

Original Research Article

**Coital abstinence and High Risk Sexual behaviour
among husbands of postpartum women, in Ikenne,
Southwestern Nigeria**

ABSTRACT

Aims: To determine the prevalence and patterns of high risk sex and its relationship to the duration of coital sexual abstinence in husbands of postpartum women.

Study design: Cross sectional descriptive study.

Place and Duration of Study: Ikenne Local Government Area, in Ogun State, South Western Nigeria between, December 2014 and May 2015.

Methodology: Data were obtained with the aid of semi-structured interviewee administered questionnaires from 771 husbands of postpartum women using the multi-stage sampling technique.

Results: High risk sex occurred in 82/771 of the participants giving a prevalence of 10.6%. The duration of coital sexual abstinence was the most important risk factor ($P<.001$) while previous extramarital sexual relationship ($P<.001$, OR=41.70, 95%CI=18.07-96.07) and knowledge of own HIV status ($P=.03$, OR=1.71) also significantly determined its occurrence. Consistent condom use during unsafe sex was 6.1%, while STIs occurred in 3/82 (3.7%). The mean duration of coital abstinence observed was 7.62 ± 6.16 months with significantly longer durations occurring in rural men (8.30 ± 6.24 months) than in urban men (7.16 ± 6.01 months), $P=.01$. Intimate partner violence against the postpartum wife during the abstinence period was reported by 9/771 (1.2%) of the participants.

Conclusion: High risk male sex was a consequence of prolonged postpartum sexual abstinence. The duration of postpartum coital abstinence in Ikenne LGA is less than culturally prescribed.

Keywords: Postpartum, Risky sex, unsafe sex, sexual networking, Puerperium

1. INTRODUCTION

Unlike in pregnancy where coital abstinence is relative, all Nigerian tribes practice some form of mandatory postpartum sexual proscription.[1,2] Medically, coital abstinence is indicated in the first 2-3 weeks of the puerperium to allow healing and prevent genital tract infection. [3]

Traditionally the Yoruba race practiced agriculture as a means of livelihood and post-partum sexual abstinence helped the women to cope with both the demands of being a mother at home and a worker on the farm. The 'natural contraception' produced by this mandatory sexual abstinence made this possible. [4] The general belief deeply entrenched to uphold this practice among the Yoruba, was that a man should not have sexual relations with his wife when she is nursing a baby; the concept of lactation taboo.[1,2,5] It is also widely believed among the Yoruba that the semen may reach the breast milk and poison it, thus jeopardizing the health of the new-born when intercourse occurs before the culturally recommended time.[1,2] This abstinence period lasted until the child was weaned which may take up to two years or more.[2] Extra-marital sexual relations in men whether during pregnancy or postpartum; have been reported to be a consequence of abstinence.[4,6]

Unsafe sex has been shown to be a very potent mechanism for the spread of the HIV virus. Indeed, reports from some studies in Africa have shown that the greatest risk of HIV infection for married women lies within their marriage, and the greatest source of HIV infection is unprotected sex with their infected husbands.[7-9] A report in 2008 revealed that, up to 80% of new HIV infections among heterosexual urban dwellers in Africa occurred within marital or cohabiting relationships.[8] Prior HIV infection in the husband before the marital union or HIV infection contracted through extra-marital sexual relationship

while still being married is the pathway to infection.[9] The permissiveness of traditional African people in condoning or only minimally reprimanding male extra-marital sexual activity makes married men more likely than married women to engage in high risk sex.[7] In addition, concurrent multiple sexual relationships have been postulated to heighten the risk of HIV transmission; an occurrence which is commoner among African men than in men from other parts of the world.[10]

Pregnancy and the postpartum period have been reported as predispositions for risky male sexual behavior with dire consequences such as Sexual Transmitted Infections (STIs); which include HIV, HPV and hepatitis. Studies have also shown that most men who had extramarital sexual relations at this time did so mostly with non-regular partners and condom use was extremely low. [11] Mother- to- child transmission risk has been reported to be significantly higher among women with recently acquired HIV infection in pregnancy or postpartum; compared to mothers who have been HIV positive prior to pregnancy or the postpartum period.[12]

Sexual abstinence for couples in the past was possible in a polygamous context where temporary separation of spouses was frequent, particularly after childbirth, alternative sexual outlets were however provided in their other mutually faithful wives.[5]

What has changed in recent times is the increasingly monogamous and nuclear society and adoption of new occupations and lifestyles, necessitated mainly by civilization and in many instances religion. Clearly the challenges facing the average Nigerian family today is different and the increasing economic reality has greatly reduced the practice of polygamy. Modernization also brings with it the benefit of better, more reliable and effective means of contraception, the better care of; and increasing survival of children, we are however currently faced with the reality of HIV, AIDS, hepatitis and other grave consequences of STIs such as infertility, cervical cancer and liver disease.[13] The belief in traditional prolonged postpartum sexual proscription still appears to have a strong grip and may produce sexual behavior inimical to prevention of these diseases.

