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Gender-Based Power Differentials In Contraceptive Behaviour In India

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Abstract

This paper critiques gender based power differentials in terms of contraceptive behaviour in India between partners involved in sexual relations. Thereby it attempts to look at the factors impedimenting women's control over making sexual and reproductive health decisions and negotiating protection within their primary or other sexual relationships. Apart from this, the paper tries to locate and link bio-politics of state in the career of contraception in India with socio-cultural conception of contraception deep rooted in patriarchy which negates and impede role of women from the scene of family planning. Accordingly the knowledge, behaviour and attitude of men in regard to reproductive and sexual health of women are an aspect this paper takes within the fold to investigate through available literature. The practised and popular contraceptive methods which at many times are denigrating for women's reproductive and sexual health as shown in many existing literatures on women health are also being tried to critically view as figurative of patriarchal domain of family planning from a feminist angle in this paper. With these observations where the female body becomes the field of patriarchal surveillance and dominance, an attempt is made to look forward for a shift in outlook arguing for acceptability of contraceptive methods which favour women's reproductive and sexual health and accordingly lessens their burden of negotiation for safe sex. Hence in this paper, female condom will be seen as an important addition to method mix which is still underused and unpopular in patriarchal country like India but having a great potential to promote healthy sexual behaviours, and increase self-efficacy and sexual confidence in women.

Keywords: Gender, Power, Contraceptive, Policy, Guwahati.

Introduction

The policy and programme discourse concerned directly or indirectly with population growth in India has seen a bourgeoning growth in last few decades. Several national policies (i.e. National Family Planning Programmes introduced in 1951,Reproductive and Child Health Programme 1997,National Population Policy 2000, earlier and recent five year plans of Planning Commission in India) coupled with various surveys by a number of organizations at both national and international level (i.e. National Family Health Survey, Demographic Health Surveys, World Fertility Surveys) have been advocating for programmatic attention in controlling population with an emphasis to protect women's sexual and reproductive health as well. Thus within these policies and programmes there are efforts to be seen conceptualising women as interlinked agencies of population control and technologies. The notable feature here is that population control approach is understood narrowly as fertility regulation mechanism in these government interventions. This is because other methods of checking population growth including enhanced mortality and outmigration to other areas lowering fertility level are unacceptable as well as infeasible. Given that situation, only option left with any 'civilized' government and society is to adopt and implement fertility control technologies. Hence it is hereby noteworthy that one of the most cited and functional population control technologies by policies and programmes of population control and reproductive health of women in India is the contraceptive technologies which has attracted the utmost popularity and usage in the last few decades. Women are being brought to surveys relating to contraceptive usage and studied enormously to understand and analyse population control scenario in India. Nonetheless these programmatic actions and policy initiatives grapple with cursory analysis of quantitative data and do not intend to analysis socio-cultural implications of contraceptive usage. One of the major hitches in these analyses is exclusion of couple-level studies of communication and decision making regarding contraceptive use having a socio-cultural angle with a patriarchal base in Indian society and which this paper seeks to study.

The contraceptive discourse in India hence needs a broad and all-inclusive behavioural study in terms of sexual negotiation between couples characterised by four stages starting with normative precedent for decision making about sex and

progressing to communication, disagreement and conflict resolution (Wolff et al., 2000). In this women's ability to decide and negotiate sex is very crucial for her ability to control various reproductive health outcomes. (ibid.)

Conceptualising the factors affecting Contraceptive Behaviour of women in India

In the existing social structure of India, the contraceptive behaviour gets operated through a power discourse between the couple in sexual relationship, though here in this paper the term 'couple' is intentionally used to include invariably all categories of sexual relationship existing in a social structure within and outside of a marital union. That is to say, transcending beyond marital sexual union as a conventional unit of studying behavioural discourse of contraception (see Ross et al., 2002; Becker and Costanbader, 2001), this paper aims to study contraceptive behaviour among units outside marriage such as couples in pre-marital romantic and sexual relationship and commercial sex partners where a balance of power is intrinsic in the relationships to certain extent (see Alexander et al., 2006; Jayasree, 2004)

It is important to understand here that the power discourse between the sexual union hardly function in two-ways which accordingly leads to gendered imbalances in power. In the words of Riley here "gender imbalances operate in the context of a nearly universalized sexual double standard that gives men greater sexual freedom and rights of sexual self-determination than women enjoy" (Riley, 1997). This argument holds true in Indian society which is by its very root patriarchal where gender inequality in men-women power relationship is ever-persistent (Ramasubban and Jejeebhoy ed., 2000). This imbalance of power thus defines the sexual relationship between men and women where contraceptive behaviour is largely male centric overruling female wish and knowledge in terms of contraceptive negotiation and usage (Visaria, Ramasubban and Jejeebhoy ed. 2000).

