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A sexual and reproductive empowerment framework to explore volitional sex in sub-Saharan Africa

Shannon N. Wood^{a*} , Celia Karp^{a*}, Amy Tsui^a, Simon Peter Sebina Kibira^b,
Selamawit Desta^a, Hadiza Galadanci^c, Fredrick Makumbi^d, Elizabeth Omoluabi^e,
Solomon Shiferaw^f, Assefa Seme^f and Caroline Moreau^{a,g}

^aDepartment of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MA, USA; ^bDepartment of Community Health and Behavioral Sciences, School of Public Health, Makerere University College of Health Sciences, Kampala, Uganda; ^cCenter for Advanced Medical Research and Training, Bayero University, Kano, Nigeria; ^dDepartment of Epidemiology and Biostatistics, School of Public Health, Makerere University College of Health Sciences, Kampala, Uganda; ^eCentre for Research Evaluation Resources and Development, Ile-Ife, Nigeria; ^fDepartment of Reproductive Health and Health Service Management, School of Public Health, Addis Ababa University, Addis Ababa, Ethiopia; ^gGender, Sexual and Reproductive Health, CESP Centre for Research in Epidemiology and Population Health, Le Kremlin-Bicêtre, France

ABSTRACT

Volitional sex is central to the sexual health and well-being of women and girls globally. To date, few studies have examined women's empowerment and its application to sexual health outcomes, including volitional sex. The aim of this study was to explore the relevance of a sexual and reproductive empowerment framework to volitional sex across four geographically and culturally diverse contexts in sub-Saharan Africa. Qualitative data were collected between July and August 2017 in four sites: Ethiopia, Nigeria (Anambra and Kano states) and Uganda. A total of 352 women aged 15–49 and 88 men aged 18 and older were interviewed through 120 in-depth interviews and 38 focus group discussions ($n = 440$ total participants). Results describe the substantial barriers restraining women's sexual choices, particularly norms that stigmatise women's requests for sex, even within marriage. Results further highlight women's internal sexual motivations, particularly related to the enjoyment of sex and the role of sex in strengthening partner relationships. Future empowerment research and measurement should focus not only on sexual constraints, but also integrate internal motivations, in order to fully understand the factors that shape women's sexual health outcomes.

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partner violence; cross-
cultural comparisons

Background

Globally, 37% of women will experience physical and/or sexual violence perpetrated by an intimate partner or sexual violence perpetrated by a non-partner in their

CONTACT Shannon N. Wood  swood@jhu.edu

*As authors, Shannon Wood and Celia Karp made equal contributions to this paper.

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lifetimes (World Health Organization, London School of Hygiene and Tropical Medicine, and the South African Medical Research Council 2013). While sexual violence confers profound sexual, reproductive and mental health effects, including unintended pregnancy, sexually transmitted infections (STIs)/HIV, depression and post-traumatic stress disorder (Ellsberg et al. 2008; World Health Organization (WHO) 2005; Campbell 2002), it can also alter women's and girls' well-being trajectories by limiting their participation in educational and economic activities (Heise and Kotsadam 2015). Sexual violence lies at the intersection of different social inequalities, including unequal gender norms and power relations, manifested at the couple, family, community and societal levels, along with other unequal power structures between generations, social classes and racial/ethnic groups (Jewkes 2002).

Volitional sex, or sex by choice, is central to improving the health and well-being of women and girls globally (Heidari and Moreno 2016). The empowerment of women and girls is a recognised target under the Sustainable Development Goals (SDGs), where SDG-5 aims to eliminate discrimination against women and girls, eradicate violence in both public and private spheres and achieve universal access to sexual and reproductive health (SRH) services (UN Women 2017). A growing body of literature highlights the relationship between women's empowerment and improved reproductive health outcomes, including increased contraceptive use and decreased unintended pregnancies (James-Hawkins et al. 2018; Upadhyay et al. 2014; Samari 2018). Fewer studies have examined empowerment and sexual health outcomes, including sexual pleasure, violence or STIs/HIV; these studies instead focus on relationship power dynamics (Pulerwitz, Mathur, and Woznica 2018), household decision-making (Zegenhagen, Ranganathan, and Buller 2019; Hindin and Muntifering 2011) or sexual norms and power structures (Conroy, Ruark, and Tan 2019; Lenzi et al. 2019; Santhya et al. 2019), as proxies for empowerment, and indicate that empowerment may bolster positive sexual health outcomes. However, the generalisability of this research is uncertain, as most studies concentrate on particular sub-populations, such as female sex workers (Cange et al. 2017), or report on empowerment within the contexts of violence interventions (Decker et al. 2018; Stern and Heise 2019).

