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Involvement of men in reproductive and sexual health: An anthropological perspective

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Abstract

Human reproductive behaviour and human sexual behaviour are subsumed under generic human behaviour. But when discriminated in a subtle way, we see that though both look alike, they are quite different from each other. When, on the one hand, the human reproductive behaviour is mainly socio-cultural in nature and on the other hand it is physio-psychological too. Age at coitus refers to be the age at which a man experiences heterosexual relationship for the first time. If a sexual relationship is established forcefully by a male against the wishes or willingness of the female, then such a physical contact is called imposed coitus. Contrary to imposed coitus is showing a total disinclination to sex (mainly by the male partner) resulting into a sexual deprivation of the woman. If a male declines even when the woman shows her desire for sex and are ready for coitus with him. From such illustrations, the point is clear that different conceptions are at work behind human reproductive behaviours and sexual behaviour. But from the point of view of reproductive health both human behaviour are of paramount importance. Keeping such groundswell of conceptions and consideration in mind, to measure the reproductive and sexual behaviour of the males, the parameters like age at first coitus, frequency of coitus, imposed coitus, sexual indifference, sexual apathy, premarital and post-marital sexual relationship, coitus during pregnancy, menstruation, etc., will be held up to evaluation and their effect on reproductive health of any community should be critically examined.

Keywords: Involvement of Men, Reproductive Health, Sexual Health, Anthropological, Sexual Deprivation, Imposed Coitus

Introduction

In a broad way, human reproductive behaviour and human sexual behaviour are subsumed under generic human behaviour. But when discriminated in a subtle way, we see that though both look alike, they are quite different from each other. When, on the one hand, the human reproductive behaviour is mainly socio-cultural in nature and on the other hand it is physio-psychological too. In both kinds of behaviour, man and woman as a couple, cohabit/ copulate together. But in reproductive behavior, the objective, besides being physio-psychological, transcends such personal limit and vines, though the birth of

the child, for socio-cultural and socio-psychological satisfaction. Sexual behavior, in its purpose, is physio-psychological gratification. In it, at times, the effort is not to be encumbered with the birth of a child. How the range of human reproductive behaviour is larger, can be seen from the fact that marriage (More so, in the East) as a social ritual and social institution is regarded as sacred and important. But in a sexual relationship, marriage is not a necessary condition.

It is sometimes fulfilled through pre-marital and extra-marital sex relation also. Apart from such distinctions, the main distinguishing feature between the two is, for human reproduction, what is necessary is heterosexual, vaginal penetration. But in human sexuality, it should be always so, is not necessary. In it, besides heterosexual vaginal penetration, there could be homosexual penetration, heterosexual and penetration, homo and heterosexual oral penetration, so on and so forth -all kinds of aberrations, normal and abnormal, natural and unnatural, bizarre sexual activities.

Reproductive and sexual health research

Bernard (1995a) gives comprehensive information about qualitative and quantitative social science research. He examine the following topics: cultural anthropology and social science; the foundations of social research; anthropology and research design; sampling; choosing research problems, sorts, and methods; the literature search; participant observation; informants; field notes; how to take, code and manage them; unstructured and semi-structured interviewing; questionnaires and survey research; scales and scaling; direct, reactive observation; unobtrusive observation; analysis of qualitative data; coding and codebooks for quantitative data; univariate statistics; describing a variable; bivariate statistics; testing relationships; multivariate analysis. Bermard (1995b) again gives a step-by-step guide to issues in sampling, both in qualitative and quantitative research. It looks at why samples are taken and the types of samples that exist, then goes on to review probability samples, sample size, sampling theory, sample size in relation to population size, measurement of non-dichotomous variables, sampling frames, simple random samples, systematic random sampling, periodicity and sampling, sampling, sampling from a telephone book, stratified sampling, disproportionate sampling, weighting result, cluster sampling and complex sampling designs, maximizing between-group variance, non-probability sampling (quota sampling, purposive sampling, convenience sampling, snowball sampling), probability proportionate to size, and finally, sampling in the field. Bowling (1995) on their study begins with information on planning a questionnaire-based study and piloting ideas and topics. Questionnaire layout and the form of covering letters are reviewed. Advice on question form, order, and wording are then given (response formats, open question, closed question, forms and prompts, form and under-reporting, form and knowledge, form and response sets). The nest section concerns question items, batteries, and scale, semantic differential scale, other methods). Rules for order and wording of question are then presented. Examples are given throughout, and potential problems discussed. Dever (1999) discussed about criteria for evaluating qualitative research. Traditional positivism approaches associated with quantitative work are frequently used to judge qualitative data, with the result that qualitative approaches are not used as frequently as they could be. Post-positivist criteria may provide more suitable means of assessing qualitative work. Ruppaport (1984), Moynihan (1998), Nzioka (2000) and Khan (1998) focus on the serious and negative impact of gender inequalities on women's health. Rao et al.

