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"If your husband calls, you have to go": Understanding sexual agency among young married women in urban South India

Abstract

Background—Early marriage is common in many developing countries, including India, this study's setting. Women who marry early have little power within their marriage, particularly in the sexual domain. Yet, research is limited on women's ability to control their marital sexual experiences.

Methods—We identified factors affecting sexual communication, an aspect of sexual agency, among married women ages 16–25, in Bangalore, India, and how factors associated with sexual communication differed from those influencing non-sexual agency. We ran ordered logit regression models for one outcome of sexual agency (sexual communication), and two outcomes of non-sexual agency (fertility control and financial decision-making). Qualitative data elucidated our findings.

Results—Agency was more restricted in sexual (11.3% with high sexual communication) than non-sexual domains (25.1% with high financial decision-making agency and 32.4% with high fertility control). Feeling prepared before the first sexual experience was significantly associated with sexual communication (OR=1.8, p=0.014). Longer marriage duration (OR 2.13, p=0.000) and having worked pre-marriage (OR 1.38, p=0.038) were also significant. However, few other measures of women's resources increased their odds of sexual communication. Education, having children, pre-marital vocational training and marital intimacy were significant for non-sexual but not sexual agency. Thus, factors associated with sexual communication differed from those associated with non-sexual agency.

Conclusions—Policymakers seeking to enhance young married women's sexual communication need to consider providing sex education to young women before they marry. More broadly, interventions designed to increase women's agency need to be tailored to the type of agency being examined.

Introduction

In India, as in many other developing countries, girls continue to marry young.[i] More than half of all Indian women ages 20–49 are married before age 18,[ii] and the majority become sexually active after marriage.[iii] Sex within marriage for a young Indian woman is not necessarily voluntary, negotiated, or safe.[iv,v] Women marrying young have little power to influence decisions about their sexuality and fertility.[vi,vii,viii] Providing sex to a husband on demand is a key component of a woman's role as wife, and a key value communicated to young women before they marry.[ix,x] A 'good' wife is expected to be submissive, respectful, and chaste,[xi] and to shy away from sexual communication, expression and control. Although some studies have noted that Indian women are not uniformly passive and subservient in sexual matters,[xii,xiii] on the whole, entrenched norms of male authority in marriage constrain women's negotiation possibilities.[12,xiv,xv,xvi]

In a recent study in Indian slums, women cited limited power to control their sexual experiences in marriage as a key factor in their vulnerability to HIV.[xvii] Limited sexual power has also been associated with increased risk of genital tract infections, STIs, HIV infection, and un-intended pregnancy in India and elsewhere in the world.[4,xviii,xix] Notably,

the majority of new HIV infections in India are among women below age 25,[xx] highlighting the need to better understand the nature of young women's sexual power.

Our paper seeks to contribute by analyzing factors associated with young married women's ability to influence their marital sexual experience, in Bangalore, India. We frame our analysis in terms of the concept of 'agency'[xxi] and focus on sexual communication as a key aspect of sexual agency.

Many empirical studies on agency tend to treat different domains of agency and factors associated with particular domains interchangeably. However, women's agency is likely to be multi-dimensional,[xxii,xxiii] extending to areas such as fertility and finances, and factors that increase agency in one domain may not necessarily increase agency in other domains. For example, education and employment – factors assumed to increase women's power -- may enhance women's household decision-making ability but not necessarily sexual agency. Thus, to better understand the dynamics of sexual agency specifically and as compared to non-sexual domains of agency, we also examine the extent to which factors associated with sexual communication differ from those influencing non-sexual agency. This paper is the first to our knowledge that empirically separates out sexual and non-sexual domains of agency, and identifies the similarities and differences in factors associated with each.

Methods

Conceptual framework

We analyze agency as a dimension of 'power', and use Kabeer's definition of agency[21] in our analysis. Kabeer defines power as the ability to make choices in a context in which alternatives are available and recognized. Power is conceptualised as comprising three distinct dimensions: resources, agency and achievements. Agency refers to the ability to choose, define and act upon goals. Resources encompass the potential or enabling factors that allow women to exercise agency, and achievements are the outcomes of the exercise of choice, as determined by resources and agency.

