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RESEARCH PAPER

Married Women's Negotiations about their Reproductive Rights with Patriarchy

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ABSTRACT

The present study was carried out to explore how married women discuss their reproductive health issues with their spouses. Gender and power theory was used to describe the effect of sociocultural and economic factors on women's decision making about the size of the family and sex. Women's negotiating power about the use of contraceptives was studied by taking respondents of the urban city of Lahore and rural areas of Rasol Nagar and Ali Pur Chatta. Data was collected from 20 married women by using semi structured interviews and thematic analysis was later employed. The findings discovered the variability in the women's autonomy on the bases of their background and also revealed the ignorance of women about the religious teaching regarding sexual and reproductive life and majority of them were relying on the interpretation led by religious clergies. Furthermore, cliché attached to reproductive and sexual life facilitated the hesitation in women to remain ignored and consequently nurtured the existing patriarchal domination in private life too. The results of this study might have policy implication for gender specialists, government and civil society working for women empowerment to understand the sensitivity of this issue and take necessary measure towards sensitization of women' needs.

Introduction

Reproductive autonomy considers as an indicator of women's empowerment (Dyson & Moore, 1983) and covers issues related to pregnancy, birth control, use of contraceptives, visits to doctors and etc. While sexual and reproductive rights include the freedom and autonomy about sexuality of the body, sexual privacy, equality, sexual pleasure, right to use contraceptives, freedom to choose reproductive choices, right of information regarding sex, education and assess to sexual health care (Ng,

2000). In Pakistan women are not given freedom of making choices, about their sexual and reproductive needs which in turn has adverse effects on women's overall health and rights (Manzoor &Mahmood, 1993, &Ali et al., 2009). Marriages bring huge burdens of responsibilities for girls, such as the fulfillment of husband's sexual needs and to be always prepared and available for sex, having pregnancy within one year of marriage and more preferable to be pregnant with sons (Winkvist & Akhtar, 2000).The majority of the women in Pakistan are more likely to become mothers in their early 20s, more specifically in the first year of their marriage (Hakim & Sultan, 2001) due to social pressure.

Additionally, cultural barriers about having communication on sexual and reproductive health and use of contraceptives, lack of appropriate and enough information regarding reproductive health facilities and rights have worsen the situation which consequently leads to sexually transmitted diseases, abortions, maternal, child mortality and early unwanted pregnancies (WHO, 2009). Moreover, modern contraceptives usually target women, while few are for men (Campo-Engelstein, 2010). Even media encourages the use of contraceptives for women only. Similarly, poverty and un-sufficient health care facilities are also worsening the situation and make women vulnerable because of their socio-economic dependency. Additionally, in Pakistani society the imbalance gender relations and power also affect the women's reproductive and sexual life. Usually, men have more assess and control over resources and over women bodies. Socio-cultural factors that affect the sexual and reproductive life of women are important in reference to understand their reproductive and sexual autonomy and independence (Mahmood et. al., 2000). Similarly, poor educational level of husbands and wives also lessens the usage of contraceptive during sex (Saleem & Pasha, 2009). There is a lack of information available on women's perception about their sexual and reproductive health and how they discuss these things with their spouses in the Pakistani context. Therefore, it is important to know; how women exercise and discuss with their spouses their reproductive and sexual rights.

Literature Review

Pakistan as a developing country struggling hard to deal with gender inequalities (Global Gender Gap, 2016) exist in education, health and employment. The government is making efforts to some extent to fulfill its national as well international commitments in the fields of Health by taking initiatives like Population and Women's Development and in the fields of program intervention like Primary Health Care and Family Planning, Maternal and Child Health Care. But the condition is still not satisfactory which in turn delays the achievement of targets, specifically in reproductive health (GGGR, 2016). Pakistan is ranked as the sixth most populated country around the globe and women represents almost half of the population which highlights the need of addressing the sexual and reproductive health concerns of women (Awan, 2015).

Various previous literatures of Pakistan repeatedly studied the reproductive rights of women with many operational factors such as agency, power of decision-

making, freedom of mobility and control over financial resources (Fikree et al., 2001& Mumtaz & Salway, 2005) and highlighted; reproductive and sexual needs and desires of women are used as a mean to control woman's body (Dipico, 2006) and marital rape is not clearly interpreted as a punishable offense in the law. Like many other domestic areas, wife is expected to remain submissive in her sexual life without practicing decision making. However, the myth that sexual pleasure is all about males and females are just to play their submissive role have deconstructed by feminist discourse and work (Richardson, 2006).

