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Enacting masculinities: Pleasure to men and violence to women

Maheshvari Naidu and Kholekile Hazel Ngqila

abstract

Feminist anthropologists have shown how women's bodies have been appropriated and rendered 'docile' by so called cultural or traditional practices, as well as by discourse. The compelled docility of African women (as that of other women in the global south), is perhaps especially visible within subtly coerced performances within a context of 'traditional' masculinised practices, such as unprotected sex, that leave many African women vulnerable and forced to negotiate a host of health concerns around sexually transmitted diseases and of course HIV/AIDS. This is to be seen as a form of violence perpetrated by men against their female partners. However, in probing condom use through a qualitative study with a small group of women, we notice that it is not simply a case of discerning patterns of hegemonic masculinities in relation to condom use or non-use, and that masculinities are also propped up and held together by the relational configurations of practice formed by (mutual) gender relations.

keywords

Multiple masculinities, hegemonic, tradition, gender relations

Introduction

African women¹ and their bodies have been rendered 'docile' (Foucault, 1970) by so called cultural or traditional practices. Notwithstanding the levels of agency increasingly exercised by women, subtly coerced performances within a context of 'traditional' masculinised practices, such as unprotected sex constructed as (needing to be) pleasurable to the male partner, leave many African women vulnerable and compelled to confront a clutch of serious health concerns around sexually transmitted diseases, and of course HIV/AIDS. These practices are understood as a potential form of subtle violence on the body (and health) of the women. Masculinised behaviours masquerading under the guise of 'tradition' and 'culture' are associated with different posi-

tions of power that work to extend various kinds of (sexual) privilege to men over women. Such forms of coercive or subtle forms of violence against women by males in the name of 'tradition' and 'culture' are certainly not new or newly discerned in studies, and are one set of justifications that have been advanced for the critical "turn to males and masculinity" (Ouzgane and Morrell, 2005: 13) in interventions and analyses of gender, power and sexual violence.

Additionally, the recognition that intersectional factors such as gender inequalities, violence and sexuality are critical in the spread of HIV/AIDS, has made the construction and enactments of masculinities an important part of the research and intervention agenda for the pandemic

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(see Gupta, 2000; Ouzgane and Morrell, 2005; Sheffer, 2009; Boesten and Poku, 2009; Campbell and Gibbs, 2009).

Masculinity is a construct that carries no meaning outside of its materialised and “culturalised” expression (Granqvist 2006: 380). Likewise studies employing the lens of masculinity have to be cognisant that there are various constructions of African manhood/s. There are in turn, ‘situational’ African masculinities and similarly multiple and situational femininities. Thus masculinities are configurations of practice *formed by and within* gender relations and are multiple or plural (Connell, 2005) and are likewise associated with diverse positions of power where ‘gender regimes’ continue to extend privilege to men over women. Gender regimes refer to particular constellations or configuration of gender relations within any given setting. However, as the narratives in this study reveal, this privilege is *relational* and also propped up by the articulation and enactments of mutual gender relations between men and women, rather than merely the actions of men. Against this canvas, especially of HIV/AIDS, aspects of African masculinity that perpetuate privilege and sexual satisfaction for the male at the expense of the woman, become critical areas of interrogation.

masculinities are configurations of practice
formed by and within gender relations

Background to the study

This particular qualitative study is a bolt-on to a larger research project on female condom use.² For the wider details and findings of this study conducted over four months (June-September 2012) with over 1220 African³ women, readers are pointed to Naidu and Nzuza (2013, forthcoming). While the majority of the women in the larger study communicated an awareness of the importance of emphasising condom use with their sexual partners, some of the responses from the study revealed a worrying percentage of non-condom use. Approximately 6% of the women from a total of 1220 participants indicated that they either ‘did not’ or ‘could not’ use condoms with their partners, even though they knew (or suspected) that their partners had multiple

sexual partners, and were intimate with women other than themselves. These responses had congealed and floated to the surface amidst questions about female condom use. Although the percentage (6%) may well appear small, this is of course substantial cause for concern, given the high prevalence rates of HIV/AIDS in the KZN province, and the feminised face of the pandemic (see Schatz *et al*, 2011).

It is the prerogative of women to choose to practice safe sex relations *without* the use of condoms, within safe monogamous relationships where they are confident of their and their partner’s health status and their partners’ fidelity. However, the articulation of sexual behaviours becomes much more complicated if there is any form of coercion, subtle or otherwise, and if women have any concerns about the consequences *of not using a condom*.

