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Peeping Behind the Closed Door: A Qualitative Study of Sexual Behaviour of Married Women in Bangladesh

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INTRODUCTION

The present paper attempts to characterize the sexual behaviour of married women in Bangladesh. Bangladesh is presently considered a low prevalence country for AIDS. According to the latest statistics from the Ministry of Health (2000), 157 persons have been infected with HIV infection since 1980 in Bangladesh and there have been a total of 27 cases of AIDS reported. Their case studies suggest that most of them were infected outside the country. The sero-positive rate is currently low and estimated to be less than 0.4 percent among adults, even among sex workers and patients attending STD clinics (GOB 2000).

However, with increasing international as well as internal migration, easy access to commercial sex workers (CSWs) in urban centres, and increasing levels of pre and extra marital sex in the changing social environment, Bangladesh remains at considerable risk of a future epidemic. UNAIDS (2000) estimates that there are approximately 13,000 persons currently infected with HIV in Bangladesh, a figure much larger than that reported by the MOH surveillance systems. The fact is that the suspected rates of STI in the country are increasing due to the changing cultural norms around sexuality, and at the same time so are the risks of increased HIV transmission. The Government of Bangladesh fully appreciates this danger and has launched an aggressive communication and behaviour change campaign with the technical and financial assistance of UNAIDS and the World Bank.

Sexual relationships play a critical role in the transmission of HIV/AIDS. To develop effective educational campaigns and plan other preventive measures, an understanding of sexuality and the social constructs influencing sexual relationships is critical. Studies on sexual behaviour in Bangladesh are virtually non-existent. Recently, some efforts are being made in this direction but most of them are directed towards high risk groups such as truck drivers, clients of CSWs or men having sex with men. Systematic studies on the sexual behaviour of the general population have not been conducted. The present paper could be taken as a modest step in the right direction.

The Social Setting and Sexual Relationships

Bangladesh is a typical example of a patriarchal society. Gender is a major factor in defining social roles, family responsibilities, and power relationships within the family. In Bangladesh, as in other South Asian countries, men are the principal wage earners and the main decision makers in most of the significant events in the family. A careful analysis of social norms and behaviour related to gender, power relationships and sexuality reveals that they are embedded in the dominant social constructs of masculinity and/or the related norms on the need for social control of women's sexuality (UNFPA 2000, Villarreal 1998). Women's sexual roles are meant to be private and controlled, rather than public and expressive.

These norms are not gender neutral as the socially undesirable sexual behaviour of men is tolerated as a natural trait of 'men'. For example, a man having sexual relationships with several women is considered 'lucky' and a 'real man' as he has access to and controls more than one women. Similar behaviour would be unacceptable for a women. The visit of young man to a CSW may be socially unacceptable, but does not create a crisis in his family. The act is ignored or tolerated under a broad concept of masculinity, with qualifying remarks such as "*now he has become a man*", "*he needs some experience before marriage*" or "*such mistakes happens in this age*". Pre-marital sex in Bangladesh is not uncommon among adolescent unmarried boys. According to a qualitative study 46 percent of the unmarried boys were sexually active (Haider et.al 1997). In case of India, the percentage of boys and young males varied widely from 17 percent to 32 percent (Nag 1996). Similarly if an adult man is living alone in an urban centre and develops a casual relationship with an unmarried woman or occasionally visits a CSW, his behaviour is not accepted but it is tolerated as "*understandable*" as "*he has to satisfy his sexual urge somewhere*" or explained by the belief that "*once sexual urge of man has aroused, it has to be satisfied*" In India Mane and Maria found that women viewed their husband's extra-marital sexual relationships as a 'male' characteristic which if accepted or ignored, provides them with extra "power" and enables them to stay with their husbands.

Often under the influence of social norms, men are unable to assist their wives in household chores like cooking, cleaning, or bathing their children, as these are not considered "men's work". Even the pro-active support of husbands to their wives during pregnancy in seeking prenatal care could be seen by women themselves as a behaviour not appropriate within the defined roles of men. Some women may even consider it as interfering in a woman's domain. (Khan et. al 1997, UNFPA 2000). Traditionally, a woman who enjoys considerable independence within her family cannot go outside the home without her husband's or other in-laws permission or meet freely with males outside her family in the workplace. To do so would invite considerable social stigma and her character as well as her judgement would be questioned. Moreover, her husband would be considered weak and as man who "*can not control his wife*".

In support of these gender-based social norms, many efforts are made to control women's sexuality. Some of the most common social values traditionally supported by the community are the importance and honour attached to girl's virginity and the disgrace a girl or woman would bring to the family by "indulging" in pre or extra marital sex, as these values help in maintaining social control over women's sexuality. From an early age girls are socialized to be "*obedient and to accept the decisions of elders, avoiding social contact with boys, not exposing their body to public view*", or "*even thinking or talking about sex is shameful act and could bring disgrace to the family*". In order to avoid the appearance of exchanging sexual interest for favours, girls are taught "*not to demand or express desire for buying or taking expensive goods*". A common saying in Bangla is "*Buk phate to mukh phote na*", which means that no matter what happens women can't say what they have in their heart. Marriage is seen as a safe alternative to eventual conflict on unsanctioned sexual activity. "*The best thing to do to a girl is to marry her as early as possible and certainly after she starts menstruating*" (Blanchet 1996, Maloney et.al 1981). According to a Hindu informant as quoted in Maloney, if menstruation occurs in her parent's house, the males for 7 generations will not reach heaven. Similarly girls expressing their own needs and opinions and making demands are signs of bad education (Blanchet 1996). The weak sense of ego which women exhibit in India and other south Asian countries are largely

contributed to the restraints which are imposed on them during early stage of development (Kakar 1978).

