Marriage and Motherhood:
Influences on Urban Indian Women's Power in Sexual Relationships

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Recent studies suggest that monogamous, married women in India are at increasingly high risk of HIV and other sexually transmitted infections (STIs) due to unprotected sex with an infected spouse (Solomon et al., 1998; Gangakhedkar et al., 1997, Newmann et al., 2000). Prevention of HIV and STIs within the context of marital relationships requires an in-depth understanding of the conditions under which marital sex takes place, and integral to this is information on the power dynamics within these relationships. Using qualitative research from urban, low income communities in South India, this article focuses on the ways in which marital power dynamics are shaped by social norms regarding gender roles within marriage, and how these power dynamics in turn influence Indian women's sexual agency and STI and HIV risk. In doing so, we explore both men's and women's perspectives on gender, marriage and motherhood, and sexual risk. We also explore whether and to what extent education and employment can enhance women's agency in this population.

Background

In the context of the patriarchal family structure, women's subordination underlies their sexual health risks (Ramasubban, 1998 and 2000; Oomman, 2000) by constraining their agency, defined as the ability to formulate strategic choices and to control resources and decisions that affect important life outcomes (Malhotra et al., 2002). Quantitative explorations with ethnic minorities in developed countries and countries within Africa find important associations between women's agency and their ability to negotiate the timing and conditions of sex, including condom use (e.g., Browning et al., 1999; Pulerwitz et al., 2002; Wingood and DiClemente, 1998; Tschann et al., 2002, Wolff et al., 2000; Jewkes et al., 2003; Pettifor et al., 2004; Greig and Koopman; Blanc and Wolff, 2001), and sexual health outcomes, including HIV serostatus (Dunkle et al., 2004). Quantitative data on the associations between agency and STI protective behaviors or risks in India are sparse but suggestive. One study finds that married women with greater agency are more than twice as likely to have used condoms (Measham, 2004). This study also suggests that spousal violence decreases the likelihood of marital condom use among all but the educated, wealthy elite.

Patriarchal traditions in India legitimize male control over a wife's mind and body (Mahajan, 1990a and 1990b cited in Go et al., 2003). Further, as noted by Kishwar (1997) in her exploration of women, sex, and marriage in India, the belief in individual rights that underlies western feminism does not apply well in this context, where children are the main anchors of women's lives, and family well-being is sacrosanct. In this context, women's status remains linked to their performance in socially sanctioned roles of wife and mother. Marriage and motherhood, therefore, should be viewed as key resources with both agency-limiting and agency-enhancing effects.

A small number of qualitative studies explicitly trace the effects of traditional marital and motherhood values on women's sexual lives, and find almost without exception that adherence to the "good wife" role implies sacrificing sexual control, including abstaining from sexual communication and expression. Ability to discuss sexual issues may lead to suspicion that a woman is sexually experienced, and therefore not a 'good' woman. On the other hand, providing sex on demand and under any circumstances is a key component of a woman's role as wife, and often the only

sexual "value" communicated to young women before they marry (Measham, 2004 Garg et al., 2001; Narayan et al., 2001). In qualitative work in Chennai, both men and women describe the ideal wife as submissive, respectful, and chaste (Go et al., 2002). While behavioral guidelines for women are strictly enforced – often through violence, including sexual violence -- those for men are not. Cultural tolerance of male extramarital affairs combined with expected sexual obedience and submissiveness for women render it difficult for women to discuss or take steps to protect themselves in the face of spousal infidelity.

Several other qualitative studies also find that entrenched norms of male authority and female submission in marriage constrain women's control over their sexual lives, the negotiation of protective measures, and may require them to have sexual relations against their wishes (George and Jaswal, 1995; George 1998 and 2003; Joshi et al., 2001; Maitra and Schensul, 2002; Ravindran and Balasubramanian, 2004). Some research suggests that this is changing, and that women in conservative South Asian settings do, in fact, use a combination of verbal and non-verbal communication to convey their sexual desires and needs, and can propose – though not insist on – condom use (Khan et al., 1996). A few other studies also counter the stereotype of the Indian wife as uniformly passive and subservient in sexual matters (Joshi et al., 2001, ICRW, 1997). There is, in addition, limited evidence that if husbands have violated their expected roles in extreme ways, women who adhere to 'good' wife and mother roles may have leverage, over time, to abstain from sex with or leave their husbands (Kishwar, 1997).

No quantitative studies in India and other South Asian countries examine the effects of women's adherence to wife and mother roles on their sexual agency and risk. However, several studies of the determinants of women's decision-making autonomy and exposure to violence incorporate potential indicators of such adherence, such as marital duration, parity, and the number of surviving sons. The results of these studies are inconsistent and difficult to interpret. For example, while in some settings marital duration is associated with enhanced decision-making autonomy (Mason, 1997), in others, it is not (Malhotra and Mather, 1997). In addition, marital duration is consistently associated with increases in spousal violence (Gerstein, 2000; Johnson and Kishor, 2004; Mason et al., 1997).

Women who have had children generally report more decision-making autonomy than those who have not (Malhotra and Mather, 1997). Once fertility is established, however, the number of children born is uniformly associated with increased risk of spousal abuse (Gerstein, 2000; Kishor and Johnson, 2004; Mason, 1997) and may have negative effects on women's decision-making autonomy (Balk, 1997; Mason, 1997). Part of the explanation may lie in the fact that the number of children increases pressure on household resources and family stress, overriding the enhanced agency women theoretically derive from bearing children. Similarly, while having at least one living son decreased women's risk of violence in one Bangladesh study (Schuler et al., 1996), in another study, the *number* of living sons had no effects (Koenig et al., 2003).

Policy recommendations and program strategies often assume that education and employment empower women (Malhotra and Mather, 1997). However, whether and to what degree these "modern" empowerment tools influence women's agency

"reflects the extent to which the division of labor and access to information and economic resources are the bases of domestic power in that context" (Malhotra and Mather, 1997). Findings around the effects of "modern" economic empowerment strategies are inconsistent, however, and suggest that conflicts between women's roles in the economic realm and their ability to fulfill their sanctioned roles in marriage may be key in determining the ultimate effects on their agency. In urban India, for example, Kantor (2003) finds that increased income alone is not sufficient to increase women's agency because social marital norms intervene in women's ability to convert resources into power. Further, "modern" economic empowerment strategies may create additional problems for women in traditional settings. For example, while women's employment or control over financial resources can be important determinants of their decision-making autonomy (Acharya and Bennett, 1983; Balk, 1997; Malhotra and Mather, 1997; Mason, 1997; Measham, 2004), each may also increase their risks for spousal violence (Kishor and Johnson, 2004; Krishnan, 2002; Measham, 2004; Bhuiya et al., 2003; Koenig et al., 2003; Rahman, 1999; Swaminathan, 2004).

