

Sexual Behaviour And Decision-Making
Among Married Muslim Women And Men
In A Mumbai Slum

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SEXUAL BEHAVIOUR AND DECISION-MAKING AMONG MARRIED MUSLIM WOMEN AND MEN IN A MUMBAI SLUM

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The understanding of the emotional, social, psychological and sexual relationships between wives and husbands in the context of marriage is one of the great challenges of human social life, let alone as an objective of empirically oriented social science research. As we focus on marital relationships we carry into this endeavour a wide range of personal experience with spousal relationships; first in our family of origin and then as a marriage partner¹. We enter the realm of husband-wife relationships with a range of knowledge, values, judgements, and history that should show that these phenomena are complex, multifactoral, and resistant to simple answers. We have watched parents, in-laws, siblings, neighbours and friends struggle with their own personal understanding of their spousal relationships, their roles in marriage, and have seen numerous marital relationships in modes of growth, maintenance and dissolution. We have had direct experience with the power of spousal relationships as a seedbed for love and hate, harmony and violence, passion and disinterest, obligation and desire, and equity and inequity. We should know the complexity of trying to understand marriages from the outside looking in, in which frequent quarrels may or may not be sign of a negative relationship, seemingly bad relationships can last so long and those “made in heaven” can be so quickly dissolved in earthbound courts.

In societies where female submission and male domination is the norm gender based notions about female and male sexuality, roles and obligations, participation in reproduction and production are supported by tradition and cultural institutions. Women’s access to resources and opportunities is severely limited encouraging economic dependence on men. Ideas about gender-appropriate (sexual) behaviour encourage women to remain ignorant innocent and silent about sex related matters while demanding men to explore, experiment and flaunt their masculinity through sexual conquests. Given such a context, women are less likely to participate in sexual decision making and risk reduction strategies, thereby being vulnerable to HIV/AIDS. Gender based power structures that are intimately linked with ideas of heterosexual relations affect what transpires in the sexual arena and thus affect women’s chances for HIV infection (Sobo, 1995). Ethnicity, social class and age disparities between partners also influence sexual behaviours and decision making. Women thus are often in positions in which sexual options are almost non-existent and unequal.

Despite the imbalance in gender power relations, there are those couples who manage to have relatively more equitable and satisfying relationships (Pelto, personal communication). While understanding the context in which women’s health and well-being is endangered, it is equally important to explore factors that enhance women’s control over their own lives.

¹ We recognise that some of us are or may remain single through the lifespan. The plural ‘we’ is used to indicate a near universal nature of marriage in Indian Society.

While all women, especially poor women are at a risk of HIV/AIDS it is believed that Muslim women are perhaps even more so, given the emphasis on preserving and upholding patriarchal traditions of Islamic culture. Theoretically, and in spirit, Islam affirms the potential equality of sexes; however in reality Muslim women are viewed as the property of their male relatives with severe restrictions placed on their mobility and sexuality. Poor Muslim women are denied education as well as opportunities to seek and acquire knowledge (that is not necessarily of an academic nature). The only formal exposure they receive is in the form of Islamic teachings through attendance at “Arbi” (Arabic) classes where they learn to read the *Koran* and assimilate the teachings of Prophet Mohammed. Muslim men control the sexuality of their women preventing any intermingling of sexes through early (child) marriages, compulsions for wearing the veil and disallowing any form of sexual expression.

In India, even today, parents and family members mostly arrange marriages with little or no concern for the preferences of either the girl or the boy. As such, marriage is viewed as a contract, a necessary obligation to fulfill the procreative, productive and supportive needs of the couple. Through marriage, a man is seen to have established his right over his wife’s body and mind, whereby she is expected to surrender completely to him. Thus, at least initially, such marriage may not form an emotional bond between the couple. The socio-cultural definitions of male sexuality may also condone a man for having sexual relations outside marriage, thereby increasing the risk of acquiring and transmitting STD/HIV to the sexual partner.

Given this backdrop, it is tempting to categorise Muslim women (and men) at enhanced risk of HIV – a group that has some special characteristics owing to their socio-cultural affiliations. However, such a model encourages flat essentialist explanations and appeals to the notion of monolithic cultural beliefs (Glick Schiller, 1992; Kane and Mason, 1992 as cited in Sobo, 1995).

Despite the enormous variation in culture, language and environment and the many sub-cultural differences in class, caste, religion, and community, the literature on marriage and husband-wife relationships in India has been generally uniform. In brief, the literature presents variations on the theme of the oppressed wife and the domineering and patriarchal husband. This theme is also consistent with the literature on marital relationships derived from Latin America (*machismo/marianismo*), Africa, the Middle-East and other parts of the developing world. In India, the dynamics of this relationship have been linked to gender inequality resulting from a patriarchal society and supported by religious dogma, child marriage, low female literacy, arranged marriage, dowry, poverty, female economic dependence, male-child preference, lack of female mobility, and male extra-marital affairs. The products of this relationship are seen as husband to wife violence and sexual domination (George 1997, Sharma and Sharma 1995, George and Jaswal 1994), limitations on women accessing services (Jejeebhoy, 1996), sexual risk (Ramasubban 1994) overwork, poor reproductive health, high fertility, and depression (Khanna et. al. 1998).

Sexual communication and decision making is a dynamic interactive process between sexual partners and is an important indicator of sexually equitable relationships. Several individual, socio-economic and situational factors that differ greatly for women and men due to gender power inequalities influence sexual communication and decisions within marriage. The

following paper examines spousal sexual communication with reference to sexual behaviours within and outside marriage, and dimensions of perceived sexual equity that contribute to a mutually satisfying marital relationship.

Objectives

The bond between a wife and a husband is seen as the binding element in the fabric of society. The current situation in India presents many challenges to this bond in the form of changing family dynamics of work, migration, and female employment; increasing rates of divorce; extra-marital relationships; and the specter of HIV/AIDS and other STDs putting both wife and husband at risk. Positive sexual relationships can be an important element in the stability and continuity of marriage. The specific objectives of this paper are to:

1. Describe the range of variation of husband-wife relationships in a Bombay Muslim community with a focus on sexual communication, sexual behaviour and sexual equity.
2. Examine the association among these domains to identify the precursors to sexual equity;
3. Utilize these results to suggest approaches to intervention to improve sexual behavior and sexual equity.

The Community

This study was conducted in a mixed ethnic urban slum community in Mumbai. This community is an unrecognized slum with a *kachha* road (partially tarred and uneven). Garbage is thrown around and sewerage water flows out of open drains. The area is noted for its high levels of air and sound pollution due to vehicular traffic and small scale industries. Two mosques, two temples, and a church housing a school are located in the area. The community consists of approximately 1000 households, with a population of about 5000. The residents are equally divided into Muslims and Hindus, the most common language spoken is Hindi and the great majority are migrants from Uttar Pradesh and Bihar. More than three-fourths of the household heads have lived in Mumbai for at least five years. Almost 70% of the households are nuclear, with familial ties in the village of origin. Households average a monthly income of Rs. 4000. Mean age of married women is 30 with two years of education and married men is 34 with a mean of four years of education. The mean age of marriage for women is 14 and for men, 20. The mean duration of marriage is 15 years and the mean number of surviving children is five. Nearly 85% of the families own their residences, consisting predominantly of a one-room apartment in a *kholi* (concrete apartment block) measuring 10 by 15 square feet, with an average of five residents living in each apartment..

Data Collection Methods

The key to our methodological approach was the use of a combination of qualitative and quantitative methods to collect data. Data collection was iterative in nature with ongoing pilots for each method. The pilots allowed us to pretest and refine the instruments of data gathering.

Community Profile Survey

The first steps in community data collection were to introduce the project and meet and develop rapport with key members of the community. The results of these contacts made it clear that

there were misconceptions concerning the composition of the community and that a community survey would be necessary to accurately describe the population and to identify an appropriate sample of respondents. An instrument was developed which collected information for each household in the community on ethnicity, language, household composition, residence infrastructure, economic status, and marital history.

