



# Sexual Violence and Physical Health Problems of Married Women in Urban Iran:

## An Exploratory Research

Ladan Rahbari University of Mazandaran

### Abstract

Sexual victimisation continues to be a major problem worldwide and patriarchal value system is helping its continuation by providing cultural justifications. This paper explores some patriarchal sexual attitudes leading to physical health problems of married women in urban Iran by analysing data from 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. By exploring varieties of ways men impose patriarchal sexual desires and standards among Iranian married couples, I show that three patriarchal attitudes of (a) sexual coercion, (b) hostility and (c) body control are mechanisms through which married women experience physical problems. Sexual coercion such as imposing oral and anal sex, hostile sexual behavior and imposing body control rituals such as heavy diets and managing female partner's body are causing physical pain and problems for married women.

**Keywords:** Body control, coercion, cultural value, health, passivity, patriarchy

In Iranian culture, there are different rules of behaviour for men and women. The hegemonic power system forms a relationship based on subordination of women and children to men. Although these rules are

often abstract norms and common beliefs, they provide the permissions, prohibitions, limits and possibilities which lead to the formation of practical erotic life. In such traditional societies sex is believed to be something “gotten” by men from women (Randall and Haskell, 1995, p. 23). Female sexuality in Iran 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.

Each culture has its own system of labeling attitudes and behaviours as normal or abnormal, right or wrong. Thus, it is important to consider unique local-cultural aspects of every society in relation to sexual attitudes. Despite global movements and academic theories aimed at establishing equal regulations and eliminating gender-based power of human relationships, we can still observe sexual binary male/female structures in many societies.

Patriarchy is characterised as a male hegemony in a hierarchal structure. Walby (1990, p. 20) has defined patriarchy as “a system of social structures and practices in which men dominate, oppress and exploit women”. 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, in Iran, women have been forced to see their own sexual intercourse from men's points of view. Therefore, we will show how

patriarchal attitudes relating sexual conduct institutionalised in the cultural and cognitive system of urban Iran, 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 draws most attention in the case of sexual violence is patriarchal theory or radical feminism. According to this theory, patriarchy is a systematic organisation of men's authority and women's subordination (Stacy, 1993, p. 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, p. 2). Patriarchy is the key issue in the works of most radical feminists like Miller (1975) and Chesneyind (1989).

Walker (1984) believes that predominant sexual roles in patriarchal societies lead to the victimisation 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, p. 554).

The main ideas of patriarchal theory, according to Gasselin (2009) include: (1) Gendered relations are the bedrocks of patriarchal society; (2) Men control women; they have power over material possessions and ideas; and (3) The first step to women's freedom is to end their subordination. Patriarchy deprives women of all forms of freedom while there seems to be a bond between all forms 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. In this term, sexual conduct is defined within a social structure joined to the intricate and multiple societal factors that construct and shape our emotions, desires and relationships. We will discuss how patriarchal values have undermined women's physical health by showing the mechanisms through which such conducts are justified in women's minds.

## Literature Review

Male hegemony affects women's experience in sexual and emotional life in many countries; the male right to have agency, freedom and pleasure as human sexual rights, have been of central interest in feminist studies in western societies but this issue has not received much attention from Iranian scholars. Many feminists have criticised dominant orientation in sexology for neglecting the harmful aspect of sex for women: abuse, unwanted intercourse, pregnancy and rape. As Lenore Teifer (1992, p. 4) points out:

Sexology's nomenclature of sexual disorders does not describe what makes women unhappy about sex in the real world. Sexology and most of social science fields, look at sexuality from the position of male privilege.

Other studies have shown that gender ideologies and uneven power distribution between partners in patriarchal societies are related to male violence toward women (Dasgupta and Warriar 1996; Rosen and Bird, 1996; Dangor, Hoff and Scott, 1998). Generally, feminists have encountered gender-based power in sexual attitudes and relationships and their studies have specially focused on these matters in societies involved with hierarchical structures. For example, Frith and Krtzinger (1997) focused on women's experiences of sexual coercion. They directed it to sexual miscommunication. Based on miscommunication theory, men forced women into unwanted sexual experiences because women simply don't communicate their desires effectively (weakness or lack of communication). The miscommunication model emphasises the honest bewilderment of men who rape women without noticing that they are doing so and it remains the responsibility of women to improve their communication skills. According to this theory, sexual violence is an unfortunate breakdown in communication and the solution is to improve communication between both sexes through social learning and cultural development. Frith and Krtzinger (1997) conclude that miscommunication theory is useful for women attempting to sustain heterosexual relationships and improve their skills to make a sense of control in their own sexual relations.

