6wld5n7jyqkxdeougmytjv6pf7vwcjsw6zagznnko/YL15e.pdf>
- [13]. Exploring links for policy and programme development; FORWARD Forum on Marriage and the Rights of Women and Girls, Early Marriage and Poverty; November. 2003 p. 6-25. Available for purchase from FORWARD at: <http://www.forwarduk.org.uk/resources/publications>
- [14]. WHO. UNFPA. Married adolescents: No place of safety. [Accessed July 18, 2009]. 2006 Available at: http://whqlibdoc.who.int/publications/2006/9241593776_eng.pdf
- [15]. Johnson, H. Dangerous domains: violence against women in Canada. International Thomson Publishing; Ontario: 1996.
- [16]. Tjaden, P.; Thoennes, N. Extent, nature and consequences of intimate partner violence: findings from the National Violence Against Women Survey. National Institute of Justice, Centers for Disease Control and Prevention; Washington, DC: 2000.
- [17]. Bachman, R.; Saltzman, LE. Bureau of Justice Statistics Special Report. National Institutes of Justice; 1995. Violence against women: estimates from the redesigned National crime victimization survey. NCJ 154348 Available at: <http://bjs.ojp.usdoj.gov/content/pub/pdf/FEMVIED.PDF>
- [18]. Hickman LJ, Jaycox LH, Aronoff J. Dating violence among adolescents: prevalence, gender distribution, and prevention program effectiveness. *Trauma Violence Abuse*. 2004; 5(2):123–42. [PubMed: 15070553]
- [19]. Cornelius TL, Resseguiea N. Primary and secondary prevention programs for dating violence: a review of the literature. *Aggression and Violent Behavior*. 2001; 12(3):364–75.
- [20]. Centers for Disease Control and Prevention. Best practices of youth violence prevention: a sourcebook for community action. [Accessed July 22, 2009]. 2002 Available at: <http://www.cdc.gov/ncipc/dvp/bestpractices/Introduction.pdf>
- [21]. Raj A, Saggurti N, Balaiah D, Silverman JG. Prevalence of child marriage and its effect on fertility and fertility control outcomes of young women in India: a cross-sectional observational study. *Lancet*. 2009; 373(9678):1883–9. [PubMed: 19278721]
- [22]. Jeejeebhoy SJ. Adolescent sexual and reproductive behavior: a review of the evidence from India. *Soc Sci Med*. 1998; 46(10):1275–90. [PubMed: 9665560]
- [23]. Santhya KG, Jeejeebhoy SJ. Early marriage and HIV/AIDS: risk factors among young women in India. *Econom Pol Wkly*. 2007; 42(14):1291–7.

- [24]. Jejeebhoy, SJ.; Bott, S. Non-consensual sexual experiences of young people: a review of evidence from developing countries. Population Council; New Delhi: [Accessed July 24, 2009]. 2003 Available at: <http://www.popcouncil.org/pdfs/wp/seasia/seawp16.pdf>
- [25]. Jejeebhoy, SJ.; Shah, I.; Thapa, S. Sex Without Consent: Young People in Developing Countries. Zed Books; New York and London: 2005.

Table 1Demographic profile of 10 514 currently married women in India aged 20–24 years ^a

Characteristics	Percentage (No.)
Age, y	
20	19.8 (1875)
21	17.2 (1710)
22	21.8 (2298)
23	20.9 (2290)
24	20.3 (2341)
Highest level of education	
No formal	38.8 (3552)
Primary	15.0 (1658)
Secondary	41.2 (4739)
Higher than secondary	4.9 (565)
Wealth	
Poorest	19.8 (1680)
Poorer	21.1 (1932)
Middle	21.4 (2298)
Richer	21.7 (2606)
Richest	16.0 (1998)
Religion	
Hindu	81.2 (7859)
Muslim	14.7 (1508)
Other	4.1 (1147)
Illiterate (cannot read or write at all)	
Yes	57.0 (6514)
No	43.0 (4000)
Area of residence	
Mega city	2.3 (568)
Large city	6.2 (1373)
Small city	7.6 (686)
Large town	1.7 (282)
Small town	9.4 (1232)
Rural	72.8 (6373)
National region ^b	
North	12.9 (1803)
Central	26.0 (2094)
East	23.8 (1734)
Northeast	3.4 (1684)
West	14.1 (1232)
South	19.7 (1967)
Husband 10 or more years older than wife ^c	

Characteristics	Percentage (No.)
Yes	14.2 (1722)
No	85.5 (8762)
Husband's highest level of education ^d	
No formal	22.2 (2105)
Primary	14.3 (1572)
Secondary	50.9 (5613)
Higher than secondary	11.6 (1132)

^a Percentages do not correspond to sample sizes because of the use of weighted analyses.

