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The influence of breastfeeding beliefs on the sexual behavior of the Tarok in north-central Nigeria

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ABSTRACT

Objective: The paper investigated some of the beliefs around the breastfeeding norm of the postpartum abstinence and how these influence sexual behavior. It was based on a larger project which explored how gender relations affect reproductive processes and the reproductive health of Tarok women in north-central Nigeria.
Methods: Research was conducted in four Tarok communities using qualitative instruments, namely in-depth interviews (IDIs) and focus group discussion (FGD) guides. Participants were female and male community members of 15 years and above. Sixteen IDIs (four per community) were conducted with women, religious and traditional leaders as well as senior health providers. Twenty-four FGD sessions (six per community) were held with different groups in the community and data were descriptively analyzed.
Results: Findings demonstrated customary double standards in sexual matters; the significance and influence of certain unfounded traditional beliefs around breastfeeding on sexual behavior and choices; as well as some of the changes that characterize sexual relationships among modern Tarok couples brought about by Christianity, Western education and modernity.
Conclusion: Traditional breastfeeding norms and beliefs seek to overly control women's sexuality while giving precedence to the interest of the child and its father. The study calls for a change in attitude to meet the demands of the current reality in order to strengthen marital unions and guarantee healthy families.

Introduction

Breastfeeding is a biological activity that is perceived as natural and commonly accepted in virtually all human societies until the formulation of certain substitutes which climaxed in the creation of infant formula in the mid-nineteenth century [1]. It is highly rated as the best nutrition in most traditional societies in Africa. Although a biological process, culture plays a very important role in infant breastfeeding [2–4]. Hence, different cultural groups overtime developed various breastfeeding norms some of which persist irrespective of science. Among the Tarok in Plateau State of Nigeria for instance, women are expected to breastfeed their babies without reservation for a minimum of one to two years as breast milk is generally believed to be nourishing and essential to child survival. A significant breastfeeding norm of the Tarok is the postpartum abstinence. This norm applies only to mothers while it leaves men who are generally perceived as polygynous in nature, free to indulge in sex with other women. Long term postpartum abstinence is one of the vital social factors that encouraged polygyny in traditional times in Africa [2]. Closely related to this norm is the taboo against pregnancy during breastfeeding. It is rooted in the belief that the man's semen mingles with the breast milk and renders it unhealthy for the infant. Breast milk from a pregnant woman is thus, believed to cause diarrhoea in a breastfeeding infant. Findings from this study show how exposure to Christian values, Western education and lifestyle has increasingly led to deviation by modern generation of Tarok men and women from this widespread customary breastfeeding norm which tends to weaken intimacy between nursing mothers and their male spouse.

The research was undertaken in Nigeria, West Africa. Nigeria's 2006 population figure was put at 140 003 542 [5] and approximately two-thirds of these live in rural areas. Nigeria is occupied by sundry ethnic groups with distinct traditions, customs and languages. The Hausa, Fulani, Igbo and Yoruba are the largest and politically dominant ethnic groups while the north-central zone is characterized by a massive concentration of small ethnic groups of autonomous political systems [6]. There are thirty-six States and a Federal Capital Territory that make up the Federal Republic of Nigeria. The Tarok ethnic group is found in Plateau State located in north-central geopolitical zone.

The two principal religions in Tarok land are traditional religion and Christianity. The latter has however assumed dominance in Tarok land in recent times. The traditional religion of the Tarok

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is characterized by the belief in a supreme being and the worship of the spirits of deceased ancestors through communal and family cults [7]. In the early 20th century, Christian missionaries of the Sudan United Mission (SUM) arrived in Tarok land [7,8]. These missionaries brought formal education and medical services, as well as new values such as one-man one-wife. The Tarok people embraced Western education and many upon completion, sought paid employment in the urban centres. Contact with Western lifestyle and the introduction of a cash economy among others, led to increase in monogamy and in neolocal residential pattern especially among Christians. In spite of the spread and the rapid growth of Christianity in Tarok land, traditional beliefs and custom abound.

Prevailing gender-based social and cultural beliefs and practices that are traits of resilient patriarchal structures influence virtually every aspect of the sexual life of the Tarok. These include the definition of the nature of sexual relations and partnerships for men and women; the nature and types of marriage [9]; and gender differences in access to decision in relation to the use of available modern health care services. These gender-based differences often translate to gender inequality and provide the context within which breastfeeding and sexual norms exist.

