IJFANS INTERNATIONAL JOURNAL OF FOOD AND NUTRITIONAL SCIENCES
ISSN PRINT 2319 1775 Online 2320 7876
, Journal UGC CARE Listed (Group-I) Volume 12 , Issu 01 Jan 2023

MARITAL RAPE AND ITS IMPACT ON HEALTH AND NUTRITIONAL WELLBEING OF WOMEN AND CHILDREN

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ABSTRACT

Marital rape and sexual violence within marriage continue to occupy a legally ambiguous and socially contested space in India. While feminist legal scholarship has increasingly foregrounded questions of consent, autonomy, and bodily integrity, the material and structural consequences of such violence—particularly nutritional deprivation—remain under-theorised within legal discourse. This paper undertakes a doctrinal and interdisciplinary analysis to examine the relationship between marital rape and the nutritional consequences experienced by women and their children. Drawing upon constitutional principles, statutory frameworks, judicial trends, and public health evidence on marital violence, the paper argues that nutritional harm is not a peripheral or incidental outcome but a legally cognizable injury flowing directly from sexual violence within marriage. The paper further contends that the continued marital rape exception in Indian criminal law perpetuates systemic malnutrition, undermines women's reproductive health, and produces inter-generational nutritional deficits among children. By situating nutrition within the framework of dignity, equality, and the right to life under Article 21 of the Constitution of India, the study makes a case for reimagining marital rape as both a criminal wrong and a public health injustice requiring an integrated legal response.

Keywords: Marital rape, nutrition, women's health, child malnutrition, Article 21, domestic violence, India

INTRODUCTION

Marriage has historically been conceptualised in Indian society as a private, sacrosanct institution, insulated from state intervention. This perception has deeply influenced the legal regulation of marital relations, particularly in the domain of sexuality. Unlike other sexual offences, forced sexual intercourse within marriage has been excluded from the definition of rape under Indian criminal law, based on outdated assumptions of implied and irrevocable consent. Such assumptions rest on patriarchal constructions of marriage that privilege conjugal rights over individual autonomy.

The debate on marital rape in India has largely focused on questions of criminalization, misuse of law, evidentiary challenges, and the perceived sanctity of marriage. While these concerns are significant, they tend to narrow the scope of inquiry to criminal law alone. This paper adopts a broader lens by examining the socio-economic and health consequences of marital rape, with a specific focus on nutrition. Nutrition is a foundational determinant of health, closely linked to physical development, reproductive outcomes, and inter-generational wellbeing.

Women subjected to marital rape often experience a continuum of abuse, including physical violence, emotional coercion, economic deprivation, and reproductive control. These forms of abuse directly and indirectly impair women's access to adequate food, healthcare, and nutritional resources. Children raised in such environments are similarly disadvantaged, facing higher risks of low birth weight, stunting, wasting, and early mortality. This paper does not reproduce empirical findings but analytically synthesises existing interdisciplinary evidence—particularly large-scale public health and demographic research—to situate nutritional deprivation as a legally cognisable harm flowing from marital sexual violence.

CONCEPTUAL FRAMEWORK: SEXUAL VIOLENCE, NUTRITION, AND STRUCTURAL HARM

Understanding the nutritional consequences of marital rape requires moving beyond an individualised conception of violence to a structural analysis. Sexual violence within marriage rarely occurs in isolation; it is embedded within power relations characterized by gender inequality, economic dependence, and social control. These conditions shape women's access to food, healthcare, and decision-making authority within the household.

One pathway linking marital rape and malnutrition is reproductive coercion. Forced sexual intercourse often results in repeated and unintended pregnancies, which deplete women's nutritional reserves, particularly in contexts where access to antenatal care and supplementation is limited. Anaemia, low body mass index, and micronutrient deficiencies are common outcomes of closely spaced pregnancies, especially among women with limited autonomy.

Another pathway operates through psychological trauma. Survivors of sexual violence frequently experience depression, anxiety, and post-traumatic stress, all of which can disrupt appetite, eating patterns, and self-care practices. In households where violence is normalised, women may prioritize feeding other family members over themselves or may be deliberately denied food as a form of control.