Furthermore, the norms of masculinity also seem visible in matters of the sexual conduct and reproduction which revolve around the philosophy of penetration and domination (Wentzel & Maria 2011). As explained by Flood (2002) their masculine identity is attached and recognized with the physical strength of men during their sexual performance and loss of erection is seen as a threat to their masculinity and identity. Therefore, the socially constructed practice of domination of men in sexual intercourse marked them as an important and active partner in heterosexual relationship and any debate on the sexual matters of husband wife is usually deemed as something private and offensive (Merkel, 2013). Similarly, discussion on using contraceptives, or nonverbal communication such as giving condom to the spouse without a discussion is viewed as an issue of negotiation (Fennell, 2007).

Theoretical Framework

Gender-based power imbalances within sexual relationships can negatively affect women's sexual, reproductive, physical, and mental health (McMahon et al., 2015). The theory of gender and power highlights three main social structures and explain that their interactions at societal and institutional level shape the health condition. These structures are known as inequality in the division of labor, inequality in the division of power, and social norms and affective attachments to gender (Connell, 1987).Imbalances of power related to health in three ways: (1) It can be direct, by restricting women's operational ability to access health information, make health related decisions, and take action to improve health; (2) presence of violence and (3) and having the influence on the use of health services (Blanc, 2001). The direct effect can prevent women under the pressure of power to talk about protective measures (Woolf and Maisto, 2008). In Patriarch societies, sexual relationships and reproduction is linked with marriage which gives the power to regulate girls' sexuality and reproductive labor. It is commonly not acceptable in these societies that women should be given or practice the right of decisions making in the matters of sex or reproduction, (Greenworks, n.d.). So, in the context of Pakistan, negotiating power of married women regarding their reproductive is studied by using this framework.

Material and Methods

This study was exploratory qualitative in nature. Data was collected from the respondents through semi structured interviews. The sample consisted of 20 married women between the ages of 21 to 40 years and having at least one child. Informed

consent was taken before conducting the interviews. Confidentiality was assured. After recording the interviews, they were transcribed. Thematic analysis was used for generating themes and codes.

Discussion

The practice of using contraceptive measures and associated myths

The majority of the respondents from rural and urban areas agreed that contraceptive choices available to males such as, condoms, withdrawal and vasectomy are the effective and preferable methods than other available options. However, some rural women reported the cases of experiencing unplanned pregnancies due to the failure or rupture of condoms. Likewise, some of the urban women reported the unsupportive behavior of their husbands about using condom as it is believed to reduce the sexual pleasure. As one of the respondents said, *for him, using condoms means no sex.*

Lack of awareness about the sizes and proper use of condoms was also revealed by some respondents. Though, using it found acceptable practice in married couples. However, resistance or complete refusal were reported when it comes to vasectomy from their male partners. According to wives, males are socialized to see this as a threat to their masculinity. Therefore, they see abortion as a way to plan family instead of going for vasectomy which is supported by Rashida et al. (2003). One of them responded;

What are you talking about, and in our society, this is not possible? Male means being masculine and it should be visible during sex… I mean domination, then how can they think of using contraceptives.

This indicates the pattern of domination in gender relation. Results were found in consistence with the findings of Inhorn (2009) who also reported the social stigma men felt about vasectomy. Similarly, Randolph et al. (2007) found that men's reluctance to use condom are due to their belief of not getting full sexual pleasure by using it.

Negotiation power of persuading the use of safety measures

Although, respondents acknowledged the role of men in family planning, but they emphasized the need of listening to their voices as well. Responding to the questions about their power of negotiation with their husbands regarding using contraceptives, especially available to males, the majority of the respondents from rural settings and a few from urban areas accepted that they cannot bargain with their husbands about using condoms because their husbands think that by wearing condoms, due to restrictive skin contact, they could not get the experience of complete sexual gratification. Some of the urban women responded that initially they had to struggle hard to get to their husbands to use safety measures, and for the sake of not

disturbing their good mood they had to remain quiet, but gradually they received the positive response. As one the respondents said;

I have to argue hundred times to make my husband listen to me.

Another one said;

Sometimes when I insist harder, then he uses condoms otherwise, he just behaves as he did not hear what I said.