The implications of women's empowerment for SRH are also complicated by the fact that empowerment relates to capabilities across multiple dimensions, involving rights and participation in civil, political, socio-economic and cultural domains. More targeted research has specifically focused on the process of SRH empowerment using concepts of sexual self-efficacy (Quinn-Nilas et al. 2016), sexual assertiveness (Morokoff et al. 1997), sexual power (Pulerwitz, Gortmaker, and DeJong 2000) and reproductive autonomy (Upadhyay et al. 2014), to better capture the gender dynamics shaping women's sexual decisions and outcomes. This rich body of research, however, is difficult to synthesise in the absence of a comprehensive framework relating these constructs to one another. While several recent SRH empowerment frameworks have been proposed, they have generally focused on the power structures limiting women's SRH capabilities, rather than on the psychosocial processes that interact with these power structures to inform and maximise an individual's sexual preferences (Eerdewijk et al. 2017; International Center for Research on Women, and MEASURE Evaluation 2016). In addition, current work on the psychosocial attributes of SRH empowerment

mostly applies to Western cultures, providing little insight into expressions and processes of SRH empowerment in other cultural settings. Further exploration into SRH empowerment in other contexts, such as in sub-Saharan Africa, is therefore warranted, as sexual attitudes and hegemonic masculinity norms (Varga 2003) significantly constrain women's and girls' negotiation power (Wolff, Blanc, and Gage 2000), limit their SRH decision-making (Blanc 2001) and, ultimately, jeopardise their sexual health (Blanc 2001; Jewkes 2002).

To address some of these knowledge gaps, the primary aim of this study was to explore the relevance of a proposed Women's and Girls' Empowerment in Sexual and Reproductive Health (WGE-SRH) framework in diverse cultural settings in sub-Saharan Africa. Grounded in qualitative interviews across four geographies (Uganda, Northern and Southern Nigeria and Ethiopia) to understand the context-specific intricacies of empowerment, in line with Richardson and Yount et al.'s recommendations (Richardson 2018; Yount, Peterman, and Cheong 2018), we focus our attention on women's and girls' motivations for sexual activity; partner and social norms shaping timing and involvement; engagement in sexual decision-making and the strategies women and girls use to initiate or avoid sex.

Methods

The development of the women's and girls' empowerment in sexual and reproductive health framework

The WGE-SRH framework builds on the World Bank's empowerment framework, itself based on Kabeer's conceptualisation of empowerment as the product of three inter-related dimensions: resources, agency and achievements (Kabeer 1999; Malhotra, Ruth Schuler, and Boender 2002). This framework has been used to examine empowerment and childhood nutrition (Jones et al. 2019), women's involvement in water, sanitation and hygiene (Bisung and Dickin 2019), risk management and family dynamics (Rao et al. 2020) and household food security (Galiè et al. 2019). In this study, we adapt the framework to examine SRH empowerment (Figure 1). Accordingly, we define SRH empowerment as the progression from the *existence of choice* through the *exercise of choice* to the *achievement of choice* (Malhotra, Ruth Schuler, and Boender 2002; Kabeer 1999). In addition, we draw on Donald et al.'s work on agency to specify the *existence of choice* as a woman's internal and external motivations for setting her sexual and reproductive goals (motivational autonomy) (Donald et al. 2016). We also use Donald et al.'s work to specify *exercise of choice* as encompassing a variety of skills, particularly a woman's level of confidence in acting on her choices (self-efficacy), her negotiation abilities with her partner (negotiation) and her capacity to make decisions (decision-making) (Bandura 1977, 1990; Longmore et al. 2003; Donald et al. 2016). This process leads to *achievement of choice*, defined in our SRH framework as sex by choice, contraception by choice and pregnancy by choice.

Existence of choice for sexual health focuses on a woman's motivations to have sex or avoid sex with a partner, sometimes described as "power over" or the ability to assert wishes and goals (Blanc 2001). While *existence of choice* may be internally motivated, it often reflects external systems of pressures and rewards that women