The responses about non-condom use, collected and documented by a team of fieldworkers (in the larger empirical study), brought up to the gaze practices around sexual behaviour that did not fall into a neat category. The researchers felt that a smaller, more qualitative study that allowed more individual contact with a smaller number of women would permit us to interrogate some of the early assumptions that were beginning to cohere around the initial responses on non-condom use. Such probing demanded more time and opportunity to hear from the women themselves about practices that we were beginning to discern as forms of violence against women. This was the point of insertion for the bolt-on study.



The study questioned safe sex and non-condom use among women who were in marriages or long-term relationships with a single male partner.

Photo: Naidu and Ngquila

Methodology

A total number of 55⁴ women were interviewed. The sampling was purposive and employed a set of exclusion criteria. The sample needed to identify women who were:

- Heterosexual
- Were over 18 years old and currently sexually active
- Were unaccompanied, i.e. could be interviewed alone, without the male partners present
- Were in marriages or long-term relationships with a single male partner.

The last criterion for selection was essential as the research aimed to probe the premise that non-condom use can be necessarily assumed as safe sex practice within stable long-term relationships and marriages (see Ali *et al*, 2004).

Informed consent was obtained from both the participants and the clinic staff from the two clinics that formed the research sites. These clinics were in peri-urban areas in the KwaZulu-Natal (KZN) province, with one of clinics in an area that also offered services to women who came from the further outlying semi-rural areas. Informed consent given to conduct interviews at the sites did not include disclosing the names of the clinics. Given the sensitive and intimate nature of the interview questions, it was deemed important to use an *isiZulu*-speaking translator as companion in the field with the authors, one being English-speaking and the other fully proficient in *isiZulu*. This also assisted in 'flattening' some of the power differentials between the researchers and participants, and to enable them to query anything they did not understand, and also to allow for responses in *isiZulu*, should the research participants wish.

One-on-one semi-structured interviews were conducted with the women (with the translator assisting when required). Each interview lasted approximately 40 to 50 minutes. It was made clear that there was no monetary incentive for those consenting to participate⁵. The initial stage saw the authors who worked individually in each of the two different research sites, pose general questions to selectively chosen women who self-identified as being either

married, or in long-term stable relationship with a single male partner and who fitted the profile in the list of exclusion criteria. While the interviews at the first site were conducted in a small room offered by the clinic staff that were supportive of the study and were in a position to offer space for the interviews, the set of interviews at the second site were conducted outside the clinic where some level of privacy could be afforded to the women. While the staff at this clinic were also supportive they however, were not in a position to offer space, given the limited resources and space at their disposal. Permission was sought for use of photographs taken, as long as the pictures did not make obvious the name of the clinic. Permission was also sought from the women who appear in the photographs and only images where permission was granted are included. All the women have been given pseudonyms.

many married women who said that they were not practicing safe sex with their male partners, were also voicing fear of contracting the disease

The narrative windows offered by the women in personal one-on-one unstructured interviews, lay bare the immediacy of their experience and the apparent 'normalisation' of condom (non)use. Their experiences describe attempts to negotiate condom use with male partners who draw on self-constructed aspects of their (African) 'maleness' to support a 'masculinised' sexual demand for sex without condoms (skin-on-skin) with their female partners. Women in stable relationships and marriages may appear to be 'safer' from STDs and HIV/AIDS. However, this assumption is constructed against the (safe) sexual behaviours of both the men and women in the relationship (see Ali *et al*, 2004). It was thus alarming that many married women who said that they were not practicing safe sex with their male partners, were also voicing fear of contracting the disease and concern about the multiple partners that they believed their male partners had. We were reminded of the poignant words of the gender activist Njoki Wainaina (no date [nd]) who lamented the sad reality that African villages are "overflowing with women victims of HIV/AIDS who contracted



Women held an expectation that men would use condoms when they have multiple partners
Photo: Naidu and Ngquila

the virus in their bedrooms". The bedroom and the 'marital bed'⁶ is thus one potential contested site for negotiating safe sex with male partners.

The findings: The women and their stories

The construction of the non-violent husband

Twenty-four-year-old Thuli says that she does not use condoms:

"We only used condoms in 2011 for five months and never continued after that. I just gave in because I trust him to some extent. About whether it is pressure from him... Yes and no.... I have been soft towards him. He finds a way of making me feel guilty.... He says there is more pleasure without a condom and he is a man. I would love to use a condom because I sometimes get STDs and itching, causing me to visit the doctor for treatment...."

