The role of culture in facilitating and perpetuating sexual abstinence during the post-partum period: The views and practices of Swazi women in the Kingdom of Swaziland

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Abstract: Swaziland is one of the countries in the African continent where post-partum sexual abstinence is practised. Beside scarcity of research exploring sexual abstinence in Swaziland, there are only a few studies that explore postpartum abstinence across HIV-positive and negative women in sub-Saharan Africa. The study explored the practice of post-partum sexual abstinence in Swazi women and examined how cultural beliefs influence and promotes the perpetuation of the practice. The study population consisted of post-partum women who were selected, using purposive sampling. Thematic approach was used for data analysis. Despite feeling that the period for post-partum sexual abstinence was long; the participants adhered to the practice as prescribed by their culture. Nevertheless, they felt that the practice is imposed on women only because while they are observing post-partum abstinence, their partners get to sleep with other sexual partners. They raised concerns that the practice increases the risk of HIV and STIs transmission. There is an element of coercion to the practice of post-partum abstinence, the myths and misconceptions around the early resumption of sexual intercourse forces the practice on women. At the family and community level, the discussions to change the way sexual abstinence is viewed and practised are crucial.

Key words: Swaziland; cultural beliefs; sexual abstinence; post-partum; social norms; practices

1. Background:

The socio-cultural practice of post-partum sexual abstinence is a common tradition in many African societies [1,2]. There is consensus among researchers that abstinence from sexual intercourse during the postpartum period is a strong cultural practice in different communities in the African continent and other regions [1-4]. Swaziland is one of the countries in the continent where post-partum sexual abstinence is practised. The Swazi culture restricts post-partum women from engaging in sexual intercourse with their partners for a period of six months [5].

Literature shows that the period for abstinence and resumption of sexual activities is influenced by a variety of factors and the reasons for this practice vary in different cultures [6,7]. The duration ranges from three months to over one year and sometimes the period is almost equivalent to when the child is able to walk or until the child is weaned from the breast [7-11]. In a recent study conducted by Testfay et al [12] in Addis Ababa, for most women sexual abstinence ends at five to six weeks postpartum.

Although the timing of the resumption of sexual intercourse during the postpartum period varies from culture to culture, often the resumption is prescribed by the needs of the baby, the father, the family, and cultural beliefs [1,7]. In the African context, polygamous marriages created an
environment where the men had other wives with whom to have sexual intercourse when one of the wives was abstaining [3,13]. Marriages are monogamous now, and men and women reside in the same house even when the woman has just delivered, which results in the early resumption of sexual intercourse, as there are no in-laws to enforce abstinence by separating couples [14].

In many cultures, the age of the mother is the determining factor for the resumption of sexual intercourse. The younger the mother the earlier the resumption of sexual intercourse, they claim that they do not know any rules on sexual abstinence during the post-partum period [9,15,16]. Furthermore, the marital status is also said to determine the period of abstinence. Married women tend to stick to the culture of abstinence after delivery, as compared with single women [9]. In African societies breast-feeding was compulsory and it was one of the reasons women had to abstain, but nowadays breast feeding is optional, as babies are sometimes fed formula [1,13]. Moreover, modern methods of family planning are used when traditionally sexual abstinence was a way of avoiding early pregnancy [13,17,18].

As much as the socio-cultural practice of sexual abstinence during the post-partum period is said to be good for the health of the mother and baby. Several authors [6,19,20] perceive sexual abstinence in the postpartum period as a way of transmitting HIV, because whilst the women abstain, not much attention is paid to the men. They further state that long periods of sexual abstinence create the risk that men will seek sex elsewhere, with the risk that they and their partners will acquire sexually transmitted infections (STIs) or HIV [21].

It is a public health concern that in this era of HIV and AIDS not much is known about the practice of postpartum sexual abstinence and the issues associated with the resumption of sex among women, when some of them or their partners might be HIV-positive [6,19]. Recent data show that postpartum women are also reluctant to discuss sexual matters with health care professionals for religious and cultural reasons [22].