Embedded in all three dimensions of power are the norms and preferences of individuals and their society, including those that determine gender-appropriate behavior.

Agency is a key element of empowerment. While achievements are important as the ultimate goal of empowerment, some argue that if women achieve health or other outcomes without their own active participation or agency, then while their status may improve, they may not be empowered.[22] In this paper, therefore, we choose to focus on agency rather than achievements *per se*.

Studies have focused on various aspects of sexual agency.[xxiv,xxv] We focus on one particular aspect of sexual agency, namely sexual communication. Research on sexual communication suggests that in contexts where gender norms dictate that women remain ignorant of and unwilling to discuss sexual matters, they may be unable or reluctant to talk about sex with their partners.[15,xxvi,xxvii] However, sexual communication may be an important precondition for preventing coercive sex[4,xxviii] and is associated with reduced HIV infection and transmission.[xxix,xxx]

Agency can be exercised in multiple domains of a woman's life.[22,23,xxxi] Resources that increase agency in one domain may not necessarily increase agency in other domains. Recognizing this, we analyze how resources associated with sexual communication differ from resources associated with non-sexual agency, using both qualitative and quantitative

analysis techniques. Thus, our paper provides a rich empirical model for Kabeer's conceptualisation[21] of the relationship between resources and agency.

Data and samples

Quantitative analysis is the focus of this paper; we use qualitative findings to elucidate results where appropriate. Our data are from a longitudinal observational study (2002–2008) of young married women in two slums in Bangalore, India, described elsewhere.[xxxii,xxxiii] This study aimedto measure multiple aspects of gender-based power, such as sexual agency, and to examine the association between gender-based power and reproductive health outcomes. The slums, which we term sites A and B, are together home to approximately 150,000 individuals and are served by two municipal primary health centres. Qualitative research suggests that our study sites are similar in terms of their overall socioeconomic profile (such as housing, occupations, access to schools ad health facilities), but differ slightly in terms of the dominant linguistic group (Kannada or Tamil).

Since early marriage is prevalent in Karnataka, with the average age at marriage for women at 17 years,[2] we included girls below 18 years of age in our study, subject to appropriate consent procedures. Human subjects' protection committees at Samraksha/Samuha, Indian Institute of Management, Bangalore, University of California, San Francisco, and RTI International approved the protocols for data collection.

We collected qualitative data in 2002–2004 through 18 focus group discussions (FGDs) and 23 in-depth interviews (IDIs) with married adult women between 15–49 years of age. Each FGD had between five and ten participants, and lasted approximately two hours. The FGDs and IDIs explored respondents' perceptions and experiences of prevailing social norms regarding gender roles, marriage, sex outside of marriage, sexual and reproductive health, and household decision-making.[xxxiv]

We use the baseline from our quantitative data, collected between August 2005 and February 2006, and based on a convenience sample of 747 young married women. Trained field staff recruited participants, primarily from among those attending the two health centres in our study slum, and also from those in the study community who expressed interest during outreach activities and door-to-door visits. Due to poorly demarcated and often unnamed lanes characteristic in these densely populated slums, community mapping and purposive sampling were not feasible. Eligibility criteria included: being a married female between 16 and 25 years of age; fluency in one of two local languages, Tamil or Kannada; and anticipating residence in the community for the duration of the two-year study. The content and framing of the baseline questionnaire were informed by the qualitative data.

Since respondents may be reluctant to respond truthfully when asked sensitive questions in face-to-face interviews, we took several measures to promote respondent comfort.[xxxv] Young female interviewers with similar socio-demographic backgrounds as the participants were recruited and intensively trained to conduct qualitative and quantitative interviews. Interviews began with less sensitive questions regarding participants' background to put them at ease before sensitive questions regarding their marital relationship were posed. Interviews took place in private rooms in the health centres. Participants received sexual health information, optional clinical examination, lab testing, and a token of appreciation (worth about $2) on completion of the study visit.