As with most ethnic groups in Nigeria, marriage was considered a very important social duty and procreation was the primary reason for this. Male children were preferred. Men were encouraged in traditional times to have multiple wives and large families to cultivate sizeable farmlands. This was generally perceived as a status symbol. Fertility was attributed to women while virility was characteristic of men. Consequently, stigma and other social burden associated with childlessness were largely borne by women. Where a married man was found to be sterile, it was possible to secretly arrange for his female spouse to bear children through his agnatic brother so as to ensure continuity of his patrilineage. On the contrary, a childless wife hardly had a place in her matrimonial home. The most common option available to her was to encourage her husband to marry other women capable of bearing children to obviate her shame. Infertility was therefore a major reason for the acceptance of co-wives by Tarok women as with most other Nigerian women [10]. Because of the value attached to fertility and motherhood, women were socialized to see themselves as primarily responsible for the well being or otherwise of their offspring and were therefore willing to make sacrifices not only to ensure procreation but also to provide the much needed maternal care.

The Tarok practice strict lineage exogamy. Until the introduction of Christianity, residential pattern was predominantly patrilocal whereby the man and each uterine family had a separate hut. This residential pattern implied that authority, control and inheritance were vested in the male head of the family and it also facilitated the practice of polygyny. Socio-cultural beliefs and norms (rooted in patriarchal structures) surrounding breastfeeding as well as unequal gender relations play a critical role in the sexual decision and behavior of married couples in Tarok communities. This paper sought to explore and document how one of the norms, postpartum abstinence, regulates the sexual behavior of men and women and the influence of religion and modernity in creating changes in related cultural practices.

An examination of modern marriage and men's extramarital affairs in southeastern Nigeria, [11] reveals that despite some social factors like increasing prevalence of monogamy, neolocal residence, nuclear family organizations, female education and participation in formal workforce, as well as declining fertility that seemingly offer modern married women greater autonomy and equality, gender inequality persists. The research underscores the role of double standards used for men and women that make men's extramarital sex acceptable and female infidelity, a taboo.

A study shows that universally, children were commonly breastfed into their toddler-hood as a strategy for birth spacing [12]. On the biological and cultural issues that determine breastfeeding behavior, some studies identify frequency and intensity of nursing, prolonged suckling, avoidance of infant food supplements, the postpartum abstinence and paternal polygamy as cultural practices that maximize the effectiveness of breastfeeding in contraception [13,14]. Irrespective of what women know as health benefits of breastfeeding, the literature on breastfeeding has shown that different aspects of the social and cultural environment influence women's willingness to breastfeed [2–4,12,15,16]. For instance, Apple [1] provides a social history of infant feeding practices in the United States and draws attention to the medicalisation of infant care and the complex interface between medicine, culture and women's lives. Furthermore, the importance of culture in infant breastfeeding was highlighted by an African anthropologist [2]. Mabilia examined among others, the various taboos and sex related practices associated with lactating mothers which violations are believed to have repercussions on the health of the infant. For example, it is considered a taboo for a woman to become pregnant while she is breastfeeding another child. She stands the risk of being ridiculed, blamed and even stigmatised by the community members. This is in addition to going through a lot of difficulties in the process of addressing the ill-health that her action presumably brought upon the infant. The work equally reveals: (1) how men exploit breastfeeding to engage in extramarital sex and conversely, how same breastfeeding is used as a tool to control Gogo women's sexuality and sexual behavior; (2) how intimate relationships between partners and spouses involve whole communities; (3) attempts by younger women to change some of these traditional cultural elements; and (4) the incessant interplay between the past and the present. The current paper however focuses specifically on how the postpartum abstinence influences sexual behavior and thus, contributes to the literature on the relationship between breastfeeding, gender and sexuality.

Methods

This study was part of a larger research project which was aimed at exploring how unequal gender relations influence the reproductive processes and the reproductive health of Tarok women in north central Nigeria. The research utilized qualitative method for data collection and analysis. Fieldwork was conducted in four Tarok communities in Langtang North Local Government Area of Plateau State namely, Langtang, Gazum, Reak and Pilgani in April–May 2008. Gazum and Reak are rural while Langtang and Pilgani are urban areas as classified by the National Population Commission. These designated urban communities are however quite homogenous. Rural localities were selected because traditional socio-cultural practices that are significant to this study are usually better preserved at the grassroots while changes that have taken place over time are better depicted in urban areas.

In-depth interviews (IDIs) and focus group discussions (FGD) were used for data gathering. IDI participants in each community comprised a community leader, a religious and a woman leader as well as a senior modern health service provider from a public or private health facility who had worked in the community for not less than three years and was conversant with the socio-cultural practices of the Tarok. The focus groups consisted of female and male participants with a good knowledge of the mores, social norms, workings, and practices of the community in relation to the issues of interest. These were purposively selected to reflect the social differences in the communities in terms of age, gender, religion, educational and marital status etc and separate focus groups were constituted to reflect these differences and ensure