These findings should serve as a caution to programs that aim ultimately to ameliorate women's sexual risk, given documented links between spousal violence, sexual coercion, and STI risks (Martin et al., 1999; Verma and Collumbien, 2003). While women's enhanced decision-making autonomy in non-sexual matters *may* have positive effects on their ability to negotiate sexual matters, there is little rigorous evidence to support this assertion. General marital violence and sexual violence, on the other hand, are often bedmates. As such, the net effects of women's economic empowerment strategies on women's sexual agency are unknown, and appear to depend strongly on social norms, particularly around marriage and sex.

Norms around marriage, and particularly women's roles in marriage, can be remarkably resistant to change, even as their roles outside the home are transformed. This is particularly true in the short term. As Ramu notes (1987), in modernizing contexts a renegotiation of household power has not immediately accompanied changing economic conditions and broader diffusion of egalitarian values. Improving women's access to economic resources in a context where this is not the norm may not afford them greater agency, and this may be particularly true in the sexual realm (Gupta, 2001). The effects of economic empowerment strategies may vary depending on the extent to which they conflict with women's sanctioned wife and mother roles, and the extent to which there are accompanying normative shifts in these roles. A more comprehensive understanding of the way men and women define marriage and motherhood roles, and the ways in which adherence to or violations of these expectations influence women's agency is essential.

In this paper, we address some of these issues. We describe the results of qualitative research on the relationships between women's spousal and maternal roles and their sexual agency and risk in urban, low-income communities in Bangalore, Karnataka State. We examine social expectations of men and women in the context of marriage, and, for women, motherhood. We then explore – from both men's and women's perspectives -- the impact of women's conformity to these expectations on their ability to exercise agency, particularly sexual agency, in the marital context. We investigate whether and under what circumstances women create spaces for

negotiation and resistance. Finally, we consider the opportunities that women have to exercise sexual agency for disease prevention.

Data and Methods

This analysis uses qualitative data from research on gender-based power and HIV risk, conducted in Karnataka state, India. These data were collected as part of a larger longitudinal study exploring the dynamics of gender-based power, and its association with women's vulnerability to HIV risk among young married women. The study, which will continue through 2007, is part of a collaborative research program comprising Samraksha/Samuha, a Karnataka-based NGO, and two US-based organizations: the University of California, San Francisco (UCSF) and the International Center for Research on Women (ICRW).

Data

The qualitative data used for this paper were gathered from 2002 – 2004 in three low-income neighborhoods of Bangalore, the capital city of Karnataka State. These areas were chosen from among 53 city neighborhoods served by primary health centers run by the Bangalore City Corporation (formerly known as the India Population Project clinics). For logistical reasons, we chose communities in the northern half of the city. We also chose areas that have a functioning primary health center run by a physician interested in the study. The local primary care physician's interest is particularly important for the second, quantitative component of the study.

These communities are socially and economically diverse. The majority of men are daily wage laborers (carpenters, painters or masons). Others are employed in workshops, factories, or small scale industries, while a few run small businesses of their own. Typically, women either remain at home or are employed as domestic workers (housemaids). A smaller proportion of women engage in home-based work such as tailoring or incense stick production. Both nuclear and joint families are present in the communities. The most commonly spoken language is Tamil, followed by Kannada, Telugu and Urdu. Residents of these communities are relatively diverse in terms of their caste, income, and religious backgrounds.

Two primary methods of data collection were used: focus group discussions (FGDs) and in-depth interviews (IDIs). Married adult men and women of reproductive age (15-49 years of age) participated in the FGDs and IDIs. Research Assistants (RAs) facilitated the FGDs and IDIs in Kannada or Tamil, the two languages most commonly spoken in the research communities and were matched to the participants by sex. After providing information regarding the study using a standardized script, the RAs obtained written informed consent from eligible participants. The FGDs and IDIs were conducted in a variety of spaces, including participants' homes, clinics, and the offices of community-based organizations. We used the following three criteria when identifying an interview space: 1) comfortable for the participant, 2) quiet and private, and 3) easily accessible. The research protocols were approved by the institutional ethics committees at Samuha/Samraksha and UCSF.

We conducted eighteen FGDs with women, and nine with men. FGD participants were recruited through Samraksha's community-based reproductive health clinics

(women only) and through community outreach activities. Because agency is likely to vary across stages of the lifecycle and by socioeconomic status, female FGD participants were grouped by age (18-24 years, 25-34 years and 35-49 years), occupational status (engaged in income generating work or not), and religious affiliation (Muslim, Hindu, or Christian). Male FGD participants were grouped only by age. Structured observations in the community and discussions with key informants indicated that in order to explore men's perspectives on women's agency and HIV risk, grouping by age alone was sufficient. Each FGD had between five and ten participants. We conducted at least two FGDs for each age and occupational status grouping.

The FGDs were conducted with the help of separate discussion guides for men and women. A broad range of issues related to agency and HIV risk were explored, including male and female respondents' perceptions of social norms regarding mobility, household economics, household decision-making, gender roles, marriage (love versus arranged), sex outside of marriage, and alcohol use and its effects on marriage. The FGD guides used the following methods: a) short scenarios and case studies to elicit reactions to hypothetical situations and gauge knowledge about sexual and reproductive health issues; b) word association exercises to gauge attitudes and feelings around controversial issues, such as alcohol use and violence; and c) diagramming and mapping activities to better understand women's mobility. These activities helped enhance participants' comfort and interest, and to make abstract ideas and concepts more tangible. The FGDs lasted approximately two hours. The format of the FGDs yielded detailed information on participants' understanding of and attitudes towards a variety of social and gender norms; however, it was less successful in getting information on individual respondents' experiences, given these norms. The IDIs were conducted to get this experiential data.