Even after marriage, taking the initiative to talk with her husband about sex and participating actively in sexual activity is shameful and an unfeminine characteristic. The norm is expressed as *"letting husband satisfy his sexual desire as and when he demands is a women's duty"*. The list of the expressions of these social norms, which contribute to the control of women's sexuality, appears unending. With education, women's increased participation in the paid labour force, delayed marriage and exposure to mass media, the nature of social relationships may be changing in Bangladesh. The present paper explores the variability in the sexual behaviour of Bangladeshi women in their related social contexts.

RESEARCH METHODS

The data for the present study was collected as a part of an on-going study of contraceptive use dynamics and methods used by women to avoid pregnancy after unprotected sex. The study was conducted in three districts of Bangladesh, specifically Tangail, Mymensingh and Gazipur. The focus group discussions (FGDs) and in-depth interviews covered 13 selected villages from three rural thanas and two urban centres.

Detailed qualitative data was collected through 36 FGD's and 94 in-depth interviews of men and women. A total of 54 in-depth interviews of women were conducted. Of these, 16 were conducted in the rural areas while the remaining 38 in the urban centres. The women for in-depth interviews were selected from among the 428 women who had participated in the FGDs. These women were proactive, more open and were ready to participate as informant for further detailed discussion. Table 1 gives an overview of the background characteristics of the informants.

In the in-depth interview, apart from asking questions on decision-making processes in the adoption of contraception and related issues, questions were also asked on their sexual behaviour. Information was collected on their awareness of sexual life, initiation of sex, communication between husband and wife on aspects of sexuality, sexual violence and causes leading to unprotected sex. The information on sexual behaviour and sexuality was collected in much more detail from the women informants than from the men. Hence, in the present paper responses obtained mainly from women informants have been analysed. Analysis of data has been made in the broader frame of historical and social process (Janesick 1992) using an

Characteristics	Sample (N=54)	
	N	Percent
Residence		
Rural	16	30
Urban	38	70
Present age		
24 or less	14	26
25 - 34 yrs.	21	39
35+ yrs.	19	35
Schooling		
Illiterate	12	22
Up to 5 years	14	26
6-10 years	22	41
11 or more years	6	11
Age of marriage		
14 yrs. or less	16	30
15-16 yrs.	17	31
17-19 yrs.	7	13
20 yrs. or more	14	26
No. of children		
1	18	33
2 - 3	28	52
4+	8	15

interpretative (Charon 1979, Goffman 1993, Srinivas 1977, 1976) and constructivist (Denzin 1989) approach.

FINDINGS

Awareness and initiation of sexual life

Marriage in Bangladesh, as in other South Asian countries, is commonly arranged by parents and is considered more as the union of families rather than simply that of the two partners. While boys do have some role in deciding the timing of their marriage or selecting their brides (at least they are consulted by their parents), girls, particularly in rural areas, do not have much say in when or whom they marry. Commonly, girls meet their bridegrooms only on the day of the marriage. While in educated families and in major urban centres, these practices are changing, they remain strong in most of the rural areas where 80 percent of the population lives.

The age at marriage for girls in Bangladesh still remains low, particularly in the rural areas where most girls marry at around 15 years of age. According to DHS surveys, the age at marriage of girls has increased from 15 to 18 in the past twenty years, but still half of the rural girls and those living in slums are married before the age of 15. Analysis of the background characteristics of the informants showed the same pattern. About one third of the informants were married and had experienced their first intercourse before they were 15 years of age. By the age of 16, nearly two-thirds of the women were married.

One of the important mechanisms to maintain social control over women's sexuality is to deny their access to information on family formation and sexuality (Gupta 2000). This is done in various ways including attaching negative values to any discussion of sexuality, controlling their outside movements and friendship with members of the opposite sex, and discouraging access to literature on family formation and sexuality (Blanchet 1996, Maloney et.al. 1981).

	Yes, well before marriage	Yes, but just before marriage	No knowledge	Total informants
Rural	5	3	8	16
Urban	13	9	16	38
Total	18 (33%)	12 (22%)	24 (44%)	54

An inquiry on whether the informants had knowledge about the sexual life in which a woman enters after marriage revealed that 24 out of the 54 informants (44 %) had no knowledge about sex before being married. As an illiterate informant from a rural area, aged 35 years, said:

"I was married at a very early age [11 year], I did not have any idea about sex life. All I knew was that I had to cook for my husband and look after his household chores. When I was married, even my periods had not started".

Yet another informant, aged 19 years, educated upto class 4 and married at 14 years said:

"No, I did not know anything about sex life before my marriage. I came to know about this when I had my first intercourse".

Girls are often informed about sexual intercourse just a few days before their marriage. Generally this responsibility is taken by sister-in-laws, married friends or some elder relatives in the family. For example, 12 informants mentioned that just days before their marriage, they were informed either in code words or vaguely about the sexual life in which they were entering soon. As one urban informant, aged 27 year, with 10 years of schooling, put it:

"My sister-in-law told me to go close to your husband whenever he pulls you towards him and whatever he says you should follow. Do not say 'No' to him"

A 28 year old, illiterate women from a rural area said:

"I was not given any detailed information about sex except that if my husband call me to have sex then I should not refuse him. I should do whatever he wants me to do."

Only 18 informants (33%) were relatively well informed about sexual life in marriage. Most of them were educated (middle class and above) and often lived in urban areas. One 24 year old informant, educated up to class 9, said:

"I was aware of sex life well before my marriage. One of my married friends had told all about it"

Another informant, aged 25, who studied up to class 12 said:

"Yes, of course I knew about the sex life which takes place after marriage. And every educated person knows it very well. my sister-in-law had taught me some techniques like how I can get close to my husband or protect myself from getting pregnant by taking pills regularly....."