Analysis

FGDs and IDIs were taped and transcribed by research interviewers. Transcripts were translated into English, and research staff fluent in both the local dialects and English

reviewed translated transcripts to ensure accuracy. Substantive and conceptual codes were developed through an iterative process of reading the data, and based on our conceptual framework. Several techniques were used for generating meaning from these coded data, such as comparing and contrasting data from different subgroups, exploring links between emerging themes and patterns, and counting the occurrence of certain references and themes. Data were analysed using the software package ATLAS.ti.[34]

During the qualitative phase we identified three key domains of women's agency: sexuality, fertility, and finances. Using insights from the qualitative data, we quantitatively explored the determinants of each of these three domains of agency in three separate ordered logistic regression models.[xxxvi] We constructed a categorical ordered outcome variable to represent each domain (see below); an odds ratio of less than one represents a lower likelihood of the outcome, and an odds ratio of more than one represents a higher likelihood of the outcome. In addition to standard checks for high correlation between variables and multicollinearity, Brandt tests were conducted to ensure that the assumption of parallel regressions was met. All quantitative data analysis was done using Stata 9.2 (College Station, TX). We used the same base sample of women and the same independent variables in all three models.

Outcome measures

We measured sexual communication between spouses through three questions: whether a woman has ever expressed to her husband her interest in having sex; whether she has ever talked to her husband about having sex, for example when to have sex, how to have sex, what brings pleasure, and what does not; and whether a woman has ever told or shown her husband that she did not want to have sex. We constructed our outcome as an ordered response variable ranging from 0 to 3, with 0 denoting no sexual communication for women who answered 'no' to all three questions; 1 assigned to women who answered 'yes' to only one of the questions; 2 assigned to those answering 'yes' to any two questions; and 3 assigned to those answering 'yes' to all three questions.

Although fertility is closely related to sexuality, we examined fertility control separate from sexual communication because our qualitative data suggested that in this setting it is often easier for women to discuss contraception for family planning than to discuss sex *per se*.[34] We measured fertility control based on responses to three questions: a woman's reported communication with her husband regarding using methods to prevent pregnancy; communication about whether and how many children to have; and whether she has ever used or is currently using any temporary contraception (condom, oral contraceptive pill, intra-uterine device, injectible, periodic abstinence, withdrawal, non-vaginal penetration or abstinence). The resulting ordered response variable ranges from 0 to 3, with 3 denoting the highest fertility control and assigned to women who answered 'yes' to all three items. Correlation analysis showed that none of the sexual communication variables was correlated with any of the fertility control variables (the highest correlation is 0.32).

Finally, we measured agency in the domain of financial decision-making based on responses to three questions highlighted in other research.[xxxvii] These were: whether a woman ever made decisions on her own or jointly with someone about a range of financial behaviors, including saving, lending money, borrowing money, or making large purchases for the household; ever made decisions on her own or jointly with someone about spending money for her own health; and whether she is primarily or together with her husband the main decision-maker on spending his earnings. Only 10% of women were not involved in any financial decisions, and were combined with respondents involved in only one decision (labelled '0'). The resulting ordered response variable ranges from 0 to 2, with 2 denoting the highest financial decision-making agency.

Independent variables

Our independent variables represent social, marital and economic resources that could influence a young married woman's sexual communication with her spouse. Since we measure agency *after* marriage, we measure resources *before* marriage whenever possible. We include indicators of a woman's life stage, education, employment, knowledge of reproductive and sexual health, and marital intimacy.

The life course measures we include are: a dichotomous variable indicating whether the woman has been married for two years or more; and a dichotomous variable indicating whether she has children. A young bride gains agency over time, especially after she has proved her fertility by bearing children.[xxxviii,xxxix] Thus we hypothesize that a young woman who has been married longer and who has had children will have higher odds of sexual communication with her spouse than other women.

A woman's education and employment are often assumed to provide her with skills to negotiate a number of household decisions and dynamics. However, prior analysis of qualitative data from this study[34] suggested that education and employment might not be associated with greater sexual communication. We test this finding quantitatively by including women's education (none, primary, middle, secondary and higher); vocational training pre-marriage; and work for pay outside the home before marriage.

Community-based programs in India have found that providing life skills and sexuality education can increase young women's confidence and agency.[7] Thus we include a variable measuring whether women knew about STIs before marriage, and an indicator of whether a young woman felt prepared for her first sexual experience. This variable is based on a dichotomous-response question that asks: "When you first had sex did you not have or have as much information as you needed?" This question follows a question about when the respondent had her first sexual encounter. We hypothesize that more knowledgeable young women, both in terms of STIs and sex, will have higher odds of spousal sexual communication than other women.