Thuli continues to share what later appears as a thematic pattern from the women, telling us that it is not easy to "speak up to your husband especially when he is not a violent person".

Thuli's story is revealing, especially, her understanding that the use of the condom is the prerogative of the husband. This lay alongside her construction of what makes this prerogative permissible, her construc-

tion of the non-violent husband. She says, "I am scared but there is nothing I can do for now". This fear is about contracting an infectious disease, and not a fear of the husband whom she claims to trust. However, Thuli appears to contradict herself by adding:

"I would like him to buy them [condoms].... He is the one who is possibly having girlfriends who are causing me to have STDs, so I expect him to bring the condoms."

Thuli feels more affronted that the husband does not "bring the condoms", necessitated by what she believes are his multiple partners, than by him actually having multiple sexual partners. When gently asked about this, she simply shrugged her shoulders.

Jabu, a 36 year-old married woman, is somewhat more forceful in sharing why she does not use condoms (even though she wishes to). She tells us:

"Yes, it is pressure from my husband because the fact that he does not want to use the condom, puts pressure on me, especially that he likes other women."

It emerges that by "likes other women" Jabu means that her husband has and is intimate with multiple sexual partners, aside from her. Scholars have pointed out that it is not simply the:

"number of sexual partners that people living in highly affected areas in sub-Saharan Africa have, in comparison to people living in other societies."

The issue is "concurrent sexual partnerships", pointing out that this in turn creates "a web of sexual relations" carrying infections through a population (Boesten and Poku 2009: 9).

Thuli says:

"You know some African men think it is okay to have many women.... He just said he cannot use a condom with me because I am his wife and not his girlfriend."

Jabu, like Thuli appears to hold to a particular construction of 'husband'. Jabu's con-

struction appears to echo the enactment of a particular masculinity on the part of her husband while Thuli does not see infidelity as a form of overt 'violence'.

Jabu tells us:

"My husband is not a violent person but the fact that he does not argue with me but would just do what he feels comfortable with puts me in a difficult situation. I am powerless as I am his wife. Whenever I raise the issue of condoms, he just keeps quiet. He does allow me to have a voice. But in the case of the use of a condom, I find myself to be helpless."

Jabu confides that even for her as a woman "It is pleasurable to have sex without a condom". This however, is tempered by the reality of HIV/AIDS and she says, "But I am scared of HIV/AIDS so I want the condom". Thuli's fear is of course very obviously by now, not unfounded. There is overwhelming evidence from various studies, that in Africa, more females are 'affected' and 'infected' by HIV/AIDS. However, the sense from more recent scholarship is that many interventions have failed to address critical gender issues. Barker and Ricardo (2005: viii) assert that:

"[M]en's use of condoms is still always or frequently much lower than desired and lower than reported knowledge about condoms and HIV/AIDS would suggest. However, norms related to (particular forms of) masculinity and sexuality, one of which is that of multiple partners as evidence of male sexual prowess, place women at high risk of HIV infection."

The compliant wife

Both Thuli and Jabu appear unhappy about what they suspect are the multiple sexual partners of their husbands. The 'loud' silence around their acquiescence was however, unclear. It emerged with further probing that while they did not support such enactments of male sexuality, on some level, they were accepting and compliant (one is tempted to speak of 'unwittingly complicit') of such sexual practices. The reasons for this appeared opaque, given that both women, like several others interviewed, said repeatedly that the men

were not physically violent with them. However, it was apparent that they were on many levels dependent on their husbands, which contributed to their gendered understanding that such behaviour "was just how it is with men", as one of the women whispered with downcast eyes.

Thirty-eight-year-old Zinzi tells us:

"My husband does not want to use a condom. So, we do not use condoms. We only used it once and he never liked it. He is refusing completely to use it. I fear that he might look for other girlfriends. The men know that they can have HIV/AIDS, but they keep refusing to use a condom. I can never be sure about how he will act if I refuse . . . I have never provoked him enough to make him lose control . . . He is a reasonable man who allows me to have a say but . . . up to a limited point . . ."

