

Male Reproductive Health Challenges: Appraisal of Wives' Coping Strategies

Abstract

The study examined the coping strategies adopted by the wives whose husbands have reproductive health challenges. Four focus group discussions were organized among the affected wives. They were selected following a key-informant-leading approach within 16 wards in purposively selected two States within Southwest geo-political zone of Nigeria. The data were transcribed and analyzed using systematic-content-analysis technique which was moderated with content-observation approach. The prevailing reproductive health challenges identified are gonorrhoea, prostate and prostate cancer. Prominent among the coping strategies employed by the affected wives are: seeking intervention from their religious leaders and family doctors, physical therapy, abstinence and concubinage. The sanctity or traditional silence over male sexual health problems could be detrimental to healthy conjugal relationship. Informal and home-based sexuality education and the integration of socially recognized role models will address the sexual and reproductive health needs of both husbands and wives.

Key Words: *Wives, coping strategy, male reproductive health challenges.*

Introduction

The issues of marital and domestic conflicts are universal notwithstanding that they differ and could manifest in different dimensions within regions and cultures (Bledsoe & Cohen, 1993; Isiugo-Abanihe, 2003; Imobighe, 2003; Omorogbe *et al*, 2010). However, most marital conflicts are resolvable through effective management but the approaches are dynamic accordingly. While several cultures believe that disagreement among couples could be resolved amicably, it is envisaged that the involvement of sexual disability or debility from both or either of the parties could make disagreement and/or its management sensitively delicate. The study examined the coping strategies adopted among the couples where the husbands have reproductive health challenges as way of proffering options for enduring conjugal relationship in the society in the face of reproductive deficiencies.

The appalling incidence of marital instability, disruption and disintegration on one hand and the embroilment of spouses in disagreement, agitations, quarrels, outright struggle, inflicting injuries, complete disharmony, litigation, separation and annulment of the marriage bond have become worrisome. Husband-wife conflict affects family relationship and have damaging social and economic consequences or implications. While several factors have been suspected as responsible for husband-wife conflict, the impact of husband's reproductive health problems

have not been properly document (Morokoff & Gilliland, 1993; Henrick & Hendrick, 2002; Aina, 2004; Bodenmann & Cina, 2006; John & Sharon, 2006; Omorogbe *et al*, 2010). Besides, **where the challenges prevail, the strategies employed by concerned wives are not conspicuous in the literature.**

Nearly two million divorce cases were reported in 2010 in China and the annual rate has been 7.65 percent (Adegoke, 2010). In Unites States of America, the divorce rate is 5.2 percent and remains as high as 5.5 percent in Sweden and between 80 and 151 per 1000 marriages in Italy (Vignoli & Ferro, 2009). Worldwide, 32 percent of marriages are terminated before their fifth anniversary, 62 percent does so before their 10th anniversary (Martin & Bumpass, 1989; National Centre for Health Statistics, 1993; U.S. Census Bureau, 2011). Couples without children are rampant reaching 33 percent in Austria, 55 percent in Denmark and 36 percent in France (Hantrais, Philipov & Billari, 2005). Specific rates are difficult to establish for Nigeria. Till date, preference for child is still very high in Nigeria and marriage is meaningful only when a child is born and more often if the child survives. Marital fertility is thus essential in Nigeria; childlessness is often regarded as an aberration, and the victims are often pitied or stigmatized (Isiugo-Abanihe, 1994). Extra-marital affairs and extra-marital births are unprecedentedly high in addition to preponderance of lone parents. There is decline in marital stability and the number of times that people marry is increasing coupled with high rate of multiple partnerships in Nigeria (Isiugo-Abanihe, 1994, 2003; Omideyi, 1987). In the same vein, the incidence of male reproductive health challenges is real and at least three–quarters of married men experience one form or the other. Twenty-eight percent of men experience burning on urination and 17 percent had clinically diagnosed reproductive health problems (Laumann *et al*, 1999; Dunn, Das & Das, 2004; Bayer Healthcare, 2008; Purva, 2007; Amidu *et al*, 2011). However, there is a complete reticence in reporting or lack of knowledge about the symptoms.