The IDIs used a more direct question and answer format and focused on individual experiences, as opposed to perceptions, of social norms. The IDIs, which were also conducted with the help of a discussion guide, focused on marital sexual relations, including topics such as decision-making related to sex and childbearing, sexual comfort and communication, alcohol use, sexual coercion and violence, premarital and extra-marital sex, and condom use. Each in-depth interview lasted about one hour. IDI participants were recruited based on their age (as above) and occupational status. The majority of IDI participants were identified following the completion of FGDs. Women who were particularly responsive on key topics of research interest, such as condom use, experiences of alcohol-related violence, and current employment, were invited to participate. Twenty-three IDIs with women and 17 with men (seven of whom were husbands of female IDI respondents) were conducted.

Data analysis

FGDs and IDIs were taped and transcribed by the RAs. Transcripts were translated into English, and research staff fluent in both the local dialects and English reviewed the translated transcripts to ensure accuracy. Our analysis consisted of the following steps: 1) data immersion through repeated readings of the transcripts and associated field notes; 2) development of a thematic summary; 3) refinement of the theoretical framework based on the thematic summary; 4) development of a codebook; 5) application of codes to the transcripts; and 5) generation of meaning from coded data.

Transcript coding occurred in several stages. In the first stage, two investigators coded the same transcript to resolve difficulties using the codebook, to clarify code meanings and use, and to assess inter-coder agreement. In the second stage, we divided and coded the transcripts. This was followed by the development and application of pattern codes -- explanatory codes that helped to summarize the coded data according to emerging themes (Miles and Huberman, 1994, p.69). We used several techniques for "generating meaning" from these coded data, such as comparing and contrasting data from different subgroups, exploring links between emerging themes and patterns, and counting the occurrence of certain references and themes. Data analysis was conducted both manually and using the software package ATLAS.ti.

Results

Our data reveal that there are clearly defined parameters for acceptable behavior for women and men within the context of marriage. For both, remaining within these parameters is essential to social acceptance, although this is particularly true for women. For women, marriage and motherhood are critical to social acceptance. Further, women's conformity to societal expectations and norms severely constrains their ability to exercise agency, particularly in their marital sexual relationship. Nevertheless, we find that even under these circumstances, women may create spaces for negotiation and resistance. In this section, we describe these findings in greater detail.

Marriage: inevitable and final

Marriage is inevitable, a central part of women's and men's existence. Women, in particular, have little choice about the decision to get married. As one female focus group respondent said: "If we have come to this world, we have to marry." Most marriages are arranged and women have little say in when, whether, and to whom they get married. One focus group participant described her marriage as follows: "I actually did not like to get married at all. But my brother advised me that all my thinking is not required and I must get married and hence I got married."

Once it occurs, marriage is final. Though women voiced the theoretical possibility of divorce under certain conditions, by and large they were firm that a woman's place is by her husband, no matter the circumstances. "Be it happiness or difficulties, she has to live with him," said one respondent, echoing sentiments voiced by several others.

Given the centrality of marriage, we tried to ascertain through the FGDs and IDIs what marriage and being a spouse mean to married women and men. We find that men and women have very different perspectives on marriage and being a spouse, differences that reflect gender power inequalities in this social context.

<u>Gender differences in perceptions and experiences of marriage</u>

Women's overwhelming sentiment about marriage is negative. If a woman is lucky and gets an understanding husband and family, she will be happy. However, for most women marriage brought on a whole host of responsibilities and worries:

> What is there for him? He will be free. Before he comes, I should keep food ready. He will eat and watch TV. He is bothered only about his own interests. My focus is on my family, how to bring up the children, how to maintain relationships with people. These are my tensions.

Consistent with women's views on marriage, most women reacted negatively to the concept of "wife." Said one focus group respondent, "I feel she [wife] is a slave."

Data from a listing exercise that was conducted as part of the FGDs confirm these attitudes rather starkly. Women were asked to react to the words "marriage" and "wife." Their responses were then grouped according to whether the emotion expressed was negative or positive, and the frequencies were tallied. As shown in Figures 1 and 2 below, just over half of all women voiced sentiments of hatred, fear, anger, grief or dislike in response to the term "marriage". When asked to respond to the term "wife," almost two-thirds (61%) voiced similarly negative sentiments.

Figures 1 and 2

Overall, men had less to say about marriage than women. However, they too consider it to be an essential part of their lives. In contrast to women, men view marriage positively. Male focus group respondents spoke of marriage as an "auspicious and happy duty" and as providing a "position in life" that brings with it safety and stability. Similarly, unlike women who expressed largely negative emotions upon hearing the word, 'wife,' men responded to the term 'husband' with words like "pleasure" and "big person in the family."

While women may not want the burdens of marriage, they recognize that being a 'good' wife is a key part of being accepted in society. A good wife is required to place her needs below those of her family, and especially her husband. One respondent reported having received the following advice: "My mother told me – in this role [as wife], you should be like a prostitute in bed, a mother while serving food, and a sister when socializing [with your husband]."

Men's expectations of a 'good' wife matched women's descriptions. According to several male focus group participants, a wife's household responsibilities are clear: "She must work well in our house. She must look after our children well….She must safeguard the family name….She must keep the members of our house happy.…"

Sexual relations between spouses are also predicated on a wife's subservience. A wife is expected to meet her husband's sexual needs and provide pleasure: according to a male IDI participant, "In a man's life, 99% of his needs are for sex and the remaining 1% is for food." It is considered inconceivable and unacceptable for women to refuse sex. One woman described her husband's response to her refusal to have sex thus: "…he will say, 'who else but me will be with you; I have given you the License. I have tied the sacred thread, isn't it? You should be how I want you to be.'"

While meeting the husband's sexual needs is recognized as a wife's primary duty, a woman's own sexual needs are typically ignored, if not censured, as in the case of this respondent: "But when I have felt like having sex, my husband used to start a fight about something or the other. So I never allow myself to feel desire."