The study clearly demonstrates that at the time of marriage the girls were prepared more to submit themselves to their husband's wishes (sexual as well as non-sexual) than armed with accurate information on sexuality and social relationships which could be helpful in the smooth transition from unmarried to married life. According to an older informant: *"all these [meant smooth transition] could be best achieved and women's married life could be much more easier, if they mould themselves to what their husbands want from them"*. The respect for the perspective of the elders in families is an important reason for the continuation of the early marriage of girls. It is believed that at a young age girls are like "tender bamboos" and can be moulded according to the wishes of her husband and new in-laws. If they are married at a later age, changing their behaviour according to husbands and in-laws wishes is difficult. Independent thinking and any suspicion assertion of authority of young women are often a major cause of domestic violence.

It is still interesting to observe that overtime family planning has been de-sexualised in much of Bangladesh. Many of the informants reported that while they received no information on sexual life before marriage, their mother, grandmother, sister-in-laws or other female family members

advised them to use pills regularly from the day of the marriage. While some of them were told that it is to protect them from early pregnancy ("*the child will not enter in stomach*"), many were not provided with any detailed information. One informant, aged 15, with 6 years of schooling said:

"Yes, I had a vague knowledge about sex before my marriage. At the day of my marriage my sister-in-law gave me pills and said to take it. When I asked her the purpose of taking the pills, she didn't tell me anything regarding 'sex' or pregnancy but she said I might have a problem and I may need it."

Sources of Information on Sexual Matters Before Marriage

Before the girls marry, the main sources of information about sexual life, though often in vague terms, are sister-in-laws (33%), close friends (30%), other senior members of the family (9%) and boy friends (about 9%). Analysis of the information provided shows that in most of the cases, the information given by married friends is more detailed and accurate than that provided by relatives or sister-in-laws. However, if the sister-in-laws or other married sisters are of the same age, they may also provide accurate and detailed information on sexuality. As one rural woman, aged 23, with 9 years of schooling put it:

"I was aware of sex life before my marriage. One of my friends had told me all what happens after marriage [meant sexual intercourse]. She is very naughty and all the time she used to talk with us about her sexual experiences and different ways it is performed. She said that we should know all these things as it will help us a lot when we will be married. She informed me about some family planning methods also."

A typical example of vague information provided by a sister-in-law was given by an informant, aged 35 years, from an urban area:

" Before going to my husband's home my sister-in-law informed me about husband-wife sexual relationship. She said, 'You must listen to your husband and don't cry during sex.' Behave exactly the way he wants (you to do). That was the first time I heard of sex".

In contrast to girls, a different standard is maintained for boys and older males. For them, sex is desirable. It is "natural" and they should know about it. Interestingly, the male informants had learned about sexual life much before marriage and in much more detailed fashion. Their two most important sources of information were: sexually explicit ("blue") movies and friends. Analysis of their responses shows that even in rural areas a video cassette player (VCP) and cassettes of "blue" movies are easily available for rental. Often they see these movies late at night or afternoon at a friend's home. Generally, these movies are seen in small groups of friends who contribute money for hiring the VCP and cassettes. Three male informants also reported that some of the cinema halls secretly organize special shows of "blue" movies at night. There is evidence that some boys have pre-marital sex with village girls or commercial sex workers following the viewing. A few visit CSWs as part of preparing themselves for marriage. In general, at the time of marriage young men are well aware of sexual practices. As our data show,

all the 28 male informants were well informed about sexual matters, with at least 5 of them having experienced sexual intercourse before marriage. Many reported kissing or touching the bodies of their girl friends or sister-in-laws. As a male informant reported:

"I knew about sex life well before my marriage. We friends used to talk a lot about these issues. I had also seen some blue movies with my friends. We used to hire VCP and cassettes of blue movies and watch it in some friend's home at late night yes I know one of my friends had sex with prostitute to get sexual experience just before marriage".

Inter-Spouse Communication on Sexuality

Three issues on inter-spouse communication on sexuality were investigated. First, whether any discussion on sexual life took place within the first week of marriage, and if so, what was the content of the discussion? Second, whether they discussed family planning or their reproductive goals with their partners, and if so, at what stage of married life? In all cases questions were also asked about who had initiated the discussion. Finally, women were asked if and how they communicate their sexual desire to their partners? Each of these aspects is discussed separately.

Discussion At the Initial Stage of Married Life: Out of the 54 informants 25 (46%) reported the discussion of sex with their spouses on the first night of marriage, while 22 informants (41%) said that no such discussion was held and their husbands literally pinned them down on the bed and had first intercourse forcefully. The remaining 7 refused to answer the question. One woman, aged 27, a graduate from the rural area narrated her experience:

"I was married at 24 years. By that time I was fully aware of sex that takes place after marriage. On the first night, my husband initiated the discussion by asking whether I had any affair. We both talked for hours on sexual issues. And then suddenly he took me into his arms. I was so terrified. Then he told me that initially it [sexual intercourse] is difficult and painful. At first you will have some bleeding also. But it is not going to continue for a long time'. Finally, he persuaded me for intercourse."

A 19 year old urban woman with 4 years of schooling said:

"No, I did not know anything about sex life. My husband also did not say me anything about intercourse. He just wanted to have sex. When I resisted, he told me that if I don't let him do whatever he wants then he'll marry someone else. I gave it up".

An urban woman aged 25 years with 10 years of schooling described her difficult experience:

"When I was sent in the bed room of my husband, he asked me to come close to him and take out his watch. But when I went to him, he caught me and forced me on the bed. He had repeated intercourse on the same night forcefully, without any consideration to my pain, crying and begging that he should not do it again".

The same pattern was observed both in rural and urban areas. However, when the age at marriage is considered in the analysis, a much larger proportion of those who got married at a mature age (20 year or more) had a discussion with their husbands on sexuality and had willingly participated in the first intercourse compared to those married at an early age.