Focus Group Discussions

Four broad areas were identified for discussion: communication and decision-making; gender roles in sexuality; sexual behavior; and use of contraception. To implement these discussions, two pilot discussions were held with younger and older Muslim married women recruited by a local NGO in another urban slum, after a preliminary group meeting with women in the community. The results of the pilot indicated that women would discuss these issues openly. In the study community, two key community women and the paraprofessional staff assisted in the recruitment, which was supplemented by the identification of women as a part of the community survey. Women who could talk and share and who fitted the characteristics of possible participants for the study were contacted and the purpose of the study explained. Once their consent was obtained they were invited to come to one of the group member's houses where the discussions were to be conducted. Six sessions were conducted with four groups of women with 10-12 in each group; one group consisted of Hindu women, two with older Muslim women and one with younger Muslim women. Attempts to have focus group discussions with men failed due to resistance to discussing the topic in a group.

Indepth Interviews

26 Women and 19 men were interviewed in-depth and in multiple interview sessions (from three to five sessions) on issues which included: natal family, marital family, household communication and decision-making, sexual behaviors both within and outside marriage, the quality of sexual relationship, and reproductive health issues.

Interviews with women and men were conducted with the help of interview guides that were broadly similar. Some areas like menstrual and pregnancy history that were specific to women were excluded from the interview guide for men. Other areas like extra-marital sexual relations, history of STDs/RTIs differed partially for both women and men. The focus was on spousal communication and decision making and an effort was made to explore ways in which the marital relationship had changed over time.

Pile Sorting of Sexual and Related Behaviours

From the in-depth interviews, a list of items that could be classified under a broad domain of sexual health emerged. Within this domain there were sub-domains that included sexual behaviours (within and outside marriage), issues related to sex, contraception and women's and men's sexual health problems. Each of these sub-domains consisted of 9-34 items, which were placed on index cards; the sub-domain of sexual behaviours was the largest with 34 items. To assist respondents, pictorial cards using line drawings depicting sexual behaviours were used. The items in other sub-domains were written on each card separately in Hindi. The respondents were then asked to sort the cards in separate piles for each sub-domain based on their similarities. Items, which were similar, would be placed in the same pile and those that were

different placed in different piles. This exercise helped us obtain a cultural consensus among different items of the sub-domains.

Sequencing of Sexual Behaviour

The sub-domain of sexual behaviours consisted of 34 items and besides sorting these into similar or different piles, we wished to capture the sequence and range of sexual behaviours within marriage. It was thus decided to conduct a sequencing exercise with respondents focusing on their last and most recent penetrative sexual experience with their spouse. To facilitate this, respondents were first asked to place the items into behaviours they did and those that they did not do in their last sexual encounter with their spouse. The respondents then sequenced the behaviours that they practiced.

In the following section of this paper, we will describe sexual communication, sexual behaviour and sexual equity qualitatively and then examine their interrelationships through quantitative analysis.

Sex And Marriage: What Has Love Got To Do With It?

Our findings suggest that women enter marriage with little preparation and only limited experience with marital and sexual relationships. Men on the other hand bring with them a wide range of experiences and beliefs about sex and sexual behaviour of self and their sexual partner/s. First night experiences have the potential to further colour sexual relationships within marriage. What women and men do sexually often enhances sexual pleasure; yet they do not always engage in behaviours that enhance sexual pleasure. Reports of indepth interviews with women and men revealed a range of intimate sexual behaviours both within and outside marriage. These behaviours included precoital behaviours like touching, kissing, fondling, penetrative sexual practices like vaginal, anal and oral sex, sex during menstruation and pregnancy and sex outside marriage.

Conceptual mapping by respondents of these behaviours revealed four mutually exclusive distinct groups of sexual behaviours. These were a set of behaviours:

- a. Deemed to be appropriate (*sahi*) and expressing love (*pyaar karna*) between married partners.
- b. Which men learn and want to practice with their wives but about which women are relatively negative (*galat kaam*).

And two clusters which are both at some distance:

- c. A cluster of extra-marital behaviours involving men with persons other than their wives and considered *haram* (sinful) by respondents and
- d. A cluster of two behaviours labelled as *jabardasti* (forced sex or rape?) including items of sex before menarche and violence associated with sex.

The mapping was interesting in the sense that “*galat kaam*” seemed to be sitting in between two sets of behaviours: one that were approved and seen as important to express love and those that were considered sinful, wrong and clearly occurring outside marriage. Thus while these ‘in between’ behaviours were disapproved by respondents conceptually, in reality indepth interviews revealed that they occurred fairly frequently between married partners. Similarly

respondents severely disapproved of coercive, violent, non-consensual sex coming close to labelling it as rape within marriage. Yet, there was an alarming proportion of women who lived with these experiences as a reality of being married.

Pyaar Karna or Expressing Love

Indepth interviews revealed a variety of pre-coital behavioural patterns from very limited participation in these behaviours to extensive involvement and time for pre-coital activity. Behaviours of intimacy preceding penetrative sex included the following:

- Kissing on the mouth (*chumna*)
- Stroking/oiling each other's hair (*baal sahelana*)
- Biting the cheek (*gaal katna*)
- Man kissing the woman's neck (*gala chumna*)
- Touching each other's body (*badan chuna*)
- Fondling the breast (*chati masalna*)
- Kissing/sucking the breast (*chati chumna/muh me lena*)
- Touching/stroking the penis (*haat lagana, hilana*)
- Putting his finger into her vagina (*neche ungli dalna*)
- Woman giving man oral sex (*unka muh me lena*)
- Man giving woman oral sex (*neche muh lagana*)

Women in the sample described the importance of these intimate behaviours for expressing love, stimulating their sexual interest and desire and for being ready for sex.

The process of initiating sex begins with verbal and non-verbal expressions of interest. However communication and initiation of sex differs markedly among women and men. Women describe using indirect ways of expressing desire or mood for sex. For example some women said they cooked a good meal, put their children to sleep early, sat and chatted with their husbands, dressed up for their husband before he arrived home from work, or would laugh, smile, talk a lot to indicate their mood for sex.

As Neena, put it,

“When it is time for him to return I take a bath and dress up for him. When he sees me dressed up, he feels happy and all his tiredness goes away. I even prepare the children to go to bed early so that we can have time with each other.”

Mamta said,

“When I am in a mood I go and sit near my husband, look at him and smile; then he understands... Sometimes I make something special [food] that he likes... If we are alone, I begin pressing his body, giving him a massage.... He responds immediately”.

Some other women expressed their desire more directly. Reena said that when she is in a mood she goes and sleeps next to her husband in his bed, or begins to press his hands, and body even without his asking. Another woman said that she established a physical contact with her husband, by sitting very close to him, lovingly pushing him, oiling his hair and giving him a body massage.

Thirteen women reported a high level of precoital behaviours, which they enjoyed. Laxmi reported kissing on the lips and cheeks, rubbing and massaging body, stroking and kissing breasts, touching penis as intimate behaviours that enhanced her pleasure. Similarly Manju who was divorced from her first husband due to his violent and abusive behaviour says about her present husband,

“I like the way he loves me... he comes near and treats me like a lady – not like a prostitute; he takes his time to see that I become happy too...”

Kumud and Mamta also reported a variety of intimate precoital behaviours that included husbands stimulating them by touching their genitals. They reported enhanced sexual pleasure through such actions. On the other hand women who reported an absence of extensive pleasure enhancing precoital behaviours also reported sexual violence and sexual coercion. Hema expresses it eloquently,

“He (my husband) has never kissed me on my cheeks or lips, never touched my hair lovingly. I do not know what a man’s loving touch is like... Whenever he wants to do it, it is done *chori se* (as if he was stealing something). He grabs my breasts, forces open my salwar and its over in five minutes”.