(1999), Keleher (1991), Figa-Talamanca et al. (1996) and Ratcliff et al. (1987) believed that men's stereotypes behaviour or certain occupational behaviour that affect women's health. Aggleton (2000) noted that statistics clearly indicate that men play a critical role in spreading HIV/AIDS.

Initiation of coitus

Age at coitus refers to be the age at which a man experiences heterosexual relationship for the first time. It is the mean age of a given populace or group, whereby the majority of its people begin to establish a heterosexual relationship. It is considered as a landmark parameter to measure the reproductive and sexual behavior of that group or populace, whereby we are able to form a tentative opinion about the trends in reproductive health. It is at the same time able to influence the age of paternity and maternity of that group of society.

Saha et al. (2013) investigated among 400 Baiga males of Madhya Pradesh. Their finding reveals that about 18 percent men were aware of RTI, 21.5 % aware of STD and only 10% have heard about HIV/AIDS. The mean age of first intercourse and first marriage is estimated to be 17.8±3.41 and 18.0±3.32 respectively, less than 1% males even used a condom during sexual intercourse.

Eggleston and Hardee (1999) describes sexual attitudes and behaviours among adolescents from low-income families attending poor quality schools in Jamaica and is a good example of the use of combined quantitative and qualitative methods. The mean reported the age of first sex was 11.3 years for girls and 9.4 for boys. Focus groups revealed a disparity between actual sex behavior and disapproval of early first sex. Sex experience was motivated by curiosity, love, and other notions related to having a boyfriend. Boys related having early sex to physical pleasure, elevated status among peers, and attainment of manhood. Girls were not likely to report sex behavior to parents. Fewer than 50% used contraceptives at first sex. Students associated family planning with promiscuity. Most did not desire early parenthood. Girls pointed out societal disapproval of early sex and pregnancy. Fife-Shaw and Breakwell (1992) reviewed the paper on sexual behaviour surveys of young people in the United Kingdom to identify methodological problems affecting this type of research; a key problem is the definition of terms. What constitutes sexual experience? Does anal intercourse imply homosexuality? The study recommends establishing standardized question formats.

Jejeebhoy (1998) reviewed available data and to produce profiles of sexual, reproductive, and health behaviour, knowledge, and attitudes among 10-24-year-olds in India. Quantitative and Qualitative data sources since the 1980s are used. The flaws in the studies examined and methodological problems in the collection of these types of data are discussed. Evidence is presented for thesis young group about marriage patterns, sexual activity both within and outside marriage, fertility and family planning, health risks of early marriage and childbearing, induced abortion, knowledge of sexual, contraceptive and reproductive health, attitudes towards marriage and sex, sexual and reproductive decision-making, and use of family planning and reproductive health services. The report highlights the lack of research on the reproductive health of young people in India in terms of sexuality, reproductive morbidity, abortion-seeking and socio-cultural underlying behaviour. Hersh et al. (1998) summarize available data about teen sexual and reproductive health in sub-Saharan Africa. Data are taken from various qualitative and quantitative sources. Summaries are given of youth sexual activity, early sexual activity, and the link to youth morbidity and mortality, the effect on

youth reproductive health of cultural, economic and social factors, and the effect of programmes and policies on knowledge, attitudes, and practices of youth.

AGI's (1995) six-page fact sheet with information on sex behavior and the timing of sexual initiation, marriage, and first birth in 39 development countries and the U.S. data are mainly from the Demographic and health Surveys. The author point out the timing of sexual relationship and marriage is important because prolonging the period between puberty and marriage increases the likelihood that young women will have a premarital sexual relationship, with the attendant risk of pregnancy, unsafe/illegal abortion, sexually, transmitted disease and HIV/AIDS. Later marriage age allows women to prolong their education, delay first births, and accumulate employment experience. Anarfi (1993) describes that the result of a 1991 survey in Ghana, in which 1360 men and women were interviewed to examine risk factors associated with migration. The study is not specifically about young people about contains relevant information. The Survey examines attitudes towards virginity, age at first sex, sexual activity, extramarital relation and types of migration.

