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Sexual Behaviour of Married Men during Pregnancy and After Childbirth in Ibadan: Evidence from Focus Group Discussions.

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Abstract

Male role and responsibility in reproductive health matters have become consistent prerequisites to understanding maternal issues generally. Through focus group discussions (FGDs), this exploratory research investigates sexual behaviour of married men during pregnancy and afterbirth in Ibadan Southwestern Nigeria as a way of highlighting the links between these periods and pregnancy outcomes and the health status of couples. The study shows that sexual behaviour of men is influenced by the interplay of religious, socio-cultural and ideological factors. The specific results include that: men engage in coitus with their pregnant wives with the upper limit of 4 months among the Hausa; postpartum sexual abstinence varies in duration with an average of 40 days across cultural settings; one sixth of the respondents agreed engaging in sexual intercourse with other women in order to reduce their wives' vulnerability to the risks associated with pregnancy; and while men often use condom to prevent sexually transmitted infections (STIs) from women other than their wives, most married men with established or presumed cases of STIs appear to be relatively casual and undiplomatic in handling this issue. These findings suggest that programmes targeted at husbands and their reproductive health orientation appear necessary to reduce the frequency of STIs and other negative reproductive health outcomes among couples.

Background

Sexual intercourse in pregnancy or after delivery is a taboo in many cultures because of the perceived risks such as maternal orgasm in pregnancy, which might harm the foetus (Sydow, 1999; Read and Kelbanofi, 1993). In addition, postpartum sexual abstinence is usually justified by the belief that sperm will poison a

mother's breast-milk and thereby harm the infant (Ali and Cleland, 2001). These perceptions suggest that sexual intercourse among couples is discouraged during these periods. Consequently, in many socio-cultural circles, the most common single time that a man seeks a sexual partner outside a previously monogamous relationship is during the woman's first pregnancy (Parsons, 1996). It is not unlikely that this scenario repeats itself in subsequent pregnancies. Research shows, however, that sexual intercourse during pregnancy is risky only when pregnant women are not healthy. Sydow (1999) has demonstrated that there exists a positive relationship between sexual intercourse during pregnancy and safe delivery. He observed:

> *...there is no reason to "forbid" sex to the majority of healthy pregnant women and their partners, even in the last weeks before the birth ...it seems that of those mothers who remained coitally abstinent for a longer-than-average period nearly all have episiotomy scars (Sydow, 1999: 45).*

The implication of this finding is that justification for extramarital sexual activity among men during their wives' prenatal period is lost. Awareness among couples on the harmlessness of intercourse during pregnancy will contribute to reducing both culturally disapproved sexual relations and STIs. Isiugo-Abanihe (2003) questions the level of awareness about the risks involved in extramarital relations considering the large number of men who engage in these. As Askew and Berer (2003) noted, educating family planning clients about the risks of having multiple sex partners has not been easy to execute for several reasons including restriction of family planning discourse to issues directly related to pregnancy among providers and the patriarchal ethos that unwittingly sustains male dominance and risk behaviours. In Nigeria, and probably all over black Africa, sexually transmissible infections contribute to the predominance of tubal infertility (Megafu, 1988; Cates, *et al*, 1985). Evidence indicates that about 40% of infertility is attributed to problems

suffered by men (Brady, 2003). It has been observed that STIs need not be necessarily symptomatic to be pathologic in the long run (Osser and Persson (1982).

This study suggests that sexual behaviour of men generally is comprehensively understood within the context of gender power relations. Existing studies reveal that the links between gender ideology and reproductive health outcomes are inextricable (Isiugo-Abanihe, 2003; Beegle *et al*, 2001). For instance, Nwokocha (2004) observes that male role derives from patriarchy to the extent that in some societies men dominate and at times absolutely control interactions and actions of family members in virtually all spheres of social relationships. Reproductive health studies in Africa presents a contradictory scenario in that although it is assumed that women do not have control over their reproductive behaviour (Adewuyi and Ogunjuyigbe, 2003), most analyses on reproductive health and behaviour centre on women, thereby neglecting their male counterparts who take major family decisions.