Meena shares Hema’s experience and labels her own sexual interaction with her husband as one that satisfies his lust. She rues the absence of any love, tenderness in such encounters.

Some women like Shashi and Rita, reported foreplay in their ‘*jawani*’ (youth) and said, “All this doesn’t happen any more, he just grabs my breasts and its over in five minutes”. They also reported presence of grown up children and space constraints besides a diminished interest in sex as reasons for not engaging in precoital behaviours.

Shaila, voices similar sentiments. She says,

“My son is 16 years old. We do not get any *tanhayee* (solitude). He (husband) likes to fondle my breasts, take them in his mouth but I can’t enjoy all this ... I

am worried about what's happening around me... I think, 'when will it get over?', all the time...."

Men on the other hand expressed their desire more directly though non-verbally. The most commonly used non-verbal pre-coital behaviours reported by male respondents are fondling breasts, kissing or biting cheeks / neck and touching woman's body suggestively. Some men reported waking up their wives and calling them to the kitchen to have sex. Ten out of 19 men reported a high level of participation in pre-coital activities; however, it was clear from men's narrations that they viewed these only as a precursor to the "real thing". Touching woman's breasts, kissing on lips or cheeks was seen as important to 'get the woman ready for sex' rather than pleasurable activities important for their own sake, expressing love and affection or those that enhanced sexual pleasure of both partners. Some of the quotes below bring out this aspect clearly.

"There is no need to express (desire) I put my hands and legs on her, pull her close and then she is ready". (Raghu)

and

"I first see if the children are asleep, then I put off the light. Then I pull her towards me, caress her, press her (breasts), kiss her and then it happens". (Raja).

On the other hand some men like Dada consider wife's participation important for enhancing sexual pleasure for both. He reported engaging in behaviours that "got her ready for sex". Says Dada,

"I like to take my time. So we do it slowly. She enjoys that way too. When I do all this (foreplay) she becomes excited and does things to me also. I like it then. That way it is good. What is the point if she is just lying there *thanda* (cold)?"

Like women, some men who did not engage in pre-coital behaviours reported diminished desire in sex, growing old and wife's unwillingness to participate in the sex act.

Says Prakash,

"We have been married for so many years. Where is the need to do all this? If I sit or go near her she understands. Then we do it...."

Chintu, and Nitin, both reported diminished desire for sex and have this to say,

"Initially we used to feel like doing it often. Now we don't feel like it.... So, when we do it, it is over in five minutes"

and,

"We do have (sex) but much less than before. Now there is no *chumma chummi* (kissing, etc.)".

Ranjit says,

"My wife is never ready. She has never enjoyed it; so when I want it, [sex] I call her to get me water, oil my hair.... When she comes I catch her and do it *jabardasti*. Then I can't take time to get her ready. It has to be done quickly".

Other men like Ranjit who reported forced sex or violence associated with sex said that they had no time for “all this”.

“She always says no, never likes it, I feel tense (if I can’t do it) so I have to do *jabardasti*. Then there is no time... I have to do it quickly”.

Thus while both women and men reported engaging in a range of intimate precoital behaviours, women viewed these as expressions of love while men viewed precoital behaviours as precursors to vaginal penetration.

Galat Kaam or Wrong Work

Conceptual mapping of sexual behaviours had identified anal, oral sex, sex during menstruation and advanced stages of pregnancy as unacceptable and ‘wrong’ between married persons. However, respondents reported practicing these with varying frequencies.

Anal Sex

Ten out of 26 women reported that their husbands had demanded anal sex at some point during the marital lifespan. While seven women were able to say no to anal sex, three women said they were powerless to do so and that their husbands forced them to agree.

Namita says,

“After seeing the night show (blue film) he insists on it, I can’t do anything. I don’t enjoy it, it hurts but he doesn’t listen”.

Laxmi too narrates her experience,

“The first time we did it he kept insisting, he said it will hurt a little in the beginning but I will enjoy it later. So finally I agreed. What could I do? It hurt a lot, I felt the skin tear but we continued to do it for 4-5 years after marriage. He’d enjoy it but not me, it caused a lot of pain”.

Reena was afraid of her husband’s anger if she refused anal sex and so gave in much against her wish. She reported anal sex during menstruation and advanced stages of pregnancy. She says,

“Whenever he can’t do it straight, he does it from behind. He keeps poking me... and finally forces me to agree. I have to agree or else he becomes impatient with me.”

Women who could refuse anal sex expressed horror to their husbands for making such a demand and questioned whether he thought she was “that kind of a woman”. Kumud reported that her husband had once taken her to see an “English” film after which he demanded anal sex. “Am I that cinemawali that I will do such things?”, she asked, after which he has not made such demands. Similarly Falguni reported saying to her husband,

“If you make such demands, I will sit outside the mosque and ask passersby whether there is a man who wishes to enter through the door and not through the window?”

Her husband never again broached the topic.

A small group of men mentioned practising anal sex with their wives, much against their wish. Laloo, says,

“I have done it with both my wife and with *dhandewali aurat* (woman in prostitution) also. But with my wife it is different. I have to *patao* (convince) her a lot”.

Similarly Nagesh, makes a reference to anal sex with his wife and says,

“Actually it is not good to do it to one’s wife. People do it only with outside women. But when I want to do it I get very tense and convince her. If she still refuses, I do *jabardasti* (force)”.

Other men categorically refused having ever had anal sex with their wives. Thus, notions of *halal* (right) and *haram* (wrong) sexual behaviours within marriage was quite clear in the minds of women and men respondents. It did not however deter some men from forcing these behaviours on their wives. Others, however, saw wife’s refusal of specific sexual behaviours as legitimate and did not insist on practising “*galat*” behaviours with their wives.

Oral Sex

Nearly 50 percent women reported oral sex as one of the common sexual behaviours occurring between married partners. Women were involved in receiving as well as giving oral sex. Women’s reports indicated sexual pleasure associated with receiving rather than giving oral sex.

Says Kamla,

“He often tells me to take it (penis) in my mouth.... I feel dirty but I do it. He enjoys it. Also, when he does it to me I like it. So I don’t mind”.

Manju too feels nauseous while performing oral sex on her husband and acknowledges that he too must be feeling the same way. But she says,

“He does it to me also, he loves me very much and does it till I tell him to stop.... Would he do such a dirty thing if he didn’t love me?”

Rekha, Jaya, Laxmi were women who reportedly enjoyed receiving oral sex. Their narrations associated lubrication and feelings of ecstasy with oral sex. They acknowledged such pleasurable experiences to their husband but were unable to demand oral sex frequently.

When asked about how their husbands learnt about such behaviours most women attributed it to ‘night shows’ or ‘English films’ (blue films). These were aired on the local cable network on certain days late at night. Some couples watched these together and women reported that “men want to do all they see on TV with us”. Several women were not aware of such night shows and strongly disapproved of oral sex labelling it a *gunah* (sin).

None except two men reported receiving oral sex from their wives. Says Laloo,

“We do it [sex] in different ways, she takes it [penis] in her mouth, we do it from behind [anal sex] but I have to convince her. She doesn’t agree easily”, indicating that oral sex in these instances was forced on the wife.

A few men reported wife's refusal to give oral sex as they considered it dirty and sinful. Says Shiva

“Sometimes I feel like (oral sex), but she becomes angry and says no.... I can't do anything then”.

Once again notions of right and wrong deterred some men from forcing these behaviours on the wife. One man reported mutual pleasure while giving oral sex to his wife.

Sex during Menstruation and Advanced Stages of Pregnancy

Most women reported that it was quite common for husbands to demand sex during advanced stages of pregnancy as well as during menstruation. As Rita puts it,

“What difference does it make to a man? If he wants it he must have it... it's the same, whether I am pregnant or have my period...”