Donna Chung (2005) examined young women in heterosexual relationships and their attitudes about sexual inequality. Her finding suggests that gender inequality and intimate violence are common in unmarried women's relationships with their boyfriends. Chung (2005) demonstrates that discourses of heterosexuality, in combination with the discourses of individualism and equality, are influential in how young people make meaning of their relationship experiences and understand intimate violence. This study also indicates that essentialist ideas about gender remain dominant among young people's understanding of sexuality and underpin their explanations of men's involvement in coercive sex and violence. Chung's findings show that young women's experiences and definitions of violence, abuse and sexual coercion in relationships are mediated by the competing and contradictory discourses of heterosexuality, romance, gender, individualism and equality. These elements impact upon young women's capacities to negotiate for an equal relationship, for identifying and speaking about their experiences as violent, coercive or controlling.

One of the most fundamental concepts that feminist studies are involved with, is patriarchy. Patriarchy that has been clarified by classical social theorists like Karl Marx (2005) and Max Weber (1978) is arguably the oldest example of a forced or exploitative diversion of social activities and clearly existed before it was ever examined by social theorists; the features of patriarchy had been accepted as natural in substance. It was not until the 1970s where feminists began to explore the features and institutions of patriarchy, that the power of the concept to explain women's subordinate position in society was proven. By this time, feminists had emphasised socio-cultural features of patriarchy which had been accepted by people. Their research in different societies revealed how patriarchal norms operate to hold gender inequality against women. Critical orientations against male power have been taken by feminists in all aspects of human life as well as sexual relationship.

Maureen Kambarami (2006) studied the interplay between femininity, sexuality and culture among the Shona of Zimbabwe. Kambarami (2006) argues that

patriarchal culture and practices have shaped gender inequality among the Shona and stripped women of all forms of control over their own sexuality. She defines patriarchy as a social system in which men appropriate all social roles and keep women in subordinate positions. According to her, patriarchal attitudes have been bred in the several systems of power such as family, marriage, education, economy and politics, so that patriarchy is accepted through socialisation processes that have potent effect on women's sexuality, thereby making patriarchy a legal and acceptable tool for men to keep women in subordination.

Similar research by K.G. Santhya (2007) took place among married young women in India. Santhya (2007) and her colleagues looked at unwanted sex between married women in relation to their gender role attitudes, their attitudes toward gender-based violence and their role in household decision-making processes. The researchers' evidences are obtained through qualitative methods of inquiry, where they suggest that patriarchal norms, power imbalances and women's inability to negotiate sexual matters, lack of awareness of legal rights, lack of opportunities and social recourses, and also lack of supportive environment may increase risks of young women for nonconsensual and unwanted sexual experiences.

There is also empirical evidence which suggests that sexual violence toward an acquaintance, and especially husbands' violence toward wives are higher in those situations in which the action is justifiable (Viki et al., 2006, p. 796). Glick et al. (2002) also showed that many husbands find it appropriate to physically assault their wives, especially if the wives had challenged their husbands' authority over the family.

In this paper, I focus on the patriarchal values of sexual passivity and submissiveness of women and their role as "sex givers" through imposed sexual behaviors including unwanted intercourse or special sexual actions against women's will, hostile sex and gender-based limitations imposed upon the freedom of women's bodies.

## Method

Deliberation on human attitudes, especially about issues like sexuality which are assumed to be of a private matter, is presumed to require deep and high levels of mutual trust; especially in traditional societies such as the case of Iran. Therefore, using in-depth interviews would be an appropriate method to obtain data. Yillo (1988) has suggested that for studying men's violence towards women, non-patriarchal methods such as qualitative approaches be used. Other scholars have also emphasised the appropriateness of qualitative methods in feminist studies (c.f. Cosgrove, McHugh, 2006; Blakey, 2005). 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 by their husbands or any form of forced body management to fit patriarchal sexual desirability by their husbands or they had gotten genital infections from their husbands;
- (d) They were regular visitors of the interview site<sup>1</sup>.

