**Women’s economic status and sexual negotiation: Re-evaluation of the ‘normative precedent’ in Tanzania**

Seema Vyas\*a

*Department of Population Health, London School of Hygiene and Tropical Medicine, London, UKa*

\*Corresponding Author: Seema Vyas Email: seema.vyas@lshtm.ac.uk

**Abstract**

Women’s ability to negotiate the conditions and circumstances of sexual relations is central to their sexual and reproductive health, including mitigating HIV risk. In Africa, gender-based power imbalances constrain women’s sexual agency. Research has suggested that among couples in sub-Saharan African countries such as Uganda and Nigeria, sexual decision-making is defined by a ‘normative precedent’ in the form of a set of rules and practices conferring sexual authority on men. Using focus group discussion data among women in paid work and among men, this study explored interpersonal relations and sexual negotiation in Tanzania. Data were collected in two sites, Dar es Salaam and Mbeya. The normative precedent for sexual decision-making was universally understood by men and women. Women did not perceive paid work as giving then greater bargaining power in the domain of sex. In Mbeya, a high HIV area, some women perceived that refusing sex would push men in to having additional sexual partners, thus increasing their susceptibility to HIV. Other women, however, believed that suspicions about men’s behaviour combined with accurate HIV knowledge, provided leverage for women to refuse sex. In both sites, challenges to the normative precedent were evident, particularly among younger men. Both men and women expressed a preference for equality in sexual decision-making.

**Keywords:** Tanzania; sexual negotiation; social norms; normative precedent

**Introduction**

The ability of women to communicate and negotiate the conditions and the circumstances of sexual relations is essential for their control of their sexual and reproductive health. Research in low- and middle-income countries (LMIC) suggests that gender-based power dynamics in sexual relationships are often unbalanced, and that women’s sexual agency, both within and outside of marriage, is constrained (Blanc 2001; Jewkes et al. 2010). Moreover, these power imbalances frequently culminate in a sexual ‘double standard’ that confers men greater sexual freedom than women (Blanc 2001; Wight et al. 2006; Wolff, Blanc and Gage 2000).

For example, in countries such as Bangladesh, Ghana, Nigeria, and Uganda, greater pressure on women to remain faithful to their husbands; greater morality judgements concerning female sexual activity; and the custom for men to have more than one wife at the same time, all serve as barriers for women to engage in safe sexual practices, have been observed (Fiaveh et al. 2015; Jesmin and Cready 2014; Mitsunaga et al. 2005; Wolff, Blanc and Gage 2000). Women’s lack of sexual autonomy is directly linked to adverse sexual and reproductive health outcomes such as the risk of contracting HIV, a vulnerability that is particularly acute in sub-Saharan Africa where heterosexual HIV transmission within marriage accounts for most new infections (Chemaitelly et al. 2014; Dunkle et al. 2008; Mitsunaga et al. 2005).

Early research asserted that economic dependence on men limits women’s ability to negotiate the circumstances of sex, such as condom use (Ulin 1992). The widespread practice of bridewealth in many African countries, such as Ghana, Senegal, and Uganda is also argued to disadvantage the status of women by weakening their ties to natal family, and by placing them under a perceived sense of obligation to their partners especially if the marriage breaks down and the bridewealth returned (Kaye et al. 2005).

In principle, it might be expected that participation in paid work should empower women to negotiate sexual relations and reproductive outcomes. Empirical evidence, however, yields mixed associations. In Nigeria and the Dominican Republic, employed women were significantly more likely to report ability to refuse sex and to ask their partners to use condoms when compared with non-employed women (Ashburn, Kerrigan and Sweat 2008; Sano et al. 2018). In Zambia and Bangladesh, however, earning money was not found to free women from the expectation to have sex when their husbands demanded it (Amoyaw et al. 2015; Jesmin and Cready 2014). While a study in Ghana found that bridewealth reduced a woman’s reproductive autonomy (Horne, Dodoo and Dodoo 2013), a study in rural Senegal documented that bridewealth was a sign of a groom’s willingness to treat his wife well (Mbaye and Wagner 2017). The higher the bridewealth the greater the demonstrations of good treatment and reduced fertility pressures on women (Mbaye and Wagner 2017).

These findings illustrate that, in addition to financial resources, other factors influence sexual negotiation. For example, research has highlighted how rigid social norms and traditional customs hamper women’s ability to translate their earnings and economic role outside of the household into sexual negotiation and bargaining power within it (Vyas, Mbwambo and Heise 2015). Gender functions so as to organise interactions and relations that stress differences between men and women. Thus, men and women face ‘different rules of the game’ in what Kandiyoti (1988) has referred to as the ‘patriarchal bargain’. Gender rules not only influence how individuals perceive men’s and women’s roles, including sex roles, but also shape the choices that they can make. Social practices which typically favour men over women characterise gender inequitable societies. As sexual behaviour takes place within a cultural and social context and is, therefore, intimately linked to gender role expectations, the greater the differences between men’s (as dominant) and women’s (as subordinate) gendered identity the more pronounced the link between sexuality and male social value (Silberschmidt 2001). Agarwal (1997) has described women’s expected provision of sexual services to husbands in some settings, as constituting a ‘doxa’ or domain which forms part of the social order and which cannot be challenged by women, especially in societies where gender-progressive laws and policies are lacking.

