

SEXUAL VIOLENCE AND PHYSICAL HEALTH PROBLEMS OF MARRIED WOMEN IN IRAN

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ABSTRACT

This paper explores some patriarchal sexual attitudes leading to physical health problems of married women in urban Iran using in-depth interviews. There is an interactional reinforcing relationship between patriarchal beliefs of male sexual hegemony along with female sexual passivity, and patriarchal sexual attitudes. Exploring varieties of ways men impose their sexual desires and standards in married couples, shows that three patriarchal attitudes of sexual coercion, hostility and body control are mechanisms through which married women are experiencing physical problems. Sexual coercion such as oral and anal sex, hostile sex and imposing body control rituals such as heavy diets are causing physical pain and problems for married women.

Field of Research: *Body control, hostile sex, patriarchy, physical health, sexual coercion.*

1. Introduction

In Iranian culture, there are different rules of behavior for men and women. These rules provide the permissions, prohibitions, limits and possibilities which lead to formation of practical erotic life. In such traditional societies sex is believed to be something gotten by men from women (Randall, 1995: 3-6). Female sexuality is historically rooted in a binary cultural system that defines sexual desirability and attractiveness of women by regulations based on men's sexual needs and desires.

Patriarchy is characterized as male hegemony in a hierarchal structure. Walby has defined patriarchy as a system of social structures and practices, in which men dominate, oppress and exploit women (Walby, 1990: 20). This concept, which flows in all aspects of social system influencing various parts of human life including sexual-being, is the key element in the current study.

Being in subordinate status, Iranian women have been forced to see their erotic lives from men's points of view. Patriarchal attitudes relating sexual conduct institutionalized in cultural and cognitive system of Iranian society are enforced through traditional beliefs and normative social institutions which have led women to accept or endure special sexual actions which might be against their desire or health and safety.

One theory that gains most attention in the case of sexual violence is patriarchal theory or radical feminism. According to this theory, patriarchy is systematic organization of men's authority and women's subordination (Stacy, 1993: 53). This theory claims that sexism and sexual inequalities which are rooted in the cultural-historical system of patriarchy cause violence against women (Bell and Naugle, 2008: 2) and patriarchy is the key issue in the works of most radical feminists like Miller and Chesneylind.

Walker (1984) believes that predominant sexual roles in patriarchal societies lead to the victimization of women as a natural right of their male relatives. Patriarchy is important because it brings to the mind an image of gender hierarchy, subordination and sexual power distribution (Hunnicut, 2009).

Main ideas of patriarchal theory include: 1. Gendered relations are the bedrocks of patriarchal society 2. Men control women's possessions and ideas 3. The first step to women's freedom is to end their subordination (Gasselin, 2009).

Patriarchy deprives women of all forms of freedom while there seems to be a bond between all form of freedom (economic, political, and social) and freedom of violence (Garsk, 1996).

This article focuses on sexual conduct as a fundamental aspect of human relations, associated with its cognitive attitudes and cultural norms.

2. Research Method

Scholars have also emphasized on appropriateness of qualitative methods in feminist studies. This research has been conducted using in depth interviews. Research sample was defined by targeted sampling. Interviewees met research criteria if (a) They were between the ages of 20 and 50; (b) They were married (c) During past Year, they had experienced sexual coercion, violence or any kind of physical damage caused by sexual acts or expectations from their husband.

Interviews were conducted in two sessions for three main reasons: 1. All women were screened for eligibility over the first interviews; second interviews were scheduled only for those who met all study criteria 2. I established more trust and intimacy during the first interview with interviewees; 3. Timetables of interview site and interviewees' restrictions limited our time for one-session interviews. First interviews lasted approximately 15-25 minutes; they were conducted with 25 women; 12 women remained for in-depth face to face second interviews. Second interviews lasted approximately 1-1.5 hours. Participants were informed about the range of topics to be covered in the interviews and were assured about the confidentiality of the interview process in the first session.

Interviews were conducted in an all-women's park. Mothers' Heaven Park is one of the few places in Iranian capital, Tehran, in which women can interact freely and without being interrupted by men.

Second interviews, from which material is excerpted throughout this article, drew our attention to the main subjects discussed later. Quality assurance check was conducted on many segments of audiotapes and compared with prepared transcriptions of audios.

The participants' average age was 36.4 years. 8.4% had not completed high school. 33.3% had a university degree. 33.3% worked permanently and 8.4% were periodically at a job. Others, 58.3 of the population were housewives. 91.6% lived with their husbands and 8.4% with their husband's family. The length of their marriage to their current husbands ranged from 1 to 31 years, with a mean of 13 years.