The foregoing highlights complexities related to analysis of sexual behaviour of men, in particular and gender relations generally, in the context of patriarchy. This signals a need to investigate the interplay of religious, socio-cultural and ideological factors in understanding the thematic issue. Focus group discussions (FGDs) were adopted for data collection considering the exploratory status of the present research. It is, therefore, intended that the paper will activate deeper insight among scholars on the need to embrace further studies on the subject with a view to comprehensive understanding of relevant issue. We set out to examine the following hypotheses: (a) that altered sexual relationship in pregnancy may make some husbands seek sexual relief outside marriage and (b) the knowledge (or lack of it) of the dangers of sexually transmissible disease may modify this tendency.

In order to investigate various insights and assertions relevant to our understanding of the thematic issue, the following objectives are presented: (1) examining the relationship between

sexual behaviour of men at maternal periods and maternal outcomes; (2) investigating the perceived consequence of sexual intercourse during pregnancy; and (3) comparing postpartum abstinence across cultural settings. It is expected that findings of this study would provide a socio-cultural view of males to STI networking, highlight the role of silent reproductive tract infections in our women, and stimulate the need to focus more on spouses in promotion of reproductive health in women.

Methodology

This exploratory study was conducted in Ibadan, Southwestern, Nigeria among married men from different cultural backgrounds. Data collection was by Focus Group Discussions (FGDs). The use of this technique was necessitated by the need for proper understanding of behaviour of married men during pregnancy and after childbirth considering the complexity that characterizes these periods. Focus groups gave participants opportunity to freely express their views about sexual behaviour during the periods under examination. Three categories of married men, from the three major ethnic groups in Nigeria, ages 20 – 34; 35 – 49; and 50 and above constituted respondents for the study. Although married men from other Nigerian ethnic groups reside in Ibadan, Yoruba, Igbo and Hausa men were selected for the purpose of availability/accessibility. Group sessions provided discussants the opportunity of revealing/explaining their perceptions and attitude related to sex during the thematic periods.

Essentially, six focus group discussions involving married men of diverse occupations and ethnic origins were carried out. Focus group sessions involved (a) Hausa Traders at the Suya market at Sabo; (b) Yoruba transporters at the Ojoo garage; and (c) Igbo men at the Electronic market at Dugbe: (d) Messengers at the State Secretariat, Agodi' (e) Security men at the University College Hospital and lastly (f) Porters in the halls of residence, University of Ibadan. To guide the discussion, a focus group guide was prepared to address the specific issues. We used a technique of sequential direction of the subject matter, into our main interest

area. For the sessions involving Yoruba, Hausa and Igbo participants, the facilitators and note-takers for each of the sessions were fluent and literate in the appropriate linguistic settings. At the end of the interview, the discussions were translated/transcribed for analysis.

Qualitative data are both in-depth and far-reaching but given their unstructured textual character are not straight forward to analyze (Bryman, 2001). This fact necessitated the browsing of a congery of analytical techniques. In so doing, Miles' (1979) submission that though qualitative data are attractive, finding analytical course is difficult was affirmed. In the end, qualitative data were analyzed using manual content analysis. By adopting this method, responses were imported into analysis on the merit of their explanation and implications for the thematic issue under investigation.

Results

(a) Attitudes of Men Toward Sexual Intercourse with Wives During Pregnancy

Interestingly, the participants felt that pregnancy does not disturb sexual relationship between a man and his wife. Majority noted that it is the best and most pleasurable period to have intercourse with a woman. According to a participant in one of the Yoruba sessions "sex is good for a pregnant woman because it makes her stronger". Another noted "sleeping with a pregnant woman makes the child to resemble the father". An Igbo respondent reveals that "sex during pregnancy is essential to make the child form well and to resemble you" In other words, all participants agreed that there is nothing wrong in having intercourse with a pregnant woman. They however differ on the time in pregnancy when intercourse should cease. Even among the Yoruba and the Igbo, some asserted that they only have intercourse with their wives during the first three months of pregnancy, stop and resume again after delivery. The resumption during the eighth month of pregnancy some of them claimed is to aid delivery.