In a world where conjugal union is sacrosanct and always envisioned to be harmonious and culminate in the bearing of children, strategies for enduring or sustaining such structure are essential. Till date, the coping methods in conjugal disagreements engender by husband's sexual challenges has not been brought to limelight or conspicuous in the literature. This study therefore attempted to provide answers to certain bulging questions relating to conjugal

relationship: What happens when the couple could not bear children due to reproductive health challenge experienced of the husband? In reality, what would the wife do if her husband is faced with reproductive health challenges?

Methods and Materials

The data for the study were extracted from semi-structured in-depth interviews with 27 among the wives whose husbands have reproductive health challenges. The respondents were segregated into two age groups: (1) wives below 30 years and (2) wives in age 30-45 years. The basic characteristics of participants (such as age, occupation, education and so on) were assessed at the commencement of the interview. Respondents were selected following a “key-informant-leading approach” within 16 wards of the two Local Government Areas (LGAs) selected from Lagos and Ogun States in the Southwest geopolitical zone of the country. The two states were randomly selected among the five states that have highest proportions of divorced and separated in the country according to the last national census result (National Population Commission, 2009). Other states in this rank are Kano, Oyo and Rivers States. Besides, the two States also have similar ethnic profiles, homogenous cultural affiliates and are bounded by a common Yoruba language. Majority of the key informants were medical and para-medical personnel. The responses were transcribed and analyzed using ‘systematic-content-analysis’ technique which was moderated with ‘content-observation approach’. The technique specifically followed an interpretive, inductive approach to thematically analyze interview transcripts and develop broad, consensus-derived themes: coping mechanisms, enduring husband’s reproductive health challenges, crumbling tendencies and reporting level.

Results and Discussion

The profile of the participants shows that majority were in the age group (30-45 years) and the average year of marriage clustered around eight years. cursory observations shows that the wives are matured enough to handle sexual issues and problems that might emanate within their marriages. Majority of the respondents were economically active, currently engaging in trading and paid employment while only few were full-time housewives. About 9.2 percent had never attended school and one out of five of this proportion could not read or write.

Coping mechanisms

Various mechanisms that the wives have adopted to prevent, stem conflict or its escalation into divorce, separation and the like were extracted. The result of the analysis revealed that a popular 'mechanism' among the wives is "resignation to fate approach", where the affected wife makes no further effort but considered the case as "the cross they have to bear". Out of the total number of wives who have husbands with one or more reproductive health challenges, about one-quarter are used to 'holding-on to fate' in managing the disagreement between them and their husbands whenever it ensued. Almost the same proportion would rather invite members of extended family (e.g. relation of the wife or husband to intervene on a mutual approach to resolve the crisis. The discussion highlighted that the couple concerned can be invited by the elders (elders' forum) within the community for interrogation. With this mechanism, the husband or the wife had the opportunity to express his/her grievances while the elders mediate on the disagreement. Most often, fines are slammed on the erring party or aspersions are cast on the party that is guilty. It was also learnt that every decision reached by the elders must be strictly adhered to as long as the party remains within that community.

Across all the segment of the discussions, few of the wives have reported their husbands to either their family doctors on several occasion. This could be due to the level of confidence reposed on the family doctor. It is observed that the general perception is that the medical doctors including other health personnel are "divine helpers" in most family matters especially as it relates to husband/wife affairs. Excerpts from the discussion show the following

"Why would you hide from those that can help you".

"You can't hide yourself from those who deliver you" "Doctors are held in high esteem in our town".

"They are revered with respect and most people have confidence in them because they are trained to keep secrets (i.e. to be discreet)".

"Doctors are the only people that can read the functioning of your body system", "whatever information you give them is to help you fulfill you 'productive life ambition', there is no reason to hide for them".

The next variant of strategy for coping with disagreement between the couple is where the wife reports to certain community leaders such as Pastors, Imams or other head(s) of their religious organizations. About seven out every ten of the affected wives have reported or solicited for intervention by their spiritual heads. The popularity of this strategy is profound. Majority of the

wives preferred this option as the best potent strategy due, in part, to the tenets of their religious affiliation e.g. Bible or Koran which are often used to encourage or correct the erring party (husband or wife). In some other cases, other wives take a silent posture over any disagreement between them and their husbands, at least to allow the tension to douse. Notwithstanding, relatively a small proportion of the wives believe in confrontational strategy as mean of settling or managing whatever disagreement ensues between them and their husbands.