Children are affected through both biological and social mechanisms. Maternal undernutrition during pregnancy increases the likelihood of adverse birth outcomes, while postnatal exposure to violence is associated with neglect, poor feeding practices, and reduced healthcare utilization. Thus, nutrition emerges as an inter-generational site of harm produced by marital sexual violence.

MARITAL RAPE IN INDIAN CRIMINAL LAW: A DOCTRINAL OVERVIEW

Marital rape remains one of the most contentious issues in Indian criminal law. The primary legal hurdle is Exception 2 to Section 375 of the IPC, which states that sexual intercourse by a man with his own wife (not being under eighteen years of age) is not rape. The marital rape exception under Indian criminal law represents one of the most enduring vestiges of colonial and patriarchal legal thought. By excluding forced sexual intercourse within marriage from the definition of rape, the law effectively denies married women sexual autonomy. This exception has been justified on grounds of preserving marital harmony and preventing misuse of criminal law, yet such justifications fail to withstand constitutional scrutiny.

Civil law remedies, particularly under the Protection of Women from Domestic Violence Act, 2005, acknowledge sexual abuse within marriage and provide for protection orders, residence rights, and monetary relief. However, these remedies are compensatory and preventive rather than punitive. They do not fully capture the gravity of sexual violence or its long-term health and nutritional consequences.While the state recognizes domestic violence through the Protection of Women from Domestic Violence Act (PWDVA), 2005, the penal code continues to shield husbands from charges of rape through an archaic colonial exception. This legal lacuna is not merely a violation of bodily autonomy; it has profound interdisciplinary consequences on the physical well-being of the family unit. The lack of criminal parity between marital and non-marital rape reinforces a patriarchal structure where a woman's body is treated as a marital asset.

This exception is frequently challenged on the grounds of Article 14 (Equality before Law) and Article 21 (Right to Life and Dignity). The Supreme Court's recognition of the "Right to Health" as an integral part of Article 21 necessitates a re-examination of laws that facilitate physical and nutritional degradation.

Evidence suggests that marital violence is a public health priority. National data indicates that over one-third of Indian women have suffered violence in marriage, with up to 10% specifically reporting sexual violence. This "hidden health burden" manifests as severe nutritional deficiencies in both mothers and their offspring.

NUTRITIONAL CONSEQUENCES OF MARITAL RAPE ON WOMEN

Women who experience marital rape are disproportionately affected by undernutrition and related health conditions. Interdisciplinary research has consistently demonstrated a strong association between marital violence and adverse health indicators, including anaemia, poor body mass index, and reproductive morbidity. Forced sexual relations undermine women's control over their bodies and reproductive choices, often resulting in repeated and closely spaced pregnancies that further deplete nutritional reserves.

Legal invisibility exacerbates these harms. When marital rape is not recognized as a crime, women are less likely to report abuse or seek medical and nutritional support. Healthcare systems, in turn, often fail to identify sexual violence as an underlying determinant of malnutrition, particularly in maternal health settings. This disconnect reflects a broader failure to integrate legal accountability with public health and nutrition frameworks.

From a constitutional perspective, such outcomes implicate the right to life and health under Article 21 of the Constitution of India. Judicial interpretation has consistently expanded this right to include dignity, bodily integrity, and access to basic necessities such as food and healthcare.^6 The persistence of marital rape therefore represents not only a criminal law lacuna but also a constitutional failure to protect women's substantive rights.

A growing body of research indicates that marital violence adversely affects nutritional outcomes for both women and their children through multiple direct and indirect pathways. The Population Council's synthesis of evidence (2010) serves as a cornerstone for understanding these linkages. Research indicates that marital violence is often an "accepted

practice" in India, with lifetime prevalence reaching up to 56% in some studies.Whereas, the Population Council report presents evidence linking marital violence to women's poor nutritional status and child undernutrition, subsequent empirical studies provide further insights into the magnitude, mechanisms, and contextual nuances of these associations in India and similar settings.