Implicitly understood rules about sex roles and the ‘normative precedent’ have been described by Wolff, Blanc and Gage (2000) in their framework for understanding how sex and sexuality is expressed in marriage. The normative precedent is both defined and guarded by established gender role expectations which are often passed down through the generations. For example, in Uganda, older women (*ssengas*) teach adolescent girls in good wifely behaviour (Nyanzi et al. 2005). Such instruction typically includes practising deference, not communicating sexual desires and needs, and knowing how to satisfy their husbands sexually (Nyanzi et al. 2005).

Research also highlights challenges to, or re-interpretations of, rigid sexual scripts. For example, a study in Nigeria found that while men were culturally bound to dominate sexual negotiation, women used subtle ‘cues’ to express their sexual desires, such as dressing in particular ways (Wusu and Isiugo-Abanihe 2008). Although Agarwal (1997) argued that explicit bargaining is not possible for women within certain domains, implicit forms of contestation are possible. By withholding sex from their husbands women are able to use sex as a bargaining chip. In addition, cultural mandates offer grounds for women to refuse sex under certain circumstances, such as during menstruation, pregnancy and illness (Agyekum 2002; Nyanzi et al. 2005; Vyas, Mbwambo and Heise 2015; Wallace et al. 2019). Refusing sex, however, is not maintainable over the longer term, and the willingness of women to engage in disagreements depends on the consequences as a result (Sen 1990). Such consequences may include verbal abuse, violence or the threat of violence, separation or marital dissolution, and/or the withdrawal of economic support (Mugweni, Omar and Pearson 2015; Nyanzi et al. 2005, Vyas, Mbwambo and Heise 2015; Wallace et al. 2019; Wolff, Blanc and Gage 2000).

***Sexuality in Tanzania***

Research in Tanzania suggests the existence of restrictive norms on heterosexual activity. School pupils should abstain from sexual relations, and girls face the threat of being expelled from school if they become pregnant (Nnko and Pool 1997; Wight et al. 2006). Unmarried women should maintain sexual respectability to secure a good marital match and bridewealth, while married women should defer to their husbands (Mtenga et al. 2016; Vyas, Mbwambo and Heise 2015; Wight et al. 2006). In 2015, 36% of women in Tanzania were married before the age of 18 years, of which 18% were in polygynous unions, and the median age at first marriage was 19.2 years for women, and 24.3 years for men (MoHCDGEC et al. 2016). The median age at first sexual intercourse was 17 years for women, and 18 years for men; and almost one in seven women had their first sexual encounter by the age of 15 years (MoHCDGEC et al. 2016). Almost one-third of women, aged 15-49 years, agreed with the statement that a husband is justified in beating his wife if she refuses sex, a figure which increases with age group (26% among 15-19 years; 35% among those 40 years or more). Among men, aged 15-49 years, 14% agreed with the statement a husband is justified in beating his wife if she refuses sex, a figure which is highest among the youngest age group (18.2% among 15-19) (MoHCDGEC et al. 2016).

Research has also documented practices contradictory to conservative gender role expectations. Extra-marital relationships are common; a population-based study estimated that approximately 45% of both men and women had sexual relations outside of their married or cohabiting unions (Mtenga et al. 2018). Research has also suggested that sex for economic gain or reward is the norm in adolescent and adult heterosexual relationships, and that the concept of bridewealth has extended to non-marital unions (Deane and Wamoyi 2015; Mtenga et al. 2016; Wight et al. 2006). Moreover, HIV continues to be a big problem in the country with a prevalence rate of 6.5% among women and 3.5% among men (in 2017) (MoH Tanzania 2017).

While the relationship between women’s economic empowerment, sexual autonomy, and sexual and reproductive health outcomes is well documented, little is known about the process of negotiation leading up to sex which takes place between couples, and particularly as the HIV epidemic has evolved (Blanc 2001; Mbaye and Wagner 2017; Nyanzi et al. 2005; Sano et al. 2018). This article helps fill to this knowledge gap. Using focus group discussion data from women and from men in Tanzania, the study sought to understand norms around sexual decision-making and the impact of women’s employment on sexual negotiation in intimate relationships.

**Methods**

This study drew on data generated from 15 focus group discussions (FGD) conducted between January to March 2009 in two sites—Dar es Salaam and Mbeya. The sites were chosen to reflect the socio-demographic diversity which exists in Tanzania. Dar es Salaam, on the East coast, is the country’s largest city and entirely urban. With a mixed population of 4.4 million (in 2012), the city is split into three administrative districts (Temeke, Kinondoni, Ilala) (UNDP 2015). Mbeya, in the southwest of the country, borders Malawi to the south and is a largely provincial setting. Comprised of eight districts, the majority of Mbeya’s 2.7 million people live in rural areas (UNDP 2015). With a HIV prevalence of 9.3%, Mbeya Region ranks 3rd highest (out of 31), while Dar es Salaam, with a HIV prevalence of 4.7%, ranks 15th highest (out of 31) (MoH Tanzania 2017). Population-based data reveals Dar es Salaam has a slight majority Muslim population in contrast to Mbeya, a predominant Christian region. In both sites, over 90% of ever-married women reported their marriage involved procurement of a bride price, and similar proportions of women believe a husband is justified in beating his wife if she refuses sex; 16% in Dar es Salaam and 18% in Mbeya (MoHCDGEC et al. 2016; Vyas 2012).

