



## Extramarital sexual activity among infertile women in southeast Nigeria

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**OBJECTIVE(S):** To determine the prevalence of extramarital sexual relationships among infertile women and factors that make them vulnerable to extramarital sex.

**METHOD(S):** A questionnaire survey was made of 558 consecutive infertile women seen in three health care centers in southeast Nigeria within a 18 month period.

**RESULTS:** Two hundred and seventeen (38.9%) of the 558 respondents engaged in extramarital sexual relationships. Factors that predispose to this practice include increasing maternal age, higher educational status and social class, polygamy, primary infertility, and inability to achieve pregnancy in the first 3 years of marriage. Also women who have had a previous out of wedlock child were more likely to engage in further extramarital sex. Procreation (55.3%) was the commonest reason for involvement in extramarital sex. Other reasons include pressure to prove fertility (20.3%), sexual satisfaction (12.9%), economic support (9.2%), and frustration in marriage (2.3%). 81.6% of the sexual partners of these women were those they encountered in the course of seeking solution to their childlessness viz., spiritualists (36.9%), traditional healers (30%), and medical personnel (14.7%). They capitalized on the vulnerability of these women that desperately needed a child to save their marriage from total collapse and subsequent mistreatment by husbands and their relatives. This is because the African society places high premium on having children who will propagate their father's name.

**CONCLUSION:** To save the infertile African women from this culturally rooted gender discrimination, it is important to achieve sociocultural changes and economic empowerment of women.

**Key words :** extramarital sex, infertility, Nigerian women

### Introduction

Despite the current annual population growth rate of 3.2% in Africa, the continent still has the highest incidence of infertility in the world <sup>1</sup>. A previous study has shown that fertility in developing countries is affected by many cultural, environmental and socioeconomic factors <sup>2</sup>. Because majority of infertile Nigerian women are not favorably disposed to adoption, they suffer mistreatment and repudiation from their husbands and family members <sup>3</sup>. They may be excluded

from certain social activities and traditional ceremonies in the village. Their husbands engage in extramarital sexual activity and eventually polygamy. Studies have also shown that the infertile women on their own part apply various strategies to have children including visiting traditional healers, prayer houses, and even engaging in secret extramarital sexual relationships <sup>4</sup>. The reasons that make infertile women vulnerable to extramarital sexual relationships are largely different from those of the men. Gender biases coupled with adverse socioeconomic environment such as low income, unemployment, polygamy, illiteracy, and possibility of abandonment by the husband are notable factors <sup>5</sup>.

This study aimed at analyzing the various factors that make infertile women vulnerable to extramarital sex and providing insight into the magnitude of this practice among infertile

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women in southeast Nigeria. Such information is indeed very useful in identifying issues to be addressed when considering interventions to promote norms of healthy sex and the most cost effective approach to solving the infertility problem.

## Methods

The study was conducted between 1<sup>st</sup> January, 2003 and 30<sup>th</sup> June, 2004 in three health institutions located in state capitals in southeast Nigeria. The three health institutions were Federal Medical Center, Abakaliki, a 250 bedded government tertiary institution, Eastern Nigerian Medical Center, Enugu, a 200 bedded privately owned hospital, and Regina Caeli Hospital, Awka, a 200 bedded missionary hospital.

The survey respondents were 558 consecutive infertile women who presented to these hospitals for treatment. The women were eligible if they had been living with their husband and were having unprotected sexual intercourse for at least one year without achieving pregnancy. There were no exclusion criteria.

Data for the survey were collected using self-administered questionnaires, while trained nurses administered the questionnaires to the illiterate women. The questionnaire, which was pretested at Mount Carmel Specialist Hospital, Enugu was used to gather information on basic sociodemographic data, extramarital sexual behaviors, male sexual partners, and reasons for involvement in such behavior when applicable. The survey was carried out with the help of three nurses trained to guide the respondents fill the questionnaires correctly. To guard against suspicion and encourage frankness and openness, respondents were advised not to give their names and on completion of the questionnaire within the hospital, to drop it in a common poll box. The questionnaires were administered after good rapport was established with the women usually after their second clinic visit.

The data were analyzed by simple percentages and chi square test at the 95% confidence interval. A P value of less than 0.05 was considered significant. Graph pad prism software was used for the analysis.

