

Evidence Accelerator Brief Series

Childlessness and intimate partner violence in India: Evidence from the National Family Health Survey

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Why This Matters

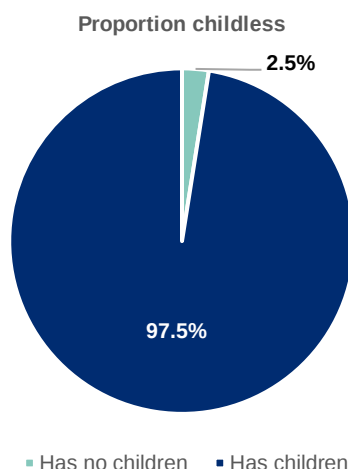
- Intimate partner violence (IPV) is a significant public health issue, with one in three women in India experiencing IPV in their lifetime.¹
- Indian women who are working, residing in urban areas, belonging to the Muslim religion, or are from a scheduled caste have been found to be more at risk of IPV compared to their counterparts.²
- Evidence also suggests that women facing fertility difficulties may have a higher risk of IPV compared to the general population, as infertility is a significant psychological stressor that can lead to couple conflict and potentially aggressive behaviour.^{3,4}
- In India, marriage is closely tied to procreation, and conceiving soon after marriage is a societal expectation. Delays in conception frequently prompt intrusive questioning or pressure.⁵
- Infertility and/or the inability to produce a male child specifically may result in neglect, social isolation, or even abandonment, all of which may be legitimized by cultural norms.⁶
- Women are disproportionately blamed for delays in conception, even though infertility cases are roughly equally attributable to male and female factors. This blame can escalate to verbal, emotional, and/or physical abuse.⁶

Key Findings

The majority of women in India of reproductive age (20-49) have children; only 2.5% were childless.

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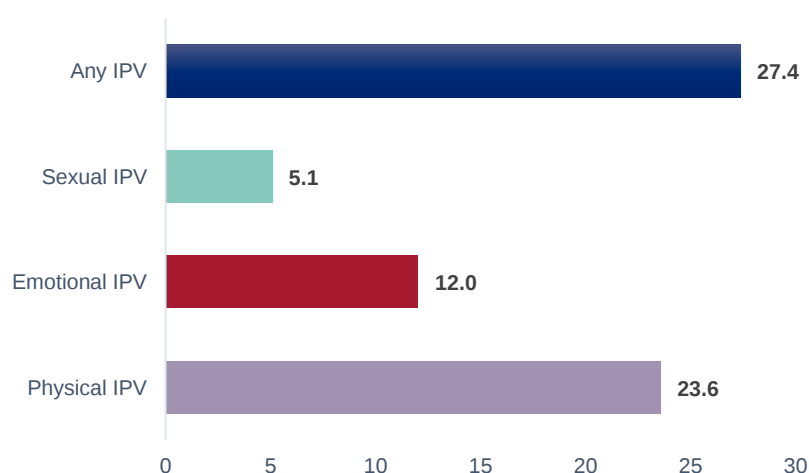
Figure 1: Childless status, among women ages 20-49 who have been married for at least 5 years (n=52,391), weighted



Among women ages 20-49 who have been married for at least 5 years, approximately 1 in 4 (27.4%) experienced any physical, sexual, and/or emotional IPV in the past year.

- Physical IPV: 23.6%
- Emotional IPV: 12.0%
- Sexual IPV: 5.1%

Figure 2: Prevalence of IPV in the past 12 months, among women ages 20-49 who have been married for at least 5 years (n=52,391), weighted