The contraceptive behaviour, however, to a large extent depends on the ability of a person to make a choice about the method of contraception and to communicate it with the opposite partner. This requires her/his source of procure knowledge about contraceptive technologies. In Indian setting, what can be possibly seen; flawed government policies in outsourcing contraceptive technology and knowledge as well

certain social taboos i.e. limitations on mobility, freedom together work as negating factors for women in making an informed choice of contraception to a great extent (Ramasubban and Jejeebhoy, ed.2000).

Marriage happens to be yet another crucial factor intermingled with sexual behaviour vis-à-vis contraceptive behaviour. Nature of Indian marriage says that women should be duty bound to provide for their husband's sexual needs regardless of their own preferences (Ravindran and Balasubramanian, 2004). The sexual mores in Indian society consider women to be passive sexual being and constrain them from communicating explicitly about sexual matters (Das, 1998). This jeopardises women's ability in negotiating contraceptive use with her partner as it is considered as a transgression of her sexual role within marriage. These cultural expectations force women not to express their sexual needs and knowledge (i.e. use of contraceptives for safe sex) in the fear that they will be perceived as "immodest, oversexed, promiscuous and uncontrollable" (George, 1998). Besides the sexual norms in marriage sees women's body only as desexualised and 'reproductive body' where any other kind of female sexualities do not find place except 'reproductive sexuality'. Such social norms eventually idealise women in marital relationship as a prospective mother whose duty is to prosper the world with the divine virtue of motherhood leaving the power of reproductive choice in the hands of men only (Anandhi, John and Nair ed. 1998). This thus affects women's contraceptive behaviour negatively as she does not have a share in the entire process of sexual affairs with her husband.

Moving beyond studying women in marital union, contraceptive behaviour of unmarried women and women engaged in commercial sex in India is highly explorable one. Unlike married women, sexual relationships of these women are largely clandestine and private in nature (Lambert and Wood, 2005). The incest social taboos such as sexual abstinence prior to marriage and social stigmas against multiple sexual partnerships restrict these women to acquire knowledge about sexual health vis-à-vis contraceptive practices (ibid.). Jejeebhoy and Bott (2006) note that sexual demands of male partners are misinterpreted as commitment in the relationship by unmarried adolescent women in many cases and hence she tries to act according to the sexual behaviour of him for the fear of losing commitments. Jejeebhoy and Ramasubban (ed. 2000) further notes that

higher rate of abortion among adolescent females in India indicate towards women's inability to negotiate safe sex and contraceptive usage in pre-marital sexual relationship. This also forms an argument regarding limitations and stigmas on women to access contraceptives unlike married women socially licensed to go for sexual activity. However in contemporary society there can be seen a slight change in the pre-marital sexual scenario as there are reports can be seen where women privileged of receiving education and media exposures on sexual health, negotiating safe sex to a certain extent (Jejeebhoy, 2000), interlinkages of sex with marriage compel unmarried women to a large extent to be passive in negotiating contraceptive once they lost virginity-the one man property as considered by sexual norms in society.

However in case of women sex workers, their economic dependency negates their ability to have protected sex with contraceptives such as condom. As noted by Weiss and Gupta (1996), the more a woman exchange sex for money or other favours, the less likely she will succeed in negotiating sex-protected one. "Their unequal power within sexual relationships reduces their ability to negotiate protection from disease, to express their concerns about sexual fidelity, and to say "no" to sex" (Gupta and Weiss, 1993).

Further, one of the most observed causal explanations which is why women especially those who are married cannot negotiate contraceptive use with her male counterpart is the violence inflicted on her in most of the cases if she tries to assert her will in sexual affairs (Verma and Collumbien, 2003). Population based studies conducted worldwide reports that about one-third to one half of physically abused women use to get sexually coerced by their intimate partner (Gupta, 2000). In Indian social setting where intimate partner violence is justified and widely accepted as well as normalized by both men and women in their course of life, studies show that in the context of marriage, men justify beating their wife if they try to transgress the set norms by society such as to be sexually loyal and respectful to their husbands (EVALUATION Project, 1997). It is in this context argued that negotiation of safe sex with contraceptive methods initiated by women is seen, in Indian society, a sign of disrespect on the part of the women to their husbands. In a study it was found that around 75% of husbands justify inflicting physical violence on their wife if they 'disrespect' their husbands (Duvvury et al., 2002).