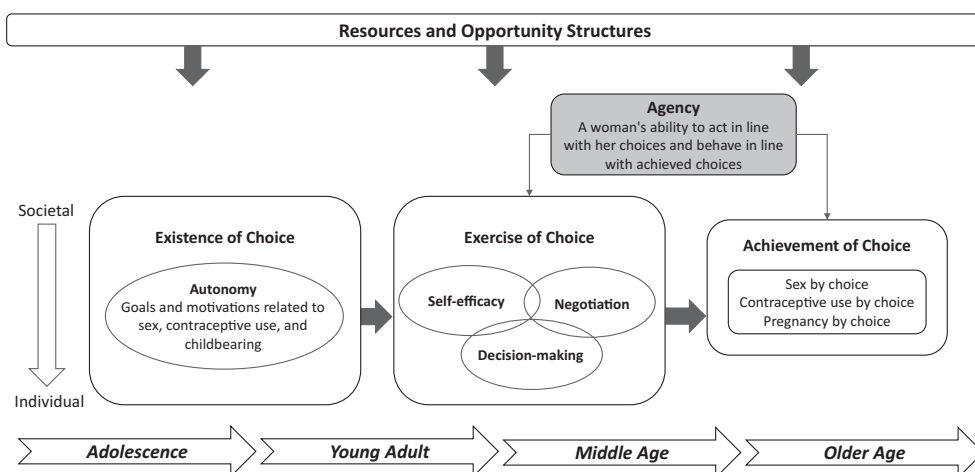


Figure 1. Women's and Girls' Empowerment in Sexual and Reproductive Health (WGE-SRH) framework.

internalise and activate to inform their decisions (Donald et al. 2016). These external pressures relate to power relations with partners or family members, as well as to broader community norms which inform women's SRH preferences, for example, community expectations of women to please their husbands sexually. Beyond social and interpersonal motivations, women may also base their decisions on their personal circumstances, whether financial, physical or educational, illustrated under the umbrella of opportunity structures in our framework.

Once *existence of choice* has been established, a woman must recognise that she has the opportunity to act on her preferences, also described as having "power to" act (Blanc 2001). In this second stage, the focus shifts to an individual's self-efficacy, negotiation skills and ability to make decisions, which together inform a woman's *exercise of choice*. Self-efficacy represents a woman's confidence in voicing or acting on her preferences, while an individual's negotiation skills reflect relational power dynamics. A woman's weight in the decision-making process and her willingness to be involved may further assert her influence. Self-efficacy, negotiation and decision-making are distinct constructs and confer different ways a woman may exercise her sexual preferences.

When both existence of choice and exercise of choice are met, an individual is able to achieve her sexual goals. In line with this framework, we focus on an individual sexual health outcome: sex by choice, or volitional sex.

Overview of data collection

Data for this analysis were collected under the WGE-SRH study, which used an exploratory mixed-methods design to 1) develop and test the salience of a comprehensive framework to assess the psychosocial processes of SRH empowerment in diverse sub-Saharan African contexts based on qualitative data, and 2) develop a quantitative index reflecting the described SRH framework. This study specifically focuses on the qualitative data relating to sexual empowerment.

Data collection occurred between March to November 2017 in four sites: 1) Ethiopia (Amhara region), 2) Northern Nigeria (Kano State), 3) Southern Nigeria (Anambra State) and 4) Uganda (Mukono and Iganga districts). The northern and southern Nigerian states served as distinct sites given substantial differences in SRH indicators, including age at marriage, polygyny and fertility. A total of 440 women aged 15–49 years and men aged 18 and older across the four sites were interviewed through 120 in-depth interviews (IDIs) and 38 focus group discussions (FGDs; $n = 320$ participants). A common cross-country research protocol was developed and implemented following qualitative research training in each site.

In-country PMA2020 partners carried out all recruitment, data collection, transcription, translation and coding activities. Institutional Review Board (IRB) approval was obtained at both Johns Hopkins Bloomberg School of Public Health and in each country.

Instrument development

Semi-structured interview guides were created following the initial development of the WGE-SRH conceptual framework. These guides explored the three WGE-SRH empowerment outcomes: sex by choice, contraception by choice, and pregnancy by choice. FGD guides focused on community perspectives of these topics, whereas IDI guides were directed at the personal experiences, perspectives and narratives of women, girls and their male partners. US and in-country teams collaborated in ensuring questions were acceptable and probed into cross-cultural norms and practices.

Training

Comprehensive training on and refinement of the qualitative guides were key to high-quality interviews. In July 2017, two US researchers and in-country partners led week-long qualitative training workshops for the research teams in Ethiopia, Nigeria and Uganda. Each training workshop included an overview of qualitative methods and practice using the interview guides to refine interviewing skills through community-based pilot-testing. The principal investigators from each site, as well as all interviewers, transcribers and coders, participated in the training and helped adapt interview guides to the local context and language, while maintaining consistency across sites. Guides were translated into a total of five languages by the in-country teams: Luganda and Lusoga (Uganda), Amharic (Ethiopia), Igbo and Hausa (Nigeria). Qualitative data were collected immediately following the training (July–August 2017).