Physical, emotional, and sexual IPV are not mutually exclusive

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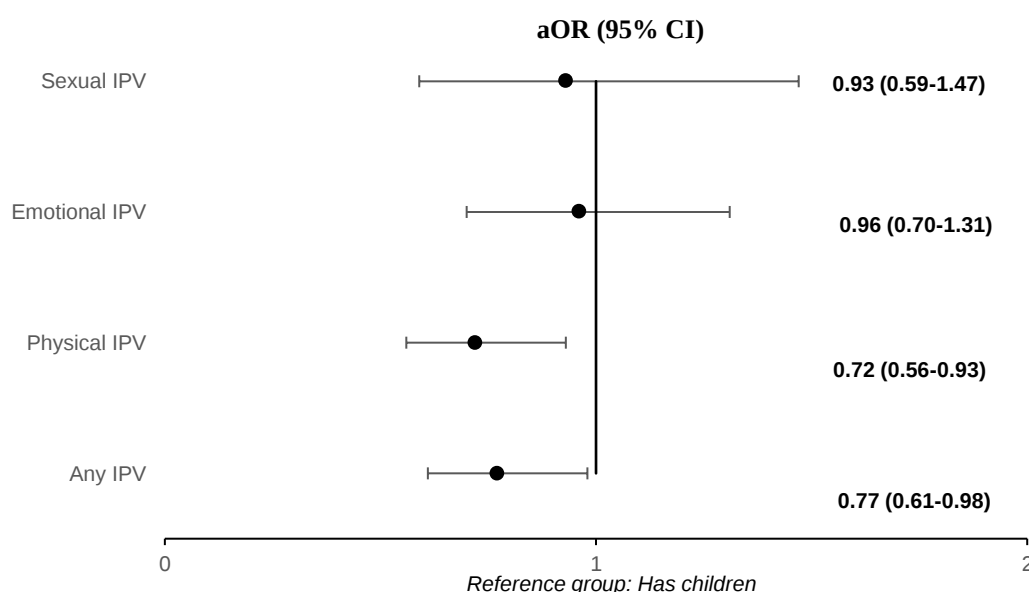
Women with children were significantly more likely to report physical, sexual, and/or emotional IPV in the past year than women without children, at 27.5% and 22.8%, respectively ($p=0.03$).

Table 1: Bivariate association of IPV in the past 12 months and childless status, among women ages 20-49 who have been married for 5 years ($n=52,391$), weighted

	Any IPV in the past 12 months		
	No IPV ($n=38,799$) %, row	Had IPV ($n=13,592$) %, row	p-value
Has children	72.5	27.5	0.030
Has no children	77.2	22.8	

After adjusting for demographic characteristics and women's justification of IPV, childless women had significantly decreased odds of experiencing any IPV and physical IPV, specifically, compared to those with children. There was no significant association between childless status and sexual or emotional IPV.

Figure 3: Association between any IPV in the past 12 months and childless status, among women ages 20-49 years who have been married for at least 5 years ($n=49,534$), weighted



*Adjusted odds ratio (aOR): Adjusted for wealth, co-wives, duration of marriage, husband's alcohol use, age, education, husband's education, work status, place of residence, religion, caste, women's justification of IPV

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Demographic associations with IPV differed between women with and without children. While common risk factors were associated with IPV among women with children, including wealth, co-wives, duration of marriage, husband's alcohol use, age, education, husband education, work status, religion, and caste, many of these were *not* associated with IPV among women without children.

Figure 4: Determinants of IPV among women without children (n=52,391), weighted

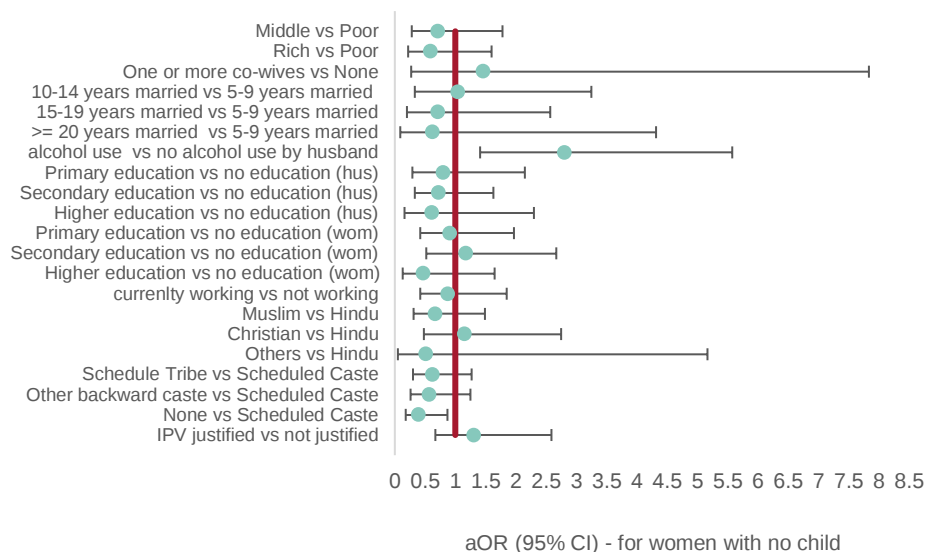
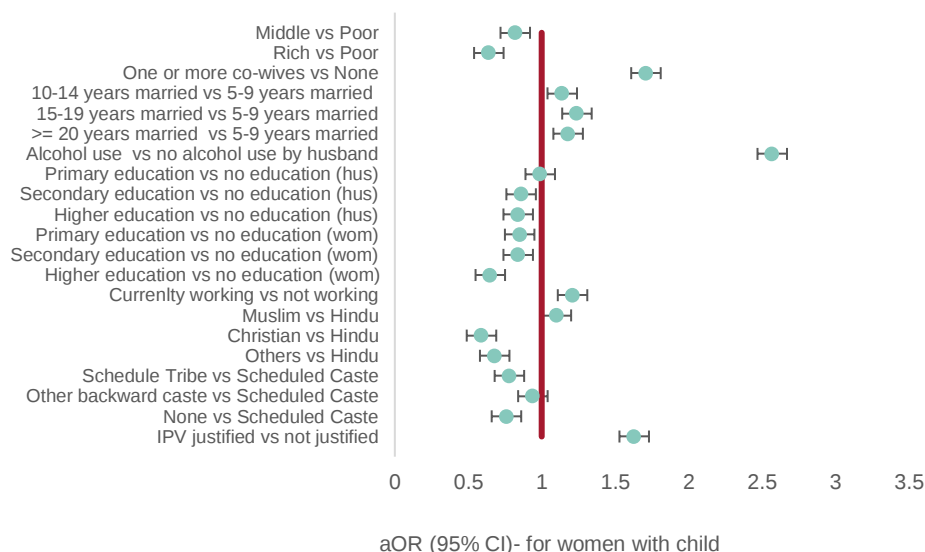