***Data collection***

Data were collected as part of a broader study, conducted by the Muhimbili University of Health and Allied Sciences (Tanzania) and the London School of Hygiene and Tropical Medicine (UK), that explored women’s economic empowerment, and men’s and women’s gender roles. FGDs were conducted in order to elicit commonly held beliefs and understandings relating to gender norms and men’s and women’s societal roles, which could be relayed in a group setting (Jakobsen 2012). Seven FGDs were conducted in Dar es Salaam and eight were conducted in Mbeya, with each FGD consisting of between nine to twelve participants (Table 1). FGDs were stratified by sex and age category—among women between 18-29 years (younger) or 30-49 years (older); among men between 18-35 years (younger) or above 35 years. FGDs were stratified by age to create groups in which participants would more readily engage in discussions (Krueger 1994).

[Table 1 here]

Purposive sampling was used for respondent recruitment. The characteristics of female respondents were that they were ever-partnered and engaged in informal market-trading activities to earn a monetary income; thus, recruitment took place in markets. In Dar es Salaam, a list of markets was drawn up and three markets (from fourteen) were randomly selected for recruitment. In Mbeya, two markets in Mbeya town and two markets in a peri-urban place were selected for recruitment.

Among men, three FGDs were conducted in Dar es Salaam (two in Kinondoni and one in Temeke Districts) and four FGDs were conducted in Mbeya City. Although the intention had been to complete four FGDs in Dar es Salaam, because of resource constraints, only three could be completed. The selection criterion was that men were: 1) working in the informal sector; 2) married or cohabiting; and 3) their partner was engaged in income generating work. In Dar es Salaam, a garage, a construction site and a marketplace were visited to recruit participants. In Mbeya, a *kijiweni* or place where cart pullers would wait, and marketplaces were visited.

The FGD guide consisted of topics which included women’s roles in the household including household decision-making, and decision making related to sex. Each participant was read information about the study and given a form to screen for eligibility. A consent form was then administered to all men and women, which introduced the study.

FGDs among women were conducted in the marketplace by the same female interviewer, and FGDs ranged from 47 minutes to 1 hour 15 minutes. A male interviewer and moderator collected data from the FGDs among men, which ranged from 1 hour to 2 hours 13 minutes in length. All interviewers were trained to facilitate group discussions that included conducting a pilot group discussion to familiarise them with the topic guide. All discussions were conducted in Kiswahili and all participants agreed to their interviews being recorded. The interviewers transcribed the data verbatim and added any field notes they had made. The transcripts were then translated into English by two medical students at the Muhimbili University of Health and Allied Sciences, Tanzania.

***Analysis***

All transcripts were coded and analysed using directed content analysis, a deductive approach to categorising qualitative data (Hsieh and Shannon 2005; Ryan and Bernard 2003). This approach draws on theory, frameworks and existing empirical evidence to guide the initial coding (Hsieh and Shannon 2005; Ryan and Bernard 2003). The author first read the English version of the transcripts and highlighted all the passages related to sexual behaviour. This step was undertaken to make sure all discussion about sexual norms and decision making were captured. Highlighted text was then categorised into predetermined codes structured around the four stages of sexual negotiation identified by Wolff, Blanc and Gage (2000): norms on sexual decision-making; communication between couples; agreement or disagreement; and conflict resolution. Codes and sub-codes were added as coding was undertaken. Coded text was then organised into themes that recurred in discussion from both sites and from both men’s and women’s discussion; and were then grouped into themes that recurred in one site only; or only among men or only among women. These themes were then analysed and interpreted alongside theory and empirical evidence. All group discussion participants were given pseudonyms to protect confidentiality and anonymity.

***Ethics***

Ethics approval was granted by the institutional review boards at the London School of Hygiene and Tropical Medicine and the Muhumbili University of Health and Allied Sciences as well as by Tanzania’s national ethics committee at the National Institute of Medical Research. In addition, permission to conduct the research was also sought from the regional and the district commissioner offices in Dar es Salaam and in Mbeya, and from the market manager within each market.

**Findings**

***The normative precedent in sexual negotiation***

In both sites and from discussions with both men and women, a shared ideal of sexuality in marriage in the form of the ‘normative precedent’ emerged. At the core of the ideal was the idea that sexual decision-making authority rests with men and that women should be compliant to men’s demands. Although not all respondents personally subscribed to the ideal, indeed many aspects of it were challenged, the normative precedent emerged as understood by participants in all discussions. One example of a statement which expresses the principles under scrutiny was provided by a male participant from Dar es Salaam:

A man pays 4 or 10 cows as a bride price, like a Maasai, and the reason for marrying is not just for cooking because his mother can cook for him and a house girl can wash his clothes, but he has brought her here for this (sex). (Wilfred, 18-35 years, Dar es Salaam)

This statement contains a number of gendered inequitable beliefs about men’s and women’s roles both outside of and within marriage. It affirmed that a wife’s function is for the socially legitimate provision of sex—'he has brought her here for this (sex)’*—*; it intimates that payment of a bride price justifies a man’s control over his wife using the analogy ‘like a Maasai’*,* a tribe for whom livestock plays an important role in the exchange economy; and it categorises women’s productive role as a domestic one—cooking and cleaning.