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.

Interviews were conducted in two sessions for three main reasons. Firstly, all women were screened for eligibility over the first interviews; second interviews were scheduled only for those who met all of the study's criteria. Secondly, we established more trust and intimacy during the first interview with interviewees. And thirdly, the timetables of the 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 participated in in-depth face-to-face second interviews<sup>2</sup>. Second interviews lasted approximately 1-1.5 hours. Participants were informed of the range of topics to be covered in the

interviews and were assured about the confidentiality of the interview process at the first session.

Interviews were conducted in a women's park. Mothers' Heaven Park<sup>3</sup> is among few places in the Iranian capital, Tehran, at which women can interact freely and without being interrupted by men. It is very common among Iranian women to talk about their private lives – including their husbands' attitudes – in feminine spaces such as this park; but they rarely talk about their sex lives. Second interviews, from which material is excerpted throughout this article, drew our attention to three main subjects:

1. Sexual coercion by husbands to their wives;
2. Genital infections conveyed by husbands; and
3. Body control imposed onto women by their husbands to have a more pleasurable sexual experience.

All these three subjects are central to understanding women's experience of their husband's patriarchal attitudes towards their bodies and their sexuality in our sample.<sup>4</sup> All interviews were audiotaped. Quality assurance check was conducted on many segments of audiotapes (D. Morgan & Krueger, 1993) and compared with prepared transcriptions of audios. A summary of all transcripts were also made to make it easier to access the data for analysis.

## Results

### *Female Sexual Agency*

In patriarchal societies, women's sexuality has been limited by paternal hierarchy. The power of men defines sexuality. Men have agency and women have a secondary, subordinated role. The limitations of patriarchal marriage, besides cultural and family norms and male definitions of sexual rights and desires are the bedrock of the subordination of women. Strong, Yarber and DeVault (2008) have shown that sexist ideas are related to power inequalities in bedroom and sexual passivity of women. Holland, Ramazanoglu, Sharpe and Thomson (2000) also argue that conventional feminine behaviour is putting women at risk in such societies.

Studies have shown that gender ideologies and uneven power distribution between partners in patriar-

chal societies are related to male violence toward women (Dasgupta and Warriar 1996; Rosen and Bird, 1996). Power dynamics in patriarchal societies place limitations on women's agency. Cultural regulations of women's sexual conduct enforce sexual passivity and submissiveness as the ideal characteristics of a good woman.

There is a common lack of 'sexual agency' with reference to the ability to make sexual choices according to one's will among our interviewees. In our group of respondents, 25% believe that women should be initiators of sexual interaction as much as men but none have ever experienced being the initiator. About 16.6% agree that women have equal sexual needs as men. Women - even those who believe in equal needs - consider it 'awkward' to initiate sexual action, although they consider it very pleasing to show emotions to their partners by hugging or caressing them.

### *Sex as a Marital Duty*

All women in our study population agree that providing sex for the husband is a marital duty for women. For instance, Simin, a housewife who is 50, believes:

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 her husband whenever he asks for.

Interviewer: What about women? Do they need sex too?

Simin: Yes, of course, but not as much as men. Much less.

Interviewer: Do you think women should initiate sexual interaction like men?

Simin: No, no wise woman does that. A woman, who shows lust to her husband, will never get any respect from him.

Interviewer: You have never initiated a sexual interaction with your husband?

Simin: No, no, never.

Only 16.6% of the women speak about sex with their husbands and all women believe that their husbands put their own needs first in sexual interaction compared to their wives' satisfaction but they strongly believe that rejecting a husband's sexual demand is a wrong thing to do:

Nasim (24-hairdresser): marriage has its responsibilities; this is one of them. You can't deprive your husband of his basic rights.