Procedures

Preparatory activities were critical to successful community engagement. One week prior to data collection, the WGE-SRH teams visited study sites to meet with community gatekeepers and confirm support referrals for women who reported experiences of intimate partner violence. Community health teams, village leaders, and local organisations were used to disseminate study information and identify eligible participants. In-country teams used purposive sampling (by age, marital status and area of residence) within each site to recruit women and men for FGDs and IDIs (Figure 2). Once

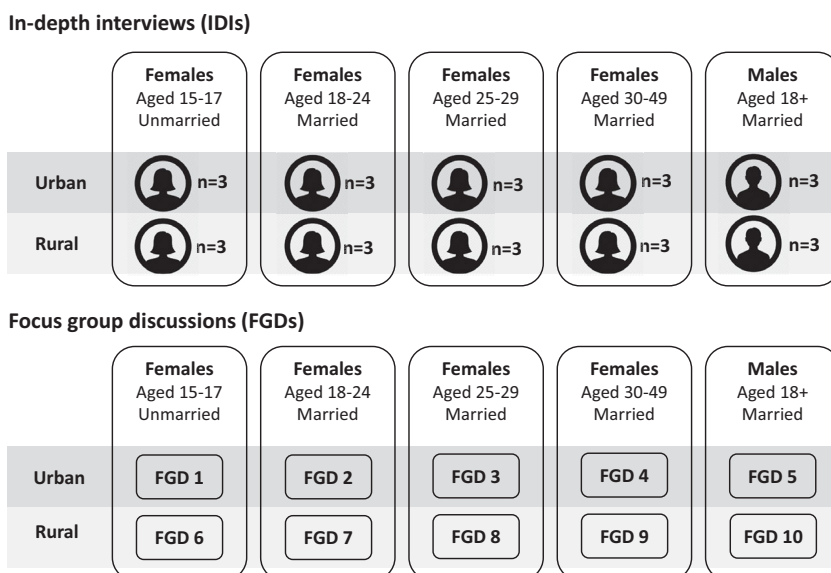


Figure 2. Composition of in-depth interviews and focus group discussions per site.

households had been identified, community gatekeepers provided initial information to participants to introduce women to the study objectives and interview topics. Potential participants were then given the opportunity to contact the study team with any questions or concerns. Once interest had been expressed, the trained interviewers conducted eligibility screening and consent with each woman privately. Eligibility criteria included women aged 15–49 (or men whose wife was aged 15–49) who resided within the study region. All consent procedures were consistent with in-country IRB guidelines (oral/written; head of household consent and/or child assent were obtained from women aged 15–17).

Trained interviewers conducted IDIs and FGDs in local language. Snacks, refreshments, small grocery items and travel reimbursements were provided in lieu of monetary incentives, as determined appropriate by in-country teams. FGDs and IDIs were conducted in private settings at the local partners' offices, a location of the participant's choice or a convenient community centre. Two team members were present during data collection, one as the moderator and the other as the notetaker and monitor of the surrounding area to ensure privacy and safety. Each FGD and IDI took approximately 60 to 90 minutes.

All FGDs and IDIs were digitally recorded with the participant's permission. Upon conclusion of each session, the research team individually and privately administered a universal upset screener and provided participants with a list of local support resources. All participants also completed a brief survey regarding their background characteristics; responses allowed disaggregation of themes by demographic characteristics.

Focus group discussions

A total of 10 sex- and age-specific FGDs were conducted in each site, except for Anambra where eight FGDs were conducted. Each FGD consisted of up to ten eligible women or

men (38 FGDs and $n=320$ total participants across four sites). Male and female FGDs were not linked and eligibility criteria did not necessitate partner inclusion. FGDs were stratified by sex, urban-rural residence, and age group to maximise participant comfort.

In-depth interviews

IDIs were conducted with individual partners from twelve couples (men and women) and six additional single women per site (30 IDIs per site for a total of 120 IDIs). Given the potentially sensitive nature of interviewing couples, consent to participate in IDIs was first obtained from the female partner who gave permission for her husband to be approached for an interview after she had completed her own IDI. This procedure was designed to minimise the risk of negative spouse reactions; however, no female participant declined to have her partner interviewed. Participants were stratified by urban-rural residence and female age group to allow for a diverse representation.

Analysis

Upon completion of data collection, audio files of IDIs and FGDs were simultaneously translated and transcribed into English in-country with regular quality checks by the US and in-country teams. While transcription was ongoing, preliminary themes emerging from the data were shared across the sites. These themes informed the development of a cross-site codebook and coding schemes. The cross-site codebook was inductive, centring on themes evident from the transcripts themselves, but was structurally organised in a deductive manner to allow mapping of the codes to the WGE-SRH framework. Given large differences in the communities interviewed across the four sites, each site also created site-specific codes. The final cross-site codebook was revised through an iterative process of multiple revisions by in-country teams.

Atlas.ti software was used for qualitative coding and analysis. In-country coding teams, comprising the interviewers themselves or utilising the interviewers as consultants, applied the cross-site codes to individual transcripts. From September to November 2017, in-country teams coded all transcripts. The US and in-country teams communicated regularly to resolve any coding issues. Codebook revisions were made prior to the final coding of all transcripts and analyses.