As with ‘good wife’, there are norms regarding a ‘good’ husband. Primary among them is the requirement that he will work and earn for his family. When a man’s other activities -- namely, drinking -- interfere with his duty to support his family, he may invite social disapproval. For example, one participant recounted telling her husband, “Look here, if you do like this [that is, drink], it won’t be good. There will be no respect.... Whether living or dying, money is required. Only if money is there will there be respect for a man.” Men recognize their role as the provider for the family, and almost unanimously agree that a man has to first be able to earn sufficiently before he can marry: “He [a husband] must look after his wife, parents, brothers and sisters and in one word the entire family.”

Women expressed other expectations and desires around husband’s expected roles. A ‘good’ husband is one who is understanding and shares household work: “If he is a good husband, he will think ‘poor woman, my wife is doing alone’ and he will do the work with her. Some will remain quiet thinking ‘let her do everything alone.’” Women also speak about a desire for spousal appreciation and affection, as illustrated in the following excerpt from an FGD: “Each and every minute, we will have desires like, ‘Will my husband get flowers for me? Will he talk to me nicely? Will he be happy with me?’ There are a lot of expectations also.”

Both men and women face adverse consequences if they do not fulfill their expected roles, though these consequences are harsher for women. Women’s failure to adhere to marital expectations leads their husbands to suspect their wife’s fidelity or threaten infidelity. Thus, many women acquiesce and ‘compromise’ in an attempt to avoid these accusations and threats:

> If we give away our freedom a little, we can easily catch them. It will be possible to hold him from going anywhere [that is to other women]. Let them go anyway. But, if we give away a little, definitely they will come to us.

In conclusion, men and women paint a similar picture of gender-differentiated roles within marriage. Though both a husband and wife are expected to conform to certain responsibilities, marriage and the role of spouse seem to be viewed as more constraining for and by women than is the case for men. Both women and men felt that ultimately a successful marriage depends on a woman’s ability to adjust and provide stability. As one female in-depth interview participant concluded: “…women are like roots, men are like trees. Only if the roots are there, the tree can stand.…”

Motherhood: The lifeline of marriage

Marriage is not enough to make a woman ‘good’: once she is a wife, the next step in fulfilling her socially-mandated role is motherhood. This is not to argue that women do not want to have children or become mothers. On the contrary, children are an integral part not only of the family and society, but of women’s lives. Motherhood is considered one of the reasons for marriage itself, as highlighted in the following exchange among focus group participants:

> *Q*. Now, there is a woman. She says she doesn’t want a child now. Then what problems will start?…

R. 'In such a case, why did you marry?' he would ask.

Although motherhood is perceived as central to women's identity, they have little control over many related decisions. Women report having some choice over the timing and number of children, and many respondents, both men and women, note that husbands and wives do – or should – discuss both when and how many children to have. Nonetheless, if there was a disagreement, the final authority rests with the husband and his family. For example, an IDI participant described her first pregnancy thus:

> In our house, my mother-in- law is a particular type in that she forced me saying till now I had not conceived. I became pregnant after just 6 months of marriage. I did not want it so soon. I agreed as my husband would also scold me, 'let it be and do nothing [to avoid pregnancy].

Pressures to bear children may be particularly great if a woman has not produced a 'rightful heir,' that is, a son, as illustrated by the following FGD participant's experience: "I have two girls. My husband asked me to get the loop removed so that we may have a boy."

Failure to bear children has greater consequences for women than men. A woman who does not want to have children, or does not want to have children at the same time as her husband and marital family, is neither a 'good' woman nor a desirable wife. She may be shunned by the family and society, and risks her husband taking a second wife: "If she says, 'I don't want a child', they will say, 'if you say you don't want a child, then we don't want you. We will do another marriage for our son.'" The social consequences of real or perceived infertility are also greater for a woman than for a man, and typically the woman is blamed. According to one female participant, "If the problem is only with the wife, they torture her but if the husband is having a problem, they become silent."

Even if a woman succeeds in becoming a mother, motherhood itself can constrain her options. Several respondents pointed out that a woman will stay with an abusive man, or in an otherwise bad marriage, for the sake of fulfilling her role as mother. One FGD respondent noted: "[I]f children are there, we cannot go elsewhere…If we need children then we have to be with this husband only." This sentiment was echoed by many other women, as was the belief that a woman with children who leaves her husband is typically regarded unfavorably by society: "If we have children we cannot leave him. Society sees us in a bad way. At least for the sake of children we cannot leave him. We have [to] adjust and live with him somehow."

It was clear from the FGDs that women are highly cognizant of the powerlessness that often characterizes their lives in marriage and in motherhood. Despite this awareness, however, there was little discussion of alternative life choices beyond regret voiced for getting married at all. One reason may be that women also see the potential for generating space for exercising agency within the confines of marriage and motherhood. In a society where the traditional identities of wife and mother are considered the essence of being a 'good' woman, adhering to these traditional roles generates acceptability. This social acceptability can itself serve as a resource

enabling women to exercise agency under certain circumstances. We elaborate further on this argument below.

Marriage and motherhood: opportunities for exercising agency

Women's conformity to societal expectations of a wife and mother may be viewed as a resource. Specifically, perceptions of a woman as being a 'good' wife and of her husband as reneging on his role as a 'good' husband, may provide her with an opportunity to exercise agency. In our data, the ways in which women exercise such agency include negotiating acceptance of their viewpoint or decision, expressing displeasure with their husband's actions, and maintaining control over their earnings and savings. In our discussions and in-depth interviews, women had more to say on this topic than men. In fact, men had very little to say about situations in which women may gain agency.

Agency gained from duties as wife and mother

Two of the most important duties of a wife are providing food and sex to her husband. If a woman treats a husband as he expects to be treated, she can exercise notable control in her marital relationship. One IDI participant described her strategy thus: "If we cook well and serve him, he will give himself away for our cooking. Taking care to cook and to sit and serve him will definitely make him listen to what we say. I have done a lot this way." Another FGD participant noted, "She should serve him food when he comes home. When he calls, she should go and sleep with him…If both of these issues are all right, he will hold her feet and…do whatever she says." Performing one's wifely duties can also be used to draw attention away from situations in which women have exercised agency and gone against the norm. For example, one IDI respondent described the following scenario: "If I have made some mistake like having gone to my brother's house without informing [my husband], then when he returns from work that day, I will obey him completely."