### *Sexual Coercion*

Unwanted sex and coercive forms of sexual relations such as oral and anal sex against women's will are recorded; according patriarchal rules and attitudes, men are the agents of sexual life in married couples. Although having anal sex is highly criticised in Islamic beliefs, it seems to be common among married couples. All 12 women in our sample (100%) had experienced some form of coerced sex (anal, oral or vaginal intercourse) at least once in the past year by their husbands. 25% have had regular experiences although it is not accompanied by physical violence for all of the cases. Fariba, a 35-year-old nurse, for instance, told us that her husband convinces her to have unwanted sex only through his insistence:

First insists and then if I disagree starts to act childish; does not talk or eat with me, acts as if I don't exist (... ) sometimes is alright with me but he wants it regularly (...) He did not ask for it in the first years of our marriage, he started later (...) I told him "it (anal sex) is too painful; almost like giving birth", 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 (being a nurse) and does not approve of it but accepts 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. These feeling which we call fear of loss makes her conduct her sex life that was opposed to her own will and knowledge. A 26-year-old university student, Kiana, is another case who faces regular coercive oral sex:

I vomit after doing (oral sex), he makes me swallow his semen. (...) I asked a friend who studies biology, she said you should not do it, but he says he does not enjoy if I don't (...) I don't think he really likes it though; I think he does it like, as a punishment.

Interviewer: Punishment for what?

Kiana: (...) every time he desires something and does not get it; like when I do not obey, or when I do not give him enough attention when I am bad and he is mad at me.

Interviewer: It does not happen when he is not angry?  
Kiana: No but he gets angry pretty often (laughing).

Kiana does not approve of oral sex either, she does not enjoy or want it but she thinks she has to do it for the sole 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 that accompanies the feeling of responsibility.

Zarrin, a 37-year-old midwife, pays a higher physical cost for satisfying her husband:

He wants both (anal and oral). I prefer oral sex. It's safer and easier (...) there was one time that I started bleeding a lot; I had a surgery on my rectum. It was two years ago (...) I consulted my doctor and he talked (to my husband) about it (...) Now he expects me to let him do it again as I am recovered (...) he insists that everybody does it; it is natural (...).

75% of our sample experienced coercive sex irregularly. 8.4% experience coercive sex accompanied by physical violence. Paria's batterer-husband beats her whenever sexual coercion takes place:

Paria (housewife-44): He slaps and bruises me at the same time he is doing it.

Interviewer: how often does this (sexual coercion) happen?

Paria: It really depends on many things; his business, his mood, my behaviour; it's unpredictable (...) He is a man, you know.

There is also one defender of coercive sex in our sample. Shirin, for instance, believes that women are passive and less willing to have sex than men. So men have the right to apply coercion sometimes:

Shirin (29-housewife): It is not like I don't enjoy when he imposes on 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 other 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 (Bergen, 1995, p. 117).<sup>5</sup>

None of the women in our study 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 for they believe it is expected by the society to do so. Mills (1985) has also shown that a husband's coercive conduct is not defined as real rape by women. The popularity of the definition of rape as a coercive action forced by an anonymous assailant stops them from applying the word onto their own experience with their husbands. Also, the patriarchal belief about women's passivity in sex is dominant in women's thoughts.

### *Hostile Sex and Genital Problems*

According to our observations, some of the women's minor genital infections and injuries are related to their husband's carelessness or harshness. 58.3% of our sample mentioned having experienced genital problems. 33.3% are facing genital problems such as minor infections or injuries as a consequence of their partners' behaviour. The other 25% believe their husbands cannot be blamed for their problems.

Being careless about sanitary and health rules 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 do not accept their health problems, deny visiting doctors, and subsequently infect their wives as well.

Shiva (school teacher-40): Doctor said I am probably infected by my husband, but when I told him he got angry (...) I burned badly when I was urinating. He refused to come with me to see the doctor (...) I think it happened because he does not wash himself up very often or he might have had sex with someone. Similarly,

Sima (housewife-43): He had many affairs at the time, I think he got it from them and passed it to me (...) He also does anal sex and vaginal intercourse after that; I think that's why I got itchy the last time (...) I could not wear underwear for weeks.

Shiva and Sima refer to their husbands' extramarital relationships, but still recognise and respect their patriarchal sexual rights as legitimate sexual partners. The patriarchal archetype that gives men freedom to

have several sexual relationships has remained in their minds while they believe in monandry.