Age at marriage	Detailed and negotiated sex	Discussion in vague terms	No discussion and forced sex	Total informant women
20 or more	7 (70%)	--	3 (30%)	10
15-19	5 (22%)	6 (26%)	12 (52%)	23
14 or less	1 (7%)	6 (42%)	7 (50%)	14
Total	13 (23%)	12 (28%)	22 (47%)	47**

* 7 Informants refused to respond to the question

As Table 3 illustrates, among the informants who were married at age 20 or later, the first intercourse was negotiated and actively participated in by both the partners. In contrast, most other informants, as advised by their elders at the time of their marriage, either kept quiet and submitted to the sexual desire of their husbands or experienced a difficult, painful episode of forced sex. The content of their discussion varied considerably from vague terms like "this is the way a husband and wife have to live together [meant sex]" to a discussion of the actual process of intercourse, such as how initially it might be a painful experience but subsequently it will be enjoyable for both. A typical example of negotiated sex comes from an illiterate rural woman aged 25 who said:

"I was vaguely aware of the sex life between men-women. On the marriage night I was so scared of having sex. At first I refused him. Then he sat close to me and explained that this is why we are married. If you refuse it to me then what else we will do? He took me in his arms and made me understand many things regarding sex, why initially intercourse is painful, the various ways sex is done That was the first time I got detailed information about sex life. Many things that I knew earlier was wrong. So after having a long discussion I agreed with him and had sex."

It was also observed that in the case of women who were married at 16 years or less and had either a small (4 years or less) or large (more than 10 years) age difference with their partners, generally the first intercourse occurred without any communication. Some of the possible reasons for the lack of communication among the young couples with little age difference could be shyness or the fact that they lacked knowledge about sexual matters. As one woman who was married at age 14 and had a 4 year age difference with her husband reported:

"No, no one told me anything about sex before my marriage. I was not aware of it. My husband himself did not know much to teach me. So we did not have any such talk [meant sex]. But as time passed we got to know about it by ourselves."

The perceived authority of the husband and the large age difference might have acted as an impediment to husband-wife communication. However, there were exceptions. When girls were married at a mature age (20+ years), the age difference between the husband and wife did not matter much. In another case, where the husband was 15 years older than the wife who was only

14 years old at the time of her marriage, the husband took the role of a tutor, explained to her all about sexual life and negotiated the first intercourse with her after the third day of marriage.

The analysis further shows that the initiation of discussion of sexual life, family planning or reproductive goals is nearly always the responsibility of men; women only rarely take the initiative in such discussions. Most of the informants felt that talking about sex even with their husband is "shameful". Some women felt that if they initiated discussion on this topic, their husbands may consider them shameless women and even suspect them of having pre/extramarital relationships. One of the informants mentioned about the saying in Bangladesh that a woman who initiates the discussion of sex or expresses her sexual desire, "she eats up the age of her husband [prematurely ages him]". Similar observation was made in early studies like Maloney et. al. (1981).

Out of the 43 women who responded to this question, 81 percent (35) mentioned discussion on sexuality at one or more time in their married life. In the remaining 19 cases either they refused to give the information (12 women) or reported no discussion (7 women) with their husbands on these issues. Of those who reported discussion, in more than 70 percent of the 25 cases the discussion was held immediately after marriage, largely on sexual relationships and responsibilities within marriage. Nearly half (21) of them also discussed family planning and the method(s) they should use to avoid their first pregnancy. In all these cases, the discussion was initiated by their husbands.

Expression of Sex by Women to Their Partners

In the Bangladesh context, it is important to investigate to what extent women are free enough to express their sexual desires to their partners. And if they express their desire, how? During the in-depth interview special attention was paid to this topic. The analysis shows that almost

Table 4: Expression of Sexual Desire by Women*

	Verbal communication		Non-verbal communication	Physical contact	No communication	No desire for sex	Refused to answer
	Direct	Code words					
Rural	1	1	2	3	10	1	1
Urban	2	1	9	13	14	2	3
Total	3	2	11	16	24	3	4

* Informants gave multiple responses; 50 answered the question

half of the women (24 out of 50) who answered these questions, said that they did not like to express their sexual desire to their husbands (See Table 4). Many of them confessed that they also have sexual desires but it would be shameful for them to let it know to their husbands. As one woman, aged 35 years with 5 years of schooling said:

"Yes I have sexual urge but I could never tell him that. I think it is shameful for women to express their sexual urge."

A similar view was expressed by a rural woman aged 24 years, who studied upto class 9:

"I am married for 8 years and still I cannot tell him that I want to have sex. It looks very bad."

In the words of a rural woman aged 27 with a graduate degree:

"It is always husband who initiates it. And not only in my case, in Bangali culture, first husband has to show his desire and then the wife submits herself to his wishes."

Some of them also felt that the demand for sex by their husbands was always more frequent than their own desire, so they felt satisfied. However, if their husbands do not come to them for sex, the best thing is to wait and try to suppress or hide their sexual desire. This norm is well reflected in the comments of a 35 year old, illiterate woman from the rural area:

"Even if I want it (sex) desperately I won't utter a single word about it. If he comes to me on his own, then I feel happy but if he doesn't come then I just wait for him. I do not do anything to make him understand about my sexual desire."

The study however, revealed that social change is occurring in Bangladesh and this change is influencing sexual relationships. The study shows that in contrast to the general expectation, at least 24 women (44%) said that occasionally they do express their sexual desire to their husbands. According to the informants they use both verbal and non-verbal communication. Among the non-verbal communication, physical touch is the most common technique used by the women to express their sexual urge. Most of the women who mentioned physical touch, reported pinching, pushing, pulling, getting close to husband or touching his body as signals of their sexual desire.

"I have a habit of pinching him and when I do that he understands that what I am up to" (35 year old urban, graduate)

"I touch his hand or he touches mine to make each-other understand that one of us is willing for sex." (25 year old illiterate urban women)

It is interesting however, that none of the women had reported touching the genitals of their partners. When the same questions were asked to male informants, out of the 15 who mentioned physical touching, 9 said that their wives expressed their sexual urge by touching their genitals.