Quotes from all sex codes were extracted from Atlas.ti, categorised and organised into matrixes by theme, sub-theme and site for cross-site analyses. Cross-site sex themes were then mapped to a dimension of the WGE-SRH framework (existence of choice, exercise of choice and achievement of choice). The final WGE-SRH framework was revised to ensure alignment with cross-site themes.

Findings

Results are presented according to the WGE-SRH framework and organised by existence of choice, exercise of choice and achievement of choice.

Existence of choice

Existence of choice comprised the following thematic areas: sex as a marital obligation; sex as a means to strengthen the partnership; male sexual entitlement reinforced by culture and religion; premarital/extramarital partnerships as wasteful and limited emphasis on sexual pleasure.

Sex as a marital obligation

Across all sites, sex was primarily thought of as a marital obligation and for procreation purposes. Pregnancy soon after marriage was highly valued, and thus, sex was viewed as normal with the intent of procreation.

For the local people it is no big deal because they believe their [purpose] is to have children and after all, it is God that takes care. So, whenever he needs to have sex with his wife, there should be no objection (Married Man; FGD Age 18+ Urban Anambra).

R: The community anticipates a child after intercourse [in marriage] and hence they have no problem with it.

R: They feel happy and delighted because it is natural worldwide and normal. It's done by everybody (Married Women; FGD Age 25–29 Rural Uganda).

Both men and women described being taught marital responsibility by their family and community members prior to marriage, including how to fulfil sexual obligations. Conjugal rights and sexual responsibility were commonly discussed from both religious and cultural perspectives.

What is the difference between wanting to have sex, and having a choice to have sex or not? For me there is nothing like choice here. Either of us might have a reason for not wanting to have sex at one time or the other. But in all nobody has a choice to refuse the other person sex. Why are we a husband and wife? I maintain there is nothing like choice of wanting to have sex or not in a marriage. There should be no language like choice (Married Male Age 37; IDI Urban Anambra).

The Bible tells us to please our husbands; we are told sex brings joy to men and women. Since he is your husband, you accept to prevent putting him in a situation to look for another woman to have sex with. You know they teach us to please our men (Married Woman; FGD Age 25–29 Urban Uganda).

Men in Uganda and Anambra jointly emphasised sexual fulfilment for women as a pivotal piece of their conjugal duty and necessary to ensure a woman's satisfaction in the relationship: 'It's sex that supports marriage, whatever you do without sex you are wasting time. If you deny her sex, she will say there is nothing keeping me here' (Married Man; FGD Age 18+ Rural Uganda).

From the day you wed your wife, you lose your right to her, and she also loses hers to you ... If the man wants sex from his wife, he knows what to do to get it, likewise the woman. Don't forget what the Bible says about a man and wife: "Man, love your wife and wife be submissive to your husband." What else can cement this commitment to one another? Sex! Nothing more. It is just a matter of understanding between the couple (Married Man Age 49; IDI Urban Anambra).

Sex as a means to strengthen a partnership

Across sites, the majority of men and women spoke of sex as a positive aspect within their relationships; however, Ethiopian women uniquely described the closeness and increased marital support that they felt after having sex with their husbands.

If one man has to live with a woman, sex is a must. To tell the truth, their love and play will be expressed through that. And the men in this community know this (Married Woman; FGD Age 25–29 Rural Ethiopia).

Given that sex increased love and emotional support, lack of sex was seen as a sign of heightened conflict and marital distress:

'[Not having sex] may result in conflict, because sex increases love in the family; so, in this case conflict may happen among them' (Married Man; FGD Age 30–49 Rural Ethiopia).

Women in Uganda, Anambra and Kano further discussed sexual activity as an internal motivation to maintain peace within the household.

Sex brings peace and harmony at home. For me, if my husband denies me sex, I feel bad. If I deny him too, it causes a lot of problem. If you cook all the food in this world and deny him sex, it does not make him happy. So, people see the woman that refuses sex as one who sleeps outside and one who does not want peace in her home (Married Woman; FGD Age 30–49 Rural Anambra).

Male sexual entitlement reinforced by cultural and religious practice

Although sexual responsibility was discussed by both partners as a mechanism to strengthen the partnership, male sexual entitlement prevailed across sites. This sense of entitlement was reinforced by community norms and religion, with participants citing both Christian and Muslim religious teaching as justification for women 'accepting sex.'

She can't refuse him because the Bible says sex is the man's right. As long as she is physically fit, there's no need to say no. Even if the woman doesn't have the strength, she should try and do it (Married Woman; FGD Age 30–49 Urban Anambra).

R: Even based on Islamic teaching, it is not good for the woman to deny sex to her husband. It is against the Islamic injunction.

