Attitude towards sexual control among women in conjugal union and its implication for HIV infection in Mahikeng, South Africa

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Abstract

Given that South Africa has the highest incidence of HIV/AIDS in the world and husbands continues to be the greatest sources of infection to their wives with STIs, there is need to examine the attitude of women in marital relationships to their sexual control. This paper discusses the attitude and factors related to the sexual control of women in marital relationships. Two types of data were collected from married and cohabiting women in Mahikeng, South Africa in 2012. The first set is the quantitative data collected from 568 respondents and the second is individual in-depth interviews with 33 women. Quantitative data were analysed using both the bivariate and the logistic regression analyses. Qualitative information was analysed using the content analysis. It is estimated that 81% of respondents reported that a married woman can demand sex from her husband. However, a significant proportion of respondents (41%) rejected the idea that a married woman can reject sexual intercourse with her husband. This group of women needs serious consideration in terms of policy. The variables that are significantly related with attitudes toward rejecting sex include age, type of union, education, occupation, and number of living children. All these variables were related to attitudes toward demanding sex except occupation. The analysis of qualitative data revealed that social-cultural atmosphere still influence the disposition of most women on the issue of demanding or rejecting sex from their husbands. Their attitudes to sexual control are intertwined with cultural, religious belief and perception that husbands have sexual right over their wives. Women empowerment initiatives should be considered as a means to assist women to control their sexuality.

1. Background

Marriage[1] takes place to formalize sexual relationship of coupless. A couple can choose to have a civil (or Christian[2]) and customary (or traditional) marriage in South Africa. Whilst the civil marriage is a straight forward exercise involving getting a marriage certificate from the government (i.e. Department of Home Affairs), the customary marriage is a process which can take a short duration of few weeks or as long as ten years or more. Common to Black South Africans, customary marriage is concluded by payment of *lobola* (bride price) which symbolizes the joining of the two (bride and groom) families (Peart, 1983). Many couples still go to the government after payment of *lobola* to get a marriage certificate, but some decide to get a marriage document from the Chief. Cohabitation happens when a man and a woman decide to live together like a husband and wife but do not have a legal document. Cohabiting relations are generally accepted in South Africa (Matshidze *et al.* 1998, Swart-Kruger and Richter 1997; Mindry *et al.* 2011). For the purpose of this paper, married and cohabiting women are grouped together because they have more or less similar experiences on sexual control.

Gender equality was the expectation for the South African socio-political environment with the demise of apartheid. However, studies have shown that culture and patriarchal values (Jewkes *et al.* 1999, Morrell 1998; Hargreaves *et al.* 2009) continue to shape reproductive attitudes and behaviour in South Africa. Jewkes *et al.* (1999) reported the cultural acceptability that a man owns his wife when he pays *lobola.* Thus, the perception of women as men's property compromises their power in decision-making and sexual stand. Culturally accepted norms in marital relationships with regards to roles of men and women certainly contribute to poor sexual negotiation (McGrath *et al.* 1993, Balmer *et al.* 1995).

Concerns about married women's control over their sexuality were reverberated by the HIV/AIDS epidemic in developing countries. The higher susceptibility of women to sexually transmitted infections (STIs) including HIV has been attributed to the African patriarchal norms of men dominating family decision-making and biological vulnerability of women (Magadi 2011; Ackerman & de Klerk, 2002; Coombs *et al.* 2003; Phyllis 2013). Given the tempo of the HIV/AIDS epidemic in South Africa, understanding the extent social values influence the vulnerability of women to HIV infection in marital relationships carries some sense of

[1] This paper deals with opposite sex marriages. A discussion on gay marriages is beyond the scope of this paper.
[2] Christian marriages are officiated by Church leaders who have permits from the government to do so.

urgency. It has been shown also that married women in Africa are becoming infected with HIV at higher rates than single, sexually active young women of the same age (Glynn *et al.* 2001). Ogunjuyigbe and Adeyemi (2005) documented that women who took part in their qualitative study lamented that they are being infected with STIs by their husbands. These findings suggest that women do not have the control over their sexual lives even with threats of infidelity in sexual relationships (Schoepf 1992, Langen 2005; Varga & Makubalo 1996). The alluded powerlessness of women in sexual control seems to be entrenched in protracted cultural tenets (Langen 2005, Jewkes *et al.* 1999; Jewkes & Morrell, 2010), socio-economic dependency on men and limited education to women (Wodi 2005; Ackerman & de Klerk, 2002; Mindry *et al.* 2011).

