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One Vector, Multiple Victims: Assessment of Reproductive Health Risks of Concubine Practice on Married Women In Abia Community, Nigeria.

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Abstract
Background: The high rate of reproductive health risks among women in African region poses a significant challenge to maternal health objectives encapsulated in The United Nations' Sustainable Development Goal (UN-SDG): 3. As a result of this, assessment of underlying predictors in conjugal norms and practices, at societal and individual levels, has assumed a major research centrepiece in recent times. The study therefore, seeks to explore the linkage effects of concubine practice on reproductive health experience of married women.
Materials and Methods: In this cross-sectional study, 576 women of reproductive age (15-49), were randomly selected, and delineated into two cohorts: women whose husbands had a concubine within the last twelve months preceding the study, and those who exonerated their partners.
Results: More than one quarter (28.0%) of women attested to husbands' sexual affair with a concubine, while the remaining fraction (72%) affirmed otherwise. Among those holding such suspicion, common way of reacting upon such knowledge was to engage their husbands and alleged mistresses in bitter diatribe and violent physical exchange. However, analysis of experience of symptoms of sexually transmitted infections (STIs) indicates a non- statistically significant difference was observed between women in the two cohorts, ($p>0.05$). More so, when controlled for impacts on household socioeconomic condition and mental wellbeing, women with infidel partners showed deep feelings of financial and emotional insecurity relative to their counterparts, $p<0.05$. **Conclusion:** Concubine contributes to socioeconomic strains and emotional instability in marital homes, pitching women in violent conducts against their partners as well as other women.
Key Word: Reproductive health, sexually transmitted infection, Concubine, married women and men.

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I. Introduction

The vulnerability of women to reproductive health risks, especially in African region, is a major concern among stakeholders in population health care services. Reports show that about 50% victims of sexually transmitted infections (STIs) are women, particularly, African women who account for the global majority of cases (World Health Organization [WHO], 2013; 2016). Common STIs such as chlamydia, gonorrhoea, syphilis and trichomoniasis are still endemic in this region, and women account for the most vulnerable group (WHO, 2016). In Nigeria, for instance, the 2018 National Demographic and Health Survey (NDHS), puts the rate of women reporting STIs symptoms within the last 12 months at 7.4, against 4.1 for men (National Population Commission, Nigeria [NPC] & ICF International, 2018). Similarly, at 4.1 HIV/AIDS national prevalence, women also account for 58% of victims, as well as 54.3% of new cases (National Agency for the Control of AIDS [NACA], 2019; 2013).

However, when controlled for marital status, studies show that married women or those in stable long-term relationships are highest risk cohort (Awofala & Ogundele, 2016; Coma, 2013; Kemei, 2013; Marfatia, Shinojia, Patel & Pandya, 2015; NACA, 2013; Yang, Lewis, Wojnar, 2016). This, however, implies that more married than unmarried women bear the brunt of most infectious diseases contracted via sexual intercourse. Following this realization, there appears to be keen interest among researchers in assessment of the underlying reason for the high incidence rate among women in long term conjugal union. Whereas some scholars have traced this development to child marriage practice (Allen &Adekola, 2017; Kugler, Vasilenko, Butera, & Coffman; 2015, WHO, 2015; African Union Commission, 2014), others point to levirate marriage (Udeh, Emelumadu, Nwabueze, Echendu, & Ogbonna, 2016; Perry, Oluoch, Agot, Taylor, Onyango, Ouma, Otieno, Wong, & Corneli, 2014; Doosuur1 &Arome, 2013; Agot, Stoep, Tracy, Obare, Bukusi, Ndinya-Achola, Moses, & Weis, 2010). Yet, in what appears as general consensus, scholars see men's involvement in extra-dyadic sexual relationship as the predisposing hub on which women's increasing vulnerability to risk of STIs spins

(Cruch & Dickes, 2016; Doyle et al., 2017; NACA, 2019; NPC & ICF International, 2018). As shown in the NDHS 2018 report, whereas a disproportionately high number (13%) of men have had extramarital sexual affairs within twelve months preceding the study, in addition to 16% who had sexual intercourse outside their marital union, only about 1% of married women were involved in such act (NPC & ICF International, 2018).