However it will be incomplete and misinterpreted if we consider that intimate partner violence happens only in the realm of marriage. There are studies which indicate that even in pre-marital relationship violence exists in terms of sexual violence inflicted upon the female partner. In a study concerning young people's partner formation and romantic relationship situated in Pune, a number of unmarried girls in such a relationship reported of having subjected to coerced sex by their male partners (Alexander et al., 2006). What is prominent from these studies is that this coercion was justified by even women also in such relationship as it proves commitment of their partners towards them and justification of love (Hindin and Hindin, 2009). In such situation contraceptive negotiation by the female partner in the union bears lesser a chance. Moving the discussion to women sex worker, their relationship with the clients underlines base of violence-physical, psychological, societal in vivid forms (Jayasree, 2004). Their economic dependency negates their resistance to violence vis-à-vis negotiating power with the partner in protected sex (Gupta and Weiss, 1993).

The behavioural dimension of contraceptive use patterns rooted in gender based power inequalities however derives its base from the social meanings given to the biological differences between men and women (Blanc 2001). This largely draws from the very fact that social construction of sexuality in Indian society socialise women to be sexually passive whereas leaving the whole discourse of sexual norms under the control of men as active agents of sexual affairs (John and Nair ed. 1998). Here we can draw Millett's (1969) theory of 'sexual politics' which she defines as power-structure between two groups of people where one group dominates the other one in terms of their sex role they outline in the society. Thus for her "sexual politics obtains socialization of both sexes to basic patriarchal polities with regard to temperament, role and status. As to status, a pervasive assent to the prejudice of the male superiority guarantees superior status in the male, inferior in the female" (Millett 1969:26). By observing the relativity of her power theory with societal norms in Indian society one can observe the nature of sexual relationship based in culture in Indian context. In the words of her (Millett) in this regard- "Coitus can scarcely be said to take place in a vacuum; although of itself it appears as biological and physical activity, it is set so deeply within the larger context of human affairs that it serves as a charged microcosm of the

variety of attitudes and values to which culture subscribes (ibid.:23). She (Millett) goes to define situation between sexes in contemporary times as well throughout history drawing from Weberian definition of herrschaft, a relationship of domination and subordinance. (ibid.)

Reading state patriarchy on women's reproductive health and rights in India

Gender based contraceptive behaviour manifested in unequal power in sexual relationship is however shaped by multitude of factors or 'multiplicity of force relations' (Foucault, 1978:92) other than intimate partner behaviour which constraints women's sexual and reproductive rights through 'forming a chain or a system…in various social hegemonies' (ibid.). The role of state patriarchy cannot be denied in compressing women's right to negotiate her reproductive and sexual health and rights. This gets often reflected in planning and programme discourse on population control which links fertility control synonymously with reproductive rights of women considering them as mere demographic figures (Datta and Mishra, 2000; Rao ed., 2004). A fifty year history of family planning in India brings out a gendered history of women's health particularly reproductive and sexual health which is outlined in a huge chunk of literature stemming up from time to time (see Vickziany, 1982-83; Visaria and Ramchandran, 1997;Datta and Mishra, 2000; Chatterjee and Riley, 2001; Bhattacharjee in Rao ed., 2004).

Between population control and reproductive rights: reading the discriminatory discourse against women

The contraceptive discourse which emerged in the wake of modernist episteme is worth for a discussion to cull out a historical picture of gender discrimination especially in the field of women's reproductive health and rights (Karkal, 1998). The birth control movement emerged in early 1920's brought the issue of contraception from medical texts to public debate in India. Though overpopulation was a public concern, the issue of contraceptive was stigmatized as a western import. Even nationalist leaders such as Gandhi advocated for sexual abstinence for fertility control and condemned contraception from moral ground as a medium to fulfil lust (Niranjana, John and Nair ed., 1998). His campaign for sexual abstinence was deeply grounded in linking sex with marriage thereby retrograding female sexuality to reproductive sexuality only.