Studies in some African countries have shown mixed reports on the ability of women to control their own sexual lives. Awusabo-Asare *et al.* (1993) reported that married women have limited control over their sexuality in Ghana despite the fact that tradition accorded them sexual rights. They found that 60% of the women felt that they did not have right to refuse sex. In addition, poor control over sexual lives was exacerbated among women with no formal education. Awusabo-Asare and his colleagues concluded that inability of women to refuse sex was on the premises that male fidelity is not a cultural expectation. On the contrary, the findings in Nigeria revealed that women have considerable control over their sexuality especially when there is evidence of infidelity and disease infection (Orubuloye *et al.* 1993; Ogunjuyigbe & Adeyemi 2005; Wusu & Isiugo-Abanihe 2008). It was observed that increasing ability of women to exert controls on their sexual lives was associated with their economic independence.

Socio-economic dependency of women on men has uncompromisingly conferred on men the decision-making power in reproductive issues and may continue to be a challenge to women's sexual control (Jewkes & Morrell 2010, Mindry *et al.* 2011). Financial dependence on men was the reason for uneducated and jobless women in Cape Town (South Africa) to remain in a relationship that tramples on their sexual dispositions (Mathews and Abrahams 2001). It was also found in Kwazulu-Natal (South Africa) that women's ability to negotiate sex was incapacitated because of poor education (Langen 2005; Varga 2003). These give credence to economic status of women as the determinant of their bargaining power in sexual issues (Folbre 1986, McElroy 1990).

There are studies that contradict the relevance of economic independence in enhancing sexual control and sexual decision-making of women. For instance, ownership of income generating ventures did not improve women's bargaining power in reproductive decision-making in Ibadan, Nigeria (Odebode 2004). Another report showed that possession of economic assets by women may not increase their control power in reproductive decision-making (Omeje *et al.* 2011). In fact, economic independency of women led to their spouse relinquishing financial responsibilities in the household without any effect on sexual empowerment (Odebode 2004, Nyanzi *et al.* 2005). Nyanzi *et al.* (2005) concluded that economic independence of women only avails them greater opportunity to enter and exit relationships than their counterparts who are not economically independent. This suggests that the economic status of women may not entirely explain the inequality in sexual negotiation and sexual decision-making in marriage.

2. Objectives

The main purpose of this paper is to assess the attitudes toward sexual control among currently married or cohabiting women. It is very important to understand the extent to which women in stable sexual relationships are able to negotiate for matters pertaining to their sexuality in this era of the HIV/AIDS epidemic. The factors related to sexual control of these women are also investigated. The specific objectives are:-

a) To assess the knowledge of transmission of STIs including HIV;
b) To examine the extent of women's control over sex with their husbands/partners;
c) To investigate the justification women give for their position on having or not having sexual control; and
d) To analyze the factors related to women's attitudes toward having sexual control.

3. Data and Methods

The survey was carried out in Mahikeng municipality, where the capital city of the North-West province of South Africa is located between May and July, 2012. The North-West is the fourth province with the highest HIV prevalence and people living with HIV/AIDS in South Africa (Department of Health 2011). The majority of people in Mahikeng are Tswana speakers who

have similar culture and traditions towards marriage and other sexual matters. However, Tswana marriage system like other African societies has undergone profound transformation due to westernization. But some scholars still argue that culture continues to be an important force in daily life of Tswana people particularly in rural areas (Nkomazana 2008, Gulbrandsen 1986). So this area is a perfect candidate for investigating how married women feel about their culture and traditions on sexual matters against religious teachings and westernization. In addition, Mahikeng municipality is one of the few places in the North-West province which has a large urban setting (25% of the area) surrounded by various rural areas (75%).