Regarding having negotiation power of persuading husbands about practicing the withdrawal method, some of the educated urban women who reported to have a comfortable relationship with their husbands received sometimes the positive response, while a few agreed that they cannot discuss this with their husbands due to shyness. However, there was only one educated urban respondent who reported about the kind behavior of her husband, who respects his wife's requests without hesitation. Additionally, the decision to go for a vasectomy is also taken by her husband. It can be related to the finding of Chamie (1977) who found that highly educated women are tend to be more assertive in their sexual and reproductive decision-making process than poorly educated women. Moreover, Mahmood (1998) also highlighted the role of better spousal communication along with their educational status in this context. Hence this study reported that flexibility in negotiations about the use of family planning methods in the case of urban men, whereas rigidity was reported in the rural couples. As one of the rural respondents said:

It does not matter how many times I tried to talk to him on this matter, he does not listen to me because he does not want to or perhaps, he is not ready for.

Role of Religion and Culture in sexuality & contraceptive usage

Previous studies show that mostly males believe that as husbands, they have to initiate and remain dominant during sexual acts including using contraceptive method (Wentzel & Inhorn, 2011). On the contrary, this study found in the case of urban women that after achieving ease in their marital life after some years, they can also initiate sexual activities. As one of the respondents said;

It all depends on the nature of your relationship with husband…. I mean, if you have frankness to talk about this then it becomes easy for both partners to understand the needs of each other.

While the majority of rural women expressed that in sexual matters, it is always husband who initiates and wife just has to respond to his actions. Chamie (1977) linked the wife's sexual responsiveness in sexual activity with her level of education which indicates the social dimension of sexuality and reproductive behaviors other than religious. Furthermore, rural wives revealed their husbands'

claim of supremacy over them in sexual and reproductive matters by referring religion. As one of them stated;

If I try to argue with him, he just gives me shut up call by using the religion and family norms.

Although, the dominance of this ideology to that extend in the urban males did not report by urban respondents, but using religion in these matters was also verified by other respondents. As one of the respondents from urban areas highlighted,

Even if men in our society follow their religion or not in their personal matters or interpersonal relationships, they men obey religion or not in their own personal lives, they incline to use the teachings of their religion as per their own understanding to exert their control on the bodies of their wives.

Moreover, urban women revealed that that woman are titled as blunt and immodest in case of talking about their sexual experiences or problems. This is supported by Okonkwo & Ezumah (2017) who reported that the culture of male dominance affects the women's autonomy. Likewise, some of respondents from urban areas reported that they are not forbidden to use family planning methods in the name of religion. Which is found quite opposite in the context of rural area, where respondents from lower income group cannot negotiate with their partners while accepting their dominance in their marital relationships and sexual lives which is supported by researchers (Mahmood et al., 1993 & Ahmed et al., 1991) who found that respondents living in an urban setting are more likely to use modern family planning methods due to their educational level and media exposure.

Participants' views regarding their spouse's opinion about the woman's social value differed along with socioeconomic background. Rural women agreed that mostly their husbands believe that woman's worth and value is due to her reproductive role. So, the element of patriarchal thinking regarding the role of woman noticed amongst the rural men. However, less rigid opinion of the husbands about the role of women in urban settings were reported by their wives. This may be due to the possibility that in urban areas men have more exposure to education, media and access to better earning opportunities, consequently this can influence their thinking about gender roles. This could be related to the power theory by Connell (1987) in which she emphasized that lower access towards resources, education and decision making makes the women powerless and vulnerable and in submissive traditional gender role. Similarly, rural respondents revealed that their husbands think that using contraceptives can raise questions on their sexual and reproductive performance against the masculine norms. On the contrary, this social pressure of protecting the masculinity by not using contraceptive was not found in the husbands of urban areas. Beekle and McCabe (2006) also reported couples' socioeconomic background, cultural and religious factors influence the decision of using contraceptive.

While responding to the question about religious rights of women to have sexual gratification, urban respondents shared that their religion gives them rights to have sexual desires and pleasures, and it is the responsibility of husbands to fulfill them. Moreover, they clarified that discussion about sexual and reproductive matters is not forbidden in religion as it is being portrayed in the society, while respondents from rural setting believe that religion does not allow women to talk about these issues due to privacy. Casterline et al. (2001) & Mahmood & Ringheim (1997) also found role of religious in determining the decision in reproductive matters. Additionally, religion is also cited by men against the use of contraception (Ali et al., 2004). It seems these misconceptions created confusion among couples about the reproductive rights in Islam (Mir & Shaikh, 2013), which is opposite to the Mernissi's notion (1975) who argued that Islam use a positive approach to deal with sexuality and fertility.