The postpartum period is an appropriate time to observe married male sexual behavior during required abstinence; because unlike pregnancy where medical or even culturally indicated coital abstinence is only relative, most of the African tribes practice coital sexual abstinence, with variations only in duration. Recommended or demanded sexual abstinence may also be a reason for violence against women. In addition, healthcare workers are oftentimes faced with situations where the male partner requires counseling on sexual issues related to timing resumption of coital sexual relations with the nursing mother-wife and coping mechanisms when abstinence is indicated, currently opinions vary on best options.

This study was thus aimed at determining the prevalence and patterns of high risk sexual behavior in husbands of postpartum women and its relationship to the duration of sexual abstinence in Ikenne, LGA, South-western Nigeria.

2. MATERIAL AND METHODS

This study was conducted in Ikenne Local Government Area (LGA), one of the twenty LGAs in Ogun State, South Western Nigeria. This LGA, is made up of three urban towns and two rural villages. The urban towns are Iperu, Ikenne, and Ilisan, while the rural villages are Irolu and Ogere.[14] Ikenne local government spans 137.13km² with 202,980 inhabitants (National Population Commission, 2006). [15]

It was a community-based cross sectional descriptive study involving 771 husbands of postpartum women using the multi-stage sampling technique. The LGA was divided into 5 clusters according to the 5 towns, trade union groups were then selected from each town by computerized random sampling technique. This was followed by simple random sampling to select individual participant, at selected work places. The sample size was determined using the Leslie-Kish formula $n = z^2pq/d^2$. With the precision (d) set at 0.05, the prevalence of high risk sex of 48% obtained by Lawoyin et al (2002) in a study on

husbands of postpartum women was used.[4,16] The value (n=384) obtained was then doubled (n=766) to remove cluster effect.

Data were obtained over a 6-month period with the aid of semi-structured pre-coded interviewee administered questionnaire designed by the authors. The questionnaire contained sections on socio-biologic data, which had mainly open-ended questions. Other sections included were durations of coital sexual abstinence, reasons for it and coping strategies. The occurrence and patterns of high risk sexual behavior section; contained mainly structured questions, leaving some open ended questions for questions involving duration. The questionnaire was translated to the Yoruba language and back-translated to English to ensure that it retained its meaning. A pre-test of the questionnaire was done on men attending a meeting of the commercial motorcycle riders association, in Ilishan-Remo and administrative workers of Babcock University. After obtaining verbal consent from them, the participants were given the questionnaires to fill. Those who could not write had their responses entered into the questionnaires for them by trained interviewers who were doctors and could speak the Yoruba language well, such interviews lasted 20 minutes averagely. Interpreters were used for the non-Yoruba speaking respondents whose answers were also audio-recorded in addition to their questionnaires being filled for them by the interviewers. The recorded answers were transcribed by independent transcribers and checked with the responses on the questionnaires for uniformity.

The collected data were analyzed using the Statistical Software Package for Social Sciences (SPSS) version 17.0 (Chicago, Illinois). Frequency tables were made and numerical data expressed as mean $\pm$ standard deviation. The results were tested for statistical significance thus: t- test was used to compare continuous variables while chi- square was used for comparison of categorical variables. The level of statistical significance was set at *P*-value of less than .05

The puerperium was defined as the period of the first six weeks following delivery of the index baby, while the postpartum period was taken as that period lasting up to one year following the delivery of the index baby, or the interval from delivery of the index baby to a subsequent pregnancy. Postpartum coital sexual abstinence was considered as the absence of penetrative peno-vaginal sexual intercourse between the respondent and his socially, culturally or legally accepted wife in the postpartum period. A husband was considered as a man 18 years old and above who was legally, customarily, religiously married to and or lives with a woman in a union whom his or her family or surrounding society has accepted as man and wife. High risk sex was considered as the occurrence of currently married or cohabitating men reporting having had coital sexual relations with a woman who is not known or socially, culturally, legally or religiously accepted as a wife. [17] It also extended to encompass sexual intercourse with someone who was susceptible to or infected with an STI whether a condom was used or not. [18] Early resumption of coitus was considered as postpartum sexual intercourse at 6 weeks or less after delivery of a baby.[19] Prolonged coital abstinence was considered as sexual intercourse occurring for the first time 1 year or more after delivery. Intimate partner violence (IPV) was considered as the occurrence of Physical, emotional or verbal abuse against the postpartum wife.

3. RESULTS AND DISCUSSION

3.1. RESULTS

Eight hundred questionnaires were administered, but 771 were returned correctly completed, for participants who met inclusion criteria, giving a retrieval rate of 96.4%.