Culturally, the traditional Swazi family controls, determines, and safeguards all the actions of its members. The decision to resume sex during the post-partum period is also one of the practices that is determined by the family. Nevertheless, there is no formal documentation of the duration of postpartum abstinence in Swazi health literature, even though after delivery, according to Swazi culture, a woman is expected to abstain from sexual intercourse for about six months. The study explored the practice of post-partum sexual abstinence in Swazi women and examined how cultural beliefs influence and promotes the perpetuation of the practice. Beside the dearth of data on sexual abstinence in Swaziland, there are only a few studies that explore postpartum abstinence across HIV-positive and negative women in sub-Saharan Africa. The study will begin to close the gap in the literature and will inform the sexual health promotion messages and counselling provided to women in the PMTCT program.

2. Material and methods

2.1. Study design

This paper is extracted from the first author’s dissertation, which was submitted in partial fulfilment of the requirements of a master’s degree in Public Health. The aim of the study was to explore the practices of Swazi women concerning socio-cultural abstinence during the postpartum period. The study also examined the socio-cultural practices that promote the maintenance of postpartum sexual abstinence. The study used an explorative qualitative design using in-depth interviews.

2.2. Study setting and population

The study population consisted of post-partum women who were selected, using purposive sampling. The study setting was a health facility located in an urban area in the Manzini region, the centre of Swaziland. Swaziland is a land locked country located in the Sub-Saharan Region; occupying an area of 17,634 square kilometres with a population of 1,018,449 people. It is bordered by two
neighbouring countries, South Africa and Mozambique. It is a patriarchal society, which subscribes to strong cultural practices such as polygamy, “Kwendzisa”, and paying Lobola “bride money”. Culturally, the traditional Swazi family controls, determines and safeguards all actions of its members, which necessitates consultation before any member makes major decisions. The Swazis, as a nation, adhere to and maintain a sense of pride in cultural beliefs and practices that have been in place for many generations. The country, however, has a number of potentially high-risk traditions and current practices that make the population vulnerable to HIV infection. This include the clearly defined gender roles for men and women, the subordination of women to men, and the social disempowerment of women and their inability to make decisions about sexual preferences [5].

2.3. Data collection

The first author and a research assistant (the interviewers) with skills in qualitative research methods conducted the interviews using the local language (SiSwati). The interviewers used an in-depth interview schedule with open-ended questions to interview the participants. The interview schedule consisted of open-ended questions covering topics such as their views about the post-partum abstinence, the duration of abstinence, the way that abstinence is enforced, experiences with abstinence, and their concerns about the practice.

The use of the local language and the open-ended questions allowed the participants to express their views about sexual abstinence using perspectives unique to their culture. This was facilitated by the fact that the interviewers are Swazi women who can speak and understand SiSwati and the local cultural beliefs well. Each interview was conducted in a private consultation room to ensure privacy, lasted for about 30 minutes, and was recorded after permission was sought from the participants.

2.4. Ethical considerations

The Ethics Committee of Sefako Makgatho Health Sciences University provided ethical clearance for this study (SMUREC/110/2017: PG). The Ministry of Health in Swaziland granted permission to conduct the study. The participants signed an informed consent form before the interviews took place, they were informed that participation in the study was voluntary and were assured of confidentiality.

2.5. Data analysis

The audio interviews were transcribed verbatim and translated into English by the research assistant and the first author. Thematic approach was used for data analysis [23]. The authors read the translated transcripts repeatedly to identify initial codes to inform codebook development through a session of reviews to reach consensus on the definition of themes and finalization of the codebook. All the transcripts were uploaded to NVivo 12, a qualitative data analysis software where further coding was done. Codes were identified, merged and sometimes changed as new understanding of data emerged. This was done until the authors agreed on the final themes and subthemes that were used to describe the practice of post-partum sexual abstinence.

Methods used to ensure rigour included data and investigator triangulation, transcribing verbatim in the language of the interviews, and peer debriefing. The first author spend time in the field to familiarize with the data and the study participants. To ensure credibility of the findings, the two authors took part in the data analysis [24].