Premi and Mitra (2013a) investigated among 400 Baiga male of Chhattisgarh. This study reveals that age at first coitus among the Baiga is found to be 16.87 ± 3.05 years with median and mode values for 17 years and 15 years, respectively. It ranges from 8 years to 25 years. Maximum instance (16.2%) of age at first coitus is observed at 15 and 18 years among the respondents.

Frequency of coitus

Apparently, from a reproductive health point of view, one-time consummation in coitus is enough. But no guarantee is there that a person might have physical or sexual relation once a week or once a month and make his wife conceive. So, to have a good reproductive health, regular coitus has its own importance. Also from sexual and mental satisfaction point of view, the frequency of coitus is a highly rewarding experience.

Extramarital relationship

The extramarital sexual affairs make worse by a prohibited not in favor of sexual intercourse at the same time as a mother breastfeeds, numerous unceremonious divorces, and a propensity toward polygamy was posited as factors that may persuade the increase of HIV within the community. Social and religious relations possibly will offer an ultimate vehicle for health education to prevent HIV/AIDS (Ajuwom et al. 1994). A study of Lawoyin et al. (2001) reveals the sexual and socio-cultural activities of men in Oyo State, Nigeria. Using a multistage cluster design, a purposeful sample of 3,204 men was taken from randomly selected urban and rural local government areas of the men interviewed, 38.5 % had habitual extramarital partners, entitled fixed girlfriends. Appreciably, more monogamous men (42.5%) than polygamous men in the urban setting had fixed girlfriends ($p<0.05$). Correspondingly, more rural men in monogamous unions (39.7%) had fixed girlfriends measured up to with their polygamous complements (26.1%) ($p< 0.00001$). Furthermore, reported appointments to sex workers in the 6 months earlier to the survey revealed that more urban (4.4 %) than rural men (2.4 %) utilized sex workers. Of the men, 23.7 % tailed a record of sexually transmitted infection (STI); over 70 % of them went to private hospitals or herbalists or received over-the-counter curing and self-medication.

Sex during pregnancy

An investigation of Adnima (1995) has explored the sexual behavior and beliefs of 440 pregnant women from southeastern Nigeria. The mean frequency of sexual

intercourse during pregnancy (1.5 times per week) was less than that before pregnancy (2.3 times per week). Results from this research put forward varied approaches, with a tilt towards a positive attitude to sexuality in pregnancy. Limitations should not be obligatory on sexual activity during a normal pregnancy to enhance marital synchronization. Another study of Adinma's (1996) discloses the causes related to sexual behavior during pregnancy and after childbirth was studied in 352 Nigerian women. Sexual incidence was higher throughout the postnatal period (1.7 times per week) compared with the pregnancy period (1.5 times per week). The thoughts toward sexuality among African women during pregnancy and after childbirth can be said to be optimistic and persistent and this should be in use into explanation in the overall management of sexuality in the pregnant women.

A study of Onah et al. (2002), establish the prevalence extramarital sexual relationships over and above other aspects of male sexual behavior for the duration of pregnancy in Nigeria. Twenty-eight percent of the respondents occupied in extramarital sexual affairs for the period of pregnancy. A number of 36.6 % and 32.3 % practiced a shrink in the accomplishment of erection and orgasm respectively. Whereas libido reduced in 41.9 %, coital frequency begs to be excused in 72.4 % of the respondents.

Imposed coitus

If a sexual relationship is established forcefully by a male against the wishes or willingness of the female, then such a physical contact is called imposed coitus. This male violence is perpetrated for different causes in different societies. In modern civilized such sexual conduct is regarded as a physical violence against women, whereas in non-modern society it is held as a males' normal masculinity behavior whatever interpretations are offered by any society, such a heinous practice might adversely affect the physical and mental health of the woman, traumatizing her.

Sexual deprivation

Contrary to imposed coitus is showing a total disinclination to sex (mainly by the male partner) resulting into a sexual deprivation of the woman. If a male declines even when the woman shows her desire for sex and is ready for coitus with him, because the male has certain inhibitions or has some physical, mental, social-cultural reasons behind refusing or showing no interest, then the situation creates an impasse for the woman. Such attitude and behaviour of the male might prove harmful for the reproductive health. There are several issues involved in the situation. She might be physically prepared and be willing to conceive. The partners' not showing interest, refusing to intercourse, will not only let go or lose the opportunity for conceiving, it might jeopardize her mental and physical health, even lead to a breakdown. This might cause dissension between the two and even lead to a breakdown. This might cause dissension between the two and even result in a separation or divorce. Investigating males' behaviour in this respect, its effect on the reproductive health and its cumulative effect on familial and social life was verified.