3. Findings

3.1. Sex as a marital duty

All women in our sample agree that providing sex for the husband is a marital duty for women. For instance, Simin believes that:

Sex is basically generated for satisfying male desires and it is certainly a wife's duty to be obedient and ready to give sexual services to the husband (...) Of course [women need sex too] but not as much as men.

Only 16.6% of interviewees freely speak about sexual matters with their husbands and all interviewees believe that their husbands put their own needs first in sexual interaction compared to their wives satisfaction. All participants also strongly believe that rejecting a husband's sexual

demand is a wrong thing to do. An interviewee explains that 'marriage has its responsibilities; [sex] is one of them. You can't deprive your husband of his basic rights'. Some others refer to the risks of denying sexual services to one's partner, believing that this might lead them to cheating.

3.2. Coercive forms of sexual practice

Unwanted sex and coercive forms of sexual relations such as oral and anal sex against women's will is reported by the participants. According to patriarchal rules, men are the only agents of sexual life. All 12 interviewees in our sample (100%) had experiences some form of coerced sex (anal, oral or vaginal intercourse) at least once in the past year by their husbands. 25% have a regular experience although it is not accompanied by severe physical violence in most of the cases. Fariba explains about her experience:

First, he insists and then if I disagree, he starts to act childish; does not talk or eat with me, acts as if I don't exist. Sometimes it is alright with me but he makes demands regularly. He did not ask for it in the first years of our marriage, he started later. I told him it is too painful; he says women are naturally resistant to such pains.

Fariba's husband uses emotional abuse instead of physical violence. Fariba knows the side effects of anal sex and does not approve of it but accepts to do it because she thinks 'it is not worth ruining my marriage'. So she feels that by rejecting her husband's desires she might wreck her marriage. This feeling which I call *fears of loss* makes her conduct opposite her own will and knowledge. Kiana is another interviewee experiencing coercive oral sex by her husband. She thinks she has to consent the violence for the reason that he asks for it 'I am his wife; if I do not do what he wants he'll go search it elsewhere' so once again we come across the fear of loss along with the feeling of responsibility.

75% of our sample experienced coercive sex irregularly. 8.4% experience coercive sex accompanied by physical violence. There is also one interviewees defending coercive sex in our sample. Shirin, believes that women are passive and less willing to have sex than men. So men have the natural right to apply coercion:

It is not like I don't enjoy when he imposes me to have sex with him. How can you not enjoy being with your husband? Sex is rooted in our animal instincts (...) I think all women like a little hostility in sex.

What is defined as *wife rape* in western cultures is not perceived as a form of sexual assault in Iranian culture. It is estimated that in western societies, approximately 14% to 25% of women experience forced sex at least once in their marriage (Burgen, 1995: 117). None of the interviewees approve of their husbands being called rapists. Their experiences of sexual coercion are different but their reaction is similar: they all comply with their husbands' regulations of sexual conduct because they believe it to be the *right* thing to do and that they are expected to do so. The common definition of rape as a coercive sexual action perpetrated by an anonymous assailant stops women from applying the word for their coercive experience with their husbands.

3.3. Hostile sex and genital problems

Some of women's minor genital infections and injuries are related to their husband's carelessness or harshness. 58.3% of sample has experienced genital problems. 33.3% has got genital problems such as minor infections or injuries as a consequence of their partners' behavior. The other 25% believe their husbands cannot be blamed for their problems as such physical problems are very common.

Being careless about sanitary and health issues in sexual relations is almost popular among married men. 58.3% of our sample's husbands never use condoms; so their wives use contraceptives

regularly. Many husbands don't accept their health problems and deny visiting doctors, infecting their wives as well. Sima has experienced physical problems due to her husband's extramarital sexual relations. 'He had many affairs at the time, I think he got it from them and passed it to me', she said.

Sima refers to her husbands' extramarital relationships. She now recognizes and respects his sexual relationships with extramarital partners after a long futile period of fighting and arguing with him to make him stop. The patriarchal archetype that gives men freedom to have several sexual relationships has finally indwelled in her mind while she believes in monandry.

Kamali has demonstrated evidence about increasing rate of sexual disease in Iran. He also declared that men are more likely to initiate and continue of sexual illnesses because of their cultural patriarchal rights to have various sexual relationships and their refusal to accept their illnesses (Kamali, 2011).

There is also high evidence showing that men increase their own desire and ability, using drugs. 91.6% of our sample thinks their husbands are sometimes hostile in sexual interaction. Previous Studies have also found evidence that women raped by their own husbands experience physical problems such as scarring and internal injury (Burgin, 1995). Hamberg and Lindgren found evidence that partner abuse can lead to physical traumas such as severe small injuries and musculoskeletal problems (Hamberg and Lindgren, 1999).