Table 1 highlights the socio-demographic characteristics of the respondents. Participants in the rural areas were significantly younger (mean age of 36.17 ± 6.17 years, (*P*=.03) and had lower educational levels (*P*=.01). Other characteristics such as occupation (*P*=.13), religion (*P*=.90), tribe (*P*=.11), marriage setting (*P*=.72), knowledge of own HIV status (*P*=.79) and co-habitation with postpartum wife (*P*=.48) were however not significantly different, between the rural and urban respondents.

130 **Table 1. Socio-demographic characteristics of participants**

Characteristics	Settlement		Total(n=771)	P-value
	Rural(n=308)	Urban(n=463)		(95% CI)
Age				
Mean(years)	36.17±6.17	37.31±7.50	36.85±7.01	.03(-0.01-0.13)
Educational level				
Primary	63(49.3%)	65(50.7%)	128	.01(0.01-0.02)
Secondary	192(40.0%)	288(60.0%)	480	
Tertiary	53(32.5%)	110(67.5%)	163	
Occupation				
Unemployed	3(15.8%)	16(84.2%)	19	.13(0.12-0.14)
Unskilled	64(38.1%)	104(61.9%)	168	
Skilled	192(41.7%)	268(58.3%)	460	
Professional	49(39.5%)	75(60.5%)	124	
Religion				
Christianity	255(39.9%)	385(60.1%)	640	.90
Islam	53(40.5%)	78(59.5%)	131	
Tribe				
Hausa	25(35.2%)	46(64.8%)	71	.11(0.10-0.11)
Igbo	24(30.4%)	55(69.6%)	79	
Yoruba	259(41.7%)	362(58.3%)	621	
Marriage Setting				
Monogamous	283(40.1%)	422(59.9%)	705	.72
Polygamous	25(37.9%)	41(62.1%)	66	
Cohabit with wife				
Yes	290(40.3%)	430(59.7%)	720	.48
No	18(35.3%)	33(64.7%)	51	

Awareness of own HIV status

Yes	170(39.5%)	260(60.5%)	430	.79
No	138(40.5%)	203(59.5%)	341	

n = number of participants

95%CI = 95% Confidence Interval

Table 2 reveals that 63/771 (8.2%) of the couples in Ikenne LGA, had resumed, coital sexual intercourse before 6 weeks. Men in the rural towns however had significantly longer durations of postpartum coital sexual abstinence than urban men (8.30 ± 6.24 months, $P = .01$, 95% CI of -0.25-2.02). It also showed that a significantly greater proportion of rural men 94/308 (30.5%) than urban men 95/463 (20.5%), abstained for periods of 12 months and above ($P = .007$). None of the participants abstained from sex with their postpartum wives for up to 3 years or longer.

Table 2. Duration of postpartum coital sexual abstinence in husbands of postpartum women

	Duration(months)			
Settlement	<6 weeks	6 weeks -<1 yr	1-<3yrs	P-value (95%CI)
Rural (n=308)	22(7.1%)	192(62.4%)	94(30.5%)	.007
Urban (n=463)	41(8.9%)	327(70.6%)	95(20.5%)	
Total (n=771)	63(8.2%)	519(67.3%)	189(24.5%)	
	Mean Duration (months)			
Rural	8.30±6.24			.01 (-0.25-2.02)
Urban	7.16±6.01			
Total	7.62±6.16			
	Median = 6.00			
	Range = 29.5			

Table 3 shows that the duration of postpartum coital abstinence was not influenced by socio-demographic factors.

145 **Table 3. Socio-demographic Factors affecting the duration of postpartum coital sexual abstinence**
 146 **in husbands of postpartum women**

		Duration			P-value CI)	(95%
		<6 weeks (n=63)	6 weeks-<1yr (n=519)	1-<3rs (n=189)		
Factor						
Age						
Mean		38.21±6.95	36.73±7.15	36.74±6.63	36.85±7.01	.34(0.33-0.35)
Educational Level						
Primary		7(5.5%)	92(74.2%)	29(22.7%)	128	.62(0.62-0.64)
Secondary		44(9.2%)	318(66.2%)	118(24.6%)	480	
Tertiary		12(7.4%)	109(66.9%)	42(25.7%)	163	
Occupation						
Unemployed		5(26.3%)	12(63.2%)	2(10.5%)	19	.10(0.09-1.10)
Unskilled		10(6.0%)	116(69.0%)	42(25.0%)	168	
Skilled		39(8.5%)	305(66.3%)	116(25.2%)	460	
Professional		9(7.3%)	86(69.4%)	29(23.3%)	124	
Tribe						
Hausa		7(9.9%)	46(64.8%)	18(25.3%)	71	.17(0.16-0.17)
Igbo		10(12.7%)	44(55.7%)	25(31.6%)	79	
Yoruba		46(7.4%)	429(69.1%)	146(23.5%)	621	
Religion						
Christianity		53(8.3%)	428(66.9%)	159(24.8%)	640	.85(0.85-0.87)
Islam		10(7.6%)	91(69.5%)	30(22.9%)	131	
Marriage setting						
Monogamous		58(8.2%)	472(67.0%)	175(24.8%)	705	.78(0.78-0.79)
Polygamous		5(7.6%)	47(71.2%)	14(21.2%)	66	
Cohabitation with wife						

Yes					
No	60(8.3%)	485(67.4%)	175(24.3%)	720	.76(0.75-0.77)
	3(5.9%)	34(66.7%)	14(27.4%)	51	

147

148 The reproductive health factors did not exert any significant influence on the duration of postpartum
149 sexual abstinence (Table 4).

