# NORMS, BELIEFS AND SEXUAL BEHAVIOURS AMONG MALES DURING PARTNER'S BREASTFEEDING PERIOD IN MTWARA MUNICIPAL COUNCIL

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# NORMS, BELIEFS AND SEXUAL BEHAVIOURS AMONG MALES DURING PARTNER'S BREASTFEEDING PERIOD IN MTWARA MUNICIPAL COUNCIL

**By**

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**A Dissertation Submitted in (Partial) Fulfilment of the Requirements for the Degree of Master of Science (Midwifery and Women's Health Community Health) of**

**Muhimbili University of Health and Allied Sciences**
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## CERTIFICATION

The undersigned certifies that they have read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: **"Norms, Beliefs and Sexual Behaviours Among Males During Partner's Breastfeeding Period in Mtwara Municipal Council",** in (partial) fulfillment of the requirements for the degree of Master of Science (Midwifery and Women's Health) of Muhimbili University of Health and Allied Sciences.

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**Date**

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Co-Supervisor

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**Date**

## DECLARATION AND COPYRIGHT

I, **Stanuel Daniel Kosani**, declare that this **dissertation** is my original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

**Signature**…… **Date**……

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## DEDICATION

This dissertation is dedicated to my lovely Wife Miss Olivia Leonard Pastory,my daughters Adeline Stanuel Kosani and Olista Stanuel Kosani

## ABSTRACT

**Background**: Sexual practices during breastfeeding and after childbirth are delicate topics.52.26% of partner's worldwide return to having sex within six weeks of giving birth. Within six weeks after giving birth, over one-third of postpartum women in Africa have a sexual relationship with their partners. Men typically avoid having sex with their spouses when they are nursing, but there are reports that they could be having extramarital sex, which puts them at risk for HIV and STIs.

**Objective**: To explore cultural norms, beliefs, and males sexual behaviors among males during a partner's breastfeeding period in Mtwara Municipal Council

**Materials and methods:** The Study employed an exploratory descriptive qualitative design. The study was community based conducted in Mtwara Municipal Council. Participants were selected through a non-probability convenient sampling technique by the guidance of street and ward leaders. A semi-structured interview guide with probing questions was used as a data collection tool to guide the process and the interview was conducted after obtaining the consent of the participants. Data was collected by the researcher in June 2024 and with two research assistants from the ward leaders. All the interviews were audio recorded using a digital audio recorder. The data was be analyzed by thematic data analysis approach The Muhimbili University Institutional Review Board provided ethical approval for the study.

**Results:** a total of twelve participants took part in the study**.** We found out that the common sexual norms and beliefs reported by males during partner's breastfeeding were women shifting from home to their parents, beliefs on having safe sex through the use of contraception and beliefs on prolonged sexual abstinence. The common males sexual behaviours reported were having a detour (mchepuko), prostitutes, polygamy and masturbation. Males had different perspectives regards family care which were influenced by marriage breakups, economic challenges, single parenting and deterioration of family services.

**Conclusion:** According to the findings of this study males have different sexual behaviour which are influenced by social norms and beliefs. Furthermore, these sexual behavior could possibly influence males' involvement in family and child care. Therefore, this study recommend that Sexual health education to pregnant woman and their partners during antenatal visits and postnatal visits should be improved**.** A study should be done to explore the prevalence sexually transmitted infections and Human immunodeficiency virus associated with sexual behavior among partners during the breastfeeding period.

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## LIST OF ABBREVIATIONS

| | |
|---|---|
| FGD | Focused Group Discussion |
| HBM | Health Belief Model |
| HIV | Human Immunodeficiency Virus |
| IDI | In Depth Interview |
| MUHAS | Muhimbili University of Health and Allied Sciences |
| SSI | Semi Structured Interview |
| STIs | Sexually transmitted infections |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organization |

## DEFINITION OF TERMS

**Belief** is acknowledging the existence of something, especially one that hasn't been proven (Abraham and Sheeran, 2016)

**Breastfeeding** is the term used to describe the passing of human milk from mother to child (Dadhich, 2017)

**A norm** is a statement specifying how a person is expected to behave in conditions expected in the first instance (Anderson and Ding, 2011)

**A partner** is a person, wife or husband with whom one shares an intimate relationship (Hammond and Sibley, 2022)

**Postpartum Period** is the time that typically lasts six weeks following the baby's delivery, during which the mother's body almost fully recovers from her pregnancy (World Health Organization, United Nations Children's Fund, 2015).