The sampling frame for each of the selected areas consisted of the enumeration areas provided by Statistics South Africa (2012). These enumeration areas were treated as clusters. The clusters from both rural and urban areas were sampled with probability proportional to size. A total of 800 households were randomly selected from the selected clusters. A structured questionnaire was developed and pretested before administering to 600 eligible respondents identified from the households in those clusters. A total of 568 married or cohabiting women aged 18-49 years (i.e. 95% response rate) filled in the questionnaire. For details on the sampling design see Osuafor (forthcoming).

Quantitative data were analysed by using both bivariate and multivariate statistical techniques. At multivariate stage, the logistic regression models were used to determine the predictors of respondents' opinion on married women's demand for sex and rejection of sexual intercourse from husbands or partners. The logistic regression was used because both dependent variables are dichotomous in nature.

Furthermore, individual in-depth interviews (IDIs) were conducted on the experiences regarding to sexual control. We employed phenomenological approach (Jerrett 1994). This approach is concerned with the study of experiences from the perspective of the individual. Hence there is no single reality. Given that sex is a conservative matter in an African setting, we searched for individuals who are willing to describe their experience in sexual control. It was our intention to interview women with different background characteristics such as place of residence, age, duration of union, education and occupation. Since questions asked have much to do with women's experience in marriage, we only considered women who were married for at least five years. In all, 33 women in marital/cohabiting union participated in the IDIs. Interviews were conducted using a semi-structured interview guide. Information from IDIs,

which was collected in Setswana, was transcribed and translated to English and organized under broad headings that depict different aspects of the thematic area manually. Content analysis was used to analyse the qualitative information.

Any study on sexuality in Africa is subject to some limitations because discussion on sexual matters is a taboo in many African settings. The first limitation is that data collected were based on self-reporting and there was no method that was used to verify the responses. This limitation was minimized by asking about opinion of respondents rather than their personal experiences. The second limitation is that the in-depth interviews were conducted to only Black people whose main home language is Setswana. So opinion of other ethnic groups residing in Mahikeng is not reflected. We take note of these limitations when interpreting the findings.

4. Results

4.1 Socio-demographic characteristics of the respondents

Table 1 presents the socio-demographic characteristics of the respondents. The findings revealed that the chunk of the respondents dwell in the rural residence. Seventy-eight percent of the respondents have their habitation in the rural areas. The age distributions show that women are fairly distributed in all age groups with a mean of 34.5 years. As expected, Setswana is the major language people speak at home (66%). The table also shows that 51% of the respondents had primary or no education. Occupational distribution reveals that unemployed women constituted the largest percentage of the respondents followed by government employee. Examination of the type of union shows that civil marriage is the most popular followed by traditional marriages. Cohabiting women forms the lowest percentage of the respondents (17%). In terms of religious affiliation, the bulk of the population are Christians. Despite the fact that most of the respondents are Christians, only 20% of the union is contracted under religious rite. About two-thirds of the respondents have been in a relationship for nine years or less while one-third have been in the relationship for ten years or more. The mean duration of relationships is close to 9 years. The majority of respondents (87%) have living children and 6% have 5 children or more.

Table 1: The percentage distribution of respondents by socio-demographic characteristics

Characteristics	N	Percentage
Residence		
Rural	445	78.3
Urban	123	21.6
Age group		
< 25	63	11.1
25-29	108	19.0
30-34	114	20.1
35-39	120	21.1
40-44	89	15.7
45-49	74	13.0
$\bar{x} \pm \sigma$	*34.45*	*7.96*
Home language		
Setswana	376	66.2
Afrikaans	21	3.7
IsiXhosa	50	8.8
Sesotho	74	13.0
Zulu	47	8.3
Type of union		
Civil	212	37.3
Religion	112	19.7
Traditional	149	26.2
Cohabiting	95	16.7
Highest educational level		
No education	112	19.7
Primary	179	31.5
Secondary	156	27.5
Tertiary	121	21.3
Occupation		
Unemployed	165	29.0
Business/trading	80	14.1
Government worker	134	23.6
Teaching	59	10.4
Student	47	8.3
Domestic worker/security	83	14.6
Religion		
Roman Catholic church	72	12.7
Methodist	146	25.7
Pentecostal	213	37.5
Seventh Day Adventist	95	16.7
Other religion	42	7.4

Duration of union		
< 5	229	40.3
5-9	145	25.5
10-14	88	15.5
15-19	31	5.5
20+	75	13.2
$\bar{x} \pm \sigma$	*8.72*	*7.63*
Number of living children		
None	77	13.6
1-2	290	51.1
3-4	168	29.6
5+	33	5.8
Total	***568***	***100.0***

Source: Mahikeng Sexual and Reproductive Health Survey, 2012.
Note: Other religions include traditionalist and other religious affiliations whose samples was too small to stand alone in the analysis.