Sexual communication may be more likely among women who are intimate with their spouse than among those who are not.[5,26] To examine this hypothesis, we include multiple indicators of marital intimacy: whether a woman knew her husband very well before marriage; whether a woman chose her own spouse (as against her spouse being chosen for her by her parents or elders); whether her husband is her primary source of social support on issues such as childcare, looking after her when sick, etc.; whether her husband lived in the same area as her before marriage; and whether she lives in a nuclear household.

Finally, we control for husband's education and level of earnings, his job stability (measured by whether the husband's work is year-round and whether he has had difficulty keeping his job in the last 6 months), an index of household wealth based on household ownership of assets, the woman's native language, and the study site in which she resides.

Results

Sample characteristics

About 60% of our baseline sample lived in study site A and 40% in study site B. Sample women were, on average, 22.4 years old. Almost 80% had been married two years or longer, and a majority had children. About 18% of respondents had no education and 27% had secondary or higher. Slightly less than one-third of women reported having had vocational training before they were married, and two thirds had worked before marriage (Table 1).

Only 10% of participants reported that they had felt adequately prepared before their first sexual experience, and 15% had heard about STIs pre-marriage. This situation is consistent with sexual norms for young women in our study area: most FGD participants opined that unmarried women should not know about sex because it would tempt them to experiment with premarital sex. As one respondent put it: "*One should not know whether it is salt or sugar. If it is known, they will be tempted to taste it.*" (FGD, 18–24 years).

Our baseline data showed a moderate level of marital intimacy. About half the respondents (52%) reported that they knew their husbands very well before marriage, a third (33%) said they had chosen their spouse themselves, and 46% said their husband was their main source of social support. Almost half the respondents (47%) lived in nuclear households.

Although a majority (78%) of respondents said they could tell or show their husband they *did not* want to have sex, most sample couples did not otherwise discuss sex (Table 2). A minority (36%) had ever talked to their husbands about sex, and 23% said they had ever told or shown their husband they *did* want to have sex. Though most women had some level of sexual communication, only 11% of respondents answered 'yes' to all three sexual communication questions.

Qualitative data revealed that many women feared that talking about sex early in the marriage could raise a husband's suspicions, given that norms dictate that young women are not supposed to know about or be interested in sex pre-marriage. For example, said one young woman when explaining why she could not discuss sex with her husband: "*He would retaliate back saying, it seems you are interested to be like this and that is why you talk like this or else, you are a danger at any given time as you are aware of all these.*" (IDI, 25–35 years).

Participants in FGDs and IDIs also largely believed that it was difficult to refuse sex if a husband forced himself on his wife. As one IDI participant (25–34 years) said: "*When a man falls on a woman, there is very little that a woman can do.*" While several respondents reported that they, nonetheless, would refuse sex on occasion, they also noted that they feared that if they did so, their husbands would go elsewhere for sex and come back to them perhaps infected with sexually transmitted diseases. A woman's sexual satisfaction was considered relatively unimportant. FGD respondents said that if a woman was not sexually satisfied "*She must adjust like a good wife*." (FGD, 18–24 years old). While a few participants claimed a woman could leave her husband or have an affair if she were sexually dissatisfied, most agreed that if discovered she and her natal family would face social ostracism.

Interestingly, a bivariate comparison of women with no and some sexual communication at baseline shows few statistically significant differences between the two groups (Table 3). Women with some sexual communication are significantly more likely to have been married longer, and to have children, than women with no sexual communication. They are also more likely to have had pre-marital vocational training or employment, knowledge of reproductive and sexual health, and middle school or higher education. However, these differences are not significant at the bivariate level, possibly because of confounding between explanatory variables that needs to be accounted for.

More women have a high level of agency in financial-decision making and in fertility control than in the sexual domain (Table 2). About one-quarter (25%) of respondents participated in all financial decisions and 32 percent in all fertility control items, compared to only 11 percent who had high agency in the realm of sexual communication. As one respondent noted: "*If your husband calls, you have to go, because sex is what men need. You just have to accept it.*"

Multivariate findings

Our multivariate analyses (Table 4) present a number of interesting findings. However, we focus our discussion on factors associated with sexual communication and how they differ from those of other forms of agency, in keeping with our research questions.