The second most common way women use to communicate their sexual desire is the use of other non-physical signals. They include being dressed up nicely, trying to make themselves attractive, and increased eye-contact or facial expressions to express their sexual desire.

"I try to make me look more beautiful to attract him and he knows that what I want" (24 year old urban women with 7 years schooling)

Finishing household work quickly, making their children sleep early or removing the sleeping child from the bed were other non-verbal communication to indicate their sex desire. In the words of one urban women aged 27 with 10 years of schooling:

"If I ever feel like to have sex, first I make my children sleep quickly, finish household chores and then come to him. By looking on my face he understand what I am upto. But if he doesn't understand, I tell him 'today I will sleep with you or let's go to sleep.'"

An illiterate urban informant, aged 30 years said:

"I just shift the baby from the bed to one side so that when he comes to sleep he knows that I want to have sex."

Three women said that they generally express their sexual desire directly. In one case, this was done on the insistence of her husband. According to her, he pursued her so frequently that at times she should also take the initiative in expressing her sexual desire. The findings of the present study is well supported by a similar observation made by Joshi et. al (no date) in rural Gujarat, India.

Sexual Behaviour

As expected, most of the women had endured a painful experience at their first sexual intercourse. The degree of trauma at the initiation of sex is dependant on her age at marriage, awareness about sexual life and the nature of the initial interaction with their husbands before experiencing intercourse. Further discussion on their current sexual behaviour revealed that once they had overcome the initial trauma and pain, they had started enjoying sex.

	Enjoy it	Enjoy if less frequent	Do not like it	Total
Rural	11	4	1	16
Urban	24	4	10	38
Total	35 (65%)	8 (15%)	11 (20%)	54 (100%)

As illustrated in Table 5, out of the 54 informants, two-thirds reported that they enjoy their sexual life. However, 8 women (15%) said that they would enjoy it only if it was less frequent. Out of the 11 women who said they do not like it, 3 were sexually unsatisfied with the sexual performance of their husbands. The remaining 8 women expressed their dislike for all sexual activity. Further analysis linking their present like or dislike of sex with their initial sexual experiences revealed that about one-fifth of those women who disliked their initial experiences continued to dislike it. These women were married at a young age, were not aware of the nature of sex at the time of their marriage and had a painful and difficult experience at the initiation of sex. *".....I had repeated forced sex by my husband without any considerations"* Whereas three women who initially

Box: Initial and current enjoyment of sex

- 9 liked it from the initiation of sex and continued liking it
- 3 liked it at the outset but developed a disliking
- 34 disliked and developed a liking
- 8 disliked it at first and continued to dislike it

liked the sexual experience developed a disliking because sex was either too frequent or forced. ".....for him love is only sex that too, every day. I love my husband. I want to be with him but I do not like sex any more

The analysis further revealed that women who were aware of sex before marriage, married at a relatively mature age (20 or above) and had negotiated their first intercourse with their partners had a smoother transition to marital life. Most of them had developed a more positive attitude towards sex, despite of the fact that the initial period after marriage was painful and occasionally they faced forced sex as well.

"I think sex life is enjoyable for both the partners. Whenever and whatever way husband wants it, wife should agrees to it or else wife would never win husband's heart we both now enjoy sex and love each other".

"I like sex, but not if it is very frequent. Yet I have to do it for my husband's satisfaction. I do not like sex in day time. My husband generally had sex twice at night. I do not enjoy the second time. I would enjoy it a lot more if it happens at night and at an interval."

Sex During Menstruation

In contrast to expectations, 25 out of 54 informants (46 %) reported sexual intercourse during menstruation. Among these 25 women, 8 reported it regularly, 11 mentioned it sometimes, while the remaining 5 reported it as infrequent. The results are surprising as in the whole Indian sub-continent, women are considered "polluted" during menstruation; during this time, they are discouraged to participate in household chores and any religious rituals. The concept of pollution is much more strictly observed among Hindus than among Muslims. Yet Islamic teaching prohibits sex during menstruation as it is considered a "sin". Though among Muslims, women are not considered "polluted" as among Hindus, they are not allowed to perform religious duties.

The data shows that most of the informants were aware that sex during menstruation is considered a "sin" in their social context. Some of them also expressed their concern that intercourse during this period may actually physically harm them. They believed that during menstruation, the vagina becomes very tender and sexual intercourse during this period could cause gynaecological problems. Some of them also believed that intercourse during menstruation would affect the health of their husband, particularly if menstrual blood enters his body.

"I think it is better not to have sex during menses. As that part (of women) is soft and intercourse during those period could be harmful. But my husband does not listen to me and do it forcefully." (Urban woman aged 28 years, 10 years of schooling)

"Intercourse should not be done during menstruation period. It cuts the length of husband's life. But my husband does not listen to me and often do it forcefully." (Illiterate urban woman, aged 40)

However, most of the women also felt that they could not do anything to stop their husband from satisfying their sexual desires. They believed that "men's sexual desire must be kept satisfied if women want to hold them", and as one informed related:

"My husband stays away from home. Sometime he comes home during my menstruation period. At that time I have to have sex. I know sex during menstruation is a great sin. But he never listens to that. Intercourse during menstruation is very painful. But I do not feel angry with him. Whenever he comes home, he has strong urge for sex and you know it can't be control".

"Yes, he has sex with me regularly during my menses. Men cannot control themselves when they feel the sexual urge. So how can he control himself? I know it is very harmful but what can I do? I have to satisfy his sexual urge." (25 year old urban woman, 12 years of schooling)

Many informants felt that to keep their husbands in control, the best thing is to let them have sex whenever and in whatever way they want. If refusing sex during menstruation makes their spouses angry, they feel that they are inviting a scolding, a beating or asking their partner to seek other women. It is interesting however, to note that out of the 25 women who reported sexual intercourse during menstruation, four reported that they enjoyed sex during the menstrual period. In the words of one woman:

"Yes, we do have intercourse during menstruation period. Every one knows that it is more enjoyable than sex in regular days. My husband likes sex during menstruation more than any other time. I also enjoy it more".