Some others, especially, among the Igbos however believe that intercourse with the wives after the eight month is dangerous. According to one participant "the eighth month is a dangerous period for women, if you make love to her, she may give birth to a premature baby, which will make you spend a lot of money if the baby is to survive..." This perceived danger explains extramarital sexual relations among men at the period. Orubuloye's (1991) related findings show that "men feel mostly justified during and after wives' pregnancies and by the need to have fun and assuage their sexual urges at other times. Some add the need for sex when their wives are away". A multiethnic study by Isiugo-Abanihe (2003) indicated that more than 53 percent of respondents agreed having had sex with women other than their wives. The behaviour of men during this period has religious and cultural undertones.

Most Hausas, for instance, do not sleep with their wives after the fourth month. This behaviour is aided by the institution of "Goyon-gida" or "Goyon-Ciki" among the Hausas. Under this institution, women are sent to their families for orientation after four months of pregnancy. "The following view by one participant aptly summarizes the Hausa cultural position:

"It is the tradition of the Hausas to send their wives to their families at the fourth or the fifth month of pregnancy. The wives are often sent home to deliver their babies..."

Furthermore, given that Islam which predominates among the Hausas allows them to marry more than one wife and up to four wives, they do no feel the urge to have intercourse with their wives during pregnancy. In essence, they have intercourse with the other wife or wives whenever one wife is pregnant.

(b) Period of Abstinence after Childbirth

In all the discussions, the participants all believed that there is a mandatory period after childbirth during which men are not supposed to have intercourse with their wives. This indicates that most participants have knowledge about cultural requirements concerning sex with a woman after birth. Among the Yorubas, there is a general feeling that a man should abstain for at least a

period of forty days before resuming sexual intercourse. Some even recommend a period as long as two to three months. Among the Igbos too, participants reported that the mandatory forty days abstinence period is complied with. Similar views are expressed by the Hausas also. In other words, majority of husbands claim they do not sleep with their wives until 40 days after childbirth. Some reasons are given for this behaviour by the participants. One Igbo respondent describes the situation as follows:

> *It is true there is a period in Igboland when men do not go near their wives. Some old men even stop their wives from cooking for them before 40 days after childbirth and during menstruation.*

Today, most of these cultural prescriptions are not followed as though they are inviolable because of migration and urbanization and changing marital pattern which favour monogamy against polygyny. Hence, the man supposedly does not have alternative wives and therefore relies heavily on the sexual services of his wife. However the danger in early resumption of sexual intercourse afterbirth was emphasized by another Igbo respondent who stated:

> *The child can even drink sperm from the breast. And also the woman will be too weak and her private part will be painful due to the recent birth. Infact, one can contract micro-diseases from the drop of blood coming out of her.*

The period of abstinence among the Hausas, is further supported by the institution of "Wakan-jego" where the woman is supposed to be applying herbs so as to regain her strength. After 40 days of observance of the 'Wakan-jego' tradition, the woman stays for up to four months with her family for orientation. Again, during this period, as revealed by the discussion, the woman, especially if it is the first birth, is supposed to receive education on various aspects of child-rearing. Furthermore, some extreme observation arose among the Hausas. Some, though in the

minority, asserted that they can "abstain" for a period of between one to two years because they have many wives.

The consensus of opinion among all respondents is that there are prescribed periods of abstinence from sexual intercourse after childbirth. The reasons for this are both related to health and culture. The duration of abstinence also varies, though forty-day period is taken to be the minimum duration across cultures, which in reality is not strictly adhered to.

(c) **Husbands' Sexual Behaviour during Wives' Pregnancy or after Childbirth**

The views on the sexual behaviour of participants whenever their wives are pregnant or after child-birth were then sought. Responses to the question revealed that most participants will not indulge in sexual intercourse with other women during this period. The majority of men who claim not to engage in this behaviour cited fear of sexually transmitted infections and its contradiction to religious expectations as the major reasons for their faithfulness at the period. Infact, the discussion with the security-men revealed that instead of 'going out' with other women, they will resort to masturbation to satisfy their urge. However, few participants across the three ethnic groups that were covered in the study asserted that they would engage in sexual intercourse with other women so as not to endanger the lives of their wives. Of the 36 people that participated in the six different focus group discussions, only six said they would "go out". Although, among the Hausas, the institution of concubinage allows the husbands to have sexual intercourse with other women, it seems that the polygynous form of marriage which predominates among them makes the practice of concubinage, to some, unnecessary.