The age range of the IDIs respondents is between 26 and 46 years. About 64% have been married for less than 10 years. Fifty-five percent of them have primary or no education. Slightly above half of respondents (52%) are employed and 61% reside in the rural areas.

4.2 Knowledge of sexually transmitted infections and use of preventive measures

Table 2 presents the knowledge of STIs and use of preventive controls. Almost all respondents (99%) have heard of STIs and HIV/AIDS (97%). And the majority (95%) of respondents knows that sexual intercourse is one of the modes of HIV transmission and STIs can be prevented by using a condom (91%). In addition, most of the respondents (90%) know that STIs are a risk factor for HIV. Unfortunately only 58% of respondents ever suggested use of condom to their partners and only 16% are currently using condoms. The main reason for not using condoms is that the respondent and the husband/partner trust each other (60%). But there are cases where either the respondent opposes using condoms (38%) or the husband / partner (44%) opposes.

It seems married women in Mahikeng are well aware of the existence of STIs in general and HIV/AIDS in particular. Other types of STIs are not so familiar. Television and radio are the main source of information. However there is a mismatch between knowledge and practice. Although the majority of married women know that the mode of HIV transmission is through sexual intercourse and many know that condom can be used to prevent STIs, very few of them are using. Unfortunately the main reason for not using condom is that couples trust each other

Table 2: The percentage distribution of women by knowledge and attitudes toward STIs and preventive controls

Knowledge and attitudes toward STIs	N=568	Percentage
Ever heard of STIs		
Yes	561	98.8
Types of STIs heard		
HIV/AIDS	542	97.1
Gonorrhoea	282	50.1
Candidiasis	161	28.9
Herpes	164	29.4
Syphilis	279	50.0
Total	**1428*	*100.0*
Source of information		
Radio	512	91.1
TV	545	97.0
Newspaper	367	65.3
Posters	290	51.6
Partners	166	29.5
Others (clinics, Doctors, nurses)	185	32.9
Total	**2065*	*100.0*
Mode of HIV transmission		
Sexual intercourse	538	94.7
Shaking of hands	13	2.4
Unsterilized needles	348	62.9
Blood transfusion	342	61.8
Total	**1241*	*100.0*
STIs is a risk factor for HIV		
Yes	510	89.8
STIs/HIV/AIDs can be prevented by condom		
Yes	518	91.2
Currently using condom with partners		
Yes	92	16.2
Reasons for not currently using condoms		
Husband/partner opposed	177	44.2
Respondent opposed	150	37.5
Not accessible	16	4.0
Sterile	61	15.2
We trust each other	240	60.0
Am afraid of my partner	17	4.2
Total	**661*	*100.0*

Source: Same as Table 1.

Note: * Respondents were allowed to state more than one condition.

followed by opposition from one or both partners. This is the area that needs advocacy as these reasons can be very misleading.

4.3 Control and attitude over sexual acts

Table 3 presents the distribution of women's control and attitude over sexual acts. Whilst 81% of respondents reported that a married woman can demand sex from her partner, 59% asserted that a woman can reject sexual intercourse. For those who approved that a woman can demand sex, an overwhelming majority (93%) reported that it is just natural to do so. In addition, about half of them reported that a woman should demand sex in order to satisfy the husband and a quarter reported that a woman should demand sex when a/another child is needed. The reasons given for a woman to reject sexual intercourse from her husband are many. Over 90%

Table 3: The percentage distribution of women's control and attitude over sexual acts