Kamali (2009) demonstrated some evidence about increasing rates of sexual disease in Iran. He stated that men are more likely to initiate sex and continue contracting sexual illnesses because of their cultural patriarchal rights to be involved in various sexual relationships, and of their refusal to accept their illnesses. There is also evidence showing that men increase their own sexual desire and ability by using drugs. They also use delaying sprays and condoms without considering that long and frequent intercourses hurt their partners. 91.6% of our sample think their husbands are sometimes hostile in sexual interaction. For Simin, sexual intercourse is a painful experience:

My husband has always been very demanding. He hurts me every time we have sex (...) I get backaches after having long intercourses and have to urinate repeatedly.

Nasim experiences painful sexual intercourse because her husband uses delay sprays and condoms:

Condoms are for safety (...) he does not use them for that (...) he uses them to delay his orgasm and takes them off at the end (...) it takes him a longer time to get to the orgasm (...) I sometimes cry from pain. It starts to burn after a while (...) he uses condoms and I have to take contraceptives.

Previous studies have also found evidence that women raped by their own husbands experience physical problems such as scarring and internal injury (Browne, 1992 cited in Bergen, 1995). Hamberg et al. (1999) contend that partner abuse can lead to physical traumas such as severe small injuries and musculoskeletal problems. Shirin experiences some physical traumas:

[While having sex], he pulls my hair (...) hits me in the breasts (...) bites my arms.

Shirin showed us her chest which was covered with small bruises. She denies being beaten by her husband and does not approve of her husband being called an abuser. "He is just too passionate" she says. Aggression

in sexual behaviour is not considered unusual behaviour by her.

Shirin: All women like a little hostility in sex.

Interview: Why do you think they do?

Shirin: Well, they are women. Don't you? Umm...

This is our nature. If I say women give birth, you won't ask me why. Now, this is the same. The reason is that we are women. We are created like this.

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 the socialisation of women that insists on sexual differences as the basic etiological explanation of all differences.

### *Denied and Faked 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 and there is no attention given to the concept of "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 the 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 (1999, p.5).

Orgasm is something they have never spoken about, asked for and being given. The two women do not enjoy intercourse and have no knowledge about the clitoral orgasm. Studies have shown that for most women clitoral orgasm is most suited (Hite, 1976); so being unaware of such an alternative, Simin has always believed that orgasm is, as she puts it, a myth:

I think it is a big lie, a myth. They show it in the movies to make us believe in it and consent.

Sima, instead believes that orgasm is something "not very important", since she has lived without it for years. 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 while sex is with reference to sexual intercourse:

Shiva (school teacher-40): I like to delay the moment of sex not such as men hurrying to have sex. It is not called making love without warming.

Women are valuing 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. Sprecher, Barbee and Schwartz (1995) have shown that women believe that intimacy can generate sexual satisfaction.

Having sex is not seen as an interactional process practiced 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 made with reference to male sexual behaviour and "giving", to female sexual intercourse. The latter is a negative and insulting word used ironically vis-à-vis female premarital or extramarital relationships.

Kiana and Sudabe shared that they mostly fake orgasms. It was very hard for the two women to talk about their emotions:

Kiana (university Student-26): 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 after that.

Kiana married at a young age. Being unaware of sexual practices, she started to fake orgasm to please her husband.

Sudabe offered the same reason for faking orgasm (pleasing the partner) but her experience was much more unconscious:

Sudabe (housewife-35): I never think of it. Actually this is the first time I am calling it faking and, I do so, because you call it like that. 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 or-

gasm itself. Yes, I think of it like that.

Both women confessed that they will never discuss their problem with their husbands because they are afraid of the unknown consequences. This is also reflected in Shulman's (1980) work, which shows that many women are afraid to talk to their partners about their sexual needs and problems.

### *Body Management*

All women in the sample experienced 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, and heels (having to wear high heels). Studies in western societies have shown that western women also practice such behaviours due to the dominant gender-ideology (Bell, 1992; Rudd and Lennon, 2000). 25% of the population experience physical problem due to the type of body management they experience. Sudabe's husband reacts to body hair with disgust:

Sudabe (housewife-35): (My husband) makes me do top to toe epilation every week... My skin gets allergic and itchy and I have to use lotions constantly (...) He can't bare one single hair on my body.

