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Domestic Violence And Reproductive Health Among Young Married Woman In India: An Exploration From NFHS-II

By

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Background:

The meaning of adolescents as a cultural construct has been understood in many different ways throughout the world. However, in general terms, it is considered a time of transition from childhood to adulthood, during which young people experience changes following puberty, but do not immediately assume the roles, privileges and responsibilities of adulthood. In many Asian countries, early marriage and child bearing deprived adolescent girls of this transitional phase and push them to shoulder responsibilities for which they are not fully equipped. As a result, married adolescents form one of the most vulnerable sections of the population in a country like India. In order to formulate policies and programmes for this group, it is essential to know about the risks that they face and the extent to which the present health system meets their needs. Therefore, addressing girls' exposure to early, unwanted sexual activity, early pregnancy and RTIs/HIV, was recognised at the 1994 International Conference on Population and development and the 1995 Fourth World Conference on Women

In India, women especially adolescents do not enjoy the reproductive rights as envisaged in the UN Declaration [4] which includes the selection of marriage partners, equal right to divorce in case they are not satisfied with their married life. Newly married women in India are, by and large, adolescent women. Marriage brings dramatic changes to their lives that involve their bodies, emotions and daily life experiences. These changes often occur in unfamiliar surroundings among virtual strangers, as a large proportion of marriage in India are patrilocal and arranged by family elders. Yet, as marriage is customarily accorded central significance in the lives of Indian women, newly married adolescent women are aware that they have to "adjust" to the multiple changes in their lives. Therefore, the situation of adolescent women is particularly precarious, as they tend

to have limited education, skills and opportunities for employment. Educational level being low among them, most of the time they are not aware of family planning methods and even if they know, they do not have easy access to different health care services or fail to utilize them due to inhibitions or pressure to attain motherhood to satisfy their mothers-in-law or husbands. They have relatively poor health and limited access to good nutrition, and many are caught in a cycle of early marriage and child bearing. According to NFHS-I, 40 percent of all young women aged 15-19 in India are already married, 17 percent of all adolescent females aged 13-19 are already mothers or are pregnant with their first child. Within the age and gender-stratified family structure that is characteristic of most of India, young, newly married women face huge constraints on their autonomy in their marital home. The average adolescent bride is unlikely to have a say in whether or not to have sexual relations, and when to bear children. The young married girls' ability to carry out household works, protection of fertility and silencing influence of embarrassment and feelings of shame surrounding sexual matters were the were the strongest influences whether the reproductive health needs of young married girls were addressed or not. In the marital place, girls are treated quickly for the illnesses interfering with domestic work and were expected to conceive in the first year of marriage. Menstrual disorder and symptoms of reproductive tract infections often went untreated. Husbands made the decisions whether their wives could seek care and mothers-in-law sometimes influenced these decisions; girls had neither decision-making nor influencing power. The desire for spacing between pregnancies was also widely felt by girls, husbands and mothers-in-law, but mothers-in-law were against the use of modern methods. (Barua and Kurz, 2001). The young married women were dependent on their husbands for social status and economic support. They had limited contact with their birth families and may have had limited social contacts and supports in their marital home. During the early days of marriage, newly married adolescent women and their husbands may have been under the authority of the husbands' parents and other older relatives, and thus had a relatively limited autonomy to make decisions about their personal lives (George, 2003).

Many cultures have belief, norms and social institutions that legitimise and perpetuate violence against women (Heise et al 1999). In Indian context, the violence against

women may be well understood by decline in the sex ratio (female per 1000 male) from 945 in 1991 to 927 in 2001 in the age group of 0-6, gender differential in mortality (higher infant and child mortality for females as compared to males), increasing dowry related deaths and lower longevity of females than males in some states of India. Much of the violence takes place within the family and hence falls under domestic violence. Women are generally victims of such violence. The recent National Family Health Survey (NFHS 2) found that 11 per cent ever married women in the reproductive age group reported that they had physically beaten or mistreated in last one year. Physical violence can put women at risk of unwanted pregnancies, may affect child's health care and her reproductive and mental health. In the same time women's autonomy may help better understanding within the family and reduce the extent of domestic violence.

Why reaching to married young women?