(d) **Attitude towards Sexually Transmitted Diseases**

Throughout discussions with Yoruba and Igbo participants, it was clear that majority of participants were afraid of contracting

sexually transmitted diseases including HIV because of its implications for their health and those of their families. Even, for the few who engage in intercourse with other women, condom use is always resorted to. The reliability of such finding is suspect in view of Isiugo-Abanihe's (2003) apprehension that although recent research has revealed a considerable level of extramarital relations among Nigerian men, underreporting is evident. He argued:

> *The fact that social researchers, who are mostly men and therefore share a common cultural heritage with those who contrived the male dominant culture failed to notice it or saw it as a socially tolerable practice does not diminish its health consequence, only magnified now by the HIV/AIDS epidemic. (Isiugo-Abanihe, 2003:59)*

However, the view of one Hausa participant is presented below because of its implication for risk taking sexual behaviour and the occurrence of secondary infertility. According to him "whether you contract the disease or not, death is a necessary end, it will come when it will come." This attitude explains clearly the rising trend in HIV prevalence in Nigeria from 1.8 percent in 1992 to 3.8 percent in 1994, 4.5 percent in 1996, 5.4 percent in 1999 and 5.8 percent in 2001, spread mainly through heterosexual relations (FMH, 2001).

Again, further investigations showed that in the event of contracting sexually transmitted infections, attempts will be made to cure themselves before intercourse with their wives, but when this fails, majority also posited that their wives will be informed. The following responses, reported verbatim, capture the general feelings of the participants on the issue. According to a participant during one of the sessions conducted in Yoruba.

> *It is right and fair. Refusal to tell the wife will mean you'll both be infected. You can explain that you do not engage in extra-marital affairs. If the woman also insists that she does not engage in extra-marital*

> *affairs, it is your duty to get the two of you treated.*

To those who do not want to inform their wives, they insist that they will stay away from the wife pending the time they will be treated. This view tallies with another expressed by one participant during a session with Igbo discussants. In his words:

> *I married at the age of 22. My wife is in a University. We do not live together in Ibadan. There was a time I contracted STI from a girlfriend at Ibadan. About this time, my wife came to Ibadan to stay with me for two weeks. When she came, she wanted me to make love to her and I refused. I finally consented, but with the use of condom. My wife got annoyed and refused. I also stood my ground because I knew why I was behaving that way. She refused to allow me to use the condom. We did not make love for the two weeks, and when she left, I went out in search of a serious cure for my ailment.*

The opinion of Mallam A, a suya meat seller at Sabo also aligns with those expressed above. He believes whenever the husband is infected and transfers it to the wife, he should treat both of them. He promised to even confess to his wife where he has contracted the disease from. On whether such confession could lead to marital conflict, Mallam A. remarked he would apologise to his wife.

All the observations and views reported above are typical or represent the attitude of men when they contract sexually transmitted infections and appropriate response to it.

Discussion

From the study, a number of findings can be deduced. Firstly, inspite of the limitations that pregnancy ascribes to women during the period, there is usually understanding on the part of men. The problems associated with this period may also not lead to conflict within the family. Secondly, respondents generally hold

the view that sexual intercourse during certain period of pregnancy is not harmful, but indeed beneficial to the man and the woman. Again, respondents generally claim to keep to the prescribed 40 days post-partum abstinence and even more and only few will engage in extra-marital affairs during this period. These few, upon investigation also use some form of contraception, notably condom, when engaged in this practice. If married men were this sensitive to contraception, most of the consequences arising from proscribed sexual intercourse will be ameliorated. In reality however, the rate of condom use among Nigerian men even with the threat of contracting HIV is still low. The NDHS (2003) shows that only 25.1 percent of men are currently using condom.