As hypothesized, feeling prepared before the first sexual experience is significantly associated with sexual communication (Table 4, Model 1). Women who reported feeling prepared for their first sexual experience had significantly higher odds of sexual communication with a spouse than other young married women (OR 1.80, p=0.014). On the other hand, knowledge of STIs prior to marriage was not significant.

As expected, women who had been married two or more years were significantly more likely than newly married women to communicate with their spouse about sex (OR 2.13, p=0.000). Women who worked pre-marriage were likely to have higher odds of sexual communication than those who did not (OR 1.38; p=0.038). Few other resources in the model increased women's odds of sexual communication, consistent with our bivariate findings of few differences between women with and without sexual communication (Table 3). Women's education was only marginally significant in the multivariate analysis, and only at the level of middle school (OR=1.47 for middle school, p=0.07).

A comparison across our three outcomes shows that resources associated with sexual communication differ from those associated with non-sexual agency, and between domains of non-sexual agency. Pre-marital employment, while statistically significantly associated with sexual communication (OR=1.38, p=0.038), was only weakly associated with fertility control (OR 1.29, p=0.089) and not associated with financial decision-making (OR=1.02, p=0.901). On the other hand, education was only moderately associated with sexual communication, but strongly associated with other domains of agency.

Among social resources, a woman's childbearing status was associated with fertility control but not with other outcomes, while none of the intimacy measures were significantly associated with either sexual communication or fertility control. However, having a husband as the primary source of social support and living in a nuclear household were both positively associated with financial decision-making (OR 1.46, p=0.008 and OR 2.19, p=0.000, respectively).

Discussion

A key resource associated with young women's ability to engage in sexual communication in marriage is feeling prepared before their first sexual experience. Further research needs to explore the components of such preparedness and how to provide this knowledge to young women. One possibility is more targeted sex education for youth before they marry. A recent national survey in India suggests that there is support for such efforts.[2] Our study thus provides a timely impetus to research further what kinds of sex education may be most useful for young girls as they enter adulthood, and to promote such education for them before they marry.

Our finding that education is not equally effective across domains of agency adds to recent literature questioning the assumption that education can empower women across the board.[xl,xli xlii] In contexts of strong social norms that discourage a 'good' woman from being sexually knowledgeable or vocal, education – though desirable in its own right – may not be the most effective trigger to promote change. Combining formal education with sex education may have a greater impact on sexual communication than formal education alone. That said, the significance of education for fertility control and financial decision-making

suggests that programs that seek to promote these aspects of agency among young married women in communities such as our study area would do well to provide them with formal education in addition to other inputs.

The significance of pre-marital employment for sexual communication and fertility control suggests that exposure to a workplace and to earning before marriage may have provided women with greater confidence to negotiate sex and childbearing. As one focus group respondent noted: "*…if both go for work both must listen to each other.*" (FGD, 18–24 years old). In the realm of fertility control, many agreed with the statement "*if she is working woman, she can say, 'I am working outside, I don't want a child now.'*" (FGD, 18–24 years old).

On the other hand, that pre-marital employment is not a resource for post-marital financial decision-making may reflect the nature of work in these communities. Women in this setting are likely to work because of economic necessity rather than to advance a chosen career.[34] Thus, while the mere experience of going outside the home to earn an income may be empowering in the sexual and fertility domains for women such as those in our population, financial agency may, instead, be linked to the nature and type of work. Thus, what 'employment' means in particular settings and for particular domains of agency needs to be carefully considered when designing programs for women.

A unique feature of our analysis is the ability to measure different aspects of marital intimacy. Our results suggest that among couples living in a nuclear household, and among those where husbands are a source of support for their wives, husbands may be more willing to share financial decisions than others. However, these particular aspects of intimacy may not necessarily provide women with more space for sexual communication. While it is possible that the indicators we used inadequately measured intimacy in the sexual realm, our results nonetheless caution against considering 'marital intimacy' as a single homogenous concept or assuming that it necessarily conveys greater sexual communication to a young wife.