From the review of literature it reveals that though there is a growing programmatic and research interest in addressing the sexual and reproductive health situation and needs of adolescents in India, the thrust is implicitly on the unmarried, rather than on the married. In India, as many as 34 percent of adolescent girls aged 15-19 are already married. This is found to be higher in rural areas where 46 percent of girls in this age group are married as compared to only 22 percent in urban areas. Studies suggest that adolescents have limited knowledge about sexual and reproductive health and know little about the natural processes of puberty, sexual health, pregnancy or reproduction. This lack of knowledge about reproductive health makes them a vulnerable group

Scope of the study:

The NFHS 2 is the large-scale population based survey that covered ever-married women in the reproductive age group across the states of India. It covered detailed information on reproductive behaviour and intentions, use and non-use of contraception, antenatal, natal and post natal care, women's reproductive heath and women's autonomy. In addition question were asked on domestic violence. This gives an opportunity to understand the linkage of women's autonomy and domestic violence and the state of reproductive health in the context of the family.

Accordingly, this paper attempts to understand the following research questions

1. What are the correlates of reproductive health problems among young married women in India?
2. What are the predictors of domestic violence?
3. Whether domestic violence is linked to reproductive health problems?

Objectives:

The main objective of this paper is to understand the linkage of domestic violence and reproductive health problems among young (15-24 years age group) married women in India and regions. However the specific objectives are:

1.to examine the reproductive health status by socio economic and demographic characteristics of women

2.to examine the prevalence of domestic violence by socio economic and demographic characteristics of women

3.to understand the nature of relationship of domestic violence and state of reproductive health.

Data Source:

This paper uses the National Family Health Survey 2 (1998-1999) data for India. A total of 90,302 ever-married women were interviewed for the country. The married young women are those belonging to 15-24 years age group. In the present study, a total of 24,224 young currently married women have been considered in the study. Along with other fertility and family planning information, it also gives information on women's autonomy and domestic violence. The survey asked two main questions on domestic violence

1.Whether the women had been beaten or physically mistreated since age 15

2. If yes, how often she had been beaten or physically mistreated in last one year

For this paper, those who had violence in last one year are taken as the dependent variable. The variable is dichotomised as who had violence in last one year as 1 and who did not experienced such violence as 0.

On women's autonomy, the survey asked a set of questions on decision-making, freedom of movement and access to money. The questions on decision making includes decision on cooking, own health care, purchasing jewelleries or other household items and going and staying with parents or siblings. These variables are coded as decision taken by self or by husband or jointly with husband or jointly with others or by others in the household. Given the distribution of variable and Indian context, the decision on cooking is not included in the analysis. The decision on freedom of movement includes whether she needs permission to go to the market and whether she needs permission to visit relatives and friends. These variables are rated as 0 for not allowed to go, 1 for needing permission and 2 for those who do not need permission. Similarly, the access to money is a direct question whether the women had access over money or not. A score of 2 is assigned for those who had access to money and 0 otherwise. In this paper we have constructed an autonomy index 'low', 'medium' and 'high'.

On reproductive health the survey included a set of questions on vaginal discharge (any itching or irritation on vaginal area with the discharge, bad odour along with discharge, severe lower abdominal pain with the discharge, fever along with discharge and any other problem with the discharge), pain or burning while urinating and pain during intercourse in last three months. These variables are self-reported and symptomatic in nature.

Methodology:

The paper computes a set of new variables, and uses the bivariate and regression analysis. The variables such as sex composition of children, exposure to any mass media, any reproductive health problem and autonomy index are computed for the analysis. The terms reporting and prevalence for both reproductive health and domestic violence have been used interchangeably.

Discussion:

Reproductive health status among young married woman among regions of India:

Table 1 shows the percentage of young married woman (15-24) year age group reporting reproductive health problem during last three months preceding the NFHS-II survey (1998-1999). The differential in reporting is shown by major regions of India namely north, central, east, northeast, west and south. The variables relating to reproductive health problems are itching, bad odour, abdominal pain, fever, other problems, pain in urination, pain in intercourse and blood visible after having sex. It may be mentioned that the reproductive health problems are self-reported and symptomatic and not clinically approved. In India it is found that about 18 percent of young married woman has reported abdominal pain followed by pain in urination (17 %), followed by itching and pain in intercourse (almost 16%). The pattern is almost similar in all the regions of India. The reporting of abdominal pain is found to be high in the northeast followed by eastern and southern region. The reporting of itching is maximum in northern region (19.4% followed by central (17.4 %) and western India (16.6 %). About 39 % of young married woman reported any of the reproductive health problems. The self-reporting is more in northeastern region (53 %) followed by eastern region (42 %) and central region (38 %). There is a small variation in self-reported reproductive health morbidity among regions except northeast. If the reporting is assumed to be accurate 2 in every fifth young woman in India suffers from any reproductive health problem. The pattern is almost similar for the age group 25-49 years. Table 2 shows the percentage of young married woman seeking treatment for each of reproductive health problems. The differential is also shown for private, public health facility as well as those who are not seeking any health treatment. From the table it can be seen that a large proportion of young woman are not seeking any treatment for reproductive health problems irrespective of regions. The proportion of not seeking any treatment is the lowest in the southern region (48-66 %) and the largest in central region (72-81 %). The differential in treatment seeking from public and private health facility is also quite distinct. A larger proportion of young woman seek treatment from private health facility in southern, western, eastern and central India. On the other hand, there is a little difference in utilisation of private and public health care in northeastern and northern region of India. The most striking feature is that a large proportion of woman reporting reproductive health problem do not seek any health treatment. The utilisation pattern of health care services also varies by type of

reproductive health problem. In case of abdominal pain about 31 % seek treatment in northern region, 24% in central, 25% in eastern and northeastern and 41% in western as compared to 44% in southern region. The pattern is similar for other reproductive health problems as well.

Table 3 shows prevalence of domestic violence by socio-economic and demographic characteristics of woman. It was found that the prevalence of domestic violence is higher among illiterate woman in all the regions of India. With an increase in educational attainment the reporting of domestic violence declines sharply and this difference is statistically significant indicating lower education is correlated to increase in domestic violence. However there is difference in reporting in domestic violence by region and educational level. For instance of about 7% illiterate woman in northern region reported domestic violence as compared to 15% in central, 18% in eastern, 12% in northeastern and also western, 19% in southern region. The differential in domestic violence varies significantly with marital duration. Like women's education, husband's education is also a significant predictor in reporting of domestic violence. The prevalence of domestic violence is found to be substantially higher among alcoholic women as compared to those who are non-alcoholic. Similarly, the prevalence of domestic violence is found to be lower among the female-headed households as compared to the male-headed households in almost all the regions except northeast and southern regions of India. We have also attempted to understand the demography of violence by considering the sex composition of children. In Indian cultural set up, the desire for male child is quite prevalent in all the regions. In general, it is observed that the household with no son and with two or more daughters are relatively more likely to experience domestic violence as compared to those who are having no daughter but son. This is true for all the regions except north and central regions of India. The prevalence of domestic violence is reported to be more among non-users in central and eastern regions of India. Elsewhere, violence is high among those women who are using limiting methods of contraception. The economic status of the household varies inversely with the reporting of domestic violence. The reporting is found to be high among women belonging to low standard of living as compared to medium and high standard of living. For instance, in central region almost 8 percent women belonging to low standard of living reported domestic violence as

compared to 6.7 percent belonging to medium and 3.8 percent belonging to high standard of living. Table 4 shows the correlates of the reproductive health problems. The reporting of reproductive health problem does not seem to vary substantially by educational level of woman. For example, about 38.5% of woman in northern region reported any reproductive health problems as compared to 38 % of less than middle school complete woman, 39% middle school complete woman and 34% high school complete and above. Similar pattern is found in the other regions. Muslim women have reported higher reproductive health problems in all the Indian regions except eastern and western. Reporting of reproductive health problem is less for women whose husband are high school complete. Regarding contraceptive use, the prevalence of reproductive health problem is found to be higher for woman using limiting methods in north, central, east and southern region of India.