Heena says that they have sex till the 8th month of pregnancy, and that her husband is ‘very careful’ not to hurt her. On the other hand Ameeta, considered it a sin to have sex after 5th month of pregnancy. She says,

“After the 5th month there is *jaan* (life) in the unborn child. If it is a girl [female foetus] it is a sin to do it but do men ever have patience? They do it whenever they feel like...”

Women who refused sex during menstruation reported that it occurred fairly regularly when they were younger and newly married. Notions of impurity (*naapaak*) were associated with sex during menstruation, however men did not strictly adhere to it.

Some women like Manju and Namita equated husband's desire for them with love. According to them it was not possible for their husbands to stay away from them for long and hence made such demands.

On the other hand, women who lived in the village during early years of marriage and child bearing often did not have contact with their husbands after conception until delivery. The husband would come to visit the wife and the newborn 2-3 months after delivery. Thus geographical distance between spouses was the main reason for abstinence cited by respondents. However, couples living in nuclear families during child-bearing years continued to have sexual contact till the last trimester and resumed sexual relations within a month after delivery. There were very few periods of prolonged abstinence from sex for muslim couples living together in Mumbai.

Extra Marital Sex

All women and men respondents viewed sexual relations outside marriage as *galat* (wrong) and *haram* (sinful) clearly associating some behaviours with extra-marital sex. None of the women respondents were reported to be involved in any sexual relationship other than the one with their married partners. None expect two women believed that their husbands were not monogamous.

In contrast, nearly 32 percent men reported regular multiple commercial as well as non-commercial experiences during the marital lifespan. Men frequented women in prostitution

during their visits outside Mumbai or on some occasions when they desired a 'different' kind of sexual experience. Laloo who visits girls in beer bars says,

“They are willing to do anything [oral, anal sex] you ask them. If we pay them a little extra we can even press [their breasts] *Bas*, you only need money in your pocket, then you can have all the fun you want”.

Dada too reported commercial as well as non-commercial encounters. He says,

“When we boys get together sometimes we drink beer and see *blue films*. Then we get *sexy* thoughts and have to do it with a woman. So we go to Mumbai [meaning red light areas in South Mumbai] and relieve ourselves. They allow you to do anything and are not shy”.

About non-commercial encounters he says,

“With outside women and married women you have no fear [of pregnancy]. Unmarried girls are dangerous. I have a *chakkar* (affair) with a married woman near Saki Naka. They are bold and experienced. Not like my wife....”.

His narrative indicated his desire to have a variety in sex as compared to the usual regular “straight” sex experienced with his wife.

Ranjit too was open about his relationships outside marriage. He reported one such encounter with a *gharelu aurat* (homely woman).

“We met in my children’s school. She used to share her problems with me when we’d wait for children to come out. One day I asked her if she’d go with me to Powai. She agreed. Since she was wearing a *Naquab* (veil) no one could make out. We hired a room and enjoyed ourselves. With my wife, she is never ready – I have to always force her. But with her there was time ... I could do with her what I can’t with my wife.... This continued for a few months. Then she got pregnant and we stopped meeting...”

Ranjit has reported several such relationships outside marriage emphasising his quest for ‘love’(!), variety, attributing his dissatisfaction to his wife’s illiteracy. When questioned about his commercial sexual encounters and the reasons for these, he summed it by saying, *‘Kuch faisle dimaag se nahin, dil se hote hai’* (some decisions are governed not by one’s head but by one’s heart).

Sex, Violence and Suhaag Raat

14 women who reported violent initiation into sex described their first night experience by using terms like *khaufnaak* (fearful), *khatarnaak* (dangerous) and *takleef* (pain / discomfort).

Raji and Meena who were married at 16 and 15 years respectively reported *jabardasti* (force) by their husbands during the first sexual encounter.

Says Raji,

“After marriage we had a lot of relatives in the house and there was hardly any space to do it (have sex). You know how Bombay houses are. So for 15 days

nothing happened. Then one day he told me to 'be ready' at night. I was very scared. There was no one at home so when he latched the front door, I tried opening it to run outside. But he caught me hard ... he was already prepared. He took me to the bed and took my sari off. I resisted when he reached for the *naada* (draw string) of my petticoat. He had a blade with him so he just slit my petticoat with the blade and forced himself. It was very painful... I didn't enjoy it at all".

Meena relates a similar experience,

"We got married in the village and then came to Mumbai immediately. After 2-3 days, when everyone left only his sister, her husband and their children were present in this one room. We were staying with them you see. They went out for a movie and left us alone. I was very sad and was not in a mood for anything because of the way I was cheated into marriage. When he came near me I felt like crying I tried running out of the house but he caught hold of me and gave me one *zaapad* (slap). He didn't care about my feelings. He didn't want to soothe me, he seemed interested only in my body. He forcibly took my salwar off, lifted his lungi and did it. It was over in 5 minutes. There was no *pyaar, mohabbat* (love, tenderness), bas, he satisfied his *hawas* (lust)"

Ameeta was married in her childhood. At 15, her mother-in-law insisted on taking her to their house although she had not started menstruating. Her parents were helpless and agreed to send her. Her narration of her first sexual experience is reproduced below.

"When I went to their house, my *jethani* (elder sister-in-law) who loves me a lot, explained a lot to me. She said, 'your *miya* (husband) will come near you, catch you but don't be scared. Don't shout or scream. Keep shut. Let him do whatever he wishes. If he does a little *jabardasti*, don't cry, men are like that only. And this happens to everyone'. I was confused and so *nadaan* (innocent). I didn't understand much. At night we were given a separate room that was locked from outside. He came near me, caught me, took off my salwar, lifted his lungi and did it. It happened so quickly but I had a lot of *takleef*. I bled a lot. I cried a lot. I couldn't sleep the whole night, it hurt so much. He stayed in the village for 15-20 days and it happened every night. I wanted to run away to my mother's house.... I didn't like it at all. Then I became ill. When my mother-in-law took me to the doctor he came to know. He scolded her and said, 'Does anyone do such things to a *naabalik*? (a girl who has not attained menarche)? Send her to her parents house....' Then I was sent and I returned only after a year when I started menstruating".

Six other women who were married in their pre pubertal years had similar experiences to share. Manju reported violent initiation into sex on the third night after being married and said she became ill following that experience.

"I was *naadan*, so when he started to do this and that, I screamed and resisted. He tried covering my mouth with his hand but I shook it off. Finally he gave me 3-4 *zaapads* so that I come under his *kaabu* (control). I hated it all, it was a very *khaufnaak* experience for me. It hurt a lot then and afterwards too. I think my

skin had torn and I felt as if it had swollen down there. When I passed urine there was a lot of pain and burning. I told my mother the next day but she said that this happens to all women and after some time I'll get used to it".

A couple of women reported that their husbands demonstrated *sabaar* and understanding initially and did not wish to force sex on their wives till they were ready. But their patience did not last long. It was the elder sister-in-law or mother-in-law who prodded the newly married man to "prove himself and his authority".

Jaya relates her experience.

"On the wedding night he came near me and asked me to excuse the mehr. I said, 'maaf hai' (excused). Then he began talking to me. He asked if any other proposals had come my way and I told him about it. We talked a little more about his life, work... Then he took my dupatta off and began kissing and massaging me. I was very scared and wondered what would happen. When he touched my *naada* I moved his hand and got up. I said, 'I don't like it. I won't sleep near you', so he said, 'its your *marji* (wish), I won't force you. We'll do it when you are ready'. Then he put his mattress on the floor and slept. I slept on the bed. The next morning there was a lot of teasing and then they realised that nothing had happened. I didn't allow him to touch me for three nights. Then I heard my *jethani* telling him, 'Don't you have hands? What kind of a man are you? You are her husband after all. How long will you stay away? Why can't you do *jabardasti* and bring her in *kaabu*?' That night he forcibly took off my salwar. There was no loving. He covered my mouth with his hand and forced himself. It hurt a lot. I cried the whole night and then realised the meaning of marriage. Ofcourse the next day he was apologetic and promised he'd never force himself on me again.... But he had asserted his *hakk* (right) in that one instance!"