Not performing expected wifely duties can diminish women's agency by giving the husband familial and societal approval to beat her or otherwise control her life and movements. The most commonly-cited reasons for violence by husbands against their wives had to do with women's real or perceived failure to perform expected wifely duties. Nonetheless, women may use non-performance of such wifely duties as providing food and sex as a way of demonstrating resistance in the face of spousal violence or spousal attempts to constrain their mobility, access to social support, and household decision-making:

> *R*: I will serve like this and that angrily with the food and water. I will say, "Just eat. Isn't it for this food that you humiliated me in public? If he calls during these times, I will not go.
> *Q*. If he calls for what?
> *R*. For that…to sleep with him.

Another respondent described her reaction to spousal violence thus:

> I will throw away all the vessels so that he does not beat me. Then he will remain silent, thinking that some kind of ghost has gotten into my head. Even if I should

> serve him food, when the time comes I will not serve him. It is okay if he stays within a limit. But if he goes beyond it, I don't do anything for him.

While motherly duties are agency-restricting, women also use them as an agency-enhancing resource. Once women become mothers they may not be able to challenge their husband if doing so would jeopardize their ability to look after their children and invite social disapproval. However, they also use their acknowledged responsibility as the main caretaker of children as a justification for standing up to their husband.

Several women, particularly among those over age 30, reported being able to verbally communicate their displeasure at their husband's actions, especially drinking. Often this disapproval was couched in terms of the husband's failure to perform his duties as a parent. For example, a woman mentioned talking to her husband thus: "At least look at these two children. From the money you waste drinking, if you save Rs.10 everyday on one of our daughters, it will total so much." Similarly, women can refuse to give up their savings to their husband if it is to be used for a child. Noted one FGD participant, "I will not give [money from her chit fund to her husband]. The next day itself, I will buy some item for my daughter."

Women may also use their role as primary caretaker to justify taking charge of certain household decisions that may be viewed as being in the husband's domain. For example, one respondent noted that she decided how her husband's and her own earnings would be distributed: "What I say is, 'I will work hard and educate the children. What you [her husband] earn is for household expenses and food. I work only for my children."

Agency gained from a 'failed' husband

Perhaps the most unequivocal circumstance in which women may exercise agency in the context of marriage is when a husband has 'failed.' If a husband is 'good,' then a woman has limited space to challenge him or her position in the family, regardless of how well she has conformed to prevailing norms. In particular, if the man performs his expected role as provider, then a wife's 'goodness' may not give her any additional agency. As one respondent noted, "Actually if he is looking after her and the children, earning for the family, then even if he does anything/ if he is harsh, she has to adjust and live with him." In other words, being a 'good' woman is necessary but not sufficient to create spaces for exercising agency. Women, even if good, can only gain substantial agency when their husbands do not conform. Men and women had overlapping but different ideas about what types of failures in a husband increase a wife's agency. Both agreed that excessive alcoholism and excessive violence make a man a 'bad' husband.

A woman can gain agency in several ways if her husband is alcoholic. A 'good' wife can save her husband from ruining his health by preventing him from drinking more, thus adding to her 'goodness' as the savior of husband and family. A husband who indulges in excessive drinking is particularly frowned upon when the drinking results in money being taken away from the household's needs. Under such circumstances, both women and men felt it is acceptable for a 'good' wife to hide her savings and not give her husband money, thus increasing her control over finances.

Q. What if he is a drunkard?
R. Then she should not give. (Women's FGD)

Q: Should [she] tell her husband about her savings?
R: She can tell if he is good, that means he must not be of drinking type. Then she can tell. If he is an alcoholic then she must not tell him since if he comes to know he will just empty every thing. (Men's FGD)

A woman whose husband fails in his duties because of his alcoholism can also acceptably leave the house to work to support the family. Thus she gains some control over this decision.

Q: You said that in laws and wives go to a government office. In what capacity can wife go?
R: If husband is an alcoholic or does not go to work, or resorts to wife beating and does not look after wife and children, then they can go to a government office because it is the wife who should look after the home. (Women's FGD)

Women who experience violence may also gain agency. Certain levels of violence are tolerated by women, and are expected to be tolerated, but when a husband becomes 'excessively' violent, a woman gets the space to fight back. One female FGD participant noted:

What I would say is this - When they are charging towards us to hit, we should hit him back. I would do like that. To a manageable extent, I will tolerate. If the hits are too much, then I will hit him back.

Finally, both men and women agree that if a husband completely defaults on his obligations as husband, and mistreats his wife beyond tolerable limits, she is justified in leaving or divorcing him.

R. If he is torturing her a lot, she can divorce.
Q. What is torture? What exactly do you mean by that?
R. Beating her, abusing her and selling away household things, if he does all these, she would desert him and go away thinking how to live with this kind of man. (Women's FGD)

Q: Suppose he stops working, drinks the whole day and starts to beat her, what can she do then?
R: She may go for another marriage. Children's future is important.
R: If he drinks what all is there, who will look after the children's food, books and education?
R: She must forget her husband and concentrate and look after her children. (Men's FGD)

Even in this situation, however, women's agency is limited. Several IDI participants reported having left their husbands or gone to the courts for a divorce when faced with excessive violence. "He was beating, torturing and being violent and due to that I went to the court," said one who went to her mother's house and filed a court case. However, in all these instances, women eventually returned to their husbands, either

because the break caused their husband to change or, more commonly, because of social pressures to preserve the marriage. For example, in the case of the woman who went to the courts, a "compromise" was eventually worked out:

> Finally all the elders advised me saying, "It is all right. Leave it. You need an honorable place in society, at least for the sake of these children. Please adjust and live without disturbing him. We shall also help you as much as we can. People would also otherwise talk ill of you as the one who has deserted her own husband."

In summary, adhering to traditional roles can give women some spaces for agency. At the same time, both men and women clearly voiced the fact that, except under extreme circumstances, these are limited spaces. Women may gain some mobility, protect their earnings or savings up to a point, or go to their natal homes until a violent situation calms down. How does agency gained under these circumstances affect women's vulnerability to STIs, including HIV? We explore this issue below.