Evaluation criteria	N=568	Percentage
Can women demand for sex?		
No	107	18.8
Yes	461	81.2
If yes, under what condition		
It is natural	427	92.6
To satisfy the husband	249	54.0
When another child is need.	116	25.2
Can women reject sexual intercourse?		
No	234	41.2
Yes	334	58.8
Conditions women can reject sex		
He beats her	306	91.6
She is ill	302	90.4
She suspect he has sexually transmitted infection	301	90.1
He has sex outside marriage (Cheats)	255	76.3
She is not in the mood	252	75.4
During menstruation	249	74.6
He does not support her	241	72.2
He does not support the children	211	63.2
He is drunk	206	60.2
She does not want to get pregnant	181	54.2
During breastfeeding	135	40.4
During pregnancy	71	21.3

Source: Same as Table 1.

reported that a woman should reject sexual intercourse if the husband beats her, if she is ill or if she suspects that the husband has an STI. Three-quarters or more reported that a woman should reject sex if she is not in the mood, if she knows that the husband has extramarital affairs, if she is menstruating, or if he does not support her.

4.4 Multivariate analysis of the factors related to sexual control

The respondents in the study demonstrated variations in their ability to demand or reject sex by background characteristics. However, it is still not clear how these variables influence the respondents' sexual control in a multivariate perspective. Therefore, as stated in the 'methods' section, the binary logistic regression analysis is used for this purpose. Table 1 presents the distribution of all variables and number of cases for their corresponding categories used in this analysis.

Table 4 presents the odds ratios and standard errors of two parsimonious binary logistic regression models. The two dependent variables are can demand sex and can reject sex. The models examine opinion of married women to sexual control. Of the variables listed in Table 1, age, type of union, education and number of living children were found to be significantly related to the respondents' opinion for women to demand sex. Women who had tertiary education are more likely to approve a woman to demand sex than women without education. Women who were 40 years old or over were less likely to approve married women to demand sex than those aged 24-29. And respondents who were traditionally married and those who had five or more living children were less likely to approve that married women can demand sex compared to those without a living children. The findings also show that women who were having traditional/customary marriage were less likely to suggest that a woman can demand sex from her husband compared to those with civil marriages.

All the significant variables are related to approval for demand for sex in the expected direction. Older women, those with traditional marriages, less educated and those with large family sizes are more likely to feel inferior and abide to traditional customs and beliefs which are discussed below. This has negative implication on their attitude to demand sex.

The variables that are significantly related with the respondent reporting that a woman can reject sexual intercourse include age, type of union, education, occupation, and number of living children. Women who were below 25 years old and those aged 35-39 were less likely to report

that women can reject sex compared to women aged 24-29. Cohabiting women were less likely to report that a woman can reject sex from her husband/partner compared with women who had civil marriages. As expected, the higher the educational level the more likely the respondent approved a woman can reject sex. Women who were doing any type of work or students were more likely to approve rejecting sex than women who were unemployed. Women who had five or more living children are less likely to reject sex than those without a child.

The odds ratios for education and number of living children are in the same direction in the two models. Whilst occupation was only significant in the 'reject sex' model, age and type of union gave a different picture. It is not surprising for cohabiting women to disapprove a woman rejecting sex as their relationship is not very secure. The pattern depicted for age is not very clear.

4.5 Findings from the individual in-depth interviews

The general views portray that social and cultural atmosphere still influence the disposition of most women on the issue of demanding or rejecting sex from their husbands/partners. Their opinion on rejecting sex is influenced by cultural belief that husbands have right to sex, religious belief and consequences of rejecting sex. With such strings attached to women's sexuality, their attitude to sexual control is embedded in fear of losing their husbands/partners.

Women were asked how their culture affects their ability to reject sexual advances from their husband. About 58% responded that their culture does not support them to reject sex from their husband. About 24% claimed that their culture supports them to reject sex from their husband especially when a woman has a new-born baby. In other words, a woman cannot just reject sex from her husband without a valid reason. Below are some of the responses of the participants on their ability to reject sex from their husbands.