While this participant expressed his opinions strongly, other male participants shared similar, although less forceful, views:

Men should have authority and decide (on sex). (Fidelus, 35 years or more, Mbeya)

The truth is a wife is married for such a thing (sex) and she can’t put any rules. (John, 35 years or more, Dar es Salaam)

Thus, in line with Kandiyotti’s (1988) patriarchal bargain, it appears that ‘men and women face different rules of the game’. While there were certain justifiable conditions under which a woman could refuse sex, such as, if she was unwell, outside of these conditions a wife should have no control over her sexuality, as Amon (35 years or more) from Dar es Salaam questioned, ‘if a woman is healthy, why would she refuse?’ and then went on to say, ‘*A man shouldn’t need to ask a woman what to do!’*

This same theme came up in discussion with women among whom it was widely understood that marriage was an agreement of conjugal duties: ‘a woman has already agreed to it when she got married....’ (Lucy, 18-29 years, Dar es Salaam)*;* and that sexual provision to a husband was a wife’s responsibility:

We are taught by the elders…they say, even if you are grating a coconut and he calls you, you must go! (Joyce, 30-49 years, Dar es Salaam)

This statement highlights the socialisation process associated with the normative precedent in the form of understandings passed down from elder generations to coming of age girls – ‘we are taught by the elders’*.* It clearly outlines what the sexual script entail, in the form of cultural instructions to younger women that proper wifely behaviour involves obeying their husbands: ‘he calls you, you must go!’ Therefore, once a woman marries, she has no say about sex. As Juliet said, ‘a woman must take a man the way he is!’ (30-49 years, Dar es Salaam).

***Women’s paid work and sexual negotiation***

In each FGD, men and women were asked whether women’s paid work gave women a say in sexual decision-making. In discussions among women, the ability to refuse men sex appeared to depend on how women assessed the consequences:

Refusal is still impossible....unless a woman is looking to be beaten. (Doris, 30-49 years, Mbeya)

That said, women’s market work provides them with an extended social network which includes talking and being with other women and men. This network, combined with the nature of market work, led some women to work long hours in addition to their domestic roles. Unsurprisingly, female discussants agreed that often women who work are too worn out for sex, and the effect of this ‘second work shift’ was not lost on men:

That means the woman is working twice and there is no way she could do that naturally. She can do only one thing which is the power given by God to do sex only. (Abel, 35 years or more, Dar es Salaam)

This statement highlights the potential influence of religiosity on beliefs and attitudes towards sexual behaviours.

Another theme which arose in men’s group discussions in Mbeya was that women who work become unattractive.

Whether she sells vegetable or fish... both trades smell bad. She won’t appear presentable and if she is not attractive it is difficult for a man to think of her. You only think of a woman when she is attractive. (Goro, 35 years or more, Mbeya)

Relating back to women’s dual roles as housekeepers and income earners, Edna said:

If a man says he is tired, a woman has to accept her husband is tired, but it is not acceptable for a woman to say that; the man would say ‘how can you say you are tired, I can see this job you are doing is giving you arrogance’. (Edna, 18-29 years, Dar es Salaam)

This statement highlights how gender inequitable expected practices accentuating differences between men (as dominant) and women (as subordinate) are reproduced in sex roles: ‘a woman has to accept her husband is tired, but it is not acceptable for a woman to say that’. Moreover, the statement ‘this job is giving you arrogance’ signals the balancing act women must play so that their access to a monetary income does not destabilise men’s ascribed status as the dominant partner. In the same group discussion, Mariam said:

For some men, if a woman tells him she is tired he can penetrate her forcefully so he would know just how tired she is. (Mariam, 18-29 years, Dar es Salaam)

Underlying this woman’s statement is the belief that men can become easily suspicious about their female partner’s sexual behaviour. This theme also arose in men’s discussions, where some forms of work such as office work were seen as appropriate and trustworthy for wives, while others (such as working in beauty salons and bars) were considered provoking. As Victor (18-35 years) in Mbeya said about a working wife refusing sex, ‘You might think she is eating (satisfying herself sexually) somewhere else’.

Another theme which came through in discussions, and which related to women’s evaluation of the consequences arising from disagreement, was men’s infidelity. This theme came through more strongly in Mbeya than in Dar es Salaam. If a woman were to refuse her husband sex, then this gave him a licence to set up relationships with other women:

If there is nothing wrong a woman should agree because if she doesn’t where will he go? Or how will he understand her? In that case if he goes out don’t blame him because she has denied him. (Neema, 18-49 years, Mbeya)

If a woman rejects her husband, it means she is allowing him to go out. (Rosie, 30-49 years, Mbeya)

These comments highlight the extent of inequality within the normative precedent: namely, that women are responsible for their husband’s sexual behaviour and that women have internalised this responsibility – ‘if he goes out, don’t blame him because you have denied him’. Moreover, women were also aware of the risks of men’s extra-marital relations:

Mostly we women have contributed to the destruction of our marriages and that is what has resulted in these diseases. (Lavinia, 18-49 years, Mbeya)

Women’s perceptions appear to suggest that engagement in paid work, therefore, did little to secure women’s ability to negotiate sex. Any independence gained through paid work was secondary to women’s perceived ‘well-being’ in the event of a refusal that might trigger violence and conflict, accusations of being unfaithful, or men’s infidelity and the associated risk of disease.

***Re-evaluating the normative precedent***

As stated earlier, certain aspects of the normative precedent were challenged at both sites. An important element to this lay in men and women acknowledging the nature of the precedent and the social injustice that exists within it. As Agarwal (1997) highlights, it is not always the case that women are oblivious to the inequality which they face. Often, women are powerless to challenge it because of structural constraints (e.g. legal, political, and economic) which serve to disadvantage women. As Agness (30-49 years) from Dar es Salaam put it, ‘even in law women have no say’.