Implications for women's ability to control sexual relations and protect against sexually transmitted diseases

Our data suggest that the space available to women for protecting themselves, either by refusing sex or insisting on condom use, is severely limited, particularly if the husband is adequately performing his duties or if doing so could be perceived as being counter to a woman's role as a 'good' wife or mother. Such a situation can engender either violence and eventual forced sex, or spousal infidelity, thus further contributing to women's risk of STIs and HIV. In a context in which STI and HIV risk perception is low, it may be especially difficult for women to exercise sexual agency for disease prevention, as elaborated below.

<u>STI and HIV risk perception among women and men</u>

Most men and women who participated in this study were aware of AIDS. Many women and men are also aware of the fact that if a man has sexual relations with women other than his wife, they could contract diseases though their knowledge of specific sexual risks was limited. "I told my husband that you have got involved in all these activities and I too might get affected and get infections and leprosy," said one female IDI respondent. Despite this general awareness, the majority of women and men reported not having discussed sexual issues, including STIs and HIV, with their spouse.

Most women did not perceive themselves to be at risk for these problems, and those who did were not in a position to give weight to their risk. In the words of one female IDI participant:

> He will go away saying, 'No, I do not want [sex].' I am scared that if he goes somewhere and infects me with some disease. Even if it is after one year [that he calls me for sex], I will go to him when he calls me.

Men who reported having multiple sexual partners were cognizant of their personal risk of getting sexually transmitted diseases although none voiced the resulting risk

that their wives also faced. While male IDI respondents were aware of the protective effect of using condoms, only one of them reported consistent condom use: "I would be working usually for 6-7 months outside as a bank security guard. During that time when I have a relationship outside marriage, I use it [that is, a condom]."

None of the female participants mentioned having extra marital partners. As one respondent put it, "Why should I bother about all those things when I am not able to sustain this single husband?"

Limited sexual agency for disease prevention: protection against infidelity

Women's lack of emphasis on their risk of STIs and HIV may in part be related to their perceptions of marital sex and conditions under which husbands remain faithful. In FGDs and IDIs, women's perspectives on marital sex ranged from lack of interest to discomfort to outright disgust. Despite these feelings about sex, they concluded that sex was necessary to fulfilling their socially mandated roles of wife and mother.

> *Q.* Can she say - 'I can't come' [to have sex if husband is drunk and forcing sex]
> *R.* Not possible. If she says like that, fighting will start. She is married - what to do?
> *R.* If she had not got married, she can remain like a sister. But after the marriage, she cannot remain like that. If she gets married, then a baby is required. How will a baby come without a husband? Women will keep quiet [and have sex] because of wanting a child. (Women's FGD)

Refusal to have sex with one's husband may lead to abuse, violence, accusations of infidelity and/or spousal infidelity. In an FGD, a participant noted that if a wife refused to have sex with her husband, "he will quarrel asking, 'why are you not coming to me?' He suspects the presence of another person in her life. These types of stories are there even with respect to 'proper' women.'" Men also acknowledged their wives' inability to refuse sex and the consequences for a wife if she does refuse sex. In one man's words, "He will force her to have sex with him and if she refuses he goes elsewhere and life gets spoilt."

Women report that there is little they can do in such a situation. As one IDI participant pointed out:

> I can't do any thing during that time. When a man grips a woman, no matter her firmness, any woman would give in. She can do nothing. When a man falls on a woman, there is very little that a woman can do.

Women and men openly acknowledge that married men are sexually unfaithful to their wives, and this infidelity does not make a husband 'bad'. In the words of one female IDI participant, "If a man makes a 100 mistakes, they will accept. If a woman does the same, they will not accept." In fact, a woman has to be extremely cautious in her behavior for fear of being accused of being unfaithful herself, as this FGD participant noted:

> Some husbands cheat. Even if we behave correctly, they will go elsewhere and come…. Do we ask [where they go]? We don't ask. … if a woman goes out,

they ask, 'where did you go, why did you go, what work you had, you stayed for one night and came.' Even when he stays away for one week also, we do not ask at all, isn't it? If we stay for even one day, how many questions are being asked?

Even when women are aware of and acknowledge the risk of STIs that may result from this infidelity, the very fact that their husband may go to another woman leads them to acquiesce to his sexual demands. We encountered a poignant example of this in an IDI with a female participant:

He will get angry and go away. He will go away saying, 'I will go somewhere. I will go somewhere and give money'. I do not know how many people are going to that woman and finally that disease will affect me only, isn't it? When he comes back to me after this… it will affect me only. So, I will tell him 'Okay, what to do. Okay, do not go away, come.'

Thus, sexual agency is highly unequal within marriage. On the one hand, husbands are extra-marital affairs are socially tolerated. A wife can neither refuse her husband sex, nor control his extra-marital sexual relations. Instead, a 'good' wife must carefully watch her own actions and responses to her husband for fear of being accused of infidelity, an accusation that has strongly negative social consequences for her.

Limited sexual agency for disease prevention: condom use and negotiation

In the context of this powerlessness, condom use and negotiation is largely out of the hands of women. Any discussion on condom use that a wife initiates immediately raises suspicions of infidelity in the mind of the husband.

Q. Can women ask their husbands to use Nirodh?
R. Can't say. He will fight asking - 'who told you? How did they tell you?'
R. He will go and fight with whoever has taught this.
R. That is why, they wear Copper-T without the knowledge of the husband.
(Women's FGD)

Women pointed out that condoms are a male-controlled method of contraception, and that the use or non-use of condoms rests with their husbands' level of understanding or mood.

Q. Can a woman bring Nirodh and ask her husband to use it?
R. Cannot say.
Q. Why she cannot say?
R. Cannot say. Because it is not a woman related issue but a man related issue. He himself can buy and use on his own. A woman cannot go and tell him.
(Women's FGD)

Condom negotiation is somewhat feasible for pregnancy prevention, and a few female IDI participants reported initiating condom use with their husband for birth spacing. Nonetheless, overall, condom use for this purpose appears to be relatively uncommon, and when used, appears to have been used only a few times. Moreover, FGD participants suggested that if the husband suspects that condoms were suggested for

disease prevention, the result is again immediate suspicion of the wife's infidelity. Thus, even with pregnancy prevention, there are potential minefields that women have to negotiate in discussing condom use with their husbands, minefields that men also recognize, as this focus group participant noted:

> *Q*: Suppose the doctor advises him to use Nirodh during sexual act, how he may respond?
> *R*: Suppose, they have a child and if advised to use condom, it is all right. If there are no children and if asked to use Nirodh before having children, he begins to doubt. (Men's FGD)

The only situation in which men and women both support men's use of condoms is in men's extramarital sexual relations. However, this still may not protect women from infection since condom use with non-marital partners does not appear to be common or consistent, perhaps because of the perception that condoms decrease pleasure. This perception of decreased pleasure with condom use also means that men are particularly unlikely to use condoms with their wives, whom they perceive as "safe". As one man said, "Why should I use Nirodh [condom] with wife? What pleasure is there if I use? If I use it there is no pleasure."