Woman can reject sex, but it has some consequences like rape, physical abuse, divorce, cheating, patronizing commercial sex workers and polygamy etc (urban woman, aged 39, married 10+ years)

From human rights perspectives, I have the right to reject sex from my husband. But the Bible says husbands and wives should not deny one another sex except when they are fasting (urban woman, aged 37, married 7 years)

Yes, I have the right to reject sex, but our culture disagrees with that. Nowadays the law can protect you. If you take the matter to court that he forces you to have sex, it will be a different story. But I will not take my husband to court I love him (laugh) (urban woman, aged 29, married 5 years)

Table 4: The parsimonious logistic regression model showing the factors related to attitude towards woman demanding or rejecting sex from her partner

	Can demand sex		Can reject sex	
Variable	**Odds Ratio**	**SE**	**Odds Ratio**	**SE**
Age				
< 25	3.716	0.811	0.414*	0.450
25-29 (Reference Category)	1.000	1.000	1.000	1.000
30-34	0.902	0.417	0.837	0.354
35-39	0.528	0.406	0.371**	0.365
40-44	0.377*	0.445	0.551	0.419
45-49	0.346*	0.447	0.597	0.429
Type of Union				
Civil (Reference Category)	1.000	1.000	1.000	1.000
Religion	0.694	0.336	1.166	0.313
Traditional	0.296**	0.296	0.686	0.271
Cohabiting	0.539	0.413	0.269**	0.338
Education				
None (Reference Category)	1.000	1.000	1.000	1.000
Primary	1.396	0.334	5.742**	0.318
Secondary	1.699	0.530	8.137**	0.346
Tertiary	2.073*	0.729	11.932**	0.511
Occupation				
Unemployed (Reference Category)	-	-	1.000	1.000
Business/ Trading	-	-	2.605**	0.333
Government worker	-	-	3.375**	0.394
Teaching	-	-	4.331*	0.592
Student	-	-	4.178**	0.467
Domestic worker	-	-	2.029*	0.320
Number of living children				
None (Reference Category)	1.000	1.000	1.000	1.000
1-2	0.601	0.556	1.356	0.386
3-4	0.562	0.586	0.729	0.448
5+	0.262*	0.684	0.270*	0.668
Constant	**14.107****	**0.640**	**0.298***	**0.511**

Source: Same as Table 1

Note: * significant at 0.05 level; ** significant at 0.01 level; – not significant; and SE standard errors

According to the society you are not supposed to refuse sex from your husband and my culture does not support me as he is my husband who has fulfilled cultural requirements for marriage (rural woman, aged 44, married 10+ years)

No, when he wants it (sex) nobody will stop him even if it is red (menstruating) *he does not care. I know it belongs to him, he got right to have it anytime, unless he shares me with somebody, so I think I have no right over sex to him* (rural woman, age 28, married 9 years)

Most women have greater ability to demand sex from their husbands. About 66% responded that there is nothing wrong for a woman to demand sex from the husband except if there is marital problem. However about 16% reported that culture is set back to their ability to demand sex. For a woman to demand sex suggests she is not cultured. About 18% reported that culture has no influence in their sexual lives. Below are the responses of the participants on the influences of culture on their ability to demand sex from their husbands.

For a married woman to demand for sex, your husband and family can regard you as disrespectful wife. They will call you names along the lines of being a slut. (rural woman, aged 42, married 10+ years)

Yes I demand sex if am not getting it. Usually it is us women who are often tired and would deny the men sex. If am in the mood for sex and it has not been happening, I will tell him and make sure I get it (Urban woman, aged 35, married 9 years)

*Culturally a woman is taught how to make her husband happy sexually. You are taught about sex and other important things in marriage during initiation. We do not demand sex but you seduce him. Men would not miss opportunity for sex (laughter) (*rural woman, aged 46, married 10+)

*The reason why I should demand sex is for my man to be secured. Men are very insecure. He may think you are getting it somewhere if you do not ask. (*urban woman, aged 31, cohabiting for 6 years)

Women were asked if they consider themselves at risk of contracting STIs. Most of the women were of the opinion that marriage still accord protection against STIs. This view is consistent with Langen (2005) findings that marriage is a safe haven for STIs. Two-thirds did not consider themselves at risk because they trust each other, one-fifth considered themselves to be at risk and only one-tenth said they always use a condom. Some of the responses of the participant are

My husband does not show me any sign not to trust him (urban woman, aged 34, married 10+ years)

I see myself at risk as men are not trustworthy and my husband is working outside Mahikeng (rural woman, aged 35, married 8 years)