^b North: New Delhi, Haryana, Himachal Pradesh, Jammu/Kashmir, Punjab, Rajasthan, Uttaranchal; Central: Madhya Pradesh, Uttar Pradesh, Chhattisgarh; East: Bihar, Orissa, West Bengal, Jharkhand; Northeast: Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura; West: Goa, Gujarat, Maharashtra; South: Andhra Pradesh, Karnataka, Kerala, Tamil Nadu.

^c 0.3% of the women did not provide data on age of husband.

^d 1.0% of the women did not provide data on husband's education.

Table 2

Prevalence of physical and sexual marital violence, ever and in the last 12 months, among 10 514 currently married women in India, aged 20–24 years ^{a,b}.

Experience of violence	Married women (n=10 514)	Women who had an adult marriage (n=4799)	Women who had an adolescent marriage (n=5715)
Any marital violence (physical or sexual) ever	34.9 (3330)	24.2 (1046)	42.7 (2284)
Any physical marital violence ever	32.0 (3081)	21.7 (946)	39.5 (2135)
Severe physical marital violence ever ^c	11.9 (1151)	6.2 (283)	16.0 (868)
Slapped	31.1 (2951)	21.0 (894)	38.4 (2057)
Twisted arm or hair	11.8 (1110)	6.7 (283)	15.6 (827)
Shaken, pushed, or thrown	10.5 (1017)	6.0 (275)	13.7 (742)
Kicked or dragged	8.8 (837)	4.4 (204)	12.1 (633)
Punched with fist or something else	8.2 (768)	4.3 (179)	11.1 (589)
Strangled or burned	1.4 (141)	.8 (37)	1.9 (104)
Threatened/attacked with knife or gun	0.7 (85)	0.3 (23)	0.9 (62)
Sexual marital violence ever	10.3 (935)	6.8 (285)	12.8 (650)
Physically forced to have unwanted sex	9.7 (887)	6.6 (275)	12.1 (129)
Physically forced to engage in other sex acts	4.7 (431)	3.4 (612)	5.7 (302)
Any marital violence (physical or sexual) in last 12 months	27.0 (2580)	19.5 (845)	32.5 (1735)
Any physical marital violence in last 12 months	23.8 (2302)	16.9 (739)	28.8 (1563)
Severe physical marital violence in last 12 months ^c	8.9 (876)	5.0 (233)	11.7 (643)
Slapped	22.6 (2155)	15.7 (683)	27.6 (1472)
Twisted arm or hair	9.1 (866)	5.2 (228)	12.0 (638)
Shaken, pushed, or thrown	7.7 (777)	4.7 (220)	9.9 (557)
Kicked or dragged	6.5 (641)	3.4 (165)	8.7 (476)
Punched with fist or something else	6.2 (581)	3.5 (149)	8.2 (432)
Strangled or burned	1.1 (110)	0.6 (31)	1.5 (79)
Threatened/attacked with knife or gun	0.5 (65)	0.3 (20)	0.7 (45)
Sexual marital violence in last 12 months	8.7 (794)	5.9 (252)	10.8 (532)
Physically forced to have unwanted sex	8.2 (749)	5.5 (241)	10.1 (508)
Physically forced to engage in other sex acts	4.7 (374)	2.9 (115)	4.8 (259)

^aPercentages do not correspond to sample sizes because of the use of weighted analyses. In addition, the types of physical and sexual marital violence reported are not mutually exclusive.

^bValues are given as percentage (number).

^cSevere physical marital violence comprised the following life-threatening types of abuse: kicked or dragged; punched with fist or something else; strangled or burned; threatened or attacked with a knife or gun.

Table 3

Logistic regression analyses to assess the associations between adolescent marriage and IPV, ever and in the last year, among 10 514 currently married women in India, aged 20–24 years.

	Adult marriage ^b (n = 4799)	Adolescent marriage ^b (n = 5715)	Crude OR (95% CI)	Adjusted OR ^a (95% CI)
Physical or sexual IPV ever	24.2	42.7	2.34 (2.16–2.54)	1.77 (1.61–1.95)
Physical or sexual IPV in last 12 months	19.5	32.5	1.99 (1.82–2.17)	1.51 (1.36–1.67)

Abbreviations: IPV, intimate partner violence; OR, odds ratio; CI, confidence interval.

^a Analyses adjusted for age, education level, wealth index, city versus rural residence, religion, national region of residence, and having a much older (10 or more years) husband.

^b Values are given as percentages.