3. Results

3.1. Description of study sample:

The study sample comprised of 15 postpartum women with a mean age of 27 years. Their ages ranged from 18 to 41 years. Most of the participants (11 out of 15) were residing in peri-urban areas, three of them resided in rural areas, and only one of them resided in the urban area. Most of the
participants (9 out 15) were single. Only six were married, and all those who were married were in monogamous marriages. Most of the participants (8 out of 15) were residing with their mothers because they were single, and only two were residing with their partners during the postpartum period. Over half of the participants (8 out of 15) reported that they were living with HIV and were receiving ART, while seven of them were HIV negative. Only three of them were employed, and the other twelve were unemployed. Concerning their educational level, two of the 15 women had only primary school education, most (11 out of 15) had gone up to secondary school, another two had tertiary education, and none had never been to school.

At the time of the interview, over half of the women (8 out of 15) had not resumed sexual intercourse and seven women had resumed. Of the seven women who had resumed sexual intercourse, most of them (6 of the 7) had resumed when their babies were 6 months of age. Only one woman had resumed sex after 6 weeks.

3.2. Themes:

Four main themes emerged namely; cultural norms, myths and misconceptions as facilitators of sexual abstinence, and abstinence as an imposed cultural practice and abstinence as a practice that increases the risk of HIV transmission emerged as concerns about the practice of post-partum abstinence. Two themes namely, the period of abstinence and benefits of abstinence describe the context of sexual abstinence during the post-partum period.

3.2.1. Period of abstinence

The interviews explored the perspectives of the women about the period of abstinence. The participants indicated that the period of abstinence is determined by the in-laws, who ensure that the woman adheres to the time required or set by the family. They also reported that the period of abstinence is also determined by the gender of the baby. When the baby is a girl, the period is longer than when the baby is a boy.

“It depends, with my in-laws you abstain for six months, not sleeping with the father of the baby. You stay for 2 months, depending on the sex of the baby, if it is a girl you stay indoors for two months in a sacred hut in the homestead, and you don’t sleep with your partner. Even after joining your husband in the house, you continue abstaining until six months.” (P 3, 23-years-old, not abstaining).

“My father-in-law called me and my husband and said that in his homestead couples wait six months before they resume sexual intercourse after the birth of a baby.” (P4, 41-years-old, abstaining).

3.2.2. Sexual abstinence is beneficial

The participants were asked for their opinions about sexual abstinence during the postpartum period. Most of them believed that sexual abstinence is beneficial to them and their babies. They said that abstinence facilitates recovery from birth trauma. Furthermore, they felt that abstinence allows the mother adequate time to take care of the baby instead of focusing on the relationship with the partner.

“There is something good about the practice. The good thing is that the mother gets to heal very well and take good care of the baby before she resumes sex, before she goes back to the father.” (P 9, 39-years-old, not abstaining).

“It is best that you do not resume before you have healed to avoid being bruised in your delivery injuries.” (P 8, 18 years old, not abstaining).

“What is good to the baby is that as a mother you have ample time to give love to your baby, not rushes to focus your attention on the father.” (P 1, 38-years-old, not abstaining).

3.2.3. Maintaining sexual abstinence
Three sub-themes emerged under this theme, which highlighted what facilitated sexual abstinence during the postpartum period. These included cultural norms, not staying with the partner, and having supportive partners.

### 3.2.3.1. Cultural norm

The data demonstrated that culture supports sexual abstinence during the postpartum period, as the participants would refer to some activities prescribed by culture as helping them to abstain.

“Long ago, the elders say that the husband used to sleep in his own hut and the wife would have her own where she would sleep with her children. When the husband wanted to have sex with the wife, he would call her to his hut on that particular day (laughs). They said sleeping together every day as a couple you are bound to have sex” (Pat 1, 38 years old, not abstaining).

“In fact a woman who has delivered in the Swazi culture stays in the kitchen. In the sacred hut and stays there for six…, the six months really in the six months he does not see the baby, the father does not have to see the baby before it is six months old” (Pat 8, 18 years old, not abstaining).