Shashi shared Jaya's experience wherein she and her husband were both shy and inexperienced to do anything for many days after marriage. One day her mother-in-law called her son, (Shashi's husband) and said, 'Now go near your *dulhaniya* (newly wedded wife) and show her you are her *miya*. How long will you avoid it?' He forced sex on her that night and asserted his right as a husband.

Five men reported doing '*jabardasti*', slapping, tearing clothes and covering wife's mouth with the hand in order to bring her in *kaboo* (control) on suhaag raat. Says Kalu,

"I tried talking to her nicely, but when I touched her she behaved as if she had got an electric shock. It was very insulting for me. She kept crying and saying no – no. As if I was raping her – *aare*, I brought her after doing *nikah* (marriage) with her, had I picked her up from somewhere? I was feeling aroused and I couldn't control myself. I was forced to give her one *zaapad* (slap) to quieten her. How could I do anything with her clothes on? So I *jabardasti* removed them. Her *salwar* tore and she began crying more. But it was over in five minutes. She cried for three days after that".

Ranjit too reported using force and coercion to gain sexual access to his wife. Although married for three years, their marriage was not consummated as his wife was *naabaalik* (hadn't attained menarche) and continued to live in her parent's house. Then one day she was sent to his house. He says,

“When I went near she seemed scared and *sahamisi*. I tried removing her *salwar* but she started to call out her *ammi, abbu* and abusing me for coming near. I had to cover her mouth to prevent her from creating a *halla* (scene). I think she was doing *nakhras* (excuses). All women say no but actually they want it. So I did it. She cried a lot, it was very painful for her and she kept abusing me through the night. She said this was not love, only *hawas* (lust)”.

Women (and men) seemed to live with the memories of the first night well into their marital lifespan. Negotiation and renegotiation of the marital relationship occurred against the backdrop of these memories, often colouring respondents' perspectives and behaviour. A correlation seemed to emerge between violent *suhaag raat* experiences and the ability to communicate effectively about sex and related matters.

Women's and men's narrations about sexual behaviours within and outside marriage revealed a variety of behaviours indicative of expressions of love to those that put monogamous women at risk of infection or reproductive health morbidities. Violent, coercive, non consensual sex increased women's sexual health risk. However, respondents did not perceive any health risks associated with unprotected anal, vaginal sex or sex during menstruation and pregnancy. Condom use among respondents was non-existent especially in these contexts.

Scaling and Sequencing Sexual Behaviours within Marriage

Each respondent was asked to sort the sex behaviors within marriage into two categories; “behaviors that they did with their spouses” and “behaviors they did not do with their spouses.” This sort permitted these behaviors to be subjected to Guttman Scale analysis. The concept of sexual scripting (Laumann and Gagnon 1995) proposes that each culture has a set of culturally-defined sex behaviors that are learned by cultural members. Less well emphasized is that each culture also has a sequential script which also establishes a culturally appropriate sequence for those behaviors. One technique for establishing the cultural sequence is the Guttman scaling process. The Guttman scale tests the hypothesis that items are unidimensional and sequential and that responses arrayed in that sequence will conform to a regular and descending pattern when the items are arrayed by frequency from most to least frequent. The scale not only gives a sequence of sexual behaviors but also permits the ranking of respondents in terms of that sequence. This technique has been used to scale the behavior of adolescents and young adults in Mauritius (Schensul et. al 1994), Sri Lanka (Silva et. al. 1997), and in Hartford, CT., USA (Schensul and Schensul 1998). For the first time perhaps, we can see that Guttman Scaling can be a tool in understanding the sequence of behaviors leading to vaginal penetrative sex between spouses. In table 1, we present the cultural sequence for wives and husbands in the sample, the ideal scale, and the percentage of respondents at each scale type:

Table 1
The Guttman Scale of Pre-Coital Sexual Behaviors Between Wife and Husband Behaviors

1	2	3	4	5	6	7	8	9	10	11	12	Person Type
X	X	X	X	X	X	X	X	X	X	X	X	10
X	X	X	X	X	X	X	X	X	X	X	X	10
X	X	X	X	X	X	X	X	X	X			9
X	X	X	X	X	X	X	X	X				8
X	X	X	X	X	X	X	X					7
X	X	X	X	X	X	X						6
X	X	X	X	X	X							5
X	X	X	X									4
X	X	X	X									4
X	X	X										3
X	X											2
X												1
--												0

Behaviors:

- | | |
|----------------------|-------------------------|
| 1. Fondle breasts | 7. Touch penis |
| 2. Oil/stroke hair | 8. Sucking breast |
| 3. Kiss on the mouth | 9. Finger in the vagina |
| 4. Bite cheek | 10. Anal sex |
| 5. Kiss neck | 11. Oral sex (M to F) |
| 6. Touch body | 12. Oral sex (F to M) |

N = 31 x 12 items = 341 cells, Scale errors = 32, Coefficient of Reproducibility = .906, Alpha = .818

The Guttman Scale shows a pre-coital sexual sequence for this community that starts with fondling of breasts and then proceeds from the top-down: the head (hair), to the face (mouth and cheek) to the neck, to the body and to the genitals. For most of the respondents who reach this point (11 of 31)² the next step is penile-vaginal penetration (7 of 11). For four respondents, this stage leads to oral and anal sex either as an alternative or a precursor to penile-vaginal penetration. Sequencing of sexual behaviours also illustrated that couples skipping the cultural sequence were often engaged in coercive non-consensual sex. Such persons reported fewer or an absence of pre-coital behaviours with immediate vaginal penetration.

Sexual Equity

The extensive text drawn from in-depth interviews were reviewed, coded, quantified and qualified by us. One of the code categories that emerged was the domain of sexual equity. The domain of sexual equity can be defined as a sexual relationship between spouses which is characterised as creating a safe and conducive environment in which each partner can communicate their needs and desires and that differences are negotiated in the best interest of

² Pile sorting and sequencing activity could not be done with all male respondents due to space constraints. One woman respondent refused to participate in the same. It was thus completed with 25 women and 6 men.

both partners. Sexual and reproductive health outcomes of such an equitable relationship are favourable for both partners and reduce risks of infection and other morbidities. Within this domain the following dimensions were identified:

Dimensions of Sexual Equity

- Presence of sexual desire
- Ability to express desire
- Experiencing sexual satisfaction
- Perception of sex as male right / female obligation
- Ability to refuse sex or specific behaviours
- Coercive sex and sexual violence

Presence of Sexual Desire (mood hota hai)

The general stereotype is that women in poorer communities with difficult lives rarely have a desire for sex. In this dimension, women talked about themselves in terms of their interest in and desire (*mood*, the English word is used by women) for sex. Half the women indicated that they were frequently interested in and enjoyed sex. The other half of the women denied experiencing any sexual desire. Two women, who reported coercive non-consensual sex complained of never knowing any love or tenderness. All the other women who reported an absence of sexual desire had experienced some form of coercive sex and violence associated with sex during the marital life span.

However, all the 26 women insisted that their husbands were always in a mood for sex. Men's reports seemed to confirm these assertions with 17 out of 19 men admitting to presence of desire for sex on most occasions. Only 2 respondents reported diminished desire and a lack of interest in sex. Men reported that they were frequently interested in sex and that it is natural for men to be "like that". On such occasions it was important that their desire was fulfilled (meaning have penetrative sex with a woman) and if the wife did not consent, it was upto the man to convince her. Some men also differentiated between sexual desire of men and women and said that men were different from women. Most men complained that they had to *patao* (convince) their wives to have sex with them and the general perception among male respondents was that their wives were not interested in sex on most occasions. Men attributed women's lowering of sexual interest to their growing older, having children and a general change in outlook towards sex after several years of marriage.