Results from Multi-variate Analysis:

To understand the statistical significance of predictors and substantiate the bi-variate analysis the binomial logistic model is attempted. The reporting of any reproductive health problem is taken as the dependent variable, which is dichotomous in nature. The independent variables are woman's education, autonomy, contraceptive use, occupation., exposure to mass media, marital duration, husbands education & occupation, religion, caste, standard of living of household and toilet facility in Household and age difference, domestic violence. Most of the predictors are significant indicating there importance. Women education up to high school and above is found to be statistically significant. The odds of reporting reproductive health problem is 0.894 times for woman who have completed high school and above as compared to illiterate woman. In the analysis, northern region is taken as reference category. As compared to northern region, woman belonging to eastern region are more likely to report reproductive health problem. On the other hand northeast and western region are less likely to report the reproductive health problem. Woman belonging to high SLI are less likely to report reproductive health problem. Age difference is not a significant predictor. It may be mentioned that the use of good sanitation may be linked to reproductive health status of woman. Those woman who

have toilet facilities are less likely to report reproductive health problem as compared to those who are not having any toilet facility. Husband education is not a significant predictor. The other mentionable predictor in the model is the prevalence of domestic violence. The odds of having any reproductive health problems is 1.9 times for woman experiencing domestic violence as compared to those who are not experiencing any violence.

Concluding Remarks:

From the above discussion it may be inferred that the prevalence of domestic violence is more among illiterate women, women with low economic status and of low autonomy. On demographic component, the sex composition of living children, particularly, absence of a male child and sex of the head of the household are important factors that may be related to domestic violence.

More importantly, it is found that reproductive health problem (self reported) is correlated with domestic violence for the country as a whole. Among women who had reported prevalence of any reproductive health problem also had high incidence of domestic violence as compared to women with no reproductive health problem. This gives us an understanding that the family violence does affect the physical and mental well being of the women. The implication is that there is a greater need to carry further research in understanding the health of women and family violence, both using clinical as well as non clinical approach.

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Table 1: Reproductive Health Status among Young Married Women in Indian Regions

Age Groups	**15-24**							**25 and above**						
Regions	North	Central	East	Northeast	West	South	India	North	Central	East	Northeast	West	South	India
RH Problems														
Itching	19.4	17.4	15.7	16.2	16.6	12.4	15.9	23.1	21.9	18.0	18.0	16.3	12.4	17.9
Bad Odour	13.2	12.9	12.7	17.6	8.2	5.8	10.8	16.6	15.2	14.6	16.4	7.6	5.7	11.8
Abdominal Pain	17.4	16.4	19.7	34.2	14.1	17.8	17.8	21.3	19.1	21.7	31.6	15.0	16.4	19.1
Fever	4.8	8.6	7.4	11.4	7.3	6.0	7.3	7.4	10.9	8.3	8.6	8.8	6.7	8.5
Other Problems	5.2	6.6	4.9	6.4	9.4	7.8	6.7	7.0	9.4	8.4	6.7	11.8	7.3	8.6
Pain in urination	13.9	17.4	20.2	25.4	16.1	13.3	16.9	17.0	20.4	20.8	21.0	17.0	15.1	18.3
Pain in Intercourse	12.5	18.5	16.2	21.1	12.2	14.6	15.7	9.3	15.6	11.0	13.5	8.1	10.4	11.3
Blood Visible after having Sex	1.7	3.9	3.3	6.6	2.5	3.1	3.2	1.3	2.6	1.7	3.0	1.4	2.0	1.9

Table 2 (a): Treatment-Seeking Behaviour among Young Married Women for various RH Problems

Regions	**North**			**Central**			**East**			**Northeast**			**West**			**South**		
Type of treatment	Pb	Pvt	No Tr	Pb	Pvt	No Tr	Pb	Pvt	No Tr	Pb	Pvt	No Tr	Pb	Pvt	No Tr	Pb	Pvt	No Tr
RH Problems																		
Itching	8.4	19.6	71.3	4.1	17.6	77.0	3.7	20.5	72.0	12.9	14.5	70.2	8.8	31.5	58.0	11.7	38.7	48.1
Bad Odour	8.9	20.2	70.3	3.3	15.8	79.9	3.2	20.9	72.8	10.4	14.1	73.3	7.9	31.7	58.3	7.1	38.8	52.2
Abdominal Pain	10.8	20.5	67.9	4.7	19.0	74.5	4.4	21.1	72.5	11.8	13.3	73.0	11.2	30.7	57.1	8.4	35.3	54.6
Fever	11.4	21.1	66.7	5.2	21.4	72.0	5.3	23.2	68.0	17.2	13.8	66.7	10.1	34.4	53.8	8.9	43.3	45.7
Other Problems	15.0	22.6	60.9	3.9	18.7	75.5	2.9	24.4	69.5	16.3	20.4	61.2	8.2	31.4	60.1	7.5	34.2	56.6
Pain in urination	9.7	19.0	70.7	5.3	16.6	76.6	3.7	19.7	73.9	14.4	13.8	69.7	7.7	36.1	54.9	6.0	39.2	53.0
Pain in Intercourse	10.7	18.9	70.1	3.3	13.6	81.7	2.3	17.6	77.0	13.6	14.2	71.6	7.8	26.5	64.7	4.7	28.1	66.2
Blood Visible after having Sex	11.6	16.3	72.1	3.1	17.3	78.0	6.0	20.8	71.6	13.7	17.6	66.7	9.5	26.2	64.3	7.8	29.5	60.2