Although men's involvement in concurrent sexual affairs may appear as personality inclination towards infidelity, however, there are exceptions where cultural norms provide the underlying impetus for such sexual expression. Given such permissibility, a culture of silence pervades in the face of potentially risky behaviours, as the victim is made to accept the prevailing practice as normative social fact. This brings to spotlight, the practice of concubine, commonly referred to as *Uzi*, in Arochukwu, Abia state, Nigeria. As a patriarchal-oriented paradigm, the *uzi* practice allows multiple and concurrent sexual partnership among married men, while women equivalents are not only debarred from such act, but are expected to uphold marital chastity in the subsisting cultural arrangement. To enforce this primordial code, purveyors of this practice, allegedly, introduced a preternatural dimension whereby a married woman who sleeps with other men, is expected to be tormented with series of misfortune until she confesses her misdeed, name her male accomplice, and follow it up with ritual sacrifice.

While the possible impact of this practice on reproductive health remains unascertained, the extent to which women adjust, negotiate safe sex and achieve safe motherhood, still begs scientific assessment. It is against the grain of the foregoing imperatives, that current study is anchored, to among other things, examine the reproductive health risks of this sexual practice on married women in Arochukwu. It is hoped that information generated herein, would aid corresponding programme intervention especially in the area of public enlightenment and behavioural change communication.

II. Material And Methods

This was a cross-sectional comparative study designed to examine the reproductive health of women (aged 15-49 years) who were either married or cohabiting with male partners in Abia State, Nigeria

Study location: The study was set in twelve villages constituting about 63% of entire community clusters in Arochukwu Kingdom, Abia State, Nigeria.

Sample size: Using Yamane's (1976) formula, a sample of 600 married/cohabiting women of reproductive age (15-49 years) was derived. However, sequel to questionnaire administration, which was self administered, 576 copies representing about 96% of estimated samples were duly completed and retrieved.

Subjects & selection method: A multi stage cluster sampling procedure that ensured sequential enlistment of village clusters, households and respondents was utilized to select the desired sample size of 600 respondents. Next, the researcher adopted a balloting method where twelve (12) clusters were randomly selected from a total of nineteen (19) constituents in the study loci. The sample selection process proceeded with identification, marking and enumeration of households bearing the target respondents. This further enhanced the generation of sampling frame where forty respondents were randomly drawn from the enlisted clusters using systematic sampling technique.

Variables

The predictor variables were derived by delineating subjects into two cohorts namely; those who admitted to husbands' /partners' affair with concubines and those who exonerated their husbands. This provided an interface for a comparative analysis of differences in reproductive health experience. To derive the response variables, respondents' experience of reproductive health was assessed and analyzed using indicators on key components of reproductive health including; physiological, socioeconomic, emotional health, as well as safe motherhood practices (see NPC & ICF International, 2019; 2014). The number of indicators a respondent agrees to have experienced in each of these aspects of reproductive health constitutes her total experience therein. In the final analysis, experience of respondents in each cohort was pooled, and a mean total experience of reproductive health was derived.

Statistical analysis

The Statistical Package for the Social Sciences (SPSS) version 20.0 was utilized in data analyses. The independent samples *t*- test was used in analysis of differences between the two groups vis-a-vis physiological, socioeconomic and emotional health, while Chi-square tests were performed in assessment of differences in safe motherhood practices. The $p< 0.05$ level of confidence was set as the conventional threshold for significant value.

III. Result

Table 1: Demographic characteristics and substantive issues

DEMOGRAPHIC CHARACTERISTICS		**Mean**	**Std. dev.**
Mean Age of Respondents		32.3	7.3
Mean number of Children		2.3	1.9
		Low (%)	**High (%)**
Level of education		540(93.8)	36(6.3)
Level of Income		482(83.7)	94(16.3)
SUBSTANTIVE ISSUES			
Whether husband has a concubine		**Yes (%)** 161(28.0)	**No (%)** 415(72.0)
Respondents' reaction to husband's affair with a concubine (No. of respondents = 161**)**			
		Yes (%)	**No (%)**
Violent physical exchange with	Husband	55(34.2)	106(65.8)
	Sexual mistress	53(32.9)	108(67.1)
	Both Husband and Mistress	48(29.8)	113(70.2)
	Husband	159(98.8)	2(1.2)
Bitter verbal exchange with	Sexual Mistress	120(74.5)	41(25.5)
	Both	139(86.3)	22(13.7)
Awareness of common STIs		**Yes (%)**	**No (%)**
	Gonorrhoea	576(100)	-
Ever heard about the following health problems	Syphilis	127(22.0)	449(78.0)
	Herpes	103(17.9)	473(82.1)
	Staphylococcus	178(30.9)	398(69.1)
	HIV/AIDS	576(100)	-