The role of education and employment as enhancers of women's agency

Given this scenario, a key policy and programmatic question is, to what extent do other resources such as education and employment contribute to increasing women's agency, particularly women's sexual agency? Our data suggest that although education and employment may enhance women's agency in terms of household decision-making, including decisions regarding children and use of finances, there is little evidence that these resources have a tangible influence on sexual agency.

Female respondents recognize the value of education and employment for the next generation. Employment, in particular, is highlighted by women as providing options other than marriage: "Nowadays, women fly aero-planes. They drive trains; they do everything. …It is not that they should get married and remain inside the house under somebody's control."

In their own lives, women feel that contributing financially to the household gives them more control over their lives, and greater equality with their husbands. As one focus group respondent noted: "…if both go for work both must listen to each other." Others echoed this theme: "A woman can live independently only if she works and earns. Then the situation of her having to listen to others' orders does not arise at all. She can live on equal terms."

Several respondents note that if both husband and wife work, they are less likely to face interference from other family members in the decision around the timing of children. As one female focus group respondent said: "…If both husband and wife are working then they decide and do whatever they like." When a woman works, it can also put her in a more powerful position to negotiate the timing of childbearing with her husband compared to a woman who is exclusively in the home, as indicated in the following discussion:

Q: After marriage, will the husband wife discuss about having children?
R: Both must talk and do. If both desire, then they can have children. If not, no.
Q: Will they talk in that manner?
R: …If they go for work it will be difficult for them to look after the children and they may think why so early and talk and plan for a later date.
Q: If not going to work?
R: If at home, isn't it good to have children? (Women's FGD)

At the same time, working women largely view work as a necessity to be borne when husbands do not provide adequately for the family, and because economic improvement is only possible with two incomes. For example, one respondent who works in a garment factory noted the following: "With great difficulty I somehow see that my children get at least one meal a day. I would even forego a meal. I am living my life this way." Another participant holding two jobs, one doing odd jobs at an office and another working as a pushcart food vendor, began her interview by saying, "my husband is in the habit of drinking a bit. He doesn't take any responsibility." She went on to say, "I actually resent this because you have to face a lot of troubles if you take up all responsibilities." Part of the reluctance to work may stem from the fact that most jobs available to women living in these urban low income communities are low-paying, with no benefits and few opportunities for advancement. In this context, not having to work can be deemed more desirable than having to work. "But he looks after me very well. I am at home all time. I do not go to work anywhere. He looks after me very well," said one FGD participant.

A few working women note that if they suspected that their husband was having other partners, they would challenge him. Said one,

> I will ask, if he goes [to another woman]. I will ask, 'Why did you go? For what reason did you go when I am there?' If he says, 'Yes, I desire only her. I do not desire you,' then I will say, 'You go away. Leave me.' Now, it is only by working that I have bought something for myself, that I look after expenses for food.

On the whole, however, there is little evidence that working women are freed from conforming to the expectations of a 'good' woman. Nor is there much evidence that working women have a greater say in their and their partners' sexual relations.

Conclusion

Our analysis reveals that marriage and motherhood, in this conservative social context are a mixed blessing for women. Conformity to social norms surrounding marriage and motherhood may provide women with some space for negotiation and exercise of agency, but typically only in non-sexual realms. In our study, although women report using sex as a negotiating tool and a few even note that they had refused to have sex with a drunk husband, the majority feel that ultimately they have to give in to their husband's sexual demands. Further, male infidelity is common and rarely invites serious social sanction.

In this situation, the potential for negotiating condom use for disease prevention, even when women recognize their risk, is limited. Not only do the norms about a 'good' wife imply limited direct sexual agency, women have to be cautious about broaching

any discussion of sex and condoms, however indirectly, for fear that this initiative may lead to suspicions of their own infidelity. In fact, the only situation in which a wife can acceptably initiate condom use is in the context of pregnancy prevention, not disease prevention. Even here, if a couple has no children, discussing condoms is not viewed as feasible. This norm puts younger wives at even greater risk of STIs. Thus, for many married women, a reliance on the male condom for STI and HIV prevention is out of the question.

What does this situation mean for policy and program initiatives to decrease women's vulnerability to HIV and STIs? Our data clearly suggest the need for female-controlled methods of disease prevention, and reinforce the importance of expanding access to existing options such as the the female condom, testing potential options such as the diaphragm, and hastening the development of new methods such as microbicides (see for example, Dionisio, 2004; Van Damme, 2004, and Moench, 2001). The female condom has been launched in three Indian states (Maharashtra, Andhra Pradesh, and Kerala) in 2004, but data on its acceptability in India are not available (Sify News, 2004). However, given the pressures on young women to prove their fertility soon after marriage, the acceptability of the female condom, particularly among younger women, is likely to be limited due to the fact that it prevents pregnancy. Data from other parts of the developing world also points to other problems with the female condom, including costs, difficulties in insertion, and stigma, further discouraging its potential as a viable female-controlled method (Francis-Chizororo, 2003; Zachariah, 2003; Cabral, 2003).

Microbicides may offer greater hope for women in contexts such as the one described above. A variety of microbicidal products are currently being tested in clinical trials (Van Damme, 2004), including non-contraceptive versions of microbicides that will allow women to protect themselves from HIV and other STIs without affecting the likelihood of pregnancy (Stone 2004). While these developments are promising, optimistic estimates indicate that an effective microbicide may become available as early as in 2007, if sufficient funds for research are available (Global Campaign for Microbicides, 2005).