Notwithstanding the increased levels of agency demonstrated by African women which dispels and fragments the simplistic conclusion that African women are *all* passive and suffer the label of 'victim', there are many inherent and embedded beliefs in the women's narratives that speak to a clutch of issues. One is that it is through what may be perceived as mutual cultural *consent of sorts*, rather than simple forceful domination from the male partner that the articulations of so-called traditional masculinities become effective, in these instances. What these shared narratives expose is that the gender 'privilege' around sex, sexualities and condom use is buttressed by the articulation and enactments of gender relations between men and women, and that any form of masculinity is necessarily framed by mutual gender relations. Although the women were aware of the health consequences, and many were vocal with us about being unhappy with the situation, very few of them appeared to forcefully raise the issue of condom use with their partners. None of the women referred to their partners as being physically or overtly violent, and many accepted (albeit reluctantly), the non-negotiable stance as normative within their marriages/long-term relationships. While the women were clearly concerned, and worried about their sense of helplessness, many remained silent 'as good wives'

telling us they “feel powerless”, but do not want to “spoil” their “happiness and the comfort of our relationship by talking about the condom”. They relate that they “do not use condoms” and “cannot argue with the husband”...saying that “he tells me he has no other girlfriends and I am his wife”.

the men were enacting particular sexual behaviours that they were not comfortable with

Ratele (2008: 522) points out that among those aspects that need to be revised, is the contention that there is a global pattern of male domination of women as well as the notion of masculinity as a ‘fixed’ and static character type or set of traits. This is true of local and regional contexts too, and there is no **one** way in which men inhabit and enact their (sexual) bodies. The women appeared to recognise that the men were enacting particular sexual behaviours that they were not comfortable with, but failed to exercise agency for fear of being “left for other women”, or in some instances, “making the man feel bad”. The fears also show the women’s economic dependence on the men, and allude to the gendered patterns of inequality and poverty that scholars have termed the feminisation of poverty. Gupta (2000: 11) tells us that in situations where:

“women have few options for supporting themselves, many may feel compelled to stay with a male partner even when this is putting their life at risk.”

Gupta continues, that refusing to participate in unsafe sex may mean the “withdrawal of material support” and so leaving a woman with no other options and means of survival (*ibid*)⁷. The women in this study also appeared to, in many instances echo each other in telling us that the men were “not violent” but that they (the men) preferred sexual pleasure without condoms, and that even though it went against their own better judgment, they consented. While a few women (like Jabu) also confided that it was also more pleasurable for them as women to engage in sex without a condom, none of them claimed that this alone made them comfortable with not using condoms. On the contrary, many voiced bodily ownership and claimed that “there was always the danger of

HIV/AIDS”. Yet this bodily ownership was not something that these women were able to assert with their male partners. One of the reasons that they appeared to be acquiescent was based on their perception that the men were not exhibiting violent behaviour towards them, which translated to them being, in a sense, “good” men within the women’s (constructed) understandings.

It bears pointing out that all the women were specifically asked if their partners exhibited physically violent behaviour to them. Although interviewers often avoid such direct questions for fear of being suggestive and ‘leading’ the respondent, in this instance this line of probing was critical in assembling a profile of the men and an understanding of the women. We also needed to understand the seeming incongruity of the women’s sense of bodily ownership voiced to us that sat discordantly alongside the consent shown to their partners. We were however, cautious in asking these questions in a way that did not compel a rehearsed answer from the women. In other words, we tried to avoid making the women feel that they had to say that the men *were violent*, or that the men *were not physically violent*. One way to do this was to ask ‘around’ the issue, and ask the same question a few times, each time phrased a little differently, so as to have the data ‘triangulated’. In the responses, 45 of the 55 women indicated that the men were not physically aggressive with them. The question, why the women were painting themselves as ‘helpless’ and ‘powerless’ therefore, became more critical. The seemingly incongruous bits of the puzzle start to fit however, when refracted through their understanding (and on some level *acceptance*) of the masculinised sexual behaviours of the men and their construction of what was violent behaviour and what was not and what they felt was ‘acceptable’ for men as ‘husbands’ and for themselves as ‘wives’. Even though they were ‘accepting’, it was *not what they wanted*.

Thobelo shared the following:

“I would like to use condoms because I hate contraceptives. But he does not want condoms. He does not even explain why he does not want it. We have never gone for a test. So, I do not know whether he has it [HIV/AIDS] or not. But he has a tendency to tell me what to do



Long-term relationships and marriages are not necessarily sites that are free of the risk of HIV
Photo: Naidu and Ngquila

and not negotiate. My husband is older than me and I should give him respect, I agree... he is not a violent person but he has a way of keeping me quiet. When I first introduced it, we started to use it for two days but on the third day he pretended to be putting it on, but I did not see it when we finished having sex. We never used it after that...."