150 **Table 4. Reproductive health factors affecting the duration of postpartum coital sexual abstinence**
151 **in husbands of postpartum women**

	Duration				
	<6 weeks	6 weeks-<1yr	1-<3rs	Total	P-value
Factor	(n=63)	(n=519)	(n=189)	(n=771)	(95% CI)
Mode of delivery					
Vaginal	58(8.0%)	489(67.7%)	175(24.3%)	722	.68
Caesarean section	5(10.2%)	30(61.2%)	14(28.6%)	49	(0.67-0.69)
Episiotomy/ genital laceration					
Yes	8(9.6%)	52(62.7%)	23(27.7%)	83	.63
No	55(8.0%)	467(67.9%)	166(24.1%)	688	(0.62-0.64)
Postpartum obstetric complications					
Yes	6(10.1%)	39(66.1%)	14(23.8%)	59	.86
No	57(8.0%)	480(67.4%)	175(24.6%)	712	(0.85-0.87)
Duration					
of breastfeeding	17.92±3.40	17.36±3.45	18.51±3.64	17.69±3.52	.18 (0.17-0.19)
Awareness of own HIV status					
Yes	34(7.9%)	280(65.1%)	116(27.0%)	430	.22

No	29(8.5%)	239(70.1%)	73(21.4%)	341	(0.21-0.23)
Decreased					
libido (husband)					
Yes	6(8.6%)	41(58.6%)	23(32.8%)	70	.21
No	57(8.1%)	478(68.2%)	166(23.7%)	701	(0.20-0.22)

Figure 1 reveals that 9/771 (1.2%) of the participants in this study engaged in violent behavior against their postpartum wives during the abstinence period. The pie chart also shows that although 289/771 (37.5%) did 'nothing sexual' in that interval, a larger proportion 296/771 (38.4%) engaged in non-coital, non-orgasmic sex with the postpartum wife.

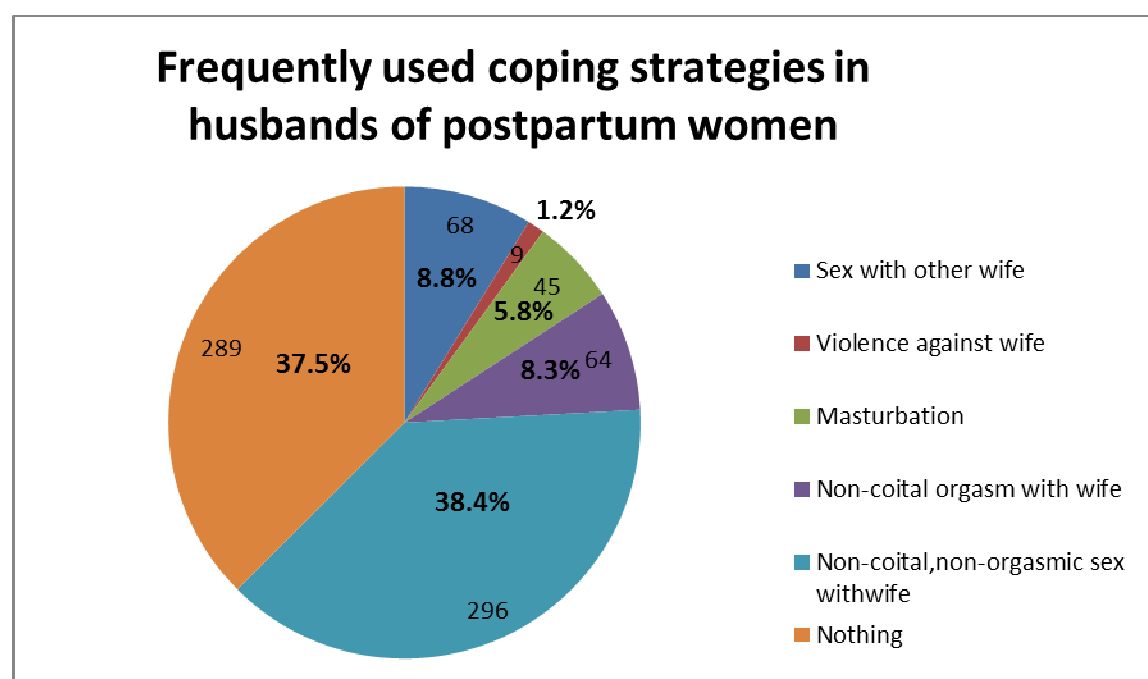


Figure 1. Strategies for coping with postpartum sexual abstinence in husbands of postpartum women in Ikenne