In the meantime, can on-going efforts to empower women through education and employment be reasonably expected to have a positive influence on women's sexual agency, including their ability to engage in STI or HIV prevention? Our data, although qualitative in nature, suggest caution in assuming this connection. Although education and employment may enable women to *perceive* options, options other than getting married or remaining in a violent and risky marital relationship, their ability to *choose* alternatives appears to be powerfully conditioned by social definitions of the 'good' woman.

It is possible that employment that is initiated prior to marriage leads to women exercising greater control over marriage decision-making than women's employment that is initiated after marriage and that is in response to marital and economic difficulties. The ability of premarital employment to increase women's agency after marriage, including sexual agency, warrants further exploration (Measham, 2004). Further, it may be important to explore the effects on "non-traditional" employment opportunities for women, such as technology-related opportunities, which may not only provide better remuneration but also be more "valued" by the women's families

and communities. Finally, more detailed, quantitative assessment of the net effect of education, employment, and pressures to conform to social expectations of 'good' wife and mother on women's sexual agency is needed.

In the context of STI and HIV prevention, however, the success of the above strategies may ultimately hinge on, in the relatively short term, the extent to which STI and HIV risk is socially recognized and, in the longer term, the extent to which broader social and cultural understandings of gender are transformed. Community mobilization efforts for HIV prevention may be particularly important in the longer term. Systematic implementation and evaluation of the impact of such initiatives on risk perception and identification of factors that enhance or detract from their success will be important. Social transformation, although a daunting task, has been achieved, for example, in the contexts of female genital cutting and domestic violence (Mohamud et al., 2002; Michau et al., 2002), and provides a basis for hope that a more gender equal society is possible even in settings where inequality is deeply entrenched.

Figure 1: Emotions of Female Respondents to word "Marriage"

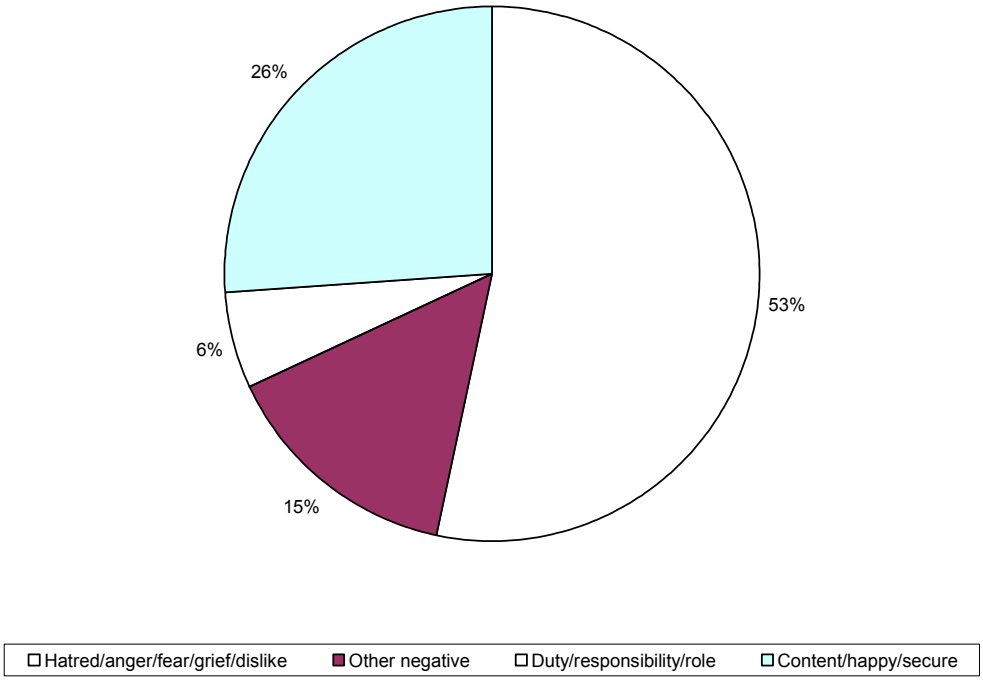
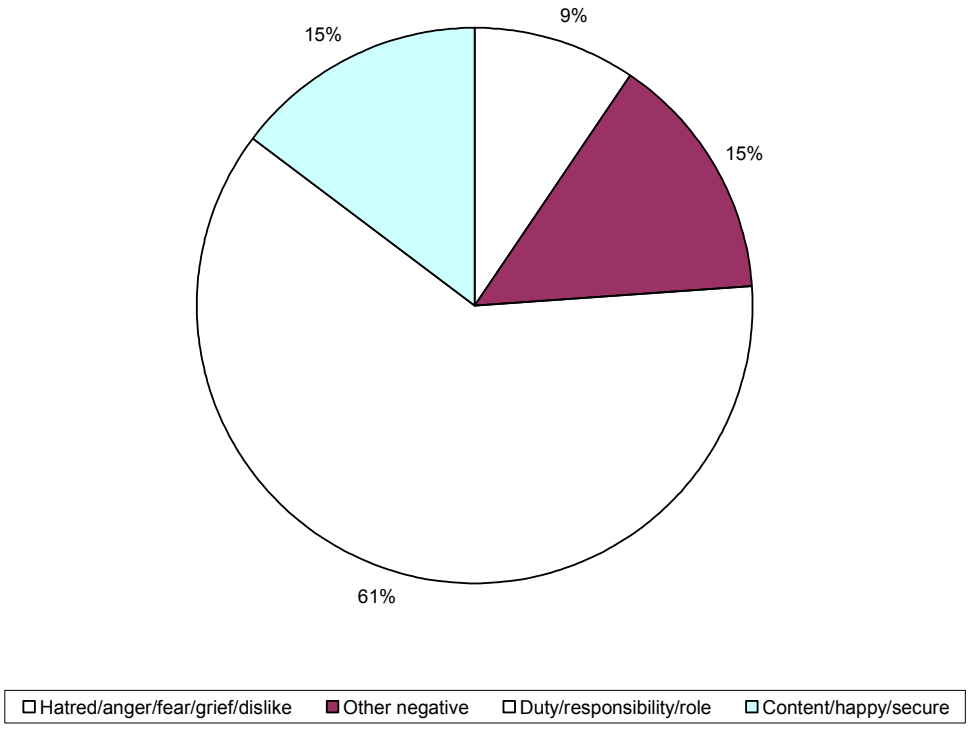


Figure 2: Emotions of Female Respondents to word "Wife"



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