Shirin experiences some physical traumas. She told us 'He pulls my hair, Hits me in the chest and bites my arms'. She denies being beaten by her husbands and does not approve of his husband being called an *abuser*. 'He is just too passionate' she says. Aggression in sexual behavior is not considered an unusual behavior.

Women, who are raised with gender ideology and sexual archetypes, explain distinctions in dominant female/male roles by using statements such as 'He is a man, you know' and 'The reason is that we are women. We are created like this' demonstrating the importance of gendered archetypes in socialization and essentialist sexist ideology.

3.4. Denied and fake orgasms

The concept of orgasm is usually mixed up with sexual satisfaction in Iranian studies of sexual life. There is usually no direct reference to the biological orgasm which is completely ignored in the relevant literature and there is no attention given to the *faked orgasms*.

In our sample, Simin and Sima declare that they have never had an orgasm in their lives; 'I do not know what it is or whether it exists' Simin says.

Ignoring women's orgasm is quite the same as what Maines explains about Europe in nineteenth-century; women are expected to have an orgasm and everybody knows they must, but if they do not, the legitimacy of the 'real sex' is not diminished (Maines, 1999: 5).

Orgasm is something the participants have never spoken about with anyone; they have never asked for it to fit the pious women role model and as a consequence, they have never been given by their partners. Two participants of this research do not enjoy intercourse and have no knowledge about the clitoral orgasm. Studies have shown that for most women clitoral orgasm is most suited (Heite, 2003); so being unaware of such an alternative, Simin has always believed that orgasm is as Simin puts it, a *myth*. Sima, instead believes that orgasm must be something 'not very important', since she has lived without it for years and is a healthy woman.

There is a dominant duality in most women's thoughts (even those who have full orgasms) that separates *physical intimacy* versus *sex*. Physical intimacy according to most women includes hugging, kissing and touching tenderly; while sex is referred to the act of sexual intercourse. Women value alternative pleasures compared to having sexual orgasm. 75% of our sample population believes that women prefer having physical intimacy with their husbands rather than having sex. Other scholars have also found evidence of this alternative definition of pleasure in women. Sprecher, Barbee and Schwartz have shown that women believe that intimacy can cause sexual satisfaction (Sprecher, Barbee and Shwartz, 1995).

This duality could be a consequence of the fact that having sex is not seen as an interactional process practice by both men and women; but as a male action. Sex is something women give and men do. This idea is also reinforced by other common cultural forms; for example, in colloquial Farsi language, the word 'doing' is referred to male sexual behavior and 'giving', to female sexual intercourse.

Two interviewees have declared that they mostly fake orgasms. Kiana explains:

I thought something was wrong with me. I don't feel anything pleasant during intercourse; my husband started complaining that I am cold. I saw in a movie that the woman made gestures and voices showing that she had an orgasm; and I started to act.

Kiana has married at a young age. Being unaware of sexual practices, she has started to fake the orgasm to please her husband. Sudabe declares the same reason for faking orgasm (pleasing the partner) but her experience is more unconscious:

I never think of it. This is the first time I am calling it faking. I never think of it like that; never have. It's very... very normal for me you know; like..., maybe I am used to it. As if it is the orgasm itself.

Both women confess that they will never discuss their problem with husbands because they are afraid of the unknown consequences. Shulman has shown that many women are afraid to talk to their partners about their sexual needs and problems (Shulman, 1980).

3.5. Body management

All interviewees experience at least one of the following forms of body control by their husbands: control over weight (diets), make up (extent and type), clothes, body hair (epilation), hair color, heels (impose wearing high heels). Studies in western societies have shown that western women also practice such behaviors due to the dominant gender-ideology (Rudd and Lennon; 2000). 25% of the population experience physical problem due to the type of body management they experience.

Body management according to patriarchal standards of beauty and fitness is a growing process in Iranian society. Zokaei shows that body satisfaction mean in Iranian female youth is average and almost 53% of young girls have sought diets to get visually fit at least once in their lives (Zokaei: 2008).

There is also a gap between traditional and modern standards of beauty in Iran. Sorayya is on a fattening diet prescribed by her husband. She attends swimming pools prescribed by her doctor regularly, because she has been having problems walking due to a chronic knee-joint pain as a consequence of high weight. Doctors have suggested her to start swimming and losing at least 20kg. Haniye's husband is also controlling her weight but in the opposite direction. She wants to lose weight fast. That is her 'primary goal in life'.

Relying on institutionalized patriarchy, men impose their desires to women, sometimes leading them to physical problems. Married women mostly complain about their husband's control and decision making for their bodies. Men expect women to fit to their standards of desirability.