History of occurrence of high risk sex was volunteered by 82 respondents, giving a prevalence of 10.6% as depicted in table 5. This table also shows that progressively longer durations of coital abstinence correlated with increasing prevalence of high risk sex ($P < .001$). A sharp increase was noted after 1 year with change in prevalence from 8.1% (6 weeks to < 1 year) to 19.6% after 1 year of abstinence. The mean duration of coital abstinence was also found to be significantly longer in participants who engaged in high risk sex (11.01 ± 6.99 months), compared with those who did not (7.21 ± 5.92 months) P -value $< .001$.

Greater proportion of men who had previous extramarital sex (77.1%), were involved in high risk sex compared with 7.5% who had no prior extramarital sexual relations ($P < .001$). Also with an odds ratio

OR=41.70, $P<.001$, and 95%CI=18.07-96.07), husbands who had previous extramarital sex were more likely to engage in high risk sex during their wife's postpartum period. Men who knew their HIV status were also found to be more likely to engage in high risk sex at this time ($P=.03$ and OR=1.71). Other factors such as age ($p=.93$), educational level ($P=.74$), religion ($P=.44$), ethnicity ($P=.91$), settlement ($P=.81$), occupation ($P=.44$), cohabitation with postpartum spouse ($P=.64$) and duration of breastfeeding ($P=.47$) were not significantly different between participants who engaged in high risk sex and those who did not (Table 5).

Table 5. Determinants of High Risk Sex in husbands of postpartum women

Factor	High Risk Sex		Total	P-value (95%CI)
	Yes	No		
	n=82(10.6%)	n=689(89.4%)	771	
Age (mean $\pm$ SD in years)	36.91 $\pm$ 7.17	36.84 $\pm$ 7.00	36.85 $\pm$ 7.01	.93(-1.54-1.68)
Educational level				
Primary	16(12.5%)	112(87.5%)	128	.74(0.73-0.74)
Secondary	50(10.4%)	430(89.6%)	480	
Tertiary	16(9.8%)	147(90.2%)	163	
Religion				
Christianity	71(11.1%)	569(88.9%)	640	.44
Islam	11(8.4%)	120(91.6%)	131	
Ethnicity				
Hausa	8(11.3%)	63(88.7%)	71	.91(0.89-0.91)
Igbo	7(8.9%)	72(91.1%)	79	
Yoruba	67(10.8)	554(89.2)	621	
Settlement				
Rural	34(11.0%)	274(89.0%)	308	.81
Urban	48(10.4%)	415(89.6%)	463	
Occupation				
Unemployed	1(5.3%)	18(94.7%)	19	.44(0.43-0.45)
Unskilled	21(12.5%)	147(87.5%)	168	
Skilled	51(11.1%)	409(88.9%)	460	

Professional	9(8.0%)	115(92.0%)	124	
Marriage setting				
Monogamous	75(10.6%)	630(89.4%)	705	.60
Polygamous	7(10.6%)	59(89.4%)	66	
Cohabit with wife				
Yes	78(11.0%)	630(89.0%)	708	.64
No	7(10.6%)	59(89.4%)	66	
Prior extramarital Sex				
Yes	27(77.1%)	8(22.9%)	35	<.001
No	55(7.5%)	679(92.5%)	734	OR=41.70(18.07-96.07)
Awareness of own HIV Status				
Yes	55(12.8%)	375(87.2%)	430	.03
No	27(7.9%)	314(92.1%)	341	OR=1.71(1.05-2.77)
Duration of breastfeeding				
Mean(months)	17.43±3.43	17.72±3.53	17.69±3.52	.47(-1.10-0.51)
Duration of coital abstinence				
< 6 weeks	3(4.8%)	60(95.2%)	63	<.001
6 weeks -<1 year	42(8.1%)	477(91.9%)	519	
1-< 3 years	37(19.6%)	152(80.4%)	189	
Mean duration of coital				
Abstinence (months)	11.01±6.99	7.21±5.92		<.001

178 OR=Odds Ratio

179

180 Table 6 reveals that high risk sex occurred in similar proportions in both rural and urban settlements
 181 ($P=.77$). An 'old friend' was the commonest high risk sexual partner 54/82 (65.8%) in the study
 182 population. Most 64/82 (78.0%) of the respondents, used condoms occasionally during HRS. Only 5/82
 183 (6.1%) used a condom at every HRS act, 13/82(15.9%) never used a condom. The mean interval
 184 between delivery and first high risk sex episode for the study population was 4.26 ± 3.10 months, thus a
 185 sizable proportion of participants had engaged in high risk sex before the 5th postpartum month, while
 186 abstaining from their wives (population mean duration of coital abstinence= 11.01 ± 6.99). Occurrence of
 187 STI was reported by 3/82 of the respondents who engaged in high risk sex, giving a prevalence of 3.7%,
 188 whereas only 16 responses were received for sex with persons suspected to be infected with an STI.