Figure 5: Determinants of IPV among women with children (n=52,391), weighted



*Adjusted odds ratio (aOR): Adjusted for wealth, co-wives, duration of marriage, husband's alcohol use, age, education, husband's education, work status, place of residence, religion, caste, women's justification of IPV

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Only two factors were associated with IPV among women without children:

- Husband's alcohol use was positively associated with IPV, indicating that it is a risk factor for IPV among women without children.
- Not being in a scheduled caste was negatively associated with IPV, indicating that being in a caste other than a scheduled caste was protective against IPV among women without children.

Action Steps

- The connection between fertility and IPV needs more attention in India. Health care providers, particularly obstetricians and gynecologists, should be sensitized about IPV and look for any signs of abuse during examinations, for both women with and without children.
- Community health workers should be trained to identify signs of IPV, particularly physical IPV early on in marriage, for both those who have and have not had children.
- Behavior change programs and interventions directed at alcohol use among men should be implemented, including linkage to counseling for alcohol use.
- Given preliminary evidence that drivers of IPV may differ between women with and without children, further research on risk factors and mechanisms for IPV among small sub-populations of childless women is needed.
- Duration of marriage or length of time trying to become pregnant could have an impact on women's experiences of IPV. Further research in this area is recommended.

Methods

This was a secondary data analysis using India's National Family Health Survey-5 (2019-2021). The analytic sample was restricted to currently married women of reproductive age (20-49) who had been married for at least 5 years at the time of the survey and who participated in the domestic violence module (n=52,391).

Women in the sample were aged 35.2 years on average. The majority of women were married for 20 years or more (41.9%) and had a secondary level of education (44.9%). Only 31.0% were employed. Most women were from rural areas (69.2%), were Hindu (79.5%), and belonged to other castes (45.5%). Alcohol use among husbands was reported by 23.9% of women. Nearly one-third of women (31.0%) justified being beaten by a husband if the woman neglected children.

The exposure variable was childless status (has children/has no children), and the outcome variable was experience of any IPV in the past 12 months (no/yes). Any IPV included any physical, sexual, or emotional IPV. Physical IPV was measured using seven questions that captured whether a respondent's husband did any of the following behaviors in the prior 12 months: push/shake or throw something; twist arm/pull hair; slap; punch with fist/with something that could hurt; kick/drag/beat up; try to choke/burn on purpose; or threaten/attack with a knife/gun/any other weapon. Sexual violence was measured using three questions that captured whether a respondent's husband did any of the following behaviors in the prior 12 months: physically force to have sexual intercourse with him even when the wife did not want to; physically force to perform any other sexual acts the wife did not want

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to; or force with threats or in any other way to perform sexual acts the wife did not want to. Emotional violence was measured using three questions that captured whether a respondent's husband did any of the following behaviors in the prior 12 months: say or do something to humiliate the wife in front of others; threaten to hurt or harm the wife or someone close to the wife; or insult or make the wife feel bad about herself. The covariates included in multivariable analysis were respondent's age, level of education, residence (urban/rural), religion, caste, justification of IPV, household socioeconomic status, number of co-wives, duration of marriage, alcohol use by husband, and education of husband.

Analysis included descriptive statistics (frequencies, proportions), bivariate analysis using Pearson's design-based F statistic, and multivariable logistic regression. Stratified analysis based on child status was done to find association of demographic variable to IPV among those with and without children. The multivariable sample (n=49,534) is slightly smaller than the overall sample (n=52,391) given the missingness of some demographic characteristics. Relevant DHS weighting was applied to the sample. All analyses were done in Stata SE18.5.

Suggested citation:

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