Yes, as men are not trustworthy, you will never know what they do when they are out there (rural woman, aged 31, married 10+ years)

The quantitative results concur with the findings of the qualitative study on the use of condom. On the question about how do you feel about asking your husband to use a condom, 63% said they can ask comfortably while 18% cannot. Twelve percent responded they are currently using condom. Women can ask their husbands to use condom but it remains unknown whether the husband can accept the request. In addition, women were afraid of accusation of infidelity if they suggest condom use. Some of the reasons for the inability to ask include:

It is going to be a battle (asking to use a condom) *as we never used it for a long time* (rural woman, aged 28, married 7 years)

Because we did not use it from the beginning, it is a bit difficult, because he will ask me why all of a sudden I want to use it. I trust him and he trusts me as well. Because I have not dated anyone since I have met him. But I know that men do cheat (urban woman, aged 32, married 8 years)

It is not easy. I can't. He will think that I am cheating (rural woman, aged 28, married 6 years)

I have never asked him, he uses a condom when he wants (rural woman, aged 43, married 10+ years)

5. Discussion

This study has examined the attitudes toward sexual control among women in marital or cohabiting relationships and what it portends for the control of HIV/AIDS. The level of control women have over their sexuality is the prerequisite of reproductive and sexual decision-making outcomes. In general, the study indicates that women have considerable control over their sexuality. On operationalizing the dimension of sexual control, the overwhelming majority of the respondents approve demanding sex from their partners. The stand of women to demand sex because it is natural, to satisfy their partners and for procreation indicates a shift from societal norm of women passiveness in sexual matters. It is expected that older women, uneducated, those in traditional marriages and those with large families did not approve women to demand for sex. This inability to demand sex may be linked to the cultural socialization of married women to be submissive in sexual relations to their husbands or partners. This concurs with the evidence from the qualitative findings. It is obviously that culture plays out in the

realms of older women, women with limited education, those who are traditionally married and those with large families.

Majority of the respondents asserted that a woman can reject sex from her husband/partner during menstruation, illness or when not in the mood. With no doubts there are circumstances under which sex cannot occur. Our study to a good extent concurs with the report in Ghana (Awusabo-Asare *et al.* 1993) where over four-fifth of women would reject sex with husbands known to suffer from sexually transmitted infections. The result contrasts with a recent report among Edo women in Nigeria who cannot reject sex because of the fear of been beaten (Iyayi *et al.* 2011). On the other hand, consistent with the conclusion of Wusu and Isiugo-Abanihe (2008) that fear of been beaten is not a normative practice in marital relationship because of mutual respect. This suggests that women are not treated as sexual objects as earlier findings in women sexuality indicated. Indeed fear of violence may suppress the courage of women to exercise control over their sexuality.

Salient findings of the study are the influence of the nature of the union on the sexual control of a woman. Cohabitation has negative effects on a woman's sexual control ability which concur with the findings in Honduras (Speizer *et al.* 2005). Cohabitation is becoming a norm in South Africa, but the consciousness that it is void of cultural recognition subjugates the ability of the woman to reject sex. It is in the instinct that for a man and woman to be together and indulge in sexual activities, there are certain criteria to be met. Since cohabitation is devoid of such criteria, cohabiting women do not feel secured to exercising control over their sexuality.

Consistent with numerous findings (Awusabo-Asare *et al.* 1993, Langen 2005, Ogunjuyigbe and Adeyemi 2005, Iyayi *et al.* 2011) women with socio-economic advantage exercise greater control over their sexuality compared to those who are economically disadvantaged. The state of being uneducated and unemployed is the main factor that stifles the mandate of Mahikeng women over their sexuality. Such women always nurture the fear of losing their husbands to other women which may aggravate their state of poverty and hopelessness. The impact of economic dependence is corroborated with the qualitative findings where a considerable percentage of the women agreed that depending on husbands for support deterred them from exercising their sexual control to avoid some domestic sanctions. Even in cultural discretion, there are some circumstances where women have some right to refuse sex. However, it is uncertain that such right could exist among women who have no source of income coupled with

their state of being uneducated. The absolute dependence of women on their partner for support presents a massive impediment on their attitude to sexual control. This has some implication in the control of HIV/AIDS in Mahikeng.