## Results

All the 560 consecutive infertile women seen during the study period participated. However, 558 questionnaires were suitable for data analysis while two had incomplete data. Table 1 presents information on selected background characteristics of the 558 respondents. The modal age category for the respondents was 30-39 years. About 82% of all respondents were between the ages of 20 and 39 years. The distribution

pattern of the respondents by educational status showed that majority of them (82.5%) attained secondary and tertiary education while 1.4% (n=8) had no formal education. The respondents were of a mixed socioeconomic status with majority (29.8%) of them belonging to social class II. The respondents were predominantly Christian. In terms of

**Table 1. Characteristics of the 558 respondents.**

Variables	Respondents (n=558)	Extramarital sex	
		Yes (n=217)	No (n=341)
<b>Age (years)</b>			
10-19	40 (7.2)	0 (0)	40 (100)
20-29	156 (27.9)	7 (4.5)	149 (94.5)
30-39	302 (54.1)	190 (62.9)	112 (37.1)
40-49	60 (10.8)	20 (33.3)	40 (66.7)
$\chi^2 = 1773, df 3; P < 0.001$			
<b>Tribe</b>			
Ibo	516 (92.5)	200 (38.8)	316 (61.2)
Efik	20 (3.6)	8 (40.0)	12 (60.0)
Hausa	9 (1.6)	4 (44.4)	5 (55.6)
Fulani	7 (1.2)	3 (42.9)	4 (57.1)
Yoruba	6 (1.1)	2 (33.3)	4 (66.7)
$\chi^2 = 0.2552, df 4; P > 0.5$			
<b>Educational</b>			
None	8 (1.4)	3 (37.5)	5 (62.5)
Primary	90 (16.1)	9 (10.0)	81 (90.0)
Secondary	190 (34.1)	35 (18.4)	155 (81.6)
Tertiary	270 (48.4)	170 (63.0)	100 (37.0)
$\chi^2 = 130.9, df 3; P < 0.0001$			
<b>Social class</b>			
I	112 (20.1)	80 (71.4)	32 (28.6)
II	166 (29.8)	58 (34.9)	108 (65.1)
III	120 (21.5)	35 (29.2)	85 (70.8)
IV	80 (14.3)	24 (30.0)	56 (70.0)
V	80 (14.3)	20 (25.0)	60 (75.0)
$\chi^2 = 64.92, df 4; P < 0.0001$			
<b>Religion</b>			
Christianity	544 (97.5)	210 (38.6)	334 (61.4)
Islam	8 (1.4)	4 (50.0)	4 (50.0)
Traditional	6 (1.1)	3 (50.0)	3 (50.0)
$\chi^2 = 0.7460, df 2; P > 0.5$			
<b>Number of wives</b>			
Monogamy	350 (62.7)	58 (16.6)	292 (83.4)
Polygamy	208 (37.3)	159 (76.4)	49 (23.6)
$\chi^2 = 196.8, df 1; P < 0.0001$			
<b>Duration of infertility (years)</b>			
1-3	310 (55.6)	198 (63.9)	112 (36.1)
4-6	194 (34.8)	18 (9.3)	176 (90.7)
≥7	54 (9.6)	1 (1.9)	53 (98.1)
$\chi^2 = 184.2, df 1; P < 0.0001$			
<b>Number of children</b>			
0	409 (73.3)	176 (43.0)	233 (57.0)
1	104 (18.6)	33 (31.7)	71 (68.3)
2	30 (5.4)	6 (20.0)	24 (80.0)
> 3	15 (2.7)	2 (13.3)	13 (86.7)
$\chi^2 = 13.82, df 3; P = 0.003$			

Figures in brackets represent percentages.

**Table 2. Reasons for participation in extramarital sex (n=217).**

Reason	Number	Percent
Procreation	120	55.3
Pressure from friends to prove fertility outside wedlock	44	20.3
Sexual satisfaction	28	12.9
Economic and material support	20	9.2
Frustration in marriage	5	2.3

denomination, the highest number of respondents were Anglicans (48%), followed closely by Catholics (45%). A few Pentecostals were also involved in the study. Islam and traditional religion constituted 1.4% and 1.1% respectively. 62.7% of the respondents were in monogamous relationship while the remaining 37.3% were in polygamous relationship. Their mean period of infertility was  $5.0 \pm 3.1$  years (range 1-15). 73.3% of them had no child since marriage.