### 3.2.3.2. Living apart from the partner

As culture prescribes that couples should not stay together after childbirth, most of the postpartum participants believed that staying together would result in the couple resuming sexual relations early after childbirth. Most of the women were single and were not living with their partners during the postpartum period. Although this might have been because of their marital status, the women believed that staying together would have resulted in the couple resuming sexual relations early after childbirth.

“It is good that after delivery the woman does not stay with the man because one, when you have just delivered you do not have the strength, you need like …. a neh…, stay away from him, you do not visit him, but if you stay together you end up resuming, resuming sex early.” (Pat 6, 30 years old, not abstaining).

“What might make you not to resume early is not staying with him, if you stay far from him you will delay resuming sexual intercourse.” (Pat 13, 24 years old, abstaining).

### 3.2.3.3. Myths and misconceptions about early resumption

Cultural beliefs, myths and misconceptions about early resumption of sexual intercourse were reported by the women. The myths and misconceptions enforced sexual abstinence during the postpartum period. The participants were told that resuming sexual intercourse early after childbirth affect the partners adversely, as there are sicknesses that they develop which might even result in them dying.

“It is believed that the man is affected and he dies young because he had sexual intercourse with a woman before six months postpartum. This affects him in some way.” (P 2, 32 years old, abstaining).

“They say he gets ‘ligola’; coughing…I don’t know if it is a chest infection, something like that. Resuming sexual intercourse while the woman is still having a vaginal discharge, you see when she has just delivered.” (P 4, 41 years old, abstaining).

The baby’s health, growth, and development is believed to be slowed down by the failure of the parents to abstain.

“The baby is said to regurgitate food after eating when the parents fail to abstain during the postpartum period. I don’t know, the reason is that you have resumed sexual intercourse prematurely after the birth of the baby. She regurgitates due to the early resumption.” (P 2, 32 years old, abstaining).

“They… in the community they tell us that if you do not abstain the baby’s neck will be weak and the baby cannot hold his neck upright. They tell us that the baby does not grow well, he becomes weak.” (P 7, 20 years old, abstaining).

The participants also believed that sexual intercourse during the postpartum period contaminates breast milk and makes it is unhealthy for the baby, as reflected below:
3.2.3. Sexual abstinence is an imposed cultural practice

The data showed that some of the women perceived sexual abstinence during the post-partum period as a cultural practice that is imposed on women. The participants also felt that abstinence is not a good cultural practice but a practice that they do not like or feel they need.

“It is not bad if it is six weeks as that is what we are given in the hospital it is right, but the six months that is enforced by my in-laws I find it bad” (Pat 3, 23 years old, not abstaining).

“I think it is a bad culture that women are forced to abstain; they should decide what they want to do in line with what they agree on. According to me it should not be that it is a cultural practice, it should be an agreement between the man and the woman.” (Pat 9, 39 years old, not abstaining).

As already said, the participants felt that postpartum abstinence is a culture imposed on women only. Their narrative suggest that some of the men do not believe in the culture and in delaying resumption of sexual activities after childbirth.

“Men do not believe in delaying sex after childbirth. Even when you have discussed and decided on when to start, you end up not adhering. It is up to you to refuse and refuse but you end up giving in.” (P 6, 30 years old, not abstaining).

“If I had stayed at my parental home, I would have delayed. It is because when you stay with the man it is easy to resume.” (P 2, 32 years old, abstaining).

“It is because the men cannot be patient for a long time. They then go other partners outside.” (P11, 23 years old, not abstaining).

3.2.4. Sexual abstinence increases the risk of HIV transmission

Besides being an imposed cultural practice, the participants said that it increases the risk of HIV transmission. They had fears that sexual abstinence during the postpartum period might result in the spread of HIV. The fact that whilst women abstain men are not required by culture to do the same and often engage in sexual relations with other partners.

“Traditionally it is good, but in these modern times, it is not good because the man can go to other people, to have sex with them because I cannot, he then goes to enjoy with other women” (Pat 1, 38 years old, not abstaining).