189 **Table 6. Patterns of high risk sex (HRS) in husbands of postpartum women, across the Ikenne**
190 **settlements**

	Settlement			
Pattern	Rural (n=34)	Urban (n=48)	Total (n=82)	P-value(95%CI)
Type of partner				
Old friend	25(46.3%)	29(53.7%)	54	.32(0.31-0.32)
New friend	8(36.4%)	14(63.6%)	22	
Commercial sex worker	1(16.7%)	5(83.3%)	6	
Sex with infected person(STI)				
Yes	1(25.0%)	3(75.0%)	4	.75
No	3(25.0%)	9(75.0%)	12	
Condom use for HRS				
Never	6(41.2%)	7(53.8%)	13	.92(0.91-0.92)
Occasional	26(40.6%)	38(59.4%)	64	
Always	2(40.0%)	3(60.0%)	5	
Occurrence of STI after HRS				
Yes	1(33.3%)	2(66.7%)	3	.63
No	33(41.7%)	46(58.3%)	79	
Delivery-HRS interval				
Mean(months)	4.29±3.30	4.23±2.99	4.26±3.10	.93(-1.32-1.45)
Previous extramarital sex				
Yes	10(37.0%)	17(63.0%)	27	.57
No	24(43.6%)	31(56.4%)	55	

191

192 3.2. DISCUSSION

193 The mean duration of 7.62±6.16 months of postpartum sexual abstinence, observed is much longer than
194 the 8.2±2.9 weeks (or 2.1±0.71 months) reported in a hospital based study in Jos, North eastern Nigeria
195 among women who were 14 weeks (or less) postpartum.[13] More (8.2%) of the couples in Ikenne LGA
196 than the reported 3.5% couples in Jos had however resumed sexual intercourse before the end of the
197 puerperium.[13] A significantly longer duration was found in this study among husbands who are rural

198 dwellers compared to urban men, with a relatively greater proportion of rural men abstaining for periods of
199 12 months and longer, compared to urban men. This finding contrasts reports from a study conducted in
200 Ghana, where no significant difference in sexual behavior existed in husbands of postpartum women
201 between these two settlement types. [20]

202 Although rural dwellers had longer durations of abstinence, no difference was observed from urban
203 dwellers in the occurrence of high risk male sexual behavior. This finding is inconsonance with a report
204 from a study in Ibadan, South western Nigeria.[4]

205 The results from this study agree with findings of a study in Jos where socio-demographic and obstetric
206 factors, were not predictive of the duration of coital abstinence.[13] It however contrasts what was
207 reported, from a study involving data from 17 countries, (most of them in Africa), where obstetric factors
208 were found to positively affect this duration.[21] It is an established belief among the Yoruba of Nigeria
209 that sexual intercourse during breastfeeding should be forbidden because it may poison the milk, with
210 several couples readily abstaining for durations spanning most of or even the entire length of the
211 breastfeeding period, which may be as long as 3 years.[1,2,22] The duration of breastfeeding observed
212 among the respondents is however much longer than the duration of coital abstinence. These lower
213 durations observed, may be due to changes in sexual practices and breastfeeding patterns among
214 couples during the postpartum period, responsible for the lower mean duration than the 2-3 years
215 traditionally prescribed.[1,22] In fact no couple in Ikenne LGA, had breastfeeding duration lasting up to 3
216 years. These changes maybe predicated upon changing lifestyles following, increasing adoption of
217 monogamous marriages, better skilled, non-agricultural occupations with increasing number of 'working
218 class' postpartum wives and less dependence on extended family networks who provided support and
219 monitoring in traditional abstinence settings as found in an earlier report.[20]

220 Non-coital, non-orgasmic sex with the postpartum wife was the commonest alternative to coital
221 sexual intercourse practiced by the participants. This appears 'un-African' as it is dissimilar from the
222 commonly reported traditional coping mechanisms of 'sex with a another existing wife' (polygamy), sex
223 with other acquaintances married into the family setting or sex with a commercial sex worker as reported
224 in earlier studies.[4,6] These coping methods observed were however similar in respondents from both
225 rural and urban settings. A lower prevalence of intimate partner violence (against the postpartum wife)
226 was observed in this study, compared to the 4-29% reported in a multi-country survey of intimate partner
227 violence related to pregnancy in some other developing countries.[23] Pregnancy and lactation have been
228 shown to be major factors in the occurrence of violence against women. [24, 25]