Enacting masculinities and engendering docility

Thirty-nine-year-old Pretty says:

"My husband has a child from another woman.... He threatens to leave me for the mother of his child once I talk of a condom. It is difficult for me to insist on a condom because I do not want him to leave me for another woman. I love my husband, but I am scared of HIV/AIDS.... I do not know about his status."

Her fear of abandonment sits alongside the reality of her fear of HIV/AIDS. As Boesten and Poku (2009: 1) have stated the "gendered contours" of the epidemic are "embedded" in the material societal realities of many African women.

What the women's narratives reveal is that gendered vulnerabilities play out in sexual practices (and expectations) and that particular 'sexual scripts' enacted by women allow them little leverage in negotiating condom use. The notion of sexual scripts was introduced several decades ago

by sociologists Gagnon and Simon in their book *Sexual Conduct* (1973), and refers to learned social encounters. The responses from the women underpin the insights from Gagnon and Simon's theory of sexual scripting as they unveil the discursive and learned concepts of 'violence' and 'bodily ownership', where violence appears to be largely understood in physical terms. This was in opposition to the way we as researchers constructed violence, which included seeing coercive sexual practices as being a form of violence. Cultural (con)textuality as well as the politics of so-called 'traditional' gender regimes, offer critical points of reflection on the tensions experienced by the women in attempting to negotiate safer sex relations and in maintaining the relationship (and a level of docility) by not challenging the prevalent sexual scripts being enacted. The men were thus, in turn, left with a disproportionate share of the power and voice in the sexual relationships with women.

What the women's narratives reveal is that gendered vulnerabilities play out in sexual practices (and expectations) and that particular 'sexual scripts' enacted by women allow them little leverage in negotiating condom use.

Twenty-eight-year-old Nonhlanhla's story is very similar to many others:

"My husband does not want to use condoms. He says sex is not nice with a condom. And it's that way for African men.... He even said if I want a condom, he will find a girlfriend for himself who will not use a condom with him. He says sex cannot be nice with a condom. I am scared of HIV/AIDS but what else can I do when he threatens to find another girlfriend if I force him to use a condom?"

The responses from the women indicated that in many respects they cared about, and were content with many aspects of their relationship with their partners, except when it came to enacting practices around safe sex. They felt that they were with, "good men", who somehow did not "hear" their concerns about their bodies. Inherent in the women's stories, were the possibilities that their partners (who were not physically violent, and in many other

ways treated their female partners well), might be willing to change their minds, and move beyond traditional gender regimes. The rendering and 'making' of the women as being sexually 'docile' (Foucault, 1970) was therefore complex and layered, and in some instances, mutually constituted. Some of the women revealed that "yes" they would have responded "differently" had the men been violent or physically aggressive with them "for sex", however, they were not clear as to *how* they would have behaved differently.

Nonhlanhla continued:

"When I tried to use a condom, he told me the he will find another girlfriend . . . he said: '*Zizinto ezinjengezi ke ezikubandisayo. Ndiza kuhamba ke mna ndiyofuna intombi engazundisokolisa ngokundixelela nge condom*' (It is things like these which make me to lose interest in you. I am going to leave you and find myself a girlfriend who will not ask me to use a condom). I am powerless because what is happening to my body is not what I want."

It is of course cause for concern that any version of masculinity should emasculate the 'everyday' agency that women *should* be able to exercise.

'Emasculating' masculinities: Conclusion

Morrell (2001) asserts that, in the South African context, men respond differently to changing gender relations, and labels these responses as being reactive, accommodating or progressive. In Morrell's analysis, in the reactive response, men have attempted to turn their backs on social pressure to change in order to reassert their power, as they view transitions and transformations as "forcing" (*ibid*: 33) a reordering of the gender hierarchy, and as undermining their traditional ways of *being men*. Likewise in the South African context, the inherent tensions that exist within masculinities in turn elicit diverse responses from women regarding sexual practices. It is of course cause for concern that any version of masculinity should emasculate the 'everyday' agency that women *should* be able to exercise. This

agency ought to meaningfully translate into everyday sexual practices and understandings so that "those who are subject to marginalisation" can start to view themselves as "competent social actors" (Gupta, 2000: 5) able to resist the impacts of sexual inequality and repression. However, it remains difficult for many women to exercise agency when their partners feel their sense of masculinity and control openly threatened.