However, some men asserted that their wives too experienced sexual desire "just like them" and even if they were not in a mood on some occasions it was the man's duty to satisfy her. A man who reported diminished sexual desire said that his wife often complained to him about this and said, 'you come near me only for your interest (*apne matlab se aate ho*). You don't care about my needs and never come to me when I have a need. You pretend to be sleeping then...'

Some men cautioned against submitting to their ever-present sexual desire lest their health gets spoilt. Rajesh says, "Having sex often has an (ill) effect on health". Another man refers to

preserving semen and not wasting it often by saying, “One has to look after one’s organ (penis). Over use can spoil it and frequent emissions can weaken even the strongest man”.

Expression of Sexual Desire to Spouse (jahir karna or ijhaar karna)

While half of the women in the sample reported presence of sexual desire only five of them were able to express this interest to their husbands. Three of these five women talked about ways in which they express their desire. When they are in a mood for sex they began massaging their husband, oiling his hair and pressing his body. Mamta, gets close physically by sitting next to her husband, touching him on his thigh, laughing a lot to communicate her mood for sex. Reena, usually sleeps on the floor with her six young children and when she is in a mood, “then I go on my own and sleep on the bed next to him.” When asked about their husband’s response to such advances all women reported that

“He [husband] is encouraged by such open expression of sexual desire. (*Unhe aur bhi josh aata hai*). He feels happy and immediately pulls me close, kisses me, loves me.”

They were also asked if a situation ever arose when they expressed their desire but the husband was not in a mood. One of the women laughed loudly and said,

“*Aare!* Can this ever happen? A man always wants it”.

Some women who reported a presence of desire and inability to express sexual desire seemed to be constrained by several socio-cultural factors related to gender appropriate behaviours. They also said they never felt the need to do so. “He is always in a mood, so when he comes near and I am in a mood I do not refuse him”. Thus women’s sexual needs were met on most occasions without their having to take initiative. However eight women indicated having desire but not having the ability to express their desire. Jaya said that although she may feel like it she never expresses her desire, “it does not look nice. What can I do? How can I tell him? It’s no use – I can’t do it.” She feels constrained by feelings of shame as well as presence of other family members as theirs is a joint family. Kamla says she never shows her husband that she wants sex, lest he felt that she was oversexed.

Men reported that when their wives expressed their desire for sex they did so by establishing a physical contact, caressing husband’s cheeks, looking lovingly, pinching, pushing, running her fingers through his hair and so on. Some women were more direct in these expressions and touched the husband’s “organ” (penis), kissed him on the cheek or changed the usual sleeping arrangement. One man reported that on days when his wife was in a mood she made the children’s bed separately and put her bed close to his.

Other men said that there was never any need to express desire overtly and that their wives “normally do not show desire or communicate”. It is rare for their wives to indicate an interest in sex but on some occasions like husband’s pay day or relative’s visits to the house, the wife is in a good mood and happy and is more likely to respond positively to her husband’s sexual advances.

Ranjit, who had reported a stormy and unhappy relationship with his wife, mentioned that she was never interested in sex and in fact he had to make excuses to get her near him for sexual intercourse.

Sexual Satisfaction (khushi, panni girna)

Women used words like *khushi* (happiness) and *paani girna* (emission of water) to indicate sexual pleasure. Women equated sexual pleasure with *pyaar karna* and reported that greater the foreplay greater their satisfaction. As Heena put it,

“when we do it like this [meaning engaged in foreplay] we enjoy more, sometimes we bathe together. We both enjoy it, he loves me more than”.

Falguni and Mamta too reported enhanced sexual pleasure when their husbands engaged in intimate sexual behaviours. Falguni says,

“All my sex (English word used) is in my neck. When he (husband) kisses me on my neck I come under his control completely....”

Eight women while describing their experiences of pleasurable sex talked about feelings of ecstasy by saying, ‘When we feel happy [sexually fulfilled] *hamara bhi paani girta hai* (we experience emission of water)’ indicating lubrication and reaching a climax.

Women saw a connection between *pyaar karna* and lubrication. Kamla expressed it uninhibitedly,

“When he kisses me, massages me I enjoy it – but sometimes he does it (penetrates) quickly, then I don’t like it. When I am dry and he forces it in, it hurts a lot. Once I told him, ‘If you do it so soon, it hurts’, so he said, ‘If I don’t do it (like this) it (penis) will turn cold (*thanda pad jayega*)”.

Thirteen women who reported hurried sex due to constraints of privacy and space or non consensual coercive sex said that they hated sex. Husbands of these women did not engage in any intimate behaviours but reached out straight to remove the woman’s clothing (*salwar*). These women shared experiences of painful penetration without any foreplay indicating dryness of the vagina. Sundara says,

“He has never cared nor himself asked what my *khwaish* (wish) is. Whenever he has wanted it [sex] he comes near me, pulls the draw string of my *salwar* and does his job; there is no *pyaar mohobaat* (love or tenderness)”.

Hema says,

“For me it has always been *chori se* (stealing). When you steal something you do it in a hurry without making any noise. He has always snatched it from me. He’d forcibly remove my *salwar* grab my breasts and start. If I resisted he’d slap me and some times tear my clothes to satisfy his *hawas* (lust). It would be horrible in the end”.

It was interesting to note that none of the men mentioned their wives sexual satisfaction or what behaviours were pleasurable to them. Men seemed to be concerned about their own pleasures and fulfillment of sexual desire which resulted from vaginal penetration and sometimes oral and / or anal sex. Men also used words like “tension” and “stress” to convey how they felt if they

perceived a possibility of not having penetrative sex with their wives. Thus it was important for them that their desires were satisfied through penetrative sex irrespective of their wife's interest, inclination or satisfaction.

Male Right / Female Obligation (admi ka haaq / aurat ka oosool)

Almost all women believed in varying degrees that sex was a male right and it was the wife's duty to provide sex and be ready for the husband whenever he demanded it. Some of the quotes eloquently express women's beliefs: Rutuja says,

“In our *Koran Sharif* it is written that serving (*khidmat*) your husband is like serving *Allah*. Whenever the husband wants, his wife must submit herself to him (*khidmat mein pesh aana chahiye*). This is the *oosool* (principle) by which a woman must live.”

Shashi states,

“I can't say no; after all he is my husband. If he won't do it with me who will he do it with? A woman is made for a man only...”

Ameeta says,

“A woman who refuses sex to her husband will have to face the wrath of angels of God. They will curse her and shower her with fire balls (*aag ke shole barsate rahenge*), she will never attain *jannat* (paradise) *Jahannam* (hell) will be written in her destiny.”

Jaya says,

“How can I say no to him? He does so much for us. I can't refuse him such a small thing, why should I displease him?”

Like women, all men perceived sexual access to their wives as a male right and the fulfillment of husband's sexual desires as wife's duty. This is reflected in the following statements.

“Sometimes if I want it and she doesn't agree then there is a fight. If a man wants to do it and he doesn't get it (sex) he get very tense. He loses control, as if he is drunk. He just wants to do it.” (Kalu)

“If I get aroused and my wife is there, I have to do it”. (Chintu)

and

“I have rightfully married her, not eloped with her. When all women follow this rule (of fulfilling husbands sexual wishes) then why should she refuse? She should agree quietly” (Ranjit)

Thus when sexual access is viewed as a male right, it is possible that any resistance, reluctance, or refusal results in coercive sex accompanied by violence. Continued indoctrination of such beliefs impedes women's ability to refuse sex or assert their right on their own body and sexuality.

A small number of men expressed that fulfilling one's partners sexual desires were an obligation for both the husband as well as the wife. Thus if there was a situation where the husband is not

in a mood and the wife desires sex, the man should respect his wife's wishes and "do it". Some of the following quotes illustrate this point.

"If she feels like it, it is not good to say no. If she were to refuse when I wanted, how would I feel?" (Krishna).