Yet another women felt that sex during menstruation is more enjoyable because *"husband's sexual performance is prolonged and much better during in "wet time" [meant menses] than the normal "dry days"*.

Contraceptive Use

Analysis of the data on husband-wife communication revealed that despite of all the inhibitions in discussing sexual matters, the use of contraceptives was one of the easiest and most common topics which the informants discussed with their husbands. For instance out of 54, 65 percent of the informants reported the discussion of contraceptive use -- 21 (39%) of them did it either on the marriage day or during the following two days. It is interesting that 5 of these informants had reported no discussion of sex or related matters. It appears that because of the persistent educational campaign on contraception, discussion of family planning has been de-sexualised and people do not feel uncomfortable in discussing it. This observation is also supported by the fact that many informants who were married before 16 years were given either no or limited information about sex, but yet were advised by an elder member of their family to use pills from the day of the marriage. Some of the informants were aware of pills also because they had seen them being used by their sisters, sister-in-laws or relatives, without knowing how pregnancy actually occurs.

Despite of this openness in family planning, generally women do not initiate the discussion and wait for husband to raise the issue; which in most cases do it at quite early stage of their married life. As expected in 77 percent of the cases (27 of 35), the discussion was initiated by their husbands, almost immediately after marriage. It is perhaps more interesting to note that 23 percent of the informants reported that they initiated the discussion, clearly a case of positive deviance. Further analysis of the background of these women revealed that all of them were from urban areas and only in one case was the discussion held immediately after marriage. The rest of the women waited to have these discussions only after having two or more children, i.e. when they had met their reproductive goals. In these cases their husbands were perhaps not inclined to use any family planning method and hence did not feel they had anything to discuss with their wives. The women thus had no other options but to take the initiative and argue for the opportunity to use family planning with their husbands. All this indicates that even in the case of family planning, women take the initiative only as the last resort. Again, women who were married at a mature age (20 years or more) were more confident than those who married young, and *all* had discussions on contraception with their partners, two-third almost immediately after marriage.

In many cultures it is reported that women can't ask their husband to use family planning, particularly condom as it would be considered to be stepping beyond their boundaries by being more assertive than the cultural norms allows (John Hopkins University 1999). In other culture, women feared violence, desertion or accusation of infidelity if they proposed family planning (Yinger 1998). Fortunately, Bangladesh does not fall in those categories of society. A direct question to the informants whether they can ask their husbands to use condom, 36 women answered in affirmatively. Further analysis however, shows that the gender inequality does not allow them to insist on it. Women can suggest it but it is their husbands who make the final decision to use condom or not.

Out of the 54 informants, two-thirds (36) were currently using some family planning method. The majority (26 out of 36) were pills users. Analysis of the content of discussions held between the informants and their spouses shows that it was mostly one sided. The informants were generally told by their husbands that they should start using pills.

"Right after my marriage my husband asked me whether I want to have any child? I told him that whatever he would say I would do. He also did not want any child at that time. I remember that when I asked him weather he would use condom, he refused and told me to use pills. I told him that I do not have any problem to use any method." (age 35 yrs. urban , 6 yrs of schooling)

In a few cases (4 out of 36) the informants were told that they could use method of their choice.

"He initiated the discussion and said that we should use family planning. I agreed. Then he said to me that I may use whatever method I like to use. He also told me that he could help me in choosing a female family planning method." (age:35,10 years of schooling)

In general, their husbands did not want to use any male method, particularly condom.

"After my marriage my husband decided that we should use contraceptive methods. I started using pills as my husband doesn't like to use condom. He says that he cannot enjoy it. Initially I used to tell him that he should use condom but he just refused it. He told me that he won't mind to stay without having sex but he would never use condom. He hates it..... If sometime I have problem while using pills then he tells me to switch to other female method. " (urban women, age 24 , married at 22 yrs., 9 yrs. of schooling)

However, four of the informants reported that their husbands were using a combination of condoms and calendar rhythm. In a few cases, husbands agreed to use condoms only temporarily, as the informants were having some problems with oral pills.

The general sense emerging from the discussion was that the majority of males are open to the use of family planning. However, the males often considered family planning as the domain of women and expected them to take care of it. Many of the unwanted pregnancies which had been experienced by the informants were mainly because of the casual attitude of husbands towards the risk of pregnancy. About half of the informants actually felt that though it is a joint responsibility, women themselves should take care of it because ultimately it is they who suffer from the pain of pregnancy or abortion, if they unwillingly become pregnant.

Husbands however, were not totally unconcerned. Among the couples who were using contraceptives, their husbands were doing several things to ensure protection from unwanted pregnancies. Examples included reminding their wives to take the pills, purchasing contraceptives from the market if required, and suggesting them to switch to another *female* method as the continuous use of pills is believed to make women infertile. About 9 percent of the 54 informants reported that occasionally after using pills for 5-6 months when they wanted to "*break harmful effect of pills*", sometimes their husbands used a condom.