This study also explored that the majority of the respondents were either not aware of their erogenous areas or were not able to communicate easily with their spouses about their desires. As some of the urban participants shared that their husbands usually do not wait enough for them to get orgasm during sex rather only care to fulfill their desires. Likewise, the majority of rural women stated that men treat women as a child producing machine and they always dominate. However, a few urban women disclosed the liberal attitude of their spouses during sex and highlighted the need and importance of foreplay for the happy marital life by deconstructing the notion of sex just as penetrating sex.

These findings are supported by various previous studies. Schleicher & Gilbert (2005), & Drew (2003) found that women are socialized through sacred texts to satisfy the sexual need of men. On the other hand, Nazari et al. (2010) stated that woman's active role is more likely to increase her sexual satisfaction. However, sexual inequality, poor educational status and lack of awareness about reproductive and sexual matters make them vulnerable in their reproductive and sexual decision-making matters (Chamie, 1977).

A few urban respondents, while responding to the Quranic verse 2:223, "Your women are your fields, so go into your fields whichever way you like", revealed that it is perceived by men here that this verse verified the ownership of men over the bodies of their wives. On the contrary, the majority of urban respondents did not agree with the interpretation associated with this verse and they said that this verse is about the sexual conduct and the nature of the relationship between husband and wife. The majority of the rural respondents were not aware about this verse and the interpretation attached to it.

Having Autonomy in Practicing Bodily Rights

Regarding sharing information about having autonomy and awareness about their bodily right, situation of rural women was found somehow similar to the urban women as the majority of them reported to experience abortion after taking spouse approval due to unplanned pregnancy or having financial pressure of not bearing

another child, while some of them reported that in any case they did not go for planned abortion.. This indicates the lack of practice of using safety measures for family planning, especially in the case of rural women who find it difficult to discuss other options with their husbands irrespective of their socioeconomic status. Similarly, the majority of the urban women revealed that they could not get their husbands agreement regarding using other techniques than penetrative sex. This appears to verify the findings of Awan (2015); the embedded patriarchal arrangements also nurture the male domination in the private lives of family. Mane et al. (1994) in this regard emphasized that the power balance between spouse play key role in shaping the result of their discussion on sexual matters.

While replying to the questions about enjoying sexual pleasures in marital life, those women who shared to have a comfortable relationship with their husbands by engaging in the discussion of sexual and reproductive needs with them easily, reported happiness and satisfaction along with having decision-making power in their domestic affairs. This result supports the findings of Mahmood (1998). Likewise, Farooqui (1994) explained that communication about using contraceptives was commonly found in young couples and educated women in Pakistan. Moreover, if a wife initiates the discussion, then there would be a more chance of husband's willingness to practice safe measures. Whereas, lack of communication can be harmful for women's sexual and reproductive health (Blanc, 2001). Derose et al. (2004) talked about the importance of communication skills along with women's demographic characteristics of getting husbands' approval in family planning matters.

Regarding having control of bodies and sexual needs, somehow flexibility reported by some wives of urban men compared with the majority of the rural respondents. It was found that although husbands in urban areas prioritize their sexual needs but, in few cases, they respect their wives' desires. Whereas, rural women due to their limited exposure to awareness and living setting they usually have to protect the masculine norms of their husbands as a survival strategy. The researcher found that highly educated man respects their women in all areas, especially in sexual and reproductive autonomy. Vishwan et al. (2017), Saleem & Pasha (2008) agreed that the improved educational status of couple enhanced the autonomy of women in reproductive health. Whereas in case of rural setting the Connell's power theory (1987) seem applicable, where, men use the institution of marriage to control their wives.

Conclusion and recommendations

It is concluded women's negotiation power differs with their living arrangements and educational level. The results highlighted the role of husbands in controlling reproductive and sexual matters. Additionally, their behavior also influences on the selection of contraceptive methods and the number of children. Differences can be seen in the context of urban setting where relatively better negotiation is reported by women due to better socioeconomic level in certain areas, whereas in rural areas, women are seen still dependent on norms and religion interpreted by men to maintain their control on their sexuality and reproductive health. As suggested by Farré, (2012), it is necessary to understand men's perception

and attitude towards family planning and sexual needs of their spouse for the successful execution of any policy regarding reproductive health policies and for better marital life. Additionally, improvement in the overall education level and especially on reproductive and sexual health for couples in rural areas along with endorsement from religious scholar on family planning programs are needed to improve the women's autonomy and health status.

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