229 The prevalence of high risk sex observed in the Ikenne population is much lower than 48%
230 observed in Ibadan from a study on male sexual networking during wife's postpartum period.[26] It is also
231 less than prevalence of 42.1% observed in that same study among husbands of pregnant women.
232 Occurrence of high risk sex in Ikenne LGA, had a direct relationship with increasing duration of coital
233 abstinence, in fact the prevalence more than doubled after 1 year of abstinence. Participants who
234 engaged in high risk sex were noted to have significantly longer durations of abstinence than those who
235 did not. The finding that the delivery-to-first high risk sexual act interval is much shorter than the duration
236 of coital abstinence suggests that these men had started having extramarital sex earlier as an alternative
237 to cope with the period of abstinence from sex from their own wives.

238 Previous extramarital sexual relations (within index marriage) was observed to be a significant
239 determinant of high risk male sexual behavior as significantly more of these men were more likely to
240 engage in it (OR = 41.7). This fact is also buttressed by the finding that an 'old friend' was the
241 commonest sex partner. This finding is also in line with an earlier report that the avenues for postpartum
242 men during abstinence were mostly people known to or close to them such as women married into his
243 family lineage; especially young wives in polygamous marriages, single girls from poor families who had
244 not been betrothed, widows and divorced women.[6]

245 Similarly, Knowledge of HIV status had a significant influence on occurrence of unsafe sex, as men who
246 knew their status were more likely to engage in it. A positive HIV test rate of 2.3% was found among men
247 involved in high risk sex in Ibadan, the investigators in that study however noted that none of these men

were aware of their status, reasons given for this was that HIV testing at that time was very low. [26] Testing for HIV now is quite widespread, thus it is pertinent to know which test result actually influenced high risk sexual behavior during the postpartum period. Further studies among Nigerians with combined HIV testing would be useful in this regard.

Consistent condom use during high risk sexual acts observed in this population was low. The level of consistent condom use among rural men engaging in unsafe sex in Ikenne of 5.8% was however higher than the 1.7% reported in rural Ibadan. These rates of condom use are lower than expected as condom use in Africa has been described as 'a marker for high risk sex'. [18] Consistent use of the male condom has been shown to produce up to 80% reduction in HIV incidence. [27] The association between male sexual networking and transmission of STIs including HIV has been well established. [6] Although history of sex with a person infected with STI was obtained in 25.0% of the interviewees who engaged in HRS, history of occurrence of STI was volunteered by only 3.7% of these participants. This is in far contrast to the 23.7% of STI occurrence reported by men who participated in a study on male sexual networking in Ibadan; [26] that study however combined data of sexual networking during and outside their wives' pregnancies, which may account for higher rates observed. The inability of the study to determine which particular HIV status influenced the occurrence of high risk sexual behavior in the participants, in this would necessitate further prospective study involving laboratory HIV testing.

4. CONCLUSION

The mean duration of postpartum coital abstinence in Ikenne LGA is less than culturally prescribed, showing a decreasing trend; rural men however still have comparatively longer abstinence periods. High risk male sex was a consequence of prolonged postpartum sexual abstinence and previous extramarital sexual exposure significantly increased the risk of this behaviour. High risk sex predisposed to occurrence of STIs in husbands of postpartum women as reported consistent condom use was very low while significant occurrence of STIs was noted.

REFERENCES

1. Sule-Odu AO, Fakoya TA, Oluwole FA, Ogundahunsi OA, Olowu AO, Olanrewaju DM, Akesode FA, Dada OA, Sofekun EA. Postpartum sexual abstinence and breastfeeding pattern in Sagamu, Nigeria. *Afr J Reprod Health*. 2008 Apr;12(1):96-100
2. Odar E, Wandabwa J, Kiondo P. Sexual practices of women within six months of childbirth in Mulago hospital, Uganda. *Afr Health Sci* 2003;3:117-23.
3. Lipscomb K, Novy MJ. The Normal puerperium. In *Current Diagnosis and Treatment in Obstetrics and Gynaecology*. Decherney AH, Nathan L, Goodwin TM, Laufer N, (eds). 10th Edition. 2007. Pgs 222-248.
4. Lawoyin TO, Larsen U. Male sexual behaviour during wife's pregnancy and postpartum abstinence period in Oyo State, Nigeria. *J Biosoc Sci*. 2002 Jan;34(1):51-63.
5. Gueye M, Van de Walle E. Some joint determinants of fertility and infant and child mortality in sub-Saharan Africa. In: *African Population Conference/Congres Africain de Population*, Dakar, Senegal, November 7-12, 1988. Liege, Belgium, International Union for the Scientific Study of Population, 1988. 3.3.1-16.
6. Caldwell JC, Orubuloye IO, Caldwell P (1997) Perceived male sexual needs and male sexual behavior in Southwestern Nigeria *Soc Sci Med*, 44(8): 1195-1207.
7. Smith DJ, Modern marriage, men's extramarital sex, and HIV risk in Southeastern Nigeria, *American Journal of Public Health*, 2007, 97(6):997-1005
8. Dunkle K et al., New heterosexually transmitted HIV infections in married or cohabiting couples in urban Zambia and Rwanda: an analysis of survey and clinical data, *Lancet*, 2008, 371(9631):2183-2191
9. Stephenson R. Community-Level Gender Equity and Extramarital Sexual Risk-Taking among Married Men in Eight African Countries. *International Perspectives on Sexual and Reproductive Health*, 2010,36(4):178-188