“You find that when you return from your parents after delivery at whatever time..., maybe at six months... Many a times you find that there is a baby, your husband has gotten someone pregnant during the period when you were absent from your home.” (P 9, 39 years old, not abstaining).

4. Discussion

We explored how culture facilitated sexual abstinence in the post-partum period in a patriarchal society where family values are highly regarded. We found that the participants adhered to the cultural practice of sexual abstinence during the post-partum period. Most of them resumed sexual intercourse after the six months that is prescribed by culture. Early resumption for the few participants was attributed to the male partner’s demand for sex.

The data revealed that sexual abstinence is considered an important cultural practice among post-partum women in the study setting. The participants felt that sexual abstinence was beneficial to the mother, the baby, and the father of the baby. They believed that the early resumption of sexual intercourse during the post-partum period would delay the body’s recovery and the process of healing the birth injuries. Degrees-du-Lou and Bou [9] reported similar findings that sexual abstinence in the postpartum period protects the health of the mother and her baby.
Furthermore, the participants felt that abstinence during the postpartum period allows the mother adequate time to take care of the baby and bond with her baby. They reported that during the abstinence period they were able to attend to their babies’ needs, including breast-feeding, without interruptions from their partners. These findings are in line with those of other studies [13,25].

As the participants highlighted the factors that facilitated sexual abstinence. Culture was a factor that assisted them to maintain abstinence. The belief in cultural norms and societal practices facilitated sexual abstinence during the post-partum period. For example, the place of residence is a significant factor in sexual abstinence in the postpartum period [21]. Desgrées-du-Lô and Brou [9] argued that sexual abstinence is successful in societies where physical and emotional separation was practised by couples after childbirth. In the olden days, a man did not sleep with his wife in the same hut, and would invite the woman over only when he wanted to get intimate with her. Concentrating on, and observing such a cultural practice was considered as helpful to maintaining abstinence. The participants reported that they were separated from their partners and stayed with parents or relatives during the post-partum period. In a study conducted in Ghana, it was found that physical separation of couples reinforced sexual abstinence [8].

Although the participants were practising sexual abstinence because they believed that it was an important cultural practice, they were also influenced by myths and misconceptions about the early resumption of sexual intercourse. The most common misconceptions were about the health of the partner and the baby. There were beliefs that the early resumption of sexual intercourse in the post-partum period might result in the husband’s contracting infections from the woman because she was still “wet”, as in that she was still having a vaginal discharge. One type of infection mentioned by the participants in this study was an illness called “ligola”, a disease that manifests with the husband coughing severely as though he has TB. It is believed that the disease is so severe that the man might die. In Malawi, women are considered dirty after childbirth until the return of menstruation [17]. There are also derogatory names given to women who fail to maintain sexual abstinence during the post-partum period. To avoid being called such names, women would abstain from sexual intercourse during the post-partum period [1].

Likewise, there are beliefs that early resumption hinders the growth and development of the baby, who will be attacked by illnesses. The baby is believed to be poisoned by breast milk, which mixes with the sperm during sexual intercourse. In their understanding, breast milk is made in the blood, so the two mix and the milk becomes weak. Likewise, studies conducted in Abidjan and Nigeria reported similar beliefs that the mother’s breast milk harm the baby’s health if she resumes sexual activities early [9,15]. In addition, the baby develops excessive regurgitation of food if the parents resume sexual intercourse early in the post-partum period. Some participants thought that the baby becomes so weak that it cannot hold its head up straight. In Tanzania, it is believed that sexual abstinence during the post-partum period is a way of protecting the baby from a sickness called “kubemenda”, which is also caused by the parents of a baby resuming sexual intercourse in the post-partum period [1,26]. The sickness is almost similar to that described by the participants in the current study.

Despite the fact that the participants believed that postpartum abstinence was beneficial, they raised several issues about the practice that they did not agree with. They indicated that while they are observing post-partum abstinence their husbands get to sleep with other sexual partners. They had concern that sleeping with other women would increase the risk of the partner’s contracting diseases like HIV and subsequently bringing it home. Their concerns were echoed by researchers in different settings who highlighted that sexual abstinence creates the risk that men will look for sex somewhere else, putting themselves and their partners at risk of contracting STIs and HIV [8,9,20,26-28].