The output shows the mean age of respondents and number of children as 32.3 and 2.3 respectively. It also shows that only an insignificant number of women (6.3%) have attained higher education, with more than four fifth (93.8%) belonging to low educated class. Similar trend could be observed in the income category as a greater number of women (83.7%) were consigned to a low income rung. On the issue of extramarital affairs, close to three in ten women (28.0%) admitted to husband's involvement with a concubine, with the remaining half exonerating their partners. For the affected women, that is, those whose husbands were double dating, most common ways of reacting to this development was to engage in bitter verbal and violent physical exchange with husband 98.8% and 34.2% respectively, before turning attention to the alleged sexual mistress. In terms of awareness of STIs, women were completely aware of gonorrhoea and HIV/AIDs, but showed poor knowledge of other gynaecological morbidities.

Table 2: Independent samples test

		Levene's Testt-test for Equality of Means for Equality of Variances								
		F	Sig.	t	df	Sig.(2-tailed)	Mean Diff	Std. Error Diff	95% Confidence Interval of the Difference	
									Lower	Upper
Experience STDs/STIs	Equal variances assumed	1.993	.159	1.607	574	.108	.179	.111	.040	.398
	Equal variances not assumed			1.988	478.452	.047	.179	.090	.002	.356
ECONOMIC Impact	Equal variances assumed	.563	.453	17.979	574	.000	1.793	.100	1.597	1.989
	Equal variances not assumed			18.004	292.117	.000	1.793	.100	1.597	1.989
Emotional Impact	Equal variances assumed	1.652	.199	34.086	574	.000	3.192	.094	3.008	3.375
	Equal variances not assumed			33.081	274.576	.000	3.192	.096	3.002	3.381

The test result shows that women who acquiesced to husbands' affair with a concubine (*N*=161) were associated with higher STDs/STIs experience (*M*=1.07; *SD* = .792); higher economic burden (*M*=3.56; *SD* = 1.071); and higher emotional problem (*M*=4.64; *SD* = 1.058). Comparatively, women who denied husbands' involvement with concubine (*N*=415) reported lower STDs/STIs experience (*M*=.89; *SD* = .1.325); lower economic burden (*M*=1.77; *SD* = 1.075); and lower emotional problem (*M*=1.45; *SD* = .989). To test the hypotheses that statistically significant differences exist in the mean scores of respondents on experiences of STDs/STIs; economic impact; and mental wellbeing, an independent sample *t*-test was conducted. The assumption of homogeneity of variance was tested, and satisfied using Levene's *F* test, *F* (574) =.393, *p* = .531; *F* (574) =.563, *p* = .453, and *F* (574) =1.652, *p* = .199, for STIs/STDs, socioeconomic and mental wellbeing respectively. Although, the independent samples *t*-test result shows no statistically significant difference on the experience of STDs/STIs among cohorts, *t* (574) = 1.607, *p* = .108, *d* = .1; statistically significant differences were observed on economic impact and mental health between the two cohorts, *t* (574) = 17.979, *p* = .000, *d* = .7 and *t* (574) = 34.086, *p* = .000, *d* = 1 respectively.