Table 2 (b): Treatment-Seeking Behaviour among 25+ Women for various RH Problems

Regions	**North**			**Central**			**East**			**Northeast**			**West**			**South**		
Type of treatment	Pb	Pvt	No Tr	Pb	Pvt	No Tr	Pb	Pvt	No Tr	Pb	Pvt	No Tr	Pb	Pvt	No Tr	Pb	Pvt	No Tr
RH Problems																		
Itching	13.3	27.4	58.8	6.8	25.9	66.2	5.2	27.1	62.0	12.5	21.1	64.3	9.7	37.6	50.8	12.4	39.9	46.7
Bad Odour	13.3	29.3	57.0	6.3	24.7	67.9	4.9	26.4	65.0	11.1	18.0	67.4	12.9	37.3	48.0	9.7	37.4	51.7
Abdominal Pain	14.5	25.3	59.6	7.2	27.3	64.2	4.6	27.8	63.0	13.4	18.1	66.2	10.5	38.2	49.7	12.0	37.3	49.7
Fever	5.1	10.0	84.6	8.2	29.6	60.8	6.1	29.1	60.3	16.3	22.3	58.2	11.6	37.6	48.6	12.6	40.3	46.3
Other Problems	15.6	29.2	54.3	8.4	29.9	60.1	4.5	32.1	57.0	12.7	23.9	59.2	9.6	38.6	58.5	9.9	39.0	50.9
Pain in urination	16.0	24.3	59.2	6.3	24.5	68.3	4.8	25.7	66.3	14.8	17.5	65.5	9.0	38.2	49.6	11.0	34.5	53.2
Pain in Intercourse	14.1	24.0	61.2	5.4	25.3	68.1	6.0	25.5	65.8	14.9	22.1	60.2	9.4	34.9	53.9	9.0	30.9	59.8
Blood Visible after having Sex	20.4	19.4	59.2	9.7	23.4	66.4	9.1	28.3	58.4	9.5	31.7	57.1	8.1	26.6	62.9	9.6	29.7	59.0

Table No.3: Prevalence of Domestic Violence by Background Characteristics of Woman

Background Characteristics	Regions					
	North	Central	East	Northeast	West	South
Women's educational status						
Illiterate	7.0	14.9	17.7	12.0	11.5	18.6
Literate but less than middle school	5.9	11.1	9.5	6.9	7.0	12.9
Middle school complete	5.2	8.7	6.7	2.8	7.8	9.3
High school & above	2.7	4.4	5.8	1.7	3.9	5.3
Residence type						
Rural	5.5	13.5	14.1	7.7	8.4	13.7
Urban	7.2	8.4	11.9	11.1	8.4	12.6
Religion groups						
Hindu	5.5	12.6	14.0	6.7	8.1	13.7
Muslim	7.6	13.3	13.3	9.2	7.2	8.6
Christian	14.3	28.6	14.8	9.2	11.8	21.5
Others	6.9	2.9	7.4	8.7	14.2	-
Marital duration						
Less than 5 years	4.9	9.8	10.6	6.7	7.9	11.0
5-9 years	8.0	16.8	18.7	10.2	9.2	17.7
More than 10 years	8.7	16.7	19.0	10.0	8.5	15.0
Husband's education						
Illiterate	8.4	16.5	19.2	11.4	11.0	19.5
Less than middle school	7.0	15.0	12.7	9.9	10.8	13.5
Middle school complete	7.2	12.2	11.1	5.4	8.5	12.3
High school & above	3.3	8.7	8.7	2.3	5.3	7.5
Husband's occupation						
Not working	4.4	6.6	13.2	4.3	9.5	16.7
Prof, tech, manag, clerical	4.6	10.4	7.7	4.1	6.1	8.5