A key feature of people’s lives in Tanzania is the threat of HIV. Among women in Mbeya, there was clear evidence that public health sexual behaviour messaging around HIV risk had been understood. As Angela said:

..... we have learned careless sex is not good and I know it’s effects. (Angela, 30-49 years, Mbeya)

She went on to say that‘ a woman should have the power to decide [when to have sex]’*,* further highlighting how individual personal beliefs and normative beliefs may not always be aligned.

Among men, and in both sites, discussion involved suggestions that men’s behaviours should also be examined.

There are men who want sex every day. They make it as ‘a prayer’. That is not good for his wife because we are all human beings. (Mussa, 18-35 years, Dar es Salaam)

This statement highlights the commonly held perception of the insatiable all powerful nature of men’s sexuality over which men have little or no control. Mussa then went on to bring out the distinction between the traditional and the modern man, when he said, ‘a traditional man uses the principles of marriage, but a modern man is clever because he listens to his wife’. In addition, Alex from Mbeya said:

Men sometimes go home drunk. He forgets he left nothing and doesn’t know if she ate. Then he requests sex. How can a man ask to have sex while the woman didn’t eat? She refuses, but he is full of alcohol [and] ends up beating her without realising he is the one who caused it. (Alex, 18-35 years, Mbeya)

The above statement hints at how some men have irresponsibly retreated from the traditional breadwinner role when Alex says: ‘He forgets he left nothing and doesn’t know if she ate’. It also highlights some of the normative destructive men’s behaviours observed in Tanzania as does the following statement from Peter which also recognises the presence of violence in sexual relationships:

You can’t enter the house find your wife sleeping and go straight to her to have sex. No. She is your wife. This is against marriage. It is like raping her. (Peter, 18-35 years, Mbeya)

In addition to acknowledging such gender inequitable practices, sentiments expressed in the men’s discussions directly challenged the normative precedent. As Gasper (35 years or more) from Mbeya said, ‘the aim should be to remove authoritative decisions in marriage to establish equality’, thus expressing the need for greater equality in marriage and decision making. At the heart of men’s discussions about this was their desire for greater relationship quality.

Sex is pleasure and two people must agree. If one is happy and the other is not, then it loses its meaning. (Mussa, 18-35 years, Dar es Salaam)

Finally, while the normative precedent culturally secures men sexual authority over women, there was evidence of some women conveying their sexual desires to their male partners. In Dar es Salaam, communication was largely non-verbal through *signs*. In Mbeya, however, sexual desires could be asserted more directly, as Dayness said:

There are days when you are so aroused in such a way you might initiate sex, and some days you are so cool until he caressesyou. (Dayness, 18-49 years, Mbeya)

Thus, challenges to the sexual script exists, and among men there was an acknowledgement of this increase in communication, with some men preferring the new role that women played:

When I go home, she starts to make me have a desire for sex, she is the one to know how to make you change your thinking. (Martin, 35 years or more, Mbeya)

**Discussion**

How couples negotiate sex has received much attention over the past three decades. This attention was fuelled by the HIV epidemic which has affected many countries in sub-Saharan Africa. Early research in this context pointed to a gender divide in sexual decision-making which put women at greater risk of infection (Nyanzi et al. 2005; Mitsunaga et al. 2005; Wolff, Blanc and Gage 2000). However, as men and women have come to live with the epidemic and its evolution, for some men and women norms on sexual decision-making in sexual relationships have slowly begun to change. This study sought to examine this and also whether women’s paid work altered their ability to negotiate the conditions and circumstances of sex with their male partners.

This study found that in the two study sites traditional norms on men’s and women’s sex roles continue to exist and, that typically, men are seen as having greater influence over sex. As has been reported in Ghana and Uganda, expected roles preserving gender inequality, are passed down from one generation to the next (Fiaveh et al. 2015; Nyanzi et al. 2005; Wolff, Blanc and Gage 2000). For example, adolescent girls are given instruction in womanly behaviour which includes agreeing to their male partner’s sexual desires. Other divisive practices remain. A recent study in Tanzania documented the practice of giving a groom a stick on his wedding day with which to hit his wife (Vyas 2018), and in her qualitative study in Tanzania, Jakobsen (2014) identified support from both men and women for the justifiable use of violence towards wives. In a population-based survey one in three Tanzanian women agreed that refusing sex is a justifiable reason for a husband to beat his wife (MoHCDGEC et al. 2016).

Two important findings came through in the group discussions which shed light on the key factors influencing norms around sexual behaviours: namely, religiosity and bridewealth. In her review of theoretical perspectives of sexual behaviours in Africa, Djamba (1997) asserted how religious beliefs influence sexual norms. Religion tends to regard women’s sexuality conservatively, and the greater the role religion plays in governing interactions in a community, the stronger the grip on gender roles (Djamba 1997; Fiaveh et al. 2015). This study also found evidence that the practice of bride price influences the nature of sexual relations in marriage. As documented in Ghana and Uganda, on the payment of bride price men gain rights to women’s sexual, reproductive, and domestic services (Horne, Doodo and Doodo 2013; Nyanzi et al. 2005). Despite these findings, discussion with younger men suggested the emergence ofnew ideals which aspire to more egalitarian relationships including decision making about sex. It was not clear, however, to what extent these new ideals have translated into actual ’practices’, or what underlies this change.