Pathways Linking Violence to Poor Nutrition

Marital violence can influence nutritional outcomes in several ways. First, violence often constrains women's autonomy over food acquisition, distribution, and consumption, reinforcing gendered power imbalances within the household. Economic control by abusive partners may limit women's access to diverse and adequate diets, resulting in chronic energy deficiency and micronutrient deficiencies such as anemia. Psychological stress associated with repeated exposure to violence can suppress appetite, disrupt digestion, and contribute to dysregulated eating patterns, further compounding nutritional risk. Additionally, violence can impair women's capacity to engage in income-earning activities or community support networks that could otherwise buffer the adverse effects of limited food access. An analysis in the nutrition literature highlights these psychosocial and resource-based pathways, noting that violence may restrict access to diverse foods, reduce mental wellbeing, and exacerbate poor nutrition outcomes for women.

Evidence from India on Women's Nutritional Status

Recent population-based studies in India offer compelling evidence that marital violence is associated with women's undernutrition. An analysis using data from the 2019–21 National Family Health Survey (NFHS-5) identified distinct patterns of IPV experiences and their link to women's body mass index (BMI). Women exposed to high physical and sexual IPV were significantly more likely to be underweight (BMI < 18.5 kg/m²) compared to those experiencing low levels of violence, even after controlling for socio-demographic factors. This suggests that severe violence exacerbates physiological and psychosocial stressors that contribute to chronic energy deficiency.

This finding aligns with historical evidence from India: a nationally representative study from earlier NFHS waves found that women who reported domestic violence had higher rates of anemia and were more likely to be underweight, underscoring how marital violence and poor nutritional status co-exist as entrenched public health issues.

Women who experience physical or sexual violence are significantly more likely to suffer from chronic malnutrition.

- **Body Mass Index (BMI)**: Studies using NFHS-3 data show a significant inverse association between violence and maternal BMI. Even after adjusting for socio-economic factors, abused women are more likely to be underweight or severely underweight.
- **Anemia**: A direct correlation exists between frequent physical violence and severe maternal anemia (Hb<7.00g/dl). The psychological stress of sexual coercion often leads to neglected self-care and restricted access to food within the household.

INTER-GENERATIONAL NUTRITIONAL IMPACT ON CHILDREN

The nutritional consequences of marital rape extend beyond women to affect children's survival and development. Evidence from demographic and health research in India indicates that children of women subjected to marital violence face significantly higher risks of low birth weight, stunting, and compromised immunity. These outcomes are closely linked to maternal undernutrition, psychological stress, and restricted access to healthcare during pregnancy and early childhood.Violent households often deprioritize child nutrition and healthcare. Women experiencing abuse may lack the autonomy to make decisions regarding breastfeeding, complementary feeding, or medical treatment. Additionally, trauma experienced by mothers can impair caregiving capacity, further affecting child nutrition and development.

The failure of criminal law to recognize marital rape indirectly legitimizes domestic environments that undermine child welfare. From a rights-based perspective, the state's obligation to protect children's right to nutrition and development cannot be meaningfully fulfilled without addressing the underlying violence experienced by their mothers.

Several studies from India and other South Asian settings reveal that maternal exposure to marital rape or marital violence increases the likelihood of underweight and stunted growth in children under five years of age. Using NFHS-4 (2015–16) data, researchers found that children whose mothers experienced physical, sexual, or emotional marital violence had higher rates of stunting and underweight outcomes compared to children of non-abused mothers, even after accounting for confounding factors. The consequences of marital rape and violence on the children include:

- **Stunting and Wasting**: Children of abused mothers are at a higher risk of being stunted or wasted.
- **Mechanisms of Impact**: The pathways include the mother's inability to care for the child due to her own poor health, and the deterrent effect violence has on seeking healthcare for the child.

Underlying these associations are complex, interrelated mechanisms. Maternal violence exposure can reduce women's access to antenatal care and adequate nutrition during pregnancy, leading to adverse birth outcomes such as low birth weight — a known risk factor for subsequent malnutrition. In addition, marital rape may compromise caregiving capacity, with abused mothers less able to provide consistent feeding practices or ensure that young children receive the minimum acceptable diet, as shown in evidence from Ethiopia and other contexts.