A large majority of respondents claim that in the event of infection with sexually transmissible diseases, most males will prefer curing themselves without the knowledge of their wives but in the case of the latter getting infected too through them, their wives will be informed and both partners will seek cure. Further research is necessary to investigate issues surrounding the claims to male sensitivity and responsibility which have been problematic in reproductive health discourse and for which a clarion call has been made by scholars (see Carlos, 1984; Ntozi, 1993; Isiugo-Abanihe, 2003)

However, despite the generally fair knowledge of respondents on these issues, there is still a need for vigorous campaign to enlighten men on the need to always use barrier contraceptives when they engage in sexual intercourse with people other than their wives.

Apart from physical separation, menstrual bleeding or prolonged illness of a spouse, the only other period of the life cycle when the frequency of the sexual act is modified somewhat is during pregnancy and for some weeks after childbirth. The opinion here ranges from abstinence to occasional coitus. Some studies have examined this in Nigerian women (Oronsaye *et al*, 1983; Otubu *et al*, 1988) and agreed that the overall trend was that of reduced libido and frequency in the women. In one of the studies, an oblique view was taken of the fact that "there was an

increase in the amount of time spent at home by husbands in (when their wives are pregnant) third trimester" (Oronsaye et al, 1983). In practice, this observation does not preclude a carefully planned and orchestrated extra-marital sexual adventure.

This study does not consider the ideal. Indeed, married men would probably shun sexual relations with 'prostitutes' who are believed to be the "haven of STIs" (Orjoke, 1991). Our respondents represent social strata comprising the upper lower-class and lower middle class. But a few submissions appear consistent; male sexual desire does not wane during their wives' pregnancies. What is resorted to appears to vary individually depending on ethno-culture, religion or a basic personal preference or restraint. Although the use of condoms was mentioned in the context of STI/HIV prevention, their use may not be necessarily regular (Jacob *et al*, 1987). Furthermore, we were struck by the supposed role a spouse plays when an STI is contracted. In an IRRAG study (Osakwe *et al*, 1995), it was pointed out that "it is generally known that men more than women seek treatment for STIs... there have been known cases of the man taking drugs to his spouse without full explanation of what the drugs are for".

In yet another ... "even when there is obvious genital infection, the male expects his wife to play her sexual role" (Adekunle and Ladipo, 1992). This means that some men with infection still force their wives into sex. Quite disturbing however is the rare but significant "fatalistic" attitude of some men as regards STI and ultimate death. This is evidently, a risk-taking tendency even in the face of HIV (Catchpole, 1996).

Programmes aimed at husbands and reproductive health appear necessary to reduce frequencies of silent STIs whose origins are rarely attributable to the "apparent" abstinence during a wife's pregnancy.

Summary and Conclusion

This study has examined sexual behaviour of married men during pregnancy and childbirth as a way of understanding issues surrounding reproductive health within the context of patriarchy. Findings indicate that the perception and attitude of men that support sexual intercourse during pregnancy are similar among FGD participants from Igbo and Yoruba cultural backgrounds. Among the Hausa, the practice of not sleeping with wives whose pregnancies are beyond four months is reinforced by the "Goyon-gida" custom on one hand and adherence to Islam which permits marriage to more than one wife, on the other. Hence, sexual intercourse with other wife/wives allows the man to satisfy his urge without necessarily seeking such pleasure outside.

Consensus among respondents of different normative orientations on at least forty days sexual abstinence after childbirth derives from various activities and implications for the health and well-being of mothers and babies at the period. The argument that abstinence ensures recovery and good health for women is weakened by high incidence of extramarital affairs and a corresponding high prevalence of STIs among some men at the period with women contracting some of these immediately after postpartum and/ or when resumption of intercourse is approved. In most cases, the cost of STIs for women outweighs the stress of engaging men in sex during postpartum period if only that will guarantee intra-marital sex for a couple.

The foregoing indicates the role of religious, socio-cultural and ideological factors in shaping the behaviour of individuals in different relational contexts. Consequently, programmes that will ensure effective reorientation of men on how best to behave at these thematic periods as a necessary approach to safeguarding family health is strongly recommended.

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