Women as a 'reproductive being' however was not only seen by Gandhi; the social reform movement in nineteenth century was to link the concern of female sexuality with her reproductive and sexual health thus creating a 'mother' figure as rightful beneficiary of reproductive and sexual health policies (Chatterjee and Riley, 2001). Women outside marriage were tactfully kept out of purview. As noted by Mary E. John and Janaki Nair "It was the dangerous sexuality of the 'non-mother' that motivated the 'social reform' legislation in nineteenth century"[1]. This 'mothering' of reproductive health got further manifested in Independent India's Family Planning Programmes which down-streamed the reproductive health and sexual rights concerns for women in the form of fertility control programmes (Karkal,1998). Even after fifty years history of reproductive and sexual health discourse, certain groups of women such as unmarried women and sex workers are given a denial of inclusion in these planning and programme mechanisms for reproductive health. However in recent times there are certain government policies emerging in regard to sexual health of these groups of women under the drive of AIDS panacea which are backed by efforts of international organizations and feminist groups. Those include sex education for adolescent girls and sex workers, awareness programmes for condom use etc. Nevertheless those are remaining in policy level only, where the real picture shows a lack in programmatic action. Behavioural patterns and attitudes of society tied with indolency of government policies constrain these two groups of women from exercising their reproductive rights (Bhattacharjee, Rao ed., 2004). That is why John and Nair has to say that campaign for contraceptive in India was driven by affixing reproductive sexuality of in marriage rather than considering sexual desire of women (ed. 1998:9)

The state patriarchy in constraining women's reproductive and sexual rights is also widely critiqued for limiting women friendly contraceptive method choices (Visaria, Ramasubban and Jejeebhoy ed., 2000; Jejeebhoy, 1995). Right from the beginning of family planning programme with a demographic goal to curb unprecedented population growth, the Indian state is being seen engaged with various policy and approach

[1] Law Commission of India, 1979, *Eighty First Report on Hindu Widows Remarriage Act of 1856*, Delhi: Government of India, 1979. Cited by John and Nair in John and Nair ed. 1998.

in regard to contraceptive method and its acceptance among the population (Visaria, Ramasubban and Jejeebhoy ed. 2000) At various lengths of time, the Indian state sponsored various contraceptive methodologies and use dynamics to encourage people for contraceptive use which affected women's health vehemently in this crisis-ridden population control mechanism. Initial years of family planning in India saw non-reversible methods of contraceptive prevalence facilitated by state embedded with a demographic drive which promoted a range of contraceptive mechanisms such as IUD, vaginal jelly, diaphragm etc. But these methods were very cumbersome in usage and non-friendly with women health. During emergency we saw forced sterilisation of women which was a slap to her reproductive rights and literature suggests how these forced sterilizations gave rise to a number of horrendous health problems to women (See Menon, Rao ed. 2004). Even till date, sterilization happens to be most prevalent and popular contraceptive methods in India (NFHS-3). However the introduction of reversible contraceptive methods such as condom, oral pills, anti-fertility vaccines, spermicidal jellies has undoubtedly contribute towards fertility decline; but leaving dangerous post-effects on women's fecundity vis-à-vis various health hazards such as nausea, vomiting, obesity, chromosomal anomaly (see Basavanthappa [1998] 2008; Dasgupta, Rao ed. 2004). Besides methods such as condom is widely seen to be male dependent where generally a woman does not have power to negotiate in regard to its usage for safer sex (Gangoli, Rao ed. 2004; Jayasree, 2004). Nevertheless, the planning and programme review always use to assert that female reproductive health in India are changing in a positive direction with more and more contraceptive methods available for them (NFHS-3; Planning Commission 2008) Such kind of over-assertive reviews however preclude broader socio-cultural implication on reproductive health and contraceptive behaviour of women and consider women as homogeneous demographic figures.

In comparison to female contraceptive methods (oral pills, anti-fertility vaccines, IUD, spermicides etc.), however, male methods of contraception are very low. There are only two prevalent and popular male methods available as widely noted-male condoms and vasectomy per say (see Balaiah et al. 1999; Ross et al. 2002). Nevertheless, the discourse of contraception in India sees men as the dominant decision-maker in contraceptive usage (Singh et al. 1998; Balaiah et al.