Agriculture & allied	5.7	13.8	14.7	6.5	7.7	15.0
Sales & services	3.5	11.3	11.7	6.1	6.5	9.0
Skilled manual	7.4	12.4	13.6	10.2	9.7	13.6
Unskilled manual, domestic, others	7.3	14.9	18.1	15.2	13.4	15.7
Drink alcohol						
No	5.9	12.6	13.6	7.5	8.3	13.1
Yes	25.0	18.8	24.3	14.0	16.7	33.7
Mass media exposure						
No exposure	5.8	14.7	16.6	9.2	7.8	17.7
Had exposure	6.0	10.6	9.9	6.9	8.6	12.1
Employment Status						
Work at home no cash	9.4	12.4	8.5	11.1	9.9	16.7
Work away no cash	5.5	14.2	30.6	11.4	7.4	14.5
Work at home cash	11.2	18.0	13.9	22.2	7.4	12.2
Work away cash	11.1	18.2	23.5	13.9	14.2	21.5
Sex of head of household						
Male	6.1	12.9	13.9	7.9	8.4	13.2
Female	2.7	10.2	12.3	8.2	8.1	14.8
Sex composition of children						
No son	3.8	8.8	10.6	5.3	5.8	11.7
No son but 1 daughter	3.9	11.6	13.4	9.2	11.8	12.0
No son but 2 daughters	7.3	16.2	16.5	8.3	7.6	13.1
No son but 3 or more daughters	8.0	14.8	20.2	18.2	13.4	24.5
No daughter but son	8.3	16.5	14.1	7.5	8.2	14.4
Both son & daughter	7.4	14.4	17.9	10.1	8.9	15.1
Spousal age difference						

Less than 1 year	4.9	9.4	13.4	8.1	7.7	11.0
1-3 years	4.4	11.1	13.9	8.0	7.2	14.0
3-5	6.5	11.4	14.5	7.4	8.5	13.2
5-9	7.2	14.8	12.8	7.9	8.0	12.5
9 and above	8.4	16.5	15.0	8.2	11.2	14.8
Autonomy index						
Low	5.5	13.9	14.3	8.0	9.8	13.5
Medium	5.7	11.3	13.4	7.9	7.8	13.0
High	8.7	11.6	14.1	7.5	6.3	14.6
Contraceptive Use						
Not using	5.6	12.9	14.8	7.5	8.1	13.1
Spacing	6.5	9.7	8.2	7.1	7.3	9.4
Limiting	8.4	13.0	17.1	31.3	11.1	15.3
HH standard of living						
Low	7.9	18.3	18.2	11.9	11.3	20.3
Medium	6.7	11.7	10.5	5.1	8.7	11.1
High	3.8	5.8	3.0	3.5	2.7	4.2
Caste groups						
SC	8.5	15.4	18.4	9.9	14.2	18.8
ST	5.9	14.0	13.8	6.9	10.5	25.7
OBC	7.1	11.3	14.2	6.8	6.0	12.8
Others	4.2	11.9	10.3	8.3	7.2	7.7

Table 4: Prevalence of RH Problems among Young Married Women by their Background Characteristics

Background Characteristics	Regions					
	North	Central	East	Northeast	West	South
Women's educational status						
Illiterate	38.5	37.2	42.4	60.7	36.5	39.5
Literate but less than middle school	38.0	42.3	43.6	56.7	35.0	38.4
Middle school complete	39.6	36.4	38.7	50.7	39.3	36.4
High school & above	33.9	41.5	34.2	52.5	38.0	32.3
Residence type						
Rural	38.1	37.9	42.4	57.6	34.9	37.5
Urban	36.5	40.5	35.2	47.6	40.1	37.0
Religion groups						
Hindu	37.7	37.4	40.0	54.6	34.9	37.1
Muslim	49.6	44.4	48.4	62.0	46.7	37.4
Christian	28.6	14.3	33.3	55.3	34.3	44.2
Others	26.9	44.1	50.9	47.8	51.4	12.5
Marital duration						
Less than 5 years	35.8	37.6	39.6	54.7	38.2	34.5
5-9 years	42.0	39.3	44.2	60.6	34.1	42.1
More than 10 years	37.0	39.3	50.8	63.6	37.2	43.5
Husband's education						
Illiterate	38.1	38.6	43.5	57.8	36.1	39.2
Less than middle school	40.5	40.5	42.2	59.2	35.8	37.9
Middle school complete	38.6	38.7	44.1	54.2	36.7	36.0
High school & above	35.8	36.6	36.3	53.4	38.2	35.6
Husband's occupation						
Not working	37.8	32.4	40.8	75.0	53.2	38.9
Prof, tech, manag, clerical	36.5	41.3	30.3	49.3	34.4	38.5
Agriculture &	36.1	38.9	43.7	62.0	35.1	36.4