Body management, according to patriarchal standards of beauty and fitness is a growing process in Iranian society. Zokaei (2008) shows that body satisfaction mean in Iranian female youth is average and almost 53% of young girls in the study have gone on a diet at least once in their lives.

There is also a gap between traditional and modern standards of beauty in Iran which is caused by an increase in internet and foreign media availability:

Sorayya (housewife-42): I was slim when I married; now look at me (pointing at her own body - laughing) (...) I had to eat a lot in the first months of my marriage; otherwise he would get mad. He showed bosomy women in the street "look, that's the way you got to be" (...) Full and curvy bodies seem sexier to him. So, I gained 10kg in two years and another 20kg in the last decade after giving birth twice.

Sorayya regularly attends swimming pool exercises prescribed by her doctor, because she has been



having problems with walking due to a chronic knee-joint pain as a consequence of her bodyweight. Doctors have suggested her to start swimming and to lose at least 20kg. Haniye's husband is also controlling her weight but in the opposite direction:

Haniye (housewife-32): Sometimes I think I will lose weight or lose my husband (...) after giving birth I gained a lot of weight. He does not sleep with me very often anymore (...) some days before I fainted in the street. He nags about my weight ten times a day (...) I have to lose weight fast. (...) This is my primary goal in life.

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

## Discussion

Sexual victimisation continues to be a major problem worldwide and the 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.

### *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 a limitation of female freedom to make decisions about their bodies and their sex life. The idea of female passivity is common among women as they tend to define sex as a male action, and not as 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:

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 con-

sidered "abusive" in most cases. Women tend to accept coercion practiced by their husbands as a normal part of their marital sexual relationship.

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 to suggest that sexual hostility occurs apart from physical hostility as a form of punishment.

Body management uses gender-based desirability codes based on patriarchal control as a form of 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.

### *Myth of the Ideal Woman*

As Dasgupta and Warriar (1996) show, the contents of socialisation in a patriarchal society focus on the roles of a good mother and wife. The critical element of these roles is the 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, thereby fulfilling the cultural values of a "good woman".

There is a common Persian saying which states: "A woman goes with bridal gown to husband's house and returns with grave-cloth", 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) argument that women view marriage as a personal fulfillment that should not be failed and the myth of the good and obedient wife forces them to bear with the difficulties, no matter the costs.

### *Patriarchy*

Patriarchal attitudes are being reinforced in all socio-cultural institutions and accepted by women through

socialisation processes in Iranian society. Women are raised with gender ideology and archetypes that insist on the pre-existing roles. Statements such as “He is a man, you know” and “The reason is that we are women. We are created like this.” demonstrate the existence of gendered archetypes. This makes patriarchy an 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 such a gender hegemony. Studies have shown that patriarchal social contexts and profit seeking attitudes generate violence against women (Schissel, 2000).

### *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. Be 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. Learn how to get satisfaction from a sexual experience: only after assuring safety and emphasising on health issues, women could be made aware of pleasure in a marital sexual relationship;
3. Express and communicate about their sexual desires: sexual experience is an interactional relation and studies have shown that men force women into unwanted sexual experiences because women do not communicate their desires effectively (Frith and Krtzinger 1997);
4. Co-manage intercourses by deciding on their body and their sexual behaviours as well as the timing and situations in which a sexual interaction takes place: get back the denied agency and reproduce it in one's relationship.

### *Limitations of this Study*

This sample consisted of a small group of primarily urban, middle-class, Iranian women who regularly go

to a women-only park. So, one should be cautious to make any form of generalisation relying on the findings of this study on others such as rural women, or on other ethnic, religious or class groups.

Iranian society contains 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 obtain information about women's sex lives and related experiences.

Another limitation is the lack of an academic body of knowledge about marital/sexual experience of hostility and violence in Iran. Research has been undertaken 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 the accuracy of our study.

### **Notes**

<sup>1</sup> Interviewing married women in their residence or in other public places such as other parks or coffee shops was not possible due to their unwillingness. There was a common conformity in denying visits anywhere outside the first interview site (Beheshte-Madaran Park). Talking about sexual life is a taboo in Iranian society and women did not want to be seen by their family and community members speaking about it.