Consistent with findings elsewhere, paid work did not enable women to change the dominant order of sexual relations (Jesmin and Cready 2014; Nyanzi et al. 2005; Wolff, Blanc and Gage 2000). While data from the 2015 Tanzania DHS revealed that while proportionately more women in paid work reported household decision-making when compared with women who were not working, paid work did not translate to women rejecting the view that refusing sex is justifiable reason for a husband to beat his wife (MoHCDGEC et al. 2016). It may be that sexual decision-making provides an example of Agarwal’s (1997) doxa: namely, that sexual practice is a domain not easily contestable for women. One possible avenue for breaking with these traditional beliefs about sex roles lies in gender sensitive education in schools to balance the social narrative. Studies have also found that educational attainment is a consistent factor enhancing women’s ability to negotiate sex (Amoyaw et al. 2015; Sano et al. 2018; Tenkorang 2012; Wolff, Blanc and Gage 2000). However, in Tanzania less than one-quarter (23%) of 15-49 year old women attain at least some secondary education (MoHCDGEC et al. 2016). Policy makers should therefore consider starting gender equitable curricula earlier than secondary schooling, for example at the late primary stage.

In both sites, men and women expressed how women’s refusal to have sex led to misunderstandings and to men’s infidelity. Extra-marital sexual relationships, by both men and women, are widespread in Tanzania, and HIV incidence remains high among married and cohabiting couples (Mtenga et al. 2016). HIV risk is particularly high in the Mbeya Region, an area which has one of the country’s highest prevalence rates. In this study, factual knowledge about HIV, such as extra-marital sex is a key risk factor in acquisition, influenced women’s perceived ability to communicate their sexual intentions and interactions. A study on ‘safer sex’ dialogue among couples in south-eastern Tanzania documented that women’s understanding of HIV ‘empowered’ them to instruct their husbands to abstain from extra-marital affairs (Mtenga et al. 2016).

***Limitations***

Like all research, this study had several limitations. Firstly, the small number of group discussions, from two regions, means the findings might not be generalisable to the larger population. A second limitation derives from possible social desirability effects given the sensitive nature of the subject. Beyond this, the study did not explore other aspects of sexual decision-making such as women’s ability to negotiate condom use, or fertility preferences. Finally, the study did not undertake any member checking or public engagement activities to support the ecological validity of the findings.

**Conclusion**

Despite the above limitations, these study findings provide important insights into sexual decision-making and women’s ability to influence sexual and reproductive health in Tanzania. By collecting perspectives from both men and women, this study highlights the complex societal arrangements in which women and men live their sexual lives. It further reinforces the need to address the broader social context and gender inequitable norms that exist within it. These norms control women’s sexual decision-making power with important implications for reproductive and sexual health.

**Funding**

This work was supported by the Economic and Social Research Council and the UK Department for International Development Joint Fund for Poverty Alleviation under grant number: RES-167-25-0422. The views expressed are those of the author alone.

**Acknowledgements**

I would like to thank Lilian Mbwambo, Margareth Mrema, Prosper Njau and Samuel Likindikoki who were based at the Muhimbili University of Health and Allied Sciences at the time of data collection, for their role in the field research, transcription and translation of the data. I would also like to thank Jessie Mbwambo at the Muhimbili University of Health and Allied Sciences for her support for this research study. Finally, I thank the anonymous reviewers for their comments and feedback on the manuscript.

**Declaration of conflict of interest**

None to declare

**References**

Agarwal, Bina. 1997. ‘“Bargaining” and Gender Relations: Within and Beyond the Household’. *Feminist Economics* 3(1): 1–51.

Agyekum, Kofi. 2002 “Menstruation as a Verbal Taboo among the Akan of Ghana.” *Journal of Anthropological Research* 58(3): 367-387.

Amoyaw, Jonathan, Anim Amoyaw, Vincent Zubedaar Kuuire, Godfred Odei Boateng, Yvonne Asare-Bediako, and Mengieng Ung. 2015.“Conundrum of Sexual Decision Making in Marital Relationships: Safer-Sex Knowledge, Behavior, and Attitudes of Married Women in Zambia.” *The Journal of Sex Research* 52(8): 868-877. doi:10.1080/00224499.2014.996280

Ashburn, Kim, Deanna Kerrigan, and Michael Sweat. 2008. “Micro-Credit, Women's Groups, Control of Own Money: HIV-Related Negotiation among Partnered Dominican Women.” *AIDS & Behavior* 12(3): 396-403.

Blanc, Ann. 2001. “The Effect of Power in Sexual Relationships on Sexual and Reproductive Health: An Examination of the Evidence”. *Studies in Family Planning* 32(3): 189–213.

Chemaitelly, Hiam, Susanne Awad, James Shelton, and Laith Abu-raddad. 2014. “Sources of HIV Incidence among Stable Couples in Sub-Saharan Africa.” *Journal of the International AIDS Society* 17: 1–14.

Deane, Kevin, and Joyce Wamoyi. 2015. “Revisiting the Economics of Transactional Sex: Evidence from Tanzania.” *Review of African Political Economy* 42(145): 437-454. doi: 10.1080/03056244.2015.1064816

Djamba, Yanyi. 1997. “Theoretical Perspectives on Female Sexual Behaviour in Africa: A Review and Conceptual Model.” *African Journal of Reproductive Health* 1(2): 67-78.