While the findings of this study provide interesting insights into factors associated with sexual communication and the differences between sexual and non-sexual dimensions of agency, one limitation of the data are that women were recruited through convenience sampling at study health centers. This, combined by the small size of our sample, limits the generalizability of our results to other populations. The use of self-reported data is another limitation. Self-reports may reflect not just the specific behaviour in question but also the respondents' expectations about what is socially desirable or tied to negative social consequences.[xliii]

Conclusion

We believe this study contributes to the literature on women's empowerment in four key ways. First, we identify resources that act as enabling factors for young married women's sexual communication with their spouse. Second, we empirically measure three separate domains of agency and establish how resources associated with sexual communication differ from those associated with non-sexual agency. Third, we contribute to hitherto limited quantitative analyses on sexual communication among young, married, low-income women in urban India. Finally, we triangulate our quantitative analysis with qualitative data from women in the same study communities to provide a rich picture of the dynamics of sexual communication for young, low-income urban women.

Our results suggest that researchers, policymakers and programmers seeking to enhance young married women's sexual communication need to consider the importance of

providing sex education to young women before they marry. Further research is needed to determine the most relevant content of such education. More broadly, interventions designed to increase women's agency need to be carefully tailored to the type of agency being examined.

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Table 1

Key Characteristics of Respondents in the Analysis (N=735)

Independent Variables	(Percent) S.D.
Life Stage	
Age, years, continuous[1]	22.36 (2.28)
Married 2 years or longer	79.59 (0.40)
Has child(ren)	82.59 (0.40)
Own Education and Employment	
Education	
None	17.82
Primary, grades 1–5	22.99
Middle, grades 6–8	32.93
Secondary, grades 9+	26.26
Had vocational training pre-marriage	30.88 (0.46)
Worked pre-marriage	67.48 (0.47)
Knowledge of RSH	
Knew enough before first sex	10.07 (0.30)
Had heard about STIs pre-marriage	14.56 (0.35)
Marital intimacy	
Husband lived in same area pre-marriage	55.51 (0.50)
Knew husband well pre-marriage	51.56 (0.50)
Chose own spouse	33.33 (0.47)
Husband is primary source of social support	46.39 (0.50)
Live in nuclear household	47.21 (0.50)
Background	
Husband has 10+ grade education	23.13 (0.42)
Husband has moderately to high paying job	81.63 (0.39)
Husband has a stable job	15.37 (0.36)
Language	
Kannada	28.98
Tamil	71.02
Study site A	60.82 (0.49)
Asset index, continuous1	0.51 (1.00)

[1] Mean value

Table 2

Distribution of Outcome Variables

Outcome Variables	Percent (S.D.)	N
Sexual communication		
Ever told/shown husband want to have sex	23.40 (0.42)	735
Ever talked to husband about having sex	36.46 (0.48)	735
Ever told/shown husband did not want to have sex	77.96 (0.41)	735
Sexual communication ordered variable		735
0	13.20	
1	47.07	
2	28.44	
3	11.29	
Fertility control		
Ever discussed contraception with husband	33.47 (0.47)	735
Uses or used modern, non-permanent contraception	24.49 (0.43)	735
Discussed timing of children with husband	58.37 (0.49)	735
Discussed number of children with husband	78.09 (0.41)	735
Fertility control ordered variable		735
0	12.38	
1	26.53	
2	28.71	
3	32.38	
Financial decision-making		
Involved in all household financial decisions	47.25 (0.50)	728
Involved in financial decisions about her healthcare	85.85 (0.35)	728
Involved in decisions about spending husband’s income	44.09 (0.50)	728
Financial decision-making ordered variable		728
0 (0–1 decisions)	38.46	
1	36.40	
2	25.14	

Table 3

Key characteristics of women reporting no sexual communication and those reporting any sexual communication