Masculinity is of course not simply a consequence of (male) biology. As Ratele (2008: 519) reminds us, often the notion is used in such a manner that it "collapses males onto masculinities" where merely being male is seen as being synonymous to having "achieved masculinity". While the pioneering work by Robert Connell (1995) broke new theoretical ground with the introduction of the notion of 'hegemonic masculinity' (or a culturally normative ideal of male), revisionist research, some from Connell himself (see Connell and Messerschmidt, 2005), and studies that were drawn from situational and ethnographic contexts on masculinity, saw the need to push beyond the labelling of the hegemony of masculinity, and to develop more sophisticated ways to understand men and masculinity (Van Lenning, 2004). Pascoe's (2007: 5) assertion that masculinity should not be tied to (hegemonic) male bodies, but rather to sets of behaviours that are dominant and expressed through sexualised discourse thus holds critical relevance. Likewise what is needed is more ethnographic and situational studies that allow us to nuance our questioning about masculinities in the African context within a mutual intellectual frame that looks at *both* masculinities and femininities in relational theoretical concert with one another, in our search for both grassroots small-scale benefits for women, as well as larger structural societal shifts. After all, this is the way masculinities plays out in the real world context, *relationally*, within mutual gender frames.

It is also not enough that we as researchers construe sexual dominance and dominating and dominant male sexual scripts, as a form of violence. Nor is it a straightforward case of getting the women in this study to 'see' such sexual practices as being violent. This, it is conceded, would be committing another kind of intellectual and epistemic dominance (and violence) over

the women. Just as importantly, it would serve no purpose other than perhaps importing a (foreign) feminist lens onto the women. Thus, even grassroots level interventions still need to comprehend the mutual gender frames within which the women live and experience their sexuality. This does not equate to a mute silence and compliant acceptance of such practices, but instead calls for more research that looks at African femininities and African feminisms that are truly empowering and which make sense to the women themselves and their local realities.

After all, we were aware that the African women in the study lived in poor working-class communities and had little to no access to education, and many had not completed their secondary schooling. Even the women, who spoke of being employed, appeared to be dependent on their male partners. Their (gendered) social realities are thus very different from that of other (African) women who are financially self-reliant and often therefore sexually empowered to enact less repressive sexual scripts with their sexual partners. It is thus the insights from questioning and the answers coming from the women themselves which hold the potential for achievable interventions that will make sense to the women whom we wish to be the beneficiaries of what we wish to say (*and do for them*).

Notes

1. The authors wish to acknowledge their debt to the many women who shared intimate details of their lives, and they wish to thank the women for the window they offered into the very private aspects of their lived experiences.
2. The overarching question in the larger study probed whether the female condom (FC) could be a possible tool, whose use the women can initiate and control during sex. The study worked with the understanding based on existing literature that promoting the use of the female condom in heterosexual relationships was a possible viable cost-effective intervention in relation to the cost of HIV treatment and other prevention interventions. The study also acknowledged that the FC was a female-oriented intervention which could assume critical importance for many African peri-urban and rural women in Southern African contexts.
3. The rationale behind the sampling did not presume that Caucasian or Indian women are immune to STD and HIV infection, but worked from the understanding that statistics place African as women as showing higher prevalence rates

in KZN and bearing the brunt of a double vulnerability.

4. The women in long-term relationships (five years or more) had children with the men and are understood in the study as being the equivalent of 'common law' wife. More importantly, they saw themselves as much more than girlfriends, although in some instances their partners had children from other women. Given this, the narratives of three women from the original 58 identified, have been left out as they referred to themselves as 'girlfriends'. The final sample analysed was thus 55.
5. However, the authors wanted to show a small token of appreciation and purchased simple sandwich lunches and drinks for the women whose interviews were longer, and especially for those women who had children with them, who had to occupy themselves playing a little distance off.
6. By 'marital bed', we are also referring to women in stable long-term relationship with a single male partner.
7. Gupta's study was situated amongst the impoverished communities of North India (and not within an African context as such). While one is cautious in blindly importing analyses across socio-cultural specificities, it bears noting that there are certain common hegemonic patterns that speak to gendered structural south-south inequalities that have been born in the wake of a post-colonial and rapidly globalising context.

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