Forced Sex

Occasional refusing sex to their husbands is not uncommon. In the present study, 47 (87%) out of the 54 informants reported denial of sex to their husbands. Four said that they had never refused sex to their husbands, while the remaining 3 did not answer to the question. As illustrated in Table 6,

Table 6: Husbands' Reaction to Wives' Refusal of Sex

	Angry/ scolding	Beating/ slapping	Some times listens or forces her	Forced sex	Suspect infidelity	Threatens to send her to parent's home or go to other women	Shows understand -ing and cooperates with wife
Rural	6	1	5	10	-	1	3
Urban	7	5	6	22	3	3	7
Total	13	6	11	32	3	4	10

* Total n = 43; refused to answer = 4; not applicable = 7

further enquiry on the husband's reaction to such sexual refusal shows that in 10 cases, husbands

generally showed an understanding of their wives and they respected their feelings. In the remaining cases, the husband's reaction varied from getting angry, scolding, beating, threatening to go to other women or sending the wife to her parent's home. Ultimately, refusal often leads to forced sex. These findings are well supported by studies carried out by the present authors in Bangladesh and India (Khan, Rob & Hossain 2000, Khan 2000 and Khan, Townsend, Sinha & Lakhapal 1996).

The study identifies forced sex as a regular phenomena within married life. Out of the 54 informants 32 (59%) reported forced sex either regularly (14 out of 32) or sometime (18 out of 32). Another 18 women said that it never happened to them, while 4 women refused to answer this question. Forced sex is equally prevalent in both rural and urban areas. Further probing of those who had reported forced sex revealed that most of them hated it, felt horrible and at times felt that it was crushing their self esteem. As one 25 year old rural woman phrased it:

"Force sex is a bitter experience. At that time I hate everything. I feel like dying. A woman who has faced it will only understand what is forced sex. I feel horrible, both mentally and physically."

An urban women observed:

"I do not like sex hence often I refuse it to him. Sometimes when despite of his persuasion I insist not to have sex, he scolds and beats me and threats that he would go to some other woman. In such case I get scare and agree with him. I am a woman and I have to satisfy him against my wish. I have no say. I am afraid that if he sends me back to my parents home what will I do? They will not feed me for whole life."

Surprisingly as described in Table 7, there were 12 informants who reported that they enjoyed (3 sometimes, 9 often) "forced sex". Repeated questioning on what and why they enjoy forced sex did not give any definite clue. Four women said that though forced sex is bad, they take it as a sign of love of their husbands. It indicates they can not live without having sex with their wives.

Table 7: Women's Reaction to Forced Sex				
	Hate it, lose of self esteem	Dislike it but sometimes enjoy as well	Enjoy it	Refused to answer
Rural	3	2	4	1
Urban	14	1	5	2
Total	17	3	9	3

Three others felt that though generally sex is initiated with force, subsequently they get emotional and start enjoying it. Three women reported that they feel that their husbands get more enjoyment in forced sex than regular sex. Hence, sometimes they don't mind giving their husbands the opportunity to have sex forcefully with them by denying their sexual urge. According to these informants, they also enjoy this *khela* (game). When asked pointedly if they really thought that their husbands had forced them to have sex, they laughed and said 'no'. Three of them also said that it is their husband's right to have forced sex and they do not feel bad when their husbands exercise their right. One woman further mentioned that males are helpless; they can not control their sexual urge, hence she would not really consider it as forced.

Further inquiry into the reasons for forced sex revealed that the most common reason was the denial of sex to their husbands. The reasons for their denying sex varied vastly from simple tiredness or sickness, to the expression of anger with their husband, and included at times the assertion of her authority to control her body and sexuality. At least four informants confessed that they had never refused sex to their husbands because they were afraid that they might go to some other women or send them back to their parent's home. Such feelings of helplessness or economic dependence on their husbands were repeatedly voiced by those who were subjected to forced sex.

CONCLUSIONS

The present paper highlights several points. Despite the various social and economic changes which are taking place in Bangladesh, the ethos of a patriarchal society has largely remained unaltered. Gender inequality dominates every aspect of social and economic life. Social constructs like masculinity play a critical role in defining sexual relationships. Social control over women's sexuality is strong and different social mechanisms are used to support and perpetuate it over time. These observations are valid for both rural and urban areas of Bangladesh, though its form and intensity may vary across different segments of population.

The paper clearly demonstrates that gender not only plays a critical role in defining sexual relationships but also helps in maintaining dual standards of behaviour for men and women. One important mechanism to control women's sexuality is to deny their access to information related to sexuality. These findings document that the majority of girls at the time of their marriage have only a vague or no knowledge of the sexual life in which they enter after marriage. As a result, their initial experiences are commonly shocking and painful. The trauma is compounded by their early marriage which also has devastating effect on their subsequent married life. The analysis shows that girls who marry at a mature age (20 years or more) and have adequate knowledge of sexual life at the time of their marriage, have generally an easier transition from unmarried to married life. Husband-wife communication on sex often occurs on the marriage night and generally the first intercourse is negotiated. These women also reported discussion on contraception within the first few days of married life. All these factors assist in developing a more positive attitude towards sexuality within marriage. In contrast, those who marry at an early age and had prior no or only vague information on sexual life, reported little or no husband-wife communication on sexuality and often their first intercourse was performed forcefully.

The trauma of such an initiation into marriage has a long lasting effect on women's lives and contributes to the development of a negative attitude towards sexuality. This leads to many subsequent problems in their married life including their denial of sex and sexual violence by their partners. The findings thus clearly argue for delaying marriage of girls till they are physically and mentally mature. Further, they should be prepared for leading an enjoyable sexual life after marriage by providing them with sufficiently detailed and accurate knowledge about sexuality. Bringing about these desired changes are however, adversely affected by a very different standard maintained for the sexual behaviour of men and women. The importance given to the maintenance of virginity of girls and the strong sanctions associated with pre-marital sex for girls but not for boys is a clear illustration of conflicting gender-based standards.

The observation that despite the negative values attached with the initiation of sexual discussion by women with their husbands, at least half of the women express their sexual desire to their partners is encouraging. As the study shows, they expressed their sexual interest either directly or through indirect verbal, non-verbal communication. Attempts should be made to build on this and through behaviour change communication efforts couples should be encouraged to have a more direct and open discussion of these issues. A serious bottleneck in developing such communication campaign is concept of "shame" attached to the expression of any sexual and reproductive desire by women. Certainly, more openness among couples will improve husband-wife understanding, and make their sexual life more enjoyable. Further, such discussion would also be helpful in addressing reproductive health needs of both partners.