"If she is ready then the man must do it because otherwise she will think low of him. She won't tell anybody but still she will think" (Raghu)

"If she wants it, it is my duty to fulfill her desire otherwise she will think low of man" (Kalu).

"When she wants it then I also become ready. If I am not ready then her mood will be spoilt. Like I have feelings she also has feelings" (Dada).

"I don't like to say no to her so I never say no if she wants to do it" (Laloo).

These men acknowledged women's sexual desire and pleasure and felt it was their duty to respond to these needs.

Women's ability to refuse (mana karna)

While almost all women perceived sexual access by their husbands to their bodies as a male right, at least half the women reported that they were able to refuse sex on certain occasions with 30 percent of the women being able to refuse specific sexual behaviours like anal sex. Women who were able to refuse sex with their husband did so when they were not in a "mood", felt tired and exhausted after a whole day's work or when they were menstruating or in advanced stages of pregnancy. Heena said that she told her husband when she did not desire sex

"Can anyone enjoy it everyday? I feel sleepy, tired after the grind, then I refuse."

Manju and Kumud were also able to say no to sex,

"He does not come near me against my wish. He does not do *jabardasti*."

Neela talked about the mood for sex and said,

"If I am tired or there's too much tension about money or home then I have no mood. Then it doesn't happen for many days."

Usha's husband practiced abstinence due to her ill health. He approached her only when she seemed physically alright. She expressed that she was proud of him for being understanding and able to control himself.

The immediate outcome of refusing sex for all these women was positive, with the husbands acceding to their wish and staying away. Women were happy with such husbands and did not feel pressured to either feign illness or make excuses for saying no to sex.

Women who were unable to refuse sex often made *bahana* (excuses) to keep their husband away. Ameeta said that she reads *namaaj* five times a day. On days when she senses that her husband

may approach her for sex she serves him dinner along with the children and then starts her prayers .Her husband who is a taxi driver is very tired and falls asleep while she is praying or having her food. Other women feign sleep or complain that they are too tired for it but such excuses do not always work with their husbands and often leads to sex against their *marji* (wishes)³.

Men's reports on their wife's ability to say no to sex revealed a pattern of coercive sex. Only four men reported that their wives could refuse sex on certain occasions with two of these men reporting diminished sexual desire. In the recent past, because of the decreased frequency of sexual interaction between the couple, there were not many occasions when the wife was required to say no to sex. But both men recounted past experiences when their sex life was "normal" and said that if their wife was not in a mood for sex they could not force her. "In the past she would sometimes refuse. If she did not agree, I could never force her. Then I'd say, if you are not interested let us sleep....." Said Chintu. Dada, a newly married man said that on most occasions his wife too was interested in sex but, "If I ask for it in the day she says no - everyone will come to know". They stay in a joint family and presence of other family members impedes the couple's sexual interaction. Four men who reported having no children revealed that their wives did not say no to sex too often. There was a compulsion to bear children and in context of the childless status of the couple, refusal to sex was not considered legitimate. Having sex then became obligatory not only on the woman's part but for the man as well.

The remaining 15 men reported that while it was not possible for their wives to refuse sex, occasionally they made *bahanas* (excuses), to keep their husbands away

"sometimes if she does not want it (sex), she makes excuses and feigns illness. If she says a direct no (to me), it is an insult to a man. Then he has to force her", said Bala.

Other men said that if their wife was unwell,

"then I don't ask her. But if it is just a *bahana* or she does it too often the man has to *patao* (convince) her and assert his right (!)".

Health related reasons were thus perceived as legitimate grounds for refusal, but if these were too frequent, forced sexual intercourse would happen, notwithstanding the woman's complaints.

Only one man reported of his wife using sex as a tool of negotiation to either get what she wants (materially) or get her way with her husband.

"If she wanted something and I didn't get it then she remembers and refuses me", said Nagesh.

Wives refusing specific sexual behaviours like fondling or sucking of breasts, anal and oral sex was seen to be legitimate by some men. While these men used force to gain sexual access for vaginal penetration, they reportedly did not insist on practicing "*galat*" (wrong) behaviours with their wives. Respondents did not report alcohol abuse. As such, women's refusal of sex due to substance use was also not reported. Strong tabbos against alcohol consumption among Muslims

³ Women's refusal of specific sexual behaviours is discussed earlier in the section on *Galat Kaam*

seem to be associated with the non-use of alcohol. On the other hand perhaps this was the very reason for not openly admitting alcohol consumption by men.

In relationships where physical violence was frequent and permeated in the sexual relationship between husband and wife, women had no ability to refuse sex. Men recognized this and although women made some attempt to influence the contexts or conditions under which sex happened, they were powerless to carry their efforts through, the outcome of such interactions almost always being negative for the woman.

Coercive Sex and Sexual Violence (jabardasti, marzi ke bagair)

Fourteen of the 26 women reported sexual coercion at least once in the lifespan of their marriage, most being violently initiated into sex by their husbands on the wedding night. However the “once in a life time” experience seemed to influence the marital relationship generally and spousal sexual interactions specifically. Women who experienced sexual coercion on the wedding night were unable to say no to sex or believed they were helpless to do so.

Half the women report current experiences of sexual coercion and violence. Coercive sex assumed different forms and ranged from insistent persuasions, to casting aspersions on the woman’s character to use of physical force or verbal threats. Women used words like *jabardasti* (force), *hawas* (lust) and *marzi ke bagair* (against one’s will) to describe their experiences of coercive sex. Hema, reports her marriage as a stormy and violent one, where she has found no *sukun* (peace) or *khushi* (happiness). Sex with her husband has always been non-consensual and forced where he has used physical violence and verbal abuse to gain sexual access. The presence of grown up children hampers her from protesting or stopping her husband from forcing himself on her.

Reena’s husband attacks her sexuality when she refuses him sex. She narrates,

“If I say no, let it be for today he gives *gaalis* (verbal abuses) and says, ‘Have you found a *yaar* (lover) outside? Why have I married you if you can’t do this much?’ Sometimes he even forces it on me... I feel afraid by his anger and also worry about my children.... So I don’t resist too much”.

Reena is one of the few women who has managed to negotiate her relationship with her husband on many fronts. She has been able to convince him to allow her to work as a *Balwadi* teacher, prevent him from putting too many restrictions on her mobility and get him to value her non-tangible contribution to the household. She reports a satisfying marital relationship with her husband. And yet, she seems powerless to negotiate issues related to sex and sexuality with her husband. She expresses it in the following quote,

“I can fight the whole world, but I can’t fight him. My fame and respect is because of him. At his feet lies my paradise”.

Gender role socialization, religious indoctrination and societal values of staying married at any cost are perhaps the reasons for Reena’s inability to confront her husband when he unjustly accuses her or uses force on her.

Husbands involved in coercive sex used the threat of taking a second wife to get their wives to comply with their wishes. Sometimes women are able to stay away from abusive husbands as a result of sleeping arrangements and availability of space. Hema says,

“I sleep upstairs with the children and he sleeps down. In the last three months, it has happened only thrice. I don’t come down at all; even when he calls me to give him water or something, I send it with one of the boys.”

The threat of physical force effectively ensures women’s submission to husband’s sexual demands. Ameeta said that her husband beat her “only once” but as a result she is afraid of his temper and recognises her inability to stop him without his beating her up and abusing her if she were to say no. She too, like Reena reports a good marital relationship with her husband. She does not give him scope to use violence against her but instead buys peace by either using avoidance strategies to refuse sex or giving in to his pressure tactics against her wish.

Twelve of the 19 men interviewed admitted to the use of force with their wives to gain sexual access. In five men this issue was not sufficiently explored, 2 men reported a diminished sexual desire and emphasized that the question of using force never arose. Their own lack of interest in sex sometimes matched with their wives, and there was no reason for them to use coercion. On occasions it was the wife who complained about the husband’s disinterest and not being sensitive to her (sexual) needs.