R: It is said that your wife is like your farm and you can enter your farm as many times as you wish (Married Women; FGD Age 18–24 Rural Kano).

Cultural practices, including dowry payment, also enforce women's role as the subservient sexual partner. Dowry payment was commonly described in Uganda and Anambra:

It is not always a good thing for a woman to open her mouth and say that she does not want sex with her husband. If you say so, a man will tell you that he has paid for it and so you cannot refuse him. And that nobody will tell him what to do with what he has bought with his money. If she is not comfortable, she can pack her things and go (Married Woman; FGD Age 20–29 Urban Anambra).

Premarital and extramarital partners viewed as 'wasteful'

FGDs revealed that community norms deemed it more acceptable for men to have premarital sex than for women, although it was not widely sanctioned for either

partner in Anambra, Kano and Ethiopia. Women who had sex before marriage in Ethiopia were referred to as 'rude', whereas Nigerian women described them as 'stupid' and 'useless':

Mod: How do they view women who have sex before marriage?

R: They will see her as a stupid person that doesn't have good character.

R: They will see her as a stupid person that does not have sense. They will also see her as someone who doesn't want to be useful to her parents, which is why she keeps following men (Unmarried Women; FGD Age 15–17 Rural Anambra).

Participants from Ethiopia associated STIs with extramarital sex, enhancing the 'wastefulness' of sex outside of marriage.

People view them as rude and bad mannered; this is not considered as good in case of both male and female. People disrespect them. People may think they are HIV carriers. It is not acceptable behaviour (Married Man; FGD Age 30–49 Rural Ethiopia).

The only site in which extramarital relationships were not broadly stigmatised was Uganda, where both men and women were encouraged to seek other partners if they were not financially or conjugally supported.

Sometimes my husband might be poor, and I might get another man with money. At times my husband might be disabled that will drive me to get another man. Then there are times when you have a man with a small penis, so you find another partner (Married Woman; FGD Age 25–29 Urban Uganda).

In polygynous communities in Kano and Uganda, men were also encouraged to seek another wife if they were not satisfied sexually.

If my wife is avoiding 'sleeping' with me, I try to engage her by asking her why she avoids having sex with me. If she gives you a genuine reason, probably you can reconcile, but if she does not change, then you get another wife (Married Man; FGD Age 18+ Rural Uganda).

Nonetheless, among men and women who reported multiple partners, faithful relationships were still felt to be the ideal.

That is how the community sees it. If a man marries many wives, they will want to know why he marries and divorces (Married Woman; FGD Age 18+ Urban Kano).

Limited emphasis on sexual pleasure

Given the emphasis of sex as an obligation, sexual pleasure was often an afterthought, although several women discussed their desire for increased sexual intimacy within their relationship.

I believe it is a two-way thing. It should not be automatic. I don't believe a man should always dictate when to have sex. A woman should also be in control. Personally, I feel sex should be enjoyed not just something you do because someone wants you to do it (Married Woman Age 38; IDI Urban Anambra).

Further, women expressed mixed views on whether it was acceptable within their culture to express desire for sexual activity. While women in Uganda indicated that it was acceptable to express sexual desire to their spouse in private, women in Kano described that doing so was dependent on relationship dynamics.

It is not a crime and it is not an offence. If the woman shows that; it is not a crime. Because that is between her and her husband. But if the man doesn't like it, he may look at it as offence (Unmarried Woman; FGD Age 15–17 Urban Kano).

Exercise of sexual choice

Results for exercise of sexual choice centred on framework dimensions involving decision-making, negotiation and self-efficacy. Emergent themes comprised mixed interpretation of final sexual decision-making; limited negotiation surrounding timing of sexual activity; lack of verbal communication to convey sexual desires and the use of non-verbal communication to initiate or avoid sexual activity.

Mixed interpretation of final sexual decision-making

Within and across sites, there was mixed feedback on which partner should make sexual decisions within the household. Women largely indicated that they wanted to be actors in the sexual decision-making process. However, many indicated that men ultimately decided whether or not to engage in sexual activity, often through the use of coercive or forceful means.

In my opinion it's the man who decides anytime he wants. Because, even if the woman refuses to have sex, I think, they might have the power to force her as there is a coercion, and also, he can't control his feeling so that even if you don't want to have sex, he will do it if he has to (Married Woman; FGD Age 25–29 Urban Ethiopia).

Limited negotiation surrounding the timing of sexual activity

Some women described negotiating the timing of sexual activity with their partners, although these women indicated that their leverage largely depended on the duration and strength of their relationship:

I can now confidently say how I feel and whether I am ready or not, something I couldn't do before. That is partly because I have gotten used to him. Previously I would do it against my wish in order to please him, but I can now tell him that I'm not ready because it requires negotiation (Married Woman Age 18–24; IDI Urban Uganda).