Cross-national studies similarly demonstrate that marital rape can lead to suboptimal childcare practices, with children born to abused mothers showing higher odds of both undernutrition and infectious morbidity. Although not specific to India, such global data underscore the universality of these risks and provide comparative context for South Asian findings.

BROADER DIMENSIONS: MICRONUTRIENTS AND DIET QUALITY

Emerging evidence suggests that the impact of IPV may also be visible in micronutrient outcomes. Research in South Asia points to associations between violence exposure and anemia in women and children. Chronic stress and poor dietary diversity—both linked to violence—are known contributors to iron-deficiency anemia, which is highly prevalent among Indian women of reproductive age. Violence-induced psychological burden can interfere with nutrient absorption and metabolic pathways essential for hemoglobin synthesis, compounding the effects of limited dietary intake.

Although more research is needed in India specifically on diet quality and micronutrient profiles, analogous studies in South Asian population surveys corroborate that violence and poor nutritional outcomes often co-occur within the same households, suggesting that integrated interventions are crucial.

IMPLICATIONS FOR POLICY AND PRACTICE

The nutrition consequences of marital violence which, is a form of marital rape , pose significant challenges for public health policy. Traditional nutrition programmes that focus solely on food supplementation or micronutrient distribution may yield limited impact if the broader socio-economic determinants — including marital rape — remain unaddressed. Integrating marital violence screening into maternal and child nutrition services, nutrition counselling with psychosocial support, and community-based interventions that empower women can help mitigate these risks. There is also a need for targeted research to unpack causal pathways more precisely and to evaluate the effectiveness of integrated violence-nutrition interventions in reducing both marital violence prevalence and malnutrition burdens.

Interdisciplinary Analysis: The Nutrition-Violence Nexus

The relationship between marital rape and nutrition can be understood through three primary lenses:

Autonomy Lens: Sexual violence is a tool used to diminish a woman's autonomy. Studies show that abused women have less decision-making power regarding household resources, including food distribution.

Psychological Lens: Marital violence is a precursor to poor mental health, which in turn leads to poor appetite and nutritional neglect.

Biological Lens: Stress-induced hormonal changes in pregnant women experiencing violence can lead to fetal growth retardation and subsequent childhood malnutrition.

INTERNATIONAL OBLIGATIONS AND COMPARATIVE PERSPECTIVES

India's obligations under international human rights law further strengthen the case for recognising marital rape and its consequences. Instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) require states to eliminate violence against women and address its health consequences. Nutritional deprivation resulting from marital rape falls squarely within this mandate.

Comparative legal developments demonstrate a global trend towards criminalizing marital rape and recognizing sexual autonomy within marriage. These developments underscore the incompatibility of the marital rape exception with contemporary human rights standards.

STATE RESPONSIBILITY, PUBLIC HEALTH, AND POLICY INTEGRATION

The relationship between marital rape and nutrition highlights the need for an integrated state response. As the evidence from the Population Council demonstrates, marital violence is not a private matter but a public health crisis that stunts the growth of the nation's future generations. Legal reform is no longer just a matter of feminist jurisprudence; it is a nutritional necessity for the Indian populace. Criminal law reform must be accompanied by public health interventions that address the nutritional needs of survivors. Maternal and child nutrition programmes should incorporate mechanisms to identify and support women experiencing domestic and sexual violence.

State responsibility extends beyond punishment to prevention and rehabilitation. Failure to address marital rape undermines the effectiveness of nutritional schemes and perpetuates health inequities. A holistic approach that integrates criminal justice, health policy, and social welfare is essential.

CONCLUSION

Marital rape is not merely a private wrong confined to the bedroom but a structural violation with profound nutritional consequences for women and children. By examining these harms through a doctrinal and interdisciplinary lens, this paper demonstrates that the continued exclusion of marital rape from the ambit of criminal law perpetuates malnutrition, undermines constitutional guarantees, and entrenches gender inequality. Recognizing marital rape as a criminal offence is essential not only for affirming women's autonomy and dignity but also for addressing the hidden nutritional crisis rooted in marital violence. A reimagined legal framework that integrates criminal accountability with health and nutrition policy is imperative for achieving substantive gender justice in India.

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