It is apparent that the respondents have knowledge of STIs mode of transmission, STIs as risk factor for HIV and condom use prevents STIs. However, the magnitude of the knowledge on issues of STIs cannot be equated on condom usage as it should be among people concerned about health risks. This finding is consistent with the low prevalence of condom use among married and cohabiting couples reported in Kwazulu-Natal, South Africa (Maharaj and Cleland 2004, Langen 2005) and elsewhere (Iyayi *et al.* 2011, Nyanzi *et al.* 2005). Apart from women who reported personal dislike and husband opposition to condom use, a greater majority do not use because of trusting their partners. One of the major challenges in the research on sexual control is the quantification of sexual trust in marital or cohabiting relationships. The high prevalence of HIV/AIDS and other STIs among married women compared to single women, appeals for the verification of sexual trust in marital or cohabiting relationships.

It is not clear to what extent fear is confused with trust. We have no doubt that fear is translated into trust at best. From the qualitative findings, woman lamented that failure to initiate condom use from the beginning has affected their courage to ask for it currently despite suspicion of infidelity. Some women have never asked their husband to use condom because their husbands use when they want. A similar attitude of whether to use condom or not is always up to the men was document by Mantell *et al.* (2011). We have no doubts that the inability of women to exercise control over their sexuality have translated to the art of trusting their partners. This kind of blithe attitude to self-protection gives men leverage over women's bargaining power in sexual arena. Ogunjuyigbe and Adeyemi (2005) noted that women lamented that men have not changed their sexual attitudes and are very reluctant to use condom. Previous studies were conducted in a setting that may be considered to have lower HIV prevalence compared to South Africa (UNAIDS 2010) where condom use is low on the premises of trust on partner. We posit that the trust women have on their husband or partner may have some implications on the spread of HIV/AIDS in South Africa.

Indeed, Mahikeng women in the study have demonstrated considerable control over their sexuality, in addition to knowledge of HIV prevention. This is consistent with the findings in Kwazulu-Natal, women are not powerless to take preventive measure when disease infection

looms in the relationship (Maharaj and Cleland 2004). However, the attitude of women to HIV preventive measures is disturbing. In South Africa, the spread of HIV/AIDS is through unprotected sex. Thus the major restriction to safer sex practice is defined within the sexual relationship and the conduct of the women (Worth 1989, Dixon-Mueller 1993). What stood out clearly in the study is that education, economic empowerment and the nature of the union are critical determinants of women's mandate over their sexual control. The present study suggests that vulnerability of women to STIs including HIV may be linked to their attitude to sexual control and negligence of preventive measures. The use of condom does not show good potentials for curbing HIV infection among women in marital or cohabiting union in Mahikeng.

6. Conclusion and Recommendations

Knowledge of STIs including HIV is very high among married women in Mahikeng, South Africa. However, use of condoms is very low. It is striking to note that married women themselves disapprove of the use of condoms because they believe that there is a high degree of trust with their husbands/partners. This finding has a lot of implications especially because, as noted above, the proportion of married women living with HIV is increasing dramatically. But there are women who are willing to use condoms however non receptiveness of condom by their husbands/partners remains a challenge. The intervention programmes meant to educate both men and women on the risk they are taking not to use condoms will go a long way in combating HIV/AIDS.

On the issue of sexual control, it is encouraging to find out that most married women approve demand for sex from their husbands/partners and they report that it is just natural to do so. However, a significant proportion of married women do not approve that married women can reject sexual intercourse with their husband/partner under any circumstances. This is the group of women that needs serious consideration in terms of policy. It boils down to empowering married women to have control over their sexuality. This is confirmed by the variables found to be significant in the multivariate analysis. It seems there is still room for the South African government in general and the North-West provincial government in particular to continue addressing the issue of improving status of women. Addressing the specific issues

affecting the women's status in their locale requires programme of empowerment through job provision. Since it is clear that having income gives women an edge in sexual control, there is need for informal training with the aim to give them employment; given that over a quarter are unemployed and over half had limited education. It should be noted also that married women should not be taken for granted when it comes to sexual and reproductive health services as the focus in the past has only been to young and unmarried women and men.

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