However, sexual negotiation was largely frowned upon within communities due to prevailing social norms enforcing sex as a conjugal duty. For most men and women, submission was viewed as the most appropriate response to a request for sexual activity.

When people get to know that, they call you a dull man; they say how do I negotiate with my wife to have sex, is she the one to decide for me? I do the decision myself (Married Man; FGD Age 18+ Rural Uganda).

Lack of verbal communication to convey sexual desires

While few women stated that they were confident verbally communicating their desire for sex, most did not feel that this was appropriate, even within the confines of marriage. Both women and men described how overtly communicating sexual desire could ignite mistrust and lead men to believe that their wives had sought another partner.

He could look at her as a bad girl if she comes directly to tell him that she wants to have sex (Married Man; FGD Age 18+ Urban Kano).

I keep silent even if I have sexual desire since I am afraid of him. We live in different places so if I express my sexual feeling, he might suspect that I could have sex with somebody else at my working place (Married Woman Age 27; IDI Urban Ethiopia).

Use of non-verbal communication to initiate sexual activity

Different non-verbal tactics were mentioned across sites to initiate sexual activity. Examples included wearing revealing clothing, cooking a partner's favourite meal, sensually touching or sleeping facing their partner in bed.

R. She can dress in such a way that the man will be enticed. Sexy dresses or transparent ones.

R: I will pet him.

R: Women do not naturally demand for sex so that they will not be termed as promiscuous. So, if she gives her husband a special sign it must be special indeed. I used to say that I am not feeling well and when he comes to pet me, I will hold him ... So we do many things.

R: For me, before he comes back, I will powder myself so that when he comes back the smell of the powder will attract him to me (Married Women; FGD Age 20-29 Urban Anambra).

Women in Uganda also used singing as a means to indicate their sexual desire:

When I realise that you are not responding then I sing love songs until you gradually respond (Married Woman; FGD Age 25-29 Urban Uganda).

Use of non-verbal communication to avoid sexual activity

Women described employing non-verbal tactics to avoid sex. Examples included beginning arguments, feigning menstruation or sickness, wearing restrictive clothing and turning away from their partners in bed.

I will tell him that I am sick. I will try to explain my health condition to him. I will also tell him stories that could withdraw his attention from sex and I will not sleep in the same room with him (Married Woman Age 43; IDI Urban Anambra).

I would tell him that it was a fasting day and also some days where it is a holiday. I did not want to have sex during those periods. God has permitted us to live and it is because of him that we are alive so we shouldn't disappoint God by violating his rules. He accepted me when I told him this (Married Woman Age 25-29; Urban Ethiopia).

While strategies to avoid sex were most often described by women, men also indicated that they were aware women used certain tactics specifically for the purpose of avoiding sex.

Women do the following [to avoid sex]: they put on jean shorts when going to sleep, she may smear tomato sauce on her vagina and she tells you that she is on her monthly period (Married Man; FGD Age 18+ Urban Uganda).

Achievement of sexual choice

While we sought to explore women's experiences ultimately leading to volitional sex, when describing sex by choice, many women also described their experiences of non-volitional sex.

Non-volitional sex

Experience of non-volitional sex varied substantially from coercion to physical or sexual violence and even threats of death. Men across all four sites further indicated that these scenarios were pervasive, given the prominence of what they perceived were their conjugal rights.

Some men if a woman refuses, he slaps her and the next day the woman will just accept to have sex for fear of being slapped again (Married Man; FGD Age 18+ Urban Uganda).

Disagreements about sex cause a lot of problems in a relationship to the point where they might divorce, or the man might decide to rape his wife because of the urge he has at that time. He might injure his wife in the process which might scare the woman away from him (Married Woman; FGD Age 3–40 Urban Anambra).

Volitional sex

Though non-volitional sex experiences were commonly described, some women were also able to choose if and when to have sex. Volitional sex was more common when initiated by women themselves, as women found it difficult to refuse sex when it was initiated by a partner.

Women who were able to have volitional sex indicated its value for increasing love and trust within their relationship. Women who achieved their choice (i.e. had volitional sex or avoided sex if it was not desired) were more often unmarried and some felt that they had more leverage over their partner due to lack of “conjugal rights.”

If for any reason I do not want to have sex at a particular time nothing will happen. I will stand my ground. Most times I will not visit him, no matter how hard he tries to ask me to come. When I don't want to have sex, nothing changes that (Unmarried Woman Age 40; IDI Rural Anambra).

Some men also described not forcing their partners to have sex, and men's descriptions of volitional sex were more common than women's. For men who practised volitional sex, they similarly indicated that it strengthened their relationship with their partner.