Men justified the use of force to gain sexual access by saying that women usually make *bahanas* (excuse) for not having sex. “It is characteristic for women to say no initially, but it is upto the man to get her ready for sex”. Men in this sample failed to perceive women’s (sexual) needs and problems but were concerned about their own desires and pleasures. Men used gentle persuasions, physical force and finally violence to gain sexual access. The following quotes reveal this pattern:

“I talk lovingly to her and convince her, but if I am in a mood and she is not and she still doesn’t give in, then I hit her” (*Jhapad lagaa deta hoon*) (Bala).

“I never fight over sex. If she refuses I try to coax her. It takes half an hour to convince her, then she agrees” (Raghu).

“When she is not in a mood I become *pareshaan* (irritated). But still I try to bring her into mood. I try kissing her, pressing her, if she still does not respond, I do it. I don’t know if it hurts her. She does not tell” (Shiva).

“If my wife doesn’t want it, I try convincing her. If she still doesn’t understand, I also do it forcibly (*jabardasti*). She does not get angry later. She just keeps quiet” (Nagesh).

“She has never been agreeable (to sex). She would always refuse (*nakhra karti hai*). Then I have to use force. I hold her, shut her mouth with my hand and slap her to control her. Yes, sometimes, I have been forced to tear off her salwar with a blade....” (Ranjit).

Thus men in their narrations justified using force and violence against women to gain sexual access. They were unconcerned about their wife's resistance, refusal and non-participation, often misinterpreting their wife's silence to mean consent to sex.

Sexual equity within a marital relationship depended largely on couple communication on the above mentioned dimensions. Woman's ability to initiate or refuse sex, experience and acknowledge sexual pleasure and maintaining non-coercive consensual sexual relationship with her husband contributed to a sexually equitable relationship. The outcome of sexual interaction between couples was thus non-threatening and positive facilitating a sexually healthy marital relationship. Examples of such equitable relationships could be seen in the marriages of Heena , Mamta, Raji, Manju, and some other women.

We quantified the dimensions of sexual equity by generating a score on a 4 point scale with 1 being the most negative to 4 being the most positive. Using this scale, each interview was rated to generate a score of perceived sexual equity. The range in scores was a low of 8 to a high of 23, with a mean of 16.2.

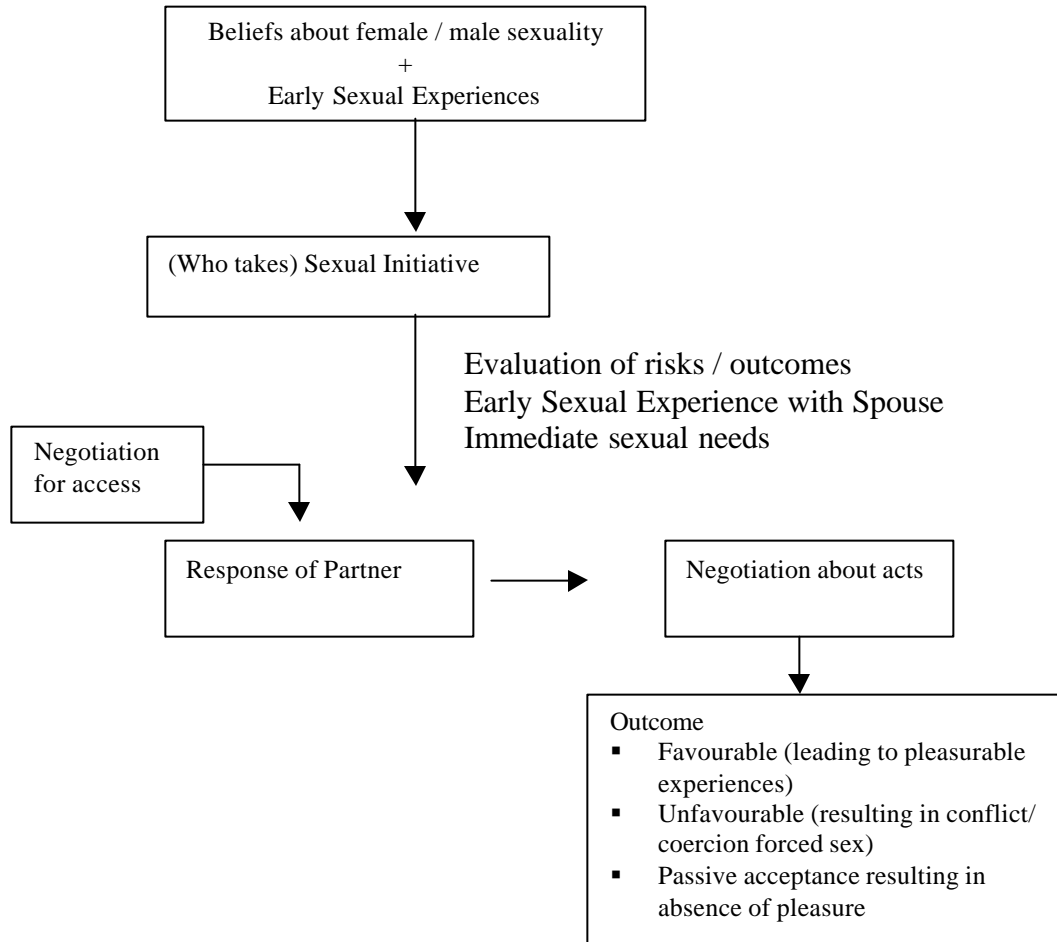
Gender differences in perceived sexual equity scores were marked with women perceiving their marital and sexual relationships being much less equitable than men. Male respondents have a mean perceived sex equity score of 25.5 with women having a mean of 13.3 (Mann-Whitney U = 30.0, $p = .001$).

It was noticed that respondents who displayed greater precoital behaviours also reported a higher perceived sexual equity scores (mean of 17.3) as against those with fewer precoital behaviours reporting a lower mean score of 11.3 (Mann - Whitney U + 565 $p = .05$).

Reports of earlier experience of coerced sex and violence are quite vivid in respondent's narrations and these seem to influence all subsequent sexual and marital interactions. Whether it is greater involvement in and exploration of precoital behaviours among couples or an overarching satisfaction and contentment with the marital relationship itself that contributes to a sexually equitable relationship is like the egg and chick debate! It is however important to note that for most men the "real thing" is penetrative vaginal sex without essentially associating love, caring and tenderness with sexual encounters within marriage. Women's expectations of sexual arousal and pleasure are in contrast to men's expectations from sex and marriage.

Mind Over Matter? Sexual Decision Making among Married Partners

The emerging process of spousal sexual decision making seems complex and governed by several personal as well as social factors. A tentative model is proposed herein.



Sexual decision making starts with the process of initiating sex. Who initiates sex, in what contexts, when and how often determine not only the sexual partner's response but also the outcome of such initiation. Beliefs about female and male sexuality and sexual behaviour as well as past sexual experience within and outside marriage influence initiation or non-initiation of sex. Since most spousal communication appears to be non-verbal initiation of sex also depends on the initiator's interpretation of partner's non-verbal cues. For example, a woman may touch her husband affectionately but he may interpret this as a sexual touch and take the initiative. In early stages of the sexual act partners may only test each other out for possible favourable responses. Thus partner response often determines not only the outcome of initiation but also the course and progression of sexual interaction. Partner response to sexual initiation is mediated by one's immediate sexual needs and feelings; but more importantly by early sexual experiences with spouse and the contexts in which sex happened in the past. Evaluation of possible immediate and long term risks as well as perception about the likely outcomes of initiation and corresponding response governs the way in which the partner handles initiation. Negotiation for access is an important aspect of the beginning stages of the initiation-response cycle.

Outcome of initiating sex could be favourable or unfavourable for both or either partners depending on individual needs and perceptions and means of fulfilling these. Negotiation once again precedes outcome with partners bargaining about specific sexual acts, including condom

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