allied						
Sales & services	36.1	35.3	41.4	54.7	36.5	37.8
Skilled manual	40.9	40.1	41.6	57.5	39.1	35.9
Unskilled manual, domestic, others	37.9	36.1	40.5	47.8	39.4	44.6
Mass media exposure						
No exposure	36.4	35.5	41.8	57.3	33.9	37.5
Had exposure	38.6	41.1	41.4	56.3	38.2	37.3
Employment Status						
Work at home no cash	54.8	43.1	40.4	75.0	28.2	35.3
Work away no cash	39.4	42.9	49.7	51.4	38.3	35.7
Work at home cash	46.1	52.7	47.3	57.7	43.8	43.9
Work away cash	39.3	43.4	43.9	69.4	34.2	42.3
Autonomy index						
Low	40.9	37.9	39.7	55.6	41.0	39.5
Medium	36.3	39.0	43.4	57.7	35.0	38.5
High	33.0	36.0	44.6	55.0	32.0	28.6
Contraceptive Use						
Not using	37.8	37.3	41.4	56.3	36.4	36.3
Spacing	35.9	45.2	42.0	59.4	38.7	36.9
Limiting	40.9	48.9	44.2	50.0	37.6	41.3
HH standard of living						
Low	38.5	38.4	43.9	58.9	33.9	37.2
Medium	40.6	37.4	40.1	56.3	38.0	37.5
High	33.1	42.8	34.4	52.6	38.6	37.9
Caste groups						
SC	38.7	35.1	43.3	47.3	40.2	39.3
ST	40.7	41.8	39.7	56.6	38.9	41.4
OBC	39.7	36.8	39.0	60.3	36.0	36.3
Others	36.0	41.2	43.6	58.0	35.8	37.4

Table 5: Variation in Employment Status of Women (15-49): Results from Logistic Regression

Characteristics	Suffering Any Reproductive Health Problem (I)
Woman Education	
Illiterate ®	1.000
Less than Middle school	0.999
Middle school complete	1.009
High school & above	0.894****
Standard of Living	
Low ®	1.000
Medium	0.982
High	0.838****
Woman's Employment Status	
Not working ®	1.000
Paid Worker	1.158****
Unpaid Worker	1.144****
Residence	
Rural ®	1.000
Urban	0.917****
Domestic Violence	
Not beaten ®	1.000
Beaten	1.908****
Age	
15-24 ®	1.000
25 and above	0.954*
Autonomy Index	
Low	1.000
Medium	0.991
High	0.813****
Husband Occupation	
Not working ®	1.000
Professional/Technical/Managerial	0.952
Agriculture /Allied	1.068
Sales/ Service	1.100*

Skilled Manual	1.107**
Unskilled Manual	1.055
Region	
North	1.000
Central	0.953*
East	0.963
North East	1.379****
West	0.782****
South	0.717****
Religion	
Hindu	1.000
Muslim	1.567****
Christian	1.127**
Others	0.902**
Caste	
SC	1.000
ST	1.046
OBC	0.956**
Others	0.979
Husbands Education	
Illiterate ®	1.000
Less than Middle school	1.011
Middle school complete	1.039
High school & above	1.020
Contraceptive Use	
Not Using	1.000
Spacing	1.129***
Limiting	1.234***
Marital Duration	
Less than 5 year	1.000
5-9	1.068**
10 or more	1.028
Toilet Facility	
Shared/Public	1.000
Own Toilet	0.858****

No Facility	0.803****
Mass Media Exposure	
No Exposure	1.000
Exposed	1.127
Constant	0.685****

(R) Reference category
* indicates significant at 10% i.e. p<0.1 level, ** indicates significant at 5% i.e. p<0.05
*** indicates significant at 1% i.e. p<0.01, **** indicates significant at 0.1% i.e. p<0.001