While the effectiveness of these mechanisms was not tested, the fact that the couple were living together or have not separated confirms that the approaches could be potent. Information gathered however indicated that the extent to which any method employed succeeds in restoring cordial relationship between the couple in disagreement is largely contingent upon the nature of such conflict. For example, if the issues involved bother on misdemeanors, negligence or disobedience, the likelihood of success is high. However, if the conflict is a contentious issue such as adultery, concubinage or sexual incapability, it might be very difficult to resolves amicably.

The patterns and the types of strategies adopted in the areas of sexual impotence or other reproductive health challenges differ from ordinary disagreement within the household and by individual wife concerned. The study attempted to confirm the specific sexual behavioural steps or changes ever adopted by wives given the current sexual debility of their husbands. Thus, questions were carefully canvassed, requesting the respondents to discuss the specific changes in their sexual behaviour that could be ascribed to the sexual inefficiency of their husbands. The basic idea is to solicit information that could help in securing intimate relationship with or without sexual intimacy (sexual intercourse) between the husband and the wife.

Highlighted in the discussion is that most wives in this categories reportedly adjusted their “sexual lives”. One out every five wives indicated that they adjusted their sexual appetite considering the situation they find themselves. Relatively two percent of the respondents were not forthcoming in the discussion due primarily to the sensitive nature of the topic. Approximate one-third of the respondents that affirmed that they have inadvertently sought for extra-marital affairs. As expected, few of the wives indicated they have adopted abstinence as solution while

some opted for more spiritual (religious) commitment rather than sexual matters. It is also pinpointed among the affected wives that the situation has given them more opportunity to pursue businesses and work squarely. About 7 respondents asserted that they adopted what can be termed “physical therapy intervention” to salvage their relationship. This, according to the respondents, comprises of foreplay and creating fun with their husbands. Others believed the situation has not warranted seeking for “external sexual partners” because “husband cannot perform”. This group believed there is still hope and the “condition cannot be permanent”

It is also not surprising that few of the respondents claimed they have been abstaining from sex. Others indicated that they have diverted their attention to their businesses and spiritual matters other than the issue of intercourse “*after all, sex is not food*”. They believed the situation has given them the privilege of focusing their energies on other family issues, friends, careers or means of livelihood.

Reasons for enduring husband sexual challenges

Different strategies employed by the wives of husbands who have sexual health challenges, the general discussion portrayed two distinct parties. Category 1 are those who would explore the opportunity for separation, divorce or otherwise. Category 2 pictures those who will endure the marriage notwithstanding the sexual morbidity of the husband. Among the latter category of wives that would prefer staying (remaining in the marriage), the specific reasons adduced are the presence of children and economic reasons. Information harvested suggested that the financial buoyancy of the husbands plays a vital role in keeping the marriage intact irrespective of husband’s sexual health status. In that regards, the decision to stay or remain in the marriage is a matter of possibility of surviving economically. Wherever the wife can sustain herself financially or otherwise, she lives without divorce. On the other hand, if children have set-in before the advent of the sexual limitations, the wife considers the likely challenges he children might face if she (the mother) should divorce. Excerpt from FGD indicates the followings:

“If your man (husband) is the only bread winner of the family, you would not want to divorce or leave him just because of that. “If kids have been there before the problem came, what do you do, would you leave your children? No, you just have to stay for the sake of your children”

FGD - Women (15-34 years)

Few of the respondents believed that marriage is sacrosanct the moment it is solemnized and the party need to stay together “for better or worst”. This category is of the opinion that it is mandatory to endure with your husband irrespective of whatever challenge or problem he is passing through.

*“We are only missing sexual closeness; we are not physically distant”
My husband’s own is on and off”, “ It can be on for days / weeks”,
”At times they withdraw midway”. If there is deep loving affection between couple, come rain
and sun they stay together”*

FGD - Women (35 years and above)

Crumbling tendencies (possible separation)

While the first segment of the observation suggests that the wives were coping adequate notwithstanding the challenge faced by the husbands, the second phase of the observation shows that most of the younger wives would not want to condone the situation. The specific information elicited from focus the discussions include but not limited to the following:

*“It is a painful situation” “It has never been a subject of open discussion since ages”.
“Most men you see around have so much under their clothes (i.e. they hide so much problem to
themselves)”.*