38.9% (n=217) of these 558 respondents had been involved in extramarital sexual relationships. Increasing maternal age, higher educational status and social class, primary infertility, polygamy, and inability to achieve pregnancy in the first 3 years of marriage showed a statistically significant association with involvement in extramarital sexual relationships. All the women that had previous child or children outside wedlock, showed a tendency to continue with extramarital sex.

Table 2 shows what the 217 respondents considered the most important reasons for indulging in extramarital sex. The need for procreation represents the most common (55.3%) reason. Pressure on the infertile woman to prove her fertility was the second most common (20.3%) reason. Other reasons in decreasing frequency were need for sexual satisfaction (12.9%), economic support (9.2%), and frustration in the marriage (2.3%). Spiritualists (36.9%) followed by traditional healers (30%) were the most frequent extramarital sexual partners of these infertile women. Others included medical personnel (14.7%), old friends and associates (12.9%), and male family members (3.2%). The partners were not specified in 2.3% of cases.

## Discussion

Extramarital sex, a common phenomenon in marriage, is being practiced more often than is reported in the literature. Among the respondents in this study, 38.9% (217/558) have been involved in this act. Factors found to have a significant effect on the practice of extramarital sexual activity in this study include increasing maternal age, higher educational status and social class, polygamy, primary infertility, and inability to achieve pregnancy in the first 3 years of marriage.

Older women who are nearing the end of their reproductive career are more desperate to have a child. This is because the African society places high premium on having children who will bear their father's name. Childlessness in Africa has been shown to have a significant impact on the risk of divorce<sup>6</sup> and polygamy<sup>1</sup>. However, having a child within the marriage significantly reduces these risks and also the pressure the infertile woman goes through in the early years of infertility. Those with higher educational status, with their level of social exposure, are more prone to the practice of extramarital sex to achieve pregnancy and thus avert the negative social consequences including marital instability, stigmatization, and abuse associated with childlessness<sup>7</sup>. For the same reason, a woman whose husband is very rich will go to any extent to consolidate her marriage, including engaging in extramarital sex to become pregnant. This is because the traditional African woman is economically dependent on her husband and a condition like childlessness that deprives her of the support of her husband is seen as serious economic loss.

It is evident that the reasons given by respondents for engaging in extramarital sex are not the same but the important consideration for indulging in extramarital sex is procreation and continuity of the family name. It is generally believed among the African population that every adult male must have children irrespective of whether he is biologically or physically capable of having them or not. The woman's primary roles are constructed as that of a wife and a mother, and her ability to bear children is a fulfilment of these roles. Childlessness is found to result in perceived role failure with social and emotional consequences. Infertility is also considered as a problem of the woman and herbalists and traditional healers are considered the leading treatment options for women while for the man the frequent option is remarriage<sup>4,8</sup>. Even impotent or sterile men are known to marry and their wives raise children through other men just to prove to the society that they are normal and to avoid the social stigma associated with childlessness<sup>9</sup>. The wives of this group of men are those that are usually under pressure to engage in extramarital sexual relationship. Polygamy, which is very common in most Africans tends to encourage extramarital sex as the men often are incapable of satisfying the emotional, sexual, and procreative needs of their wives<sup>1</sup>. Often sexual intercourse takes place outside the women's fertile period, as they have to share the man with his other wives.

It is interesting to note that 81.6% of the sexual partners of these women are not their close associates but those they encounter in the course of seeking solution to their childlessness. These include spiritualists, traditional healers and medical personnel. This group of persons capitalizes on the vulnerability of the childless women who are willing to

do anything to achieve pregnancy. Also the role played by some male family members in extramarital sexual affair is well-documented<sup>9</sup>. Although most of the women felt it was not right for them to engage in extramarital sexual relationships, they still justify their action as the only way to save their marriage from total collapse. This belief may be rooted in the cultural practice found in many African societies where a large number of women experiences social and physical consequences of childlessness.

### Conclusion

38.9% of the respondents were involved in extramarital sex, more than half of them for procreation. Since women bear the greatest burden of infertility in sub-Saharan Africa because of their low status and culturally rooted gender discrimination, effective intervention will require sociocultural changes and economic empowerment of women.

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