<sup>2</sup> Other cases (13 women) were eliminated due to (1) unwillingness to talk (8 people); (2) not being a regular visitor of the interview site; and (3) inability to organise the second interview (5 people).

<sup>3</sup> Beheshte Madara'n (Mothers' heaven) is the first women-only park in Tehran located in the north of the capital city of Tehran. The 19 hectare park is surrounded by long walls, preventing views from outside and is guarded by officers and cameras. The fact that women can take off their hijab and do sports has gathered many girls' and women's attention. It is also a safe place for women to meet their female friends and hold picnics without being interrupted.

<sup>4</sup> All interviews are conducted in the capital city of Iran with 50 married women aged between 24-50 during the period between July and August 2012. Interviews were all conducted by the researcher and a research assistant.

<sup>5</sup> There are no such statistics available for Iranian communities.

<sup>6</sup>In various Iranian subcultures, different desirability regulations are prevalent. Some prefer slenderness and others, the opposite.

<sup>7</sup>What is called grave-cloth here is a white piece of cloth which is wrapped around the dead body in Muslim burial tradition.

## References

- Bell, C. (1992). *Ritual Theory, Ritual Practice*. New York: Oxford University Press.
- Bell, K. M., & Naugle, A. E. (2008). Intimate Partner Violence, Theoretical Framework: Moving Toward a Contextual Framework. *Clinical Psychology Review*, 10: 1016.
- Blakey, N. (2005). *Designing Social Research*. Translated by: Hasan Chavoshian, Tehran: Ney Publication.
- Burgen, R.K. (1995). Surviving Wife Rape: How Women Define and Cope with the Violence? *Violence against Women*, 1995; 1; 117-138.
- Chung, D. (2005). Violence, Control, Romance and Gender Equality: Young Women and Heterosexual Relationships. *Women's Studies International Forum*, No. 28
- Cosgrove, L. & McHugh, M. (2006). *Research for Women: Feminist Studies*. Translated by Reza Abolghasempour, Tehran: Roshangaran va Motaleate Zan Publication.
- Dangor, z. & Hoff, L.A. Scott R. (1998). Woman Abuse in South Africa: An Exploratory Study. *Violence against Women*, 1998; 4; 125-152
- Dasgupta, S.D., & Warriar, S. (1996). In the Footsteps of "Arundhati": Asian Indian Women's Experience of Domestic Violence in the United States. *Violence against Women*, 1996; 2; 238-259.
- Ellsberg, M. (2008). Intimate Partner Violence and Women's Physical and Mental Health in the WHO Multi-country Study on Women's Health and Domestic Violence. *Lancet*, Vol. 371, issue, 9619.
- Frith, H., & Krtzinger, C. (1997). *Talk about Sexual Miscommunication*. Women's Studies International Forum, vol.21, No. 4
- Garsk, D. (1996) *Transforming the Culture*. in Hampton, R. et al Ed., Preventing Violence in America, Sage Publications.
- Gasselín, D. K. (2009). *Heavy Hands: An Introduction to the Crimes of Family Violence*. Prentice Hall
- Glick, P., & Sakalli-Ugurlu, N., & Ferreira, M. C., & de Souza, M. (2002). Ambivalent Sexism and Attitudes towards Wife Abuse in Turkey and Brazil. *Psychology of Women Quarterly*, 26, 292-297.
- Heite, S. (2003). *The Hite Report: A Nationwide Study of Female Sexuality*. New York: Dell.
- Hamberg, K. & Johansson, E.E. & Lindgren, G. (1999). "I was Always on Guard": An Exploration of Women Abuse in a Group of Women with Musculoskeletal Pain. *Family Practice*: Vol.16. No. 3, 238-244.
- Holland, J., Ramazanoglu, C., Sharpe, S., & Thomson, R. (2000). *Deconstructing Virginity: Young People's Accounts of First Sex*, 15(3), 221-232
- Hunnicut, G. (2009). Varieties of Patriarchy and Violence against Women: Resurrecting Patriarchy as a Theoretical Tool. *Violence against Women*, 15, pp. 533-573
- Kambarami, M. (2006). *Femininity, Sexuality and Culture: Patriarchy and Female Subordination in Zimbabwe*. Talk delivered at Understanding Human Sexuality seminar series, September 2006.
- Kamali, K. (2009). Men are the Beginners of Sexual Illnesses. in *Iranian Electronic Journal of Health News*.
- Longmore, A. (1998). Symbolic Interactions and the Study of Sexuality. *Sex Research*, Vol. 35
- Maines, R. P. (1999). *Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction*. John Hopkins University Press.
- Marx, K. (2005). *The Communist Manifesto*. Stillwell: Digireads.com publishing.
- Mills, T. (1985). The Assault on the Self: Stages in Coping with Battering Husbands. *Qualitative Sociology*, 8, 103-123.
- Morgan, D. & Krueger, A. (1993). *When to Use Focus Groups and Why, In Successful Focus Groups: Advancing the State of the Art* (pp. 3-19). Newbury Park, CA: Sage.
- Randall, M. & Haskell, L. (1995). Sexual Violence in Women's Lives: Findings from the Women's Safety Project, a Community-Based Survey. *Violence against Women*, 1995; 1; 6-31.
- Rosen, K.H. & Bird, K. (1996). A Case of Woman Abuse: Gender Ideologies, Power Paradoxes, and Unresolved Conflict. *Violence against Women*, 1996; 2; 302
- Rudd, N.A. & Lennon, S.J. (2000). Body Image and Appearance: Management Behaviours in College Women. *Clothing and Textiles Research Journal*, 18: 152-162.
- Saadat Hassouneh-Pillips, D. (2001). Marriage is Half of Faith and the Rest is Fear Allah: Marriage and Spousal Abuse among American Muslims. *Violence against Women*, 7; pp. 927-946.
- Santhya, K.G. (2007) Consent and Coercion: Ex-