4. Discussion

Sexual victimization continues to be a major problem worldwide and patriarchal value system is helping its continuation by providing cultural justifications. This article described some male hegemonic sexual attitudes within the families that lead to women's physical problems in urban Iran.

4.1. Male Agency/Female Passivity

General cultural attitudes in Iran, have kept male agency and paternal rules as central parameters in human sexual relations leading to limitation of female freedom to make decisions about their bodies and their personal intercourses. The idea of female passivity is common between women as they tend to define sex as a male action; not an interactional process.

Problem Generating Mechanisms

We have focused on three main mechanisms in patriarchal societies through which some physical health problems of women are generated:

1. Sexual coercion including unwanted intercourse or special sexual actions against women's will such as oral or anal sex are generating physical problems for women. Sexual coercion is common and is not considered "abusive" in most cases. Women tend to accept coercion practiced by their husbands as a normal part of their marital sexual relationship.
2. Hostile sex causes temporary and chronic physical pain. Minor genital problems such as infections passed to women by their husbands and interior injuries as a consequence of their husbands' harshness are also other forms of physical problems experienced by women. There is also evidence that sexual hostility happens besides physical hostility as a form of punishment.
3. Body management uses gender-based desirability codes based on patriarchal control legitimacy and imposes alterations to women's physical bodies to make them meet beauty and fitness standards. Controls such as diets and imposed and frequent epilation generate physical pain and problems for women.

4.2. Myth of Ideal Woman

As Dasgupta and warrier (1996) show, the contents of socialization in a patriarchal society focus on the roles of good mother and wife. The critical element of these roles is preservation of marriage at any cost. In this study we have showed that many women are experiencing the fear of marriage loss and are tolerating patriarchal attitudes to maintain their marriage to meet the cultural values of a good woman.

There is a common Persian saying "a woman goes with bridal gown to husband's house and returns with grave-cloth⁷" showing that it is considered a big disadvantage for a woman to wreck her marriage by any means. Such common beliefs reinforce and maintain the predominant patriarchal hegemony by limiting women's freedom of decision. Our study is consistent with Saat Hassouneh's (2001) finding that women view marriage as a personal fulfillment that should not be failed and the myth of good and obedient wife is forcing them to bare the difficulties no matter the costs.

4.3. Patriarchy

Patriarchal attitudes are being reinforced in all socio-cultural institutions and accepted by women through socialization processes in Iranian society. Women are raised with gender ideology and archetypes that insist on the pre-existed roles. Statements such as "He is a man, you know" and "The reason is that we are women. We are created like this." demonstrate existence of gendered archetypes. This makes patriarchy and acceptable tool for men to keep women in subordination. As long as women believe in the legitimacy of patriarchal attitudes, they will be no resistance against hegemonic culture. Studies have shown that patriarchal social contexts and profit seeking attitudes generate violence against women (Schissel, 2000).

4.4 Policy implications

According to radical feminist literature we need to start by ending female subordination (Gasselin, 2009). We believe that female sexual subordination in patriarchal societies could be eliminated by a four-step empowerment process; Women need to be empowered to:

1. Being aware of their sexual health: knowing is the bedrock of practicing. We have noticed that most women are not aware of the link between gender ideology and physical health problems, and being able to put their health and safety first,
2. Learning how to get satisfaction from a sexual experience: only after assuring safety and emphasizing on health issues, women could be addressed to find pleasure in a marital sexual relationship,
3. Expressing and communicating about their sexual desires: sexual experience is an interactional relation and researches have shown that men forced women into unwanted sexual experiences because women don't communicate their desires effectively Frith and Krtzinger (1997),
4. Co-managing intercourses by deciding about their body and their sexual behaviors as well as the timing and situations in which a sexual interaction takes place: getting back the denied agency and reproduce it in one's relationship.

5. Limitations of Study

This sample consisted of a small group of primarily urban, middle-class, Iranian women attending a women-only park regularly. So, one should be cautious to make any form of generalizations relying on the findings of this study on others such as rural women, or on other ethnic, religious or class groups.

Iranian society bares cultural taboos regarding sex. Although dramatic alterations have taken place in patterns of interaction and conversation in the last couple of decades, it is still a highly demanding task to extract information about women's sexual lives and experiences.

Another limitation was lack of academic body of knowledge about marital sexual experience of hostility and violence in Iran. Researches have been performed in the last decade in Iran, focusing on physical violence against women, but sexual violence in marital relationship is widely ignored. So we had to refer to non-Iranian theoretical and empirical resources. Future research is certainly required to examine the extent of accuracy of this study.

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