2002). In a patriarchal setting in India, reproductive rights of women are considered and seen as male property which reflection is precisely prevalent in unequal contraceptive behaviour among couples (ibid.). The most prevalent contraceptive method which is female sterilization in India adds to this contention as widely noted by literatures (Ross et al., 2002; Maharatna 2002; Santhya 2003). Along with that huge number of unmet need for contraception among females show a dictatorial male picture regarding contraceptive decision making as well as negligence on the part of state to impart both men and women informed decision on contraceptive methods (Ramasubban and Jejeebhoy ed., 2000). Nevertheless, male perception about female reproductive health is abysmally poor and often neglected (Singh, 1998). However studies show that the male neglect of female reproductive health cannot be only related with his influence and power over her, but also men's ignorance regarding reproductive health of their female partners which makes them to take incorrect assumptions and uniformed decisions like fellow males in society (Blanc, 2001). Their ignorance of women's reproductive health accordingly leads them to have incorrect assumptions and to make uninformed decisions which places female health in even more retrograded state (Helzner, 1996).

Exploring shades of grey: Revisioning women's empowerment through female condom

With the deep-rooted gender bias of the state in regard to contraceptive mechanisms, stark gender disparities in reproductive decision making, dominance of male condoms- all these indicate towards stepping forward for a long-term alternative method for women to get back their reproductive and sexual rights. In such a situation there are certain programmatic action are seen in non-governmental level to promote an alternative and effective tool for female reproductive and sexual rights in the form of female condoms- one of the female initiated barrier method having different goals such as fertility control as well as safe and protected sex as a HIV/AIDS pandemic (Gollub and DrPH, 2000). The efficacy of this device lies in its several empowering effect on women health keeping her bodily integrity intact along with liberating her from coercion as well empowering her for negotiating safe sex with her partner. Several acceptability studies in various countries in the world including India has shown the promising aspect of this device as well as its acceptability among its users

(HLFPPT and FHF 2003). In a country like India, where gender based disparities are quite rampant in terms of reproductive and sexual rights of women, female condom is a promising and blessed tool for female users. However the major challenge lies in implementation of this device as one of the important contraceptive mechanism. In a patriarchal setting like India, the challenge gets tougher as socio-political underpinnings will work against it. It is noted by one of the acceptability studies in India in regard to female condom facilitated by Hindustan Latex Family Planning Promotion Trust (HLFPPT) India and Female Health Foundation (FHF) UK in collaboration with the National AIDS Control Organization (NACO), State AIDS Control Societies (SACS) and Non-Governmental Organizations in three states of India-Andhra Pradesh, Kerala and Maharashtra; that for India, implementation of female condom is a dangerous quest. Their contention came from their study results where they found that the female condom got more acceptability among sex workers for safety perception only rather than among women in marital relations, where they safety perception was less among them because of their social backing as married women. Till now, female condom has not got a place in any government level documentation, but only in private sphere of health it is seen emerging and getting into market (http://www.medindia.net/healthnews/corporate-health-news.asp). The Indian government has levied the charge on its high cost and expensive import for which it is not applicable in formal planning discourse hence carefully cutting out the gender bias of its acceptability.

Conclusion

Maria Mies in her analysis of “global capitalist patriarchy” states that “reproductive technologies are yet another manifestation of ‘techno-patriarchal’ control over women (Mies, 1998). It is apparently applicable, in so far this paper has attempted to discuss. In the context of a patriarchal regime like India, this ‘techno-patriarchy’ draws from and accordingly foster the existing sexist practices against women. Sex and sexuality of women in such regime is surveilled and controlled by the dominant male practices in a larger framework of power system structured in masculine lines. The brief overview in the paper tried to bring out how sexuality of women are contained-through sexual prejudices in Indian society as well as technological surveillance on her body. This paper however entering into a small yet important area that is contraceptive behaviour among men and women sought to analyse this

gendered discourse of discrimination. The contraceptive scenario in India which is also based in sexist biased from head to toe, thus points towards a comparative analysis of sex, sexual health and power in gender relationship. The answer is what this paper sought to lay out through available literature is female controlled contraceptive mechanism which though seems to be utopian in a patriarchal setting like India, but a powerful step forward women's reproductive and sexual rights if properly mobilised. Thus feminists such as Nivedita Menon has to say "Reproductive rights should always be about women achieving things for themselves, about getting political power necessary to change things, about changing relations in society" (Menon, 2004).

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