- amining Unwanted Sex among Married Young Women in India. *International Family Planning Perspectives*, Vol. 33, No. 3
- Schissel, B. (2000) Boys against Girls: The Structural and Interpersonal Dimensions of Violent Patriarchal Culture in the Lives of Young Men. *Violence against Women*; 6; pp. 960-986.
- Shulman, A.K. (1980). Sex and Power: Sexual Bases of Radical Feminism. *Signs*, V. 5, No. 4, pp.590-604.
- Sprecher, S., & Barbee, A., & Schwartz, P. (1995). Was it Good for You Too?: Gender Differences in First Sexual intercourse Experiences. *The Journal of Sex Research*, V. 13, No. 1, pp. 3-15.
- Stacy, J., (1993). *Untangling Feminist Theory*. in Richardson D. and Robinson V. Ed., *Introducing Women's Studies*, London, Mc. Millan.
- Strong, B., Yarber, W., & DeVault, C. (2008) *Human Sexuality*. Boston: McGraw Hill.
- Teifer, L. (1992). *Feminism: Matters in Sexology*. Elsevier science publisher
- Vance, C. (1999). *Anthropology Rediscovered Sexuality: A Theoretical Comment in Culture, Society and Sexuality*. edited by Richard Parker, published by UCL press
- Viki, T.G., Chiriro P. Abrams D. (2006) Hostile Sexism, Type of Rape, and Self-Reported Rape Proclivity within a Sample of Zimbabwean Males, *Violence against Women*, 2006; 12; 789-800.
- Walby, S. (1990) *Theorising Patriarchy*. Oxford: Blackwell.
- Walker, L. E. (1984) *The Battered Women Syndrome*. New York: Springer.
- Weber, M. (1978) *Economy and Society: An Outline of Interpretive Sociology*. Roth, G. and Wittich, C. ed. Berkeley: University of California Press.
- Weeks, J. (1986) *Sexuality*. London and New York: Routledge
- Yllo, K., Bogard, M. (1988) *Feminist Perspectives on Wife Abuse*. California: Thousand Oaks.
- Zokaei, M.S. (2008) *Sociology of Iranian Youth*. Tehran: Agah Publication.

---

Ladan Rahbari is a Ph.D. candidate in sociology at the University of Mazandaran. She is also a part-time lecturer at the Faculty of Religions and Civilisations at the Isfahan University of Art. Her research interests include sexuality, gender politics and human rights. She is currently writing her dissertation on women's right to the city in Iran. rahbari.ladan@gmail.com

---