Table 3: Safe motherhood practice

Whether husband has a concubine	**Insistence on condom use**			
	Never	Sometimes	Most times	X^2
Yes	17(16.5%)	76(30.4%)	68(30.5%)	*p*=.017
No	86(83.5%)	174(69.6%)	155(69.5%)	
	Secretly inserting female condom			
	Never	Sometimes	Most times	
Yes	156(27.4%)	4(80.0%)	1(100%)	*p*=.002
No	414(72.6%)	1(20.0%)	-	
	Insistence on HIV test			
	Never	Sometimes	Most times	
Yes	150(27.7%)	10(31.3%)	1(33.3%)	
No	391(72.3%)	22(68.5%)	2(66.7%)	*p*=.892
	Refused having sexual intercourse with husband			
	Never	Sometimes	Most times	*p*=.000

Yes	5(3.8%)	87(30.4%)	69(43.1%)
No	125(96.2%)	199(69.6%)	91(56.9%)

It could be deduced from the table that with exception of insistence on HIV test, statistically significant differences exist between the two groups in their approach to safe motherhood practice. In relative terms, however, women who never adopted any of the safe motherhood practices were predominantly those whose husbands had no concubine, unlike the converse group who had more adoption rate. However, in absolute terms, the majority of women who embraced safe motherhood practice either sometimes and/or most times, were those whose husbands had concubine.

IV. DISCUSSION

Concurrent sexual partnership and the attendant sexual network it engenders, has been identified as one of the predictors of adverse reproductive health experience among married women. As shown in this study, about one in four women were unwittingly drawn into such a network through their husbands' extra dyadic affair with a concubine. While this figure is about the same proportion earlier reported by Gaffoor et al (2016), it however shows the level at which men expose their wives to potentially risky sexual life. However, the study found that upon learning of their husbands' promiscuity and being mindful of their endangered status, the affected women showed no passivity to partners' sexual proclivity. Rather, they actively defined their situation and reconstructed response in two self surviving and sustaining ways namely; by engaging their husbands and the alleged concubines in violent physical exchange and bouts of bitter diatribe with both parties. In hinge sight, while this result shows parallels to Dube, Nkomo, & Khosa (2017) who reported the difficulties women often faced in voicing their true feelings due to fear of possible backlash from husbands, current study adds a new vista in our understanding of causes of domestic violence in African societies. It further accentuates that, context for domestic violence against women (see, Islam, Jahan, & Hossain, 2018; Kalhor&Olyaie, 2016; Mobolaji, 2015; Slabbert, 2016; Srivastava, 2013), could be triggered by other women, who encroach and soak tension in couples' marital lives, pitching the parties involved in violent behaviours. Furthermore, efforts made to examine differences in physiological, socioeconomic and psychological aspects of reproductive health between women whose husbands had concubine and the converse group, also showed varying degrees of contrasting experiences. In terms of gynaecological morbidities, no statistically significant difference was observed in STIs experience of the two cohorts, the study therefore draws parallel with Doyle et al., (2017); Ningpuanyeh and Susuman (2015); and Com (2013) who earlier attributed married women's poor physiological health to husbands' sexual promiscuity. In contradistinction to this, current study only observed statistically significant differences in socio-economic and mental wellbeing between the affected women and converse group. The affected women were found to have had statistically significantly higher socio-economic constraints (see, Cruch & Dickes, 2016; Pour, Ismail, Jaafar, & Yusop, 2019; Whisman, 2016), and deep seated emotional insecurity relative to their counterparts. A corollary effect of this impact is the recourse to aggressive conduct towards husbands and alleged sexual mistress perceived as potential source of frustration. On the flip side, however, a noticeable social function of concubine on the affected women is the inherent fear of contracting infectious diseases, which predisposes them to insist on condom use most times, secretly insert female condom during sex, insist on conducting HIV test with partners, or bluntly refuse sexual intercourse with their husbands. Such consciousness, it would be noted, might provide a causal explanation for the undifferentiated physiological health status earlier observed between these women and their converse group. Ipso facto, it could, thus, be deduced that, although married women are exposed to STI risks when husbands engage in extramarital sex, however, the extent of harm is contingent on their awareness and adoption of safe motherhood practice.

V. CONCLUSION

Concubine, as a form of culturally sanctioned extra marital sexual relationship, is a significant source of reproductive health strain on married women especially their socio economic life and emotional security. These constraints, however, breed a bipolar adjustment strategy manifesting on one hand, in aggressive behavior against partners and mistress, and responsive attitudes to conventional safe motherhood paradigm on the other extreme.

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