Dunkle, K.L., R. Stephenson, E. Karita, E. Chomba, K. Kayitenkore, C. Vwalika, L. Greenberg, and S. Allen. 2008. “New Heterosexually Transmitted HIV Infections in Married or Cohabiting Couples in Urban Zambia and Rwanda: An Analysis of Survey and Clinical Data.” *Lancet* 371(9631): 2183–91.

Fiaveh, Daniel, Chimaraoke I. zugbara, Michael Okyerefo, Fenneke Reysoo, and Clara Fayorsey. 2015. “Constructions of Masculinity and Femininity and Sexual Risk Negotiation Practices among Women in Urban Ghana.” *Culture, Health & Sexuality* 17(5): 650-662. doi: 10.1080/13691058.2014.989264

Horne, Christine, Nii-Amoo Dodoo, and Naa Dodoo. 2013. “The Shadow of Indebtedness: Bridewealth and Norms Constraining Female Reproductive Autonomy.” *American Sociological Review* 78(3): 503–20. <https://doi.org/10.1177/0003122413484923>.

Hsieh, Hsiu-Fang, and Sarah Shannon. 2005. “Three Approaches to Qualitative Content Analysis.” *Qualitative Health Research* 15(9): 1277–88.

Jakobsen Hilde. 2012. “Focus Groups and Methodological Rigour outside the Minority World: Making the Method Work to Its Strengths in Tanzania.” *Qualitative Research* 12(2): 111-130.

Jakobsen Hilde. 2014. “What’s Gendered about Gender-Based Violence? An Empirically Grounded Theoretical Exploration from Tanzania.” *Gender & Society* 28(4). doi.org/10.1177/0891243214532311

Jesmin, Syeda, and Cynthia Cready. 2014. “Can a Woman Refuse Sex if Her Husband Has a Sexually Transmitted Infection? Attitudes Toward Safer-Sex Negotiation Among Married Women in Bangladesh.” *Culture, Health & Sexuality* 16(6): 666-682. doi:10.1080/13691058.2014.901561

Jewkes R.K., Dunkle K., Nduna M., Shai M. 2010. “Intimate Partner Violence, Relationship Power Inequity and Incidence of HIV Infection in Young Women in South Africa: A Cohort Study.” *Lancet* 376:41–8.

[https://doi.org/10.1016/S0140-6736(10)60548-X](https://doi.org/10.1016/S0140-6736%2810%2960548-X).

Kandiyoti, Deniz. 1988. “Bargaining with Patriarchy.” *Gender & Society* 2(3): 274–90. <https://doi.org/10.1177/089124388002003004>.

Kaye, Dan, Florence Mirembe, Anna Ekstrom, Grace Kyomuhendo, and Annika Johansson. 2005. “Implications of Bride Price on Domestic Violence and Reproductive Health in Wakiso District, Uganda.” *African Health Sciences* 5(4): 300–303. <https://doi.org/10.5555/afhs.2005.5.4.300>.

Krueger, Richard. 1994. *Focus groups: A practical guide for applied research*.

Thousand Oaks, CA: SAGE.

Mbaye, Linguère, and Natascha Wagner. 2017. “Bride Price and Fertility Decisions: Evidence from Rural Senegal.” *Journal of Development Studies* 53(6): 891–910. <https://doi.org/10.1080/00220388.2016.1208178>.

MoHCDGEC (Ministry of Health, Community Development, Gender, Elderly and Children) [Tanzania, and ICF Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS). 2016. “Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16.” Dar es Salaam, Tanzania and Rockville, Maryland, USA.

MoH (Ministry of Health) Tanzania. 2017. “Tanzania HIV Impact Survey 2016-2017 - Summary Sheet”, no. December 2017: 2016–17.<https://phia.icap.columbia.edu/wp-content/uploads/2017/11/Tanzania_SummarySheet_A4.English.v19.pdf>

Mitsunaga, Tisha, Antonia Powell, Nathan Heard, and Ulla Larsen. 2005. “Extramarital Sex Among Nigerian Men.” *Journal of the Acquired Immune Deficiency Syndromes* 39(4): 478–88. <https://doi.org/10.1111/j.1572-0241.2006.00559.x>

Mtenga, Sally, Eveline Geubbels, Marcel Tanner, Sonja Merten, and Constanze Pfeiffer. 2016. “‘It Is Not Expected for Married Couples’: A Qualitative Study on Challenges to Safer Sex Communication Among Polygamous and Monogamous Partners in Southeastern Tanzania.” *Global Health Action* 9(1): 32326. <https://doi.org/10.3402/gha.v9.32326>

Mtenga, Sally, Constanze Pfeiffer, Sonja Merten, Masuma Mamdani, Amon Exavery, Joke Haafkens, Marcel Tanner, and Eveline Geubbels. 2018. “Prevalence and Social Drivers of HIV among Married and Cohabitating Heterosexual Adults in South-eastern Tanzania: Analysis of Adult Health community Cohort Data.” *Global Health Action* 8: 28941. <http://dx.doi.org/10.3402/gha.v8.28941>

Mugweni, Esther, Omar Mayeh, and Pearson Stephen. 2014. “Understanding Barriers to Safer Sex Practice in Zimbabwean Marriages: Implications for Future HIV Prevention Interventions.” *Health Education Research* 30(3): 388–399.