	Women with no sexual communication (n=97)		Women with some sexual communication (n=638)		Significance
	Mean (S.E.)		Mean (S.E.)		
Life Stage					
Age, years, continuous1	22.10 (0.241)		22.40 (0.090)		0.228
Married 2 years or longer	0.73 (0.045)		0.81 (0.016)		0.094
Has child(ren)	0.76 (0.043)		0.84 (0.015)		0.079
Knowledge of RSH					
Knew enough before first sex	0.09 (0.030)		0.10 (0.012)		0.782
Had heard about STIs pre-marriage	0.09 (0.030)		0.15 (0.014)		0.114
Training and Employment					
Had vocational training pre- marriage	0.27 (0.045)		0.32 (0.018)		0.351
Worked pre-marriage	0.63 (0.049)		0.68 (0.018)		0.300
Marital intimacy					
Husband lived in same area pre-marriage	0.51 (0.051)		0.56 (0.020)		0.289
Knew husband well pre-marriage	0.53 (0.051)		0.51 (0.020)		0.831
Chose own spouse	0.28 (0.046)		0.34 (0.019)		0.218
Husband is primary source of social support	0.54 (0.051)		0.45 (0.020)		0.127
Live in nuclear household	0.49 (0.051)		0.47 (0.020)		0.631
Background					
Husband has 10+ grade education	0.24 (0.043)		0.23 (0.017)		0.884
Husband has moderately to high paying job	0.80 (0.041)		0.82 (0.015)		0.739
Husband has a stable job	0.16 (0.038)		0.15 (0.014)		0.743
Study site A	0.35 (0.049)		0.40 (0.019)		0.372
Asset index, continuous	−0.02 (0.104)		0.01 (0.040)		0.771
Language is Tamil?	0.7 (0.046)		0.71 (0.018)		0.894
	N	Percent	N	Percent	
Education					
None	16	16.49	115	18.03	
Primary, grades 1–5	30	30.93	139	21.79	

	Women with no sexual communication (n=97)		Women with some sexual communication (n=638)		Significance
	Mean (S.E.)		Mean (S.E.)		
Middle, grades 6–8	28	28.87	214	33.54	
Secondary, grades 9+	23	23.71	170	26.65	0.261

Table 4

Ordered Logit Analysis – Sexual and Non-Sexual Domains of Agency

Variables (reference in parentheses)	Model 1		Model 2		Model 3	
	Sexual Communication		Fertility Control		Financial Decision-Making	
	OR	p-value	OR	p-value	OR	p-value
Resources: life stage						
Has been married 2 or more years (less than 2 yrs)	2.13	<0.001	1.31	0.156	1.25	0.286
Has children (none)	0.88	0.548	1.90	0.002	1.04	0.848
Resources: own education & employment						
Education: primary, 1–5 (none)	0.97	0.892	1.77	0.008	1.77	0.013
Middle, 6–8 (none)	1.47	0.070	2.13	<0.000	1.70	0.017
High school or more, 9+ (none)	1.17	0.501	2.31	<0.000	1.42	0.155
Had vocational training pre-marriage (no)	1.08	0.622	1.43	0.021	0.79	0.142
Worked pre-marriage (did not work)	1.38	0.038	1.29	0.089	1.02	0.901
Resources: reproductive & sexual health						
Felt prepared for first sex (no)	1.80	0.014	1.38	0.164	1.29	0.285
Had heard about STIs pre-marriage (no)	1.37	0.285	1.33	0.159	1.39	0.123
Resources: marital intimacy						
Husband lived in same area pre-marriage (no)	1.04	0.767	1.10	0.537	10.6	0.714
Knew husband well pre-marriage (no)	1.22	0.188	1.27	0.108	1.12	0.468
Chose own spouse (elders decided)	0.84	0.278	0.86	0.346	0.81	0.203
Husband primary social support (no)	0.86	0.273	0.98	0.886	1.46	0.008
Nuclear household (extended household)	0.99	0.953	0.88	0.391	2.19	<0.000
Background						
Husband has 10+ education (less than 10 yrs)	0.95	0.768	0.93	0.645	1.34	0.097
Husband has moderately to high payingjob (no)	1.01	0.971	1.12	0.524	0.94	0.746
Husband has stable job (no)	0.99	0.952	1.38	0.116	0.94	0.760
Language: Tamil (Kannada)	0.77	0.162	0.53	0.001	1.88	0.001
Where resident: study site A (site B)	1.17	0.346	1.03	0.882	1.21	0.263
Household asset score, continuous	1.08	0.315	1.05	0.486	0.92	0.276

Variables (reference in parentheses)	Model 1		Model 2		Model 3	
	Sexual Communication		Fertility Control		Financial Decision-Making	
	OR	p-value	OR	p-value	OR	p-value
Sample size N	735		735		728	