Sexual violence

Monograph of de Bruyn (2001) provides a detailed literature review. This monograph presents information on the probable associations between violence, pregnancy, and abortion. This study describes ways that violence can be associated with pregnancy and abortion and suggest come up to for health endorsement, based on the theoretical structure described in their chapters. The article of Population Council (1994) makes available an impression of research on the

occurrence and nature of enforced marital sex among young women worldwide. The surveys express that a significant number of women experience forced sex in marriage, but the majority do not talk it due to shame, the terror of reprisal, or approval of it as a norm. Masculinity norms are measured the major reason for the continuation of sexual coercion. This study comprises proof that suggests that these norms can and are altering, the information of WHO (2002) an enormous instrument to instruct policymakers, particularly on sexual violence. Approximating the information sheet on close partner violence above, it goes over the main point's data on the prevalence of sexual violence, its consequences, risk factors, and approaches to react to and put off the problem. WHO (2003) provides an indication of contemporary study regarding the nature and dynamics of sexual violence; universal supervision on the nature of the provision of services to victims of sexual violence, as well as recommendation on the establishment of appropriate healthcare conveniences; comprehensive directions on all aspects of the medical tests of sufferers of sexual sadism, together with the recording and classifying of wounds; stepladders in the collection of forensic proof; treatment options and follow-up care; particular guiding principle for sexual violence against children, with equivalent categories to those for adult sexual violence above; and to end with, a segment on credentials and reporting, including the provision of written reports and court testimony. Even though the strategies have been examined in geographically diverse nations, they should be adapted to individual country settings. At the same time as they are inclusive, they may be irresistible for a service provider working in a low-resource setting. General features of successful programs comprising pool resources with other institutions; distributing individual experiences as a starting point for behavior change; using well-trained gender-sensitive facilitators for the activities; integrating programs into communities in creative ways; working with males separately from females; suffusing mass media with gender-equitable images; and lastly, doing at least quasi-scientific evaluations of the programs to make obvious that they are meaningful (White et al. 2003). Studies of Mirsky (2003) go over the main points current, global research findings on the pervasiveness and nature of sexual persecution and sexual violence in schools. While not comprehensive, a number of strategies and sample interventions to deal with the problem of sexual violence in schools are offered, for instance, proper policy statements, working with teachers, the amalgamation of gender and gender-based violence in the school curriculum, peer group work, and anti-bullying approaches, among others. A review of Bott et al. (2005) interventions that they believe to be "shows potential approaches" to dealing with two common forms of gender-based violence-intimate partner violence and sexual violence. However, that few programs have undergone a rigorous evaluation. Interferences in various sectors are reviewed, including justice, health and education, and those applying a multispectral approach. Jejeebhoy and Bott (2003) be acquainted with that whereas studies are limited, have methodological limitations, and lack consensus in their definitions of sexual coercion, a significant quantity of young people universal - between 2% and 20% have experienced forced sexual relations over their lifetimes. The pattern originates point to the need for education and counseling for youth that addresses non-consensual sex; sexuality education that addresses gender stereotypes; sensitization of elders on the significance of communicating with youth about sexual substances; and training for suppliers on how to identify, treat and counsel adolescent

victims of sexual coercion. A publication of UNFPA (1999) is a precious instrument for advocacy and policy reform. While it the center of attention on the sexual and reproductive health impacts of gender-based violence, it gives an outstanding comprehensive review of the various types of gender-based violence. Furthermore, its policy advice capture a multispectral approach, together with increased research for advocacy and policy; legal reform; the instituting of screening, treatment, and referral protocols in health centers; information, education, and communication crusades; and interagency group effort.

Conclusion

From such illustrations, the point is clear that different conceptions are at work behind human reproductive behaviours and sexual behaviour. But from the point of view of reproductive health both human behaviour are of paramount importance. For a healthy reproductive health status, normal, the natural sexual behaviour of the two individuals as a couple under the auspices of marriage is indispensable. If a male or a female- any one of the two that makes a couple indulges in multiple sex behaviour then it spells a bad effect on reproductive health. In the same way, to maintain a healthy reproductive health status, either in the couple should bear sound physical health and sexual health, only then they will be able to produce a healthy baby.

Keeping such groundswell of conceptions and consideration in mind, to measure the reproductive and sexual behaviour of the males, the parameters like age at first coitus, frequency of coitus, imposed coitus, sexual indifference, sexual apathy, premarital and post-marital sexual relationship, coitus during pregnancy, menstruation, etc., will be held up to evaluation and their effect on reproductive health of any community should be critically examined with consideration of suggestion of Premi and Mitra (2013b) .

Conflict of interest: None**.**

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