FGD - Wives (35 years and above)

*“Almost every man experiences these dysfunctions”. “You don’t cry foul because your husband
is not ‘capable’, you only take action immediately”. “When things like these happened, the next
focus is how to get out of it (i.e. seek solution)”.*

FGD - Wives (35 years and above)

*“if you want to manage it you can stay”, “If you want an issue (‘child’) desperately, you don’t
need to wait or announce your departure from his house (divorce)”.*

FGD - Wives (15-34 years)

Information gathered here suggested that among this section of the affected wives, the likelihood exist for some of them to separate as inferred from their responses. Majority in this category indicated that it is a “waste of time” to remain married to a man that has sexual health problems. This group believes that the fulfillment of marriage is contingent upon husband’s ability to secure, have intercourse with the wife and procreates. They affirmed that it is negligence on the part of husband that allows the problem to degenerate to unmanageable level. Thus, there might not reason to “endure agony” arising from a man’s negligence.

“You will always be feeling you are not a woman or not attractive again”.

“Definitely, the intimate relationship is lost without your husband being “active”.
“Now tell me, what is marriage without sex? Just to sleep together or be his cook”
“It is like a woman marrying to a woman or a man marrying to a man. You don’t need to be advised or warned before leaving”.

FGD - Women (15-34 years)

Reporting level of husband’s sexual defects

It was observed from the panel that wherever and whenever the defect is discovered, the wife cannot report or announce it. The patriarchal system holds strong in the study locations and that no wife would likely be spared if she report or announce the case of her husband’s sexual health challenge. Husbands are social gatekeepers, sacrilege authority and the wives are economically and emotionally dependent on them (Gordon *et al*, 1992). Besides, the general belief of the participants is that male reproductive health challenges are problems that can be summoned traditionally and may require couple’s separation.

The wives were further asked whether they ever talked to their husbands on the need for checks (solution) to their sexual matters in the recent time. Almost half of the concerned wives affirmed they have indirectly done so “action speaks louder than voice”. According to them, some of the various suggestions they have offered include but not limited to: encouragement to seek for spiritual solution over the matter; ‘mandating’ the family doctor to invite the husband for a test or confirm certain things from him; and encourage the husband to reduce the consumption of certain food/drink (e.g. sugar and other carbohydrate and alcoholic substances).

Finally, as a control group, other category of wives whose husbands are not sexually deficient or have sexual health challenge were asked to suggest what they would likely do if they discover that their husbands cannot impregnate them. About one in ten wives hope to stay or remain with their husbands until deaths parts them. The same proportion would look for alternatives (seek other sexual partners) while the remaining contemplated re-marrying to another man. Specifically, relatively one out of every five women (i.e. participants) indicated that they will opt out of the marriage, divorce legally or re-marry to another man. Two respondents stand out in their responses avowing to disengage from such marriage but stay alone forever if faced with such problem. Excerpts from the group discussions on this question are as follows:

“Coping with what! Do you know how frustrating it is?”

That in spite of much caresses and expression, the man did not “move”

FGD - Women (15-34 years)

“You remain silent over it”, “it is not a subject of discussion with your neighbours”

“If the man hears you tell anyone, he might scrape off your head. “Those affected tend to desexualize their wives”. “Coping with an impotent man is dangerous; they are always nervous, worry, aggressive and ill-tempered”

FGD - Women (35 years and above)

Conclusion and Recommendations

The research work is contribution to existing literature by expanding the understanding of the management of ensuing conflict due to husband’s reproductive health challenges at least at the household level which could be extended national and across sub-Saharan region. The study concludes that male reproductive health challenges are real and prevailing at the study location. However, the fact that the wives are not at liberty to discuss or report sexual health defects of the husbands is adjudged inimical to emerging sick-free society. The sanctity, fear or traditional silence over male reproductive health problems could be detrimental to healthy conjugal relationship. Thus, it is expedient that sexuality education be encouraged at all level especially at home-based rather than its current treatment as academic exercise.

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This qualitative study explored the contemporary medical marriage from the perspective of male spouses of female physicians. In 2010,

we conducted semi-structured, in-depth interviews with nine spouses of internal medicine resident and faculty physicians. Interviewers queried work-home balance, career choices, and support networks.