10. Hunter M, Cultural politics and masculinities: multiple-partners in historical perspective in KwaZulu-Natal, *Culture, Health and Sexuality*,2005, 7(4):389–403
11. Onah HE, Iloabachie GC, Obi SN, Ezugwu FO, Eze JN. Nigerian male sexual activity during pregnancy. *Int J Obstet Gynecol* Vol 76, Issue 2 , Pages 219-223, Feb 2002.
12. Drake AL, Wagner A, Richardson B, John-Stewart G. Incident HIV during Pregnancy and Postpartum and Risk of Mother-to-Child HIV Transmission. A Systematic Review and Meta-Analysis 25,2014.DOI: 10.1371/journal.pmed.1001608
13. Anzaku AS, Mikah S. Postpartum Resumption of Sexual Activity, Sexual Morbidity and Use of Modern Contraceptives Among Nigerian Women in Jos. *Annals of Medical and Health Sciences Research* | Mar-Apr 2014 | Vol 4 | Issue 2
14. Ekpo UF, Odoemene SN, Mafiana CF, Sam-Wobo SF. Helminthiasis and Hygiene Conditions of Schools in Ikenne, Ogun State, Nigeria. *Negl Trop Dis*. Jan 2008; 2(1): e146.
15. Adeleye OZ, Nwokoma OG. Non-timber forest products and poverty reduction policy framework in Ikenne Local Government Area, Ogun state Nigeria. *IJASS* Vol 1(1) Pp 1401-1420. 2012
16. Envuladu EA, Agbo HA, Mohammed A, Chia L, Kigbu JH, Zoakah AI. Utilization of modern contraceptives among female traders in Jos South LGA of Plateau State, Nigeria. *Int J Med Biomed Res* 2012;1:224-231
17. Mitsunaga TM, Powell AM, Heard NJ, Larsen UM. Extramarital Sex Among Nigerian Men Polygyny and Other Risk Factors. *J Acquir Immune Defic Syndr*. Volume 39, Number 4, 2005. Pp478-488
18. Slaymaker E, Walker N, Zaba B, Collumbien M. Comparative risk assessment:Unsafe sex . In: *Comparative Quantification of Health risks: Global and Regional Burden of Disease due to selected major risk factors*. Ezzati M, Lopez, Rodgers A, Murray C (Eds). pp: 1177-1254.Geneva. 2004.
19. Radzah M, Shamsuddin K, Mormi M, Zahari MT, Syimah AN, Asia MN. Early resumption of sexual intercourse and its determinants among postpartum Iban mothers. *Int J Reprod Contracept Obstet Gynecol*. 2013 Jun;2(2):124-129
20. Awusabo-Asare K, Anarfi JK Postpartum sexual abstinence in the era of AIDS in Ghana: prospects for change. *Health Transition Review*, Supplement to Volume 7, 1997, 257-270
21. Borda MR, Winfrey W, McKaig C. Return to sexual activity and modern family planning use in the extended postpartum period: An analysis of findings from seventeen countries. *Afr J Reprod Health* 2010;14:72-9.
22. Dada O.A, Akesode F.A, Olanrewaju D.M et al. Infant Feeding And Lactational Amenorrhea in Sagamu, Nigeria. *Afr J Reprod Health* 2002; 6 (2):39-50.
23. Nasir K, Hyder AA. Violence against pregnant women in developing countries; a review of evidence. *Eur J Public Health* 2003; 105-7
24. Somach SD, Abou-Zeid G. Literature Review of Violence against Women. *Egypt Violence against Women Study*. USAID. April 2009.
25. Okemgbo CN, Omidoyi AK, Odimegwu CO. Prevalence, patterns and correlates of domestic violence in selected Igbo communities of Imo State, Nigeria. *Afr J Reprod Health* 2002;6:10114.
26. Lawoyin TO, Osinowo H, Walker M. Sexual networking among married men with wives of childbearing age in Ibadan City, Nigeria: report of a pilot study. *Afr J Med Med Sci* 2004;33: 207-12.
27. Weller S, Davis K (2002) Condom effectiveness in reducing heterosexual HIV transmission. In: *The Cochrane library issue 3*. Update Software, Oxford,<http://cochrane.athens.ac.uk>.