Nnko, Soori, and Robert Pool. 1997. “Sexual Discourse in the Context of AIDS: Dominant Themes on Adolescent Sexuality among Primary School Pupils in Magu District, Tanzania.” *Health Transition Review* 7(3): 85-90.

Nyanzi, Barbara, Stella Nyanzi, Brent Wolff, and James Whitworth. 2005. “Money, Men and Markets: Economic and Sexual Empowerment of Market Women in Southwestern Uganda.” *Culture, Health and Sexuality* 7(1): 13–26.

<https://doi.org/10.1080/13691050410001731099>

Ridgeway, Cecilia. 2009. “Framed before We Know It: How Gender Shapes Social Relations.” *Gender and Society* 23(2): 145–60. <https://doi.org/10.1177/0891243208330313>

Ryan, Gery, and Russell Bernard. 2003. “Techniques to Identify Themes.” *Field Methods* 15(1): 85–109. <https://doi.org/10.1177/1525822X02239569>

Sano, Yujiro, Alice Sedziafa, Siera Vercillo, Roger Antabe, and Isaac Luginaah. 2018. “Women’s Household Decision-Making Autonomy and Safer Sex Negotiation in Nigeria: An Analysis of the Nigeria Demographic and Health Survey.” *AIDS Care* 30(2): 240–45. <https://doi.org/10.1080/09540121.2017.1363363>

Sen, Amartya. 1990. “Gender and Cooperative Conflicts.” Chap. 8 in *Persistent Inequalities*, edited by Irene Tinker, 123–49. New York: Oxford University Press.

Silberschmidt, Margrethe. 2001. “Disempowerment of Men in Rural and Urban East Africa: Implications for Male Identity and Sexual Behavior.” *World Development* 29(4): 657–71. [https://doi.org/10.1016/S0305-750X(00)00122-4](https://doi.org/10.1016/S0305-750X%2800%2900122-4)

Tenkorang, Eric. 2012. “Negotiating Safer Sex among Married Women in Ghana.” *Archives of Sexual Behavior* 41: 1353–1362

Ulin, Priscilla. 1992. “African Women and AIDS: Negotiating Behavioral Change.” *Social Science & Medicine* 34 (1): 63–73.

UNDP (United Nations Development Programme), and Government of the United Republic of Tanzania. 2015. “Tanzania Human Development Report 2014. Economic Transformation for Human Development.” Dar es Salaam. <http://hdr.undp.org/sites/default/files/thdr2014-main.pdf>

Vyas, Seema, Jessie Mbwambo, and Lori Heise. 2015. “Women’s Paid Work and Intimate Partner Violence: Insights from Tanzania.” *Feminist Economics* 21(1): 35–58. <https://doi.org/10.1080/13545701.2014.935796>

Vyas, Seema. 2018. “Maintaining Respect – Men , Masculinities , and Domestic Violence against Women: Insights from Informal Sector Workers in Tanzania.” *International Journal of Gender Studies in Developing Societies* 2(4): 299–315.

Vyas, Seema. 2012. “Assessing the Implications of Women’s Economic Status on Intimate Partner Violence in Dar es Salaam and Mbeya, Tanzania.” PhD thesis., London School of Hygiene and Tropical Medicine.

Wallace, Heather, Julie Wallace, Susan McDonald, Suzanne Belton, Agueda Isolina Miranda, Eurico da Costa, Livio da Conceicao Matos, Helen Henderson, and Angela Taft. 2019. “Who Decides to have Sex? Exploring the Perceptions of Timorese Women and Men through a Reproductive Justice Lens.” *Culture, Health & Sexuality.* doi: 10.1080/13691058.2019.1578414

Wight, Daniel, Mary Plummer, Gerry Mshana, Joyce Wamoyi, Zachayo Shigongo, and David Ross. 2006. “Contradictory Sexual Norms and Expectations for Young People in Rural Northern Tanzania.” *Social Science & Medicine* 62: 987–997.

Wolff, Brent, Ann Blanc, and Anastasia Gage. 2000. “Who Decides? Women’s Status and Negotiation of Sex in Uganda.” *Culture, Health and Sexuality* 2(3): 303–22.

Wusu, Onipede, and Uche Isiugo-Abanihe. 2008. “Understanding Sexual Negotiation

between Marital Partners: A Study of Ogu Families in Southwestern Nigeria.” *African*

*Population Studies* 23(2): 155–71.

**Table 1: Characteristics of FGD participants**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***FGD Number*** | ***Sex*** | ***Location*** | ***Age category*** | ***Number of participants*** |
| ***Dar es Salaam*** |  |
| 1 | Female | Market place | 30-49 years | 8 |
| 2 | Female | Market place | 30-49 years | 8 |
| 3 | Female | Market place | 18-29 years | 8 |
| 4 | Female | Market place | 18-29 years | 8 |
| 5 | Male | Garages | 18-35 years | 9 |
| 6 | Male | Construction site | Above 35 years | 12 |
| 7 | Male | Market place | Above 35 years | 12 |
| ***Mbeya*** |  |
| 8 | Female | Market place | 18-49 years | 9 |
| 9 | Female | Market place | 30-49 years | 9 |
| 10 | Female | Market place | 18-49 years | 9 |
| 11 | Female | Market place | 18-29 years | 9 |
| 12 | Male | Waiting area | 18-35 years | 12 |
| 13 | Male | Market place | 18-35 years | 12 |
| 14 | Male | Market place | Above 35 years | 12 |
| 15 | Male | Market place | Above 35 years | 12 |