I just leave her alone and do nothing because I observed that you as a man will not enjoy the sex if they don't want it. I rather avoid it than to force myself and not get what I desire (Married Man Age 57; IDI Urban Kano).

Discussion

Taken together, these results illustrate a number of common themes encompassing both men's and women's perspectives on sexual empowerment across four culturally diverse settings. Foremost, findings highlight the constraints that shape women's sexual choices across different contexts. Norms surrounding sexual activity, particularly those suggesting that sex is meant for procreation and wives should not request sex, align with those documented in previous studies describing sexual double standards (Wolff, Blanc, and Gage 2000; Mason 1994; Varga 2003). These sexual decision-making norms inhibit women from communicating their sexual needs within a relationship. Reported norms surrounding premarital and extramarital sex may further constrain women from seeking adequate financial support or care for their SRH needs due to

societal stigma (Varga 2003). Empowerment measures may be usefully directed to focus not only on these constraints, but also on women's internal motivations for sexual-decision-making, as discussed in themes surrounding women's sexual pleasure and the role of sex in strengthening partner relationships.

Furthermore, results concerning exercise of choice warrant further refinement of current women's sexual empowerment quantitative measures. Instrument items to measure self-efficacy have traditionally focused on verbal communication (Quinn-Nilas et al. 2016; Pearson 2006); however, the results of this study highlight the need to also measure non-verbal actions to comprehensively capture the decision-making and negotiation processes central to women's exercise of choice. Across settings, women described difficulty in verbally articulating their preferences, using non-verbal communication instead to do so (e.g. singing, cooking, touching). While specific non-verbal tactics varied across contexts, their pervasiveness in participants' discussions indicate that women are often able to have sex by choice through non-verbal means. New measurement items should include both positive and negative expressions of sexual intention.

Our framework has addressed several notable gaps in the SRH empowerment literature. First, the framework encompasses both internal and external motivations surrounding the existence of choice; integration of the male perspective strengthens the results of the study, particularly around partner constraints and roles in decision-making. Secondly, it overcomes geographical disparities in existing empowerment measurement, to integrate both self-efficacy and decision-making within the exercise of choice domain. Finally, achievement of choice reflects a women-centred approach by emphasising women's perspectives on sex, according to their own values and preferences. The WGE-SRH framework is currently being expanded to other SRH outcomes, including pregnancy and contraception by choice, which will be useful for understanding how those outcomes operate within the context of the framework.

Limitations

This study is not without its limitations. First, given the mode of data collection, the results are not generalisable to all regions of the study countries. The study utilised purposive, community-based sampling to ensure the inclusion of a range of experiences, according to age, residence and marital status; however, women who came forward for interview may have been more empowered to participate. Furthermore, linkage of IDIs across couple dyads was not possible to compare partner perspectives on SRH empowerment. As the primary objective of this research was to identify commonalities and differences in the expressions and processes of sexual empowerment across different cultures, we did not focus on examining the influence of opportunity structures, including education and employment, although we recognise the importance of these dimensions for women's SRH empowerment. We encourage future research to explore the intersection of such opportunity structures with the psychosocial process SRH empowerment.

Programmatic implications

The pervasive sexual and gender norms shaping women's sexual decisions, and women's ability to negotiate and act on sexual preferences, draws attention to the importance of an ecological approach for empowerment programs. Applying this perspective, empowerment interventions should not only engage individual women, but should also include men, the larger community and religious institutions, in order to end harmful sexual norms. Social institutions, rooted in kinship, religion and marriage are the primary sources of traditional beliefs that shape sexual empowerment. The advancement of sexual empowerment must start with normative changes within these systems. Furthermore, the programmatic adoption of a more positive approach to women's sexuality would also enhance sexual empowerment, by acknowledging and encouraging women to express and act on their sexual desires. Importantly, the recognition and promotion of women's sexual desires and experiences has implications for both partners, as sexual satisfaction relates to relationship quality (Willoughby, Farero, and Busby 2014). Collectively changing social norms about sexuality, as well as technological advances to increase women's contraceptive options, are important steps toward improve women's and girls' sexual empowerment.

Conclusion

Across this study's sub-Saharan African settings, women's empowerment to make sexual choices is constrained. Some women are able to overcome barriers and exercise their preferences using non-verbal communication to achieve their sexual goals of avoiding or engaging in sexual activity. Although non-verbal, this form of communication represents increased exercise of choice, as women were ultimately able to achieve their goals. We encourage researchers to integrate non-verbal empowerment measures and utilise the WGE-SRH framework to further investigate how psychosocial processes of SRH empowerment intersect with wider social structures to inform women's sexual health and well-being.

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ORCID

Shannon N. Wood  <http://orcid.org/0000-0003-4389-3526>

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