Although the participants were practising sexual abstinence, some perceived sexual abstinence during the postpartum period as a cultural practice that is imposed on women. They said that the period of abstinence was forced on them by their in-laws, instead of its being agreed on by the couple. According to Mbekanga et al.[1], sexual abstinence during the postpartum period is considered a
patriarchal cultural practice that oppresses women. Other researchers argue that cultural practices in relation to sexual relations including the postpartum period are gendered [29]. In the past, men married many wives and would engage in sexual intercourse with the other wives whilst the one who had delivered abstained from sexual intercourse. It was only women who were supposed to totally abstain from sexual intercourse during the post-partum period[25]. Whiles their husbands abstained from sex with their breast-feeding wives but not with other women [3,13,29]. The fact that postpartum women are forced to abstain from sexual intercourse is confirmed in an earlier study done in Uganda, which notes that in some countries couples are forced to abstain from sexual intercourse for a long time [4].

The participants indicated that generally, men do not believe in post-partum sexual abstinence. They narrated incidences where their partners wanted sex immediately after childbirth or demanded sex before the period of abstinence ended. In some cases, despite women having decided to abstain from sexual intercourse during the postpartum period, their partners’ demand for sex would result in them changing their decision and resuming sexual intercourse early [26,30]. In African settings, men are the ones who usually initiate sexual intercourse, sometimes against the will of their partners, who usually give in because they fear that the men will go outside to have sex with other women [9,10,26].

The participant wanted sexual abstinence to be an issue for couples and not for the in-laws or the elderly parents. Furthermore, the current discussions about the practice of sexual abstinence during the postpartum period involve women only, who are told to abstain, while the men are left to engage in sexual intercourse with other women. Consistent with literature [10,26,29], they believed that the issue could be resolved if their male partners were included in the talks or discussion about abstinence, including talks about the period of abstinence.

5. Conclusions

The study found that post-partum sexual abstinence is practiced by women in the study setting. Despite feeling that the period for post-partum sexual abstinence was long, the women somehow adhered to the practice as they respected their culture. This suggests that women in Swaziland adhere to this socio-cultural practice, and most of those who had resumed sexual activity did so after the six months.

Nevertheless, the participants felt that the practice is imposed on women only while the male partners may continue to be sexually active. They raised concerns that it increases the risk of HIV and STI transmission, because while they are observing post-partum abstinence, their husbands get to sleep with other sexual partners.

Furthermore, the study found that there is an element of coercion to the practice of post-partum abstinence if women would be given derogatory names if they fail to maintain sexual abstinence during the post-partum period. This suggest that the women who resumed sexual activities earlier than the six months prescribed by culture, did so because they were pressured by the partners. In a patriarchal society, men are the ones who usually initiate sexual intercourse and the woman obeys the husband even though this might have put her in bad light from the in-laws. The belief that the woman is dirty during the postpartum period, the myths, and misconceptions around the early resumption of sexual intercourse force the practice on women.

The findings of the study provide a basis for commencing discussion around sexual abstinence in the era of HIV. At the family and community level, the discussions to change the way sexual abstinence is viewed and practised are crucial, particularly in the era of HIV, where the couples are at risk of HIV transmission or reinfections. It is important that health care professionals be sensitised about the need to discuss abstinence with post-natal women during the post-partum period, particularly among the population of young mothers who may not be able to negotiate sex after childbirth. The involvement of men in the discussions about sexual abstinence during the post-partum period would be beneficial.
Author contributions: Study conceptualization, ZS and SM, data collection ZS, software, ZS and SM, validation, ZS, analysis ZS and SM writes—original draft preparation ZS, review and editing SM.

Acknowledgements: The authors would like to thank the women for their cooperation and willingness to participate in the study.

Conflicts of Interest: The authors declare no conflict of interest.

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