The observation that the discussion on family planning methods in Bangladesh has been de-sexualised offers a window of opportunity. It may provide the social space for families to expand their support and orientation of young girls and boys about to be married from merely family planning to the broader issues of reproduction and sexuality. These gate keepers should be educated that such information will help girls in their relationships with their husbands, and the development of a positive attitude toward sexuality. In the long run it will be beneficial for the reproductive health of couples and perhaps reduce sexual violence as well.

However, one should be careful not to over step the boundaries of our ability to generalize from this pilot study. Clearly the data were collected from a relatively small sample. The partners of these women were not given the opportunity to offer their perspective, and the limited qualitative nature of the interviews with informants on this intimate topic may not capture the richness of their full experience. Nevertheless, their voices were heard above the redundant message of the most traditional social norms.

It is fully appreciated that to bring about the desired attitudinal change among the gate keepers and to address issues such as gender equity, masculinity and control over women's sexuality, the larger socialisation process needs to be addressed. Social change of this nature will be difficult, and demands sustained commitment at all levels of the state and civil society. Yet a beginning could be made with well planned social dialogue and educational efforts both for gate keepers such as parents and policy makers, women and their spouses, and boys and girls of all ages. With the participation and the voice of communities, social change is possible.

REFERENCES

- Blanchet, Thérèse. 1996. *Lost of Innocence, Stolen Childhood*. University Press Limited.
- Charon, J. 1979. *Symbolic Interactionism: An Introduction, an Interpretation, an Integration* Englewood Cliffs: Prentice Hall.
- Denzin, N. 1989. *Interpretive Interactionism*. Newbury park: Sage
- Directorate General of Health Services, GoB. 2000. *Report on the Second National Expanded HIV Surveillance, 1999-2000*, Bangladesh.
- Goffman, E. 1963. *Stigma* Englewood Cliffs, Prentice Hall
- Gupta, G.R. 2000. "Gender, Sexuality and HIV/AIDS: The What, the Way and How". Plenary Address XIIth International AIDS Conference, Durban, South Africa, 12 July, 2000.
- Haider S. J., S.N. Saleh, Nahid Kamal and Alan Gray. 1997. *Study of Adolescents: Dynamics of Perception, Attitude Knowledge and Use of Reproductive Health Care*; Monograph. Population Council, Dhaka
- Janesick, V. 1992. "The Dance of Qualitative Research Design: Methodology and Meaning" in N. Denzin and Y. Lincoln (eds.) *Handbook of Qualitative Research*. Thousand Oaks; Sage
- John Hopkins University School of Public Health. 1999. "Closing the Condom Gap". *Population Reports*, Series H, No. 9.
- Joshi Archana, Elizabeth Kurian, Mrinalika Mishra, Anupa Mehta, Rajeshwari M., Sapna Biswas (ND). "Rural Women's Experiences and Perception of Marital Sexual Relationships". Unpublished paper, ORG, Baroda.
- Kakar Sudhir. 1989. *Intimate Relationships: Exploring Indian Sexuality*". New Delhi, Penguin Book Media (P) Ltd.
- Kakar, Sudhir. 1978. *The Inner World; a Psycho-analytic Study of Childhood and Society in India*." Oxford University Press, Delhi.
- Khan, M. E. 2000. "Sexual Violence in Bangladesh: Observations from a Field Study". Paper Presented in the Consultation on *Initiatives Violence Against Women*. Organized by Key Centre for Women's Health in Society, the University of Melbourne in Collaboration with Global Forum for Health Research Geneva at Melbourne, Australia. May 18-20.
- Khan, M. E., Ubaidur Rob and Sharif Md Ismail Hossain. 2000. "Gender Based Violence and its Impact on Women's Life: Some Observation from Bangladesh". Paper Presented in Regional Workshop on Impact of Gender Based Violence on the Health of Women, Organized by Centre for Operations Research and Training/WHO/DFID/Ford Foundation and Population Council at Delhi, India. April 5-7.

- Khan, M.E., I. Khan and N. Mukherjee. 1997. "Involving Men in Safe Motherhood". *Journal of Family Welfare*, Vol. 43, Number 2, India.
- Khan, M.E., John Townsend, Ranjana Sinha and Seema Lakhanpal. 1996. "Sexual Violence Within marriage". *Seminar* 447, Delhi
- Maloney, Clarence, K. M. Ashraful Aziz and Profulla C. Sarker. 1981. *Beliefs and Fertility in Bangladesh*. ICDDR,Bangladesh.
- Mane, Purnima and Subhada A. Maitra. 1992. "AIDS Prevention: The Socio-cultural Context in India". Bombay: Tata Institute of Social Science.
- Nag, Moni. 1996. "*Sexual Behaviour and Aids in India*". Delhi, Vikas Ltd.
- Srinivas, M.N. and E.A Ramaswamy. 1977. *Culture and Human Fertility in India*, New Delhi, Oxford University Press.
- _____, S. Sessaiah and V.S. Parthasarathy, (eds.). 1976. *Dimensions of Social Change in India*, New Delhi, Allied Publishers PL.
- UNFPA. 2000. *Partnering A New Approach to Sexual and Reproductive Health*. Technical Paper No. 3. New York, UNFPA.
- Villareal, M. 1998. "Construction of Masculinity(ies): Implications for Sexual and Reproductive Health". Paper presented at TSS Thematic Workshop on Male Involvement in Sexual and Reproductive Health Programmes and Services. UNFPA, Rome, 9-13 November.
- Yinger, N. 1998. "Unmet Need for Family Planning: Reflecting Women's Perceptions" in *Reproductive Health Effects of Gender Based Violence Policy and Program Implications*. Technical Report, UNFPA, New York.