**Extended abstinence following childbirth** is a socio cultural practice with health implication such as child spacing, child health and lactation where a woman abstain from sexual activity until she stops breastfeeding (Mbekenga *et al.*, 2013)

**Sexual behavior** encompasses all activities which gratify an individual's sexual needs. (Bankole *et al.*, 2007)

**Sexual health** is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity (WHO, 2024)

# CHAPTER ONE

## 1.0 INTRODUCTION

### 1.1 Background of the study

Globally, Male's sexual behavior has always been considered to be issue of taboo (Mchome, Haisma, and Kessy, 2020. A study conducted in Spain describes that one of the most significant issues to be addressed during breastfeeding and childcare is sexual wellbeing (Pardell-Dominguez *et al.*, 2021). Sex is said to be an important component of overall wellness and human health, impacting a person's relationship with their spouse and the family. It is culturally constructed defined in terms of gender (Mbekenga *et al.*, 2013). Male's sexual behaviors during this period are sensitive issues as they involve physical, psychological, interpersonal, and cultural factors (Hatfield, Luckhurst, and Rapson, 2010). Male's sexual behaviuors and needs during partner's breastfeeding period are differently explained depending on culture. A study has shown that male's partners have influence on time for resuming sexual activity (Mahiti *et al.*, 2017). There is a positive relationship between sexual and marital satisfaction and it develops a true relationship between partners thus influencing male's sexual behaviuors (Dirirsa *et al.*, 2022). The World Health Organization (WHO) discourages prolonged sexual abstinence during breastfeeding period because it facilitates premature weaning for males desire to have sex and getting new child (Mchome, Haisma, and Kessy, 2020).

Male's ability to abstain from having sex during partners breastfeeding period is a sociocultural issue and has been described differently in African countries (Sule-Odu *et al.*, 2008).A study done in Tanzania shows that men can abstain from having sex with their breastfeeding partners for a long period of time only in response to cultural reasons such as avoiding effects on the child's development and growth.(Mchome, Haisma and Kessy, 2020).

Other factors which influence male's sexual behavior include unequal power relations between partners in sexual affairs associated with other gender-based dominant activities where men are given more and fewer cultural inhibitions on sexual matters than women (Mbekenga *et al.*, 2013).Men have less contact with breastfeeding partners and can't decide when to have sex.at

this period, elders give support to women, including cultural counseling on avoiding sex to ensure child health and growth which in turn influence males sexual behaviuors (Mahiti *et al.*, 2017). Study done in Nigeria explains that at this period, males engage in extra mural sexual behaviuors when their partners are breastfeeding which in turn has increased the risk of sexually transmitted infections and HIV transmission and the high risk of the women contacting these infections.(Sule-Odu *et al.*, 2008)

Male's sexual behavior can include marrying many wives or dating young unmarried women Which provides men some temporary solution to the difficulties associated with the postpartum abstinence. The majority of the opinion is that sexual intercourse with breastfeeding mothers is dangerous to the health of a breastfeeding infant (Orisaremi, 2013)

Male's sexual behavior is a sociocultural issue as men are said to be weak with an inability to control their sexual desire and are culturally considered to be free to continue with sexual life, while the breastfeeding partners are banned from getting their sexual needs (Sule-Odu *et al.*, 2008). However, in order to resist temptation, couples must sleep in separate beds or rooms, or a mother and child may temporarily move into their parents' house before returning once the child can walk (Mchome, Haisma, and Kessy, 2020).

### 1.2 Statement of the problem

Sexual behaviuors during postpartum is an issue under discussion depending on taboos, norms, and culture (Dirirsa *et al.*, 2022). Traditionally norms and beliefs seek to excessively control women's sexuality while giving less control over males' sexual behaviors during breastfeeding (Orisaremi, 2013).Apart from traditional beliefs, breastfeeding is said to influence couples sexual intimacy in the first year after childbirth due to increase in breast size, body image changes, vaginal dryness, milk ejection reflex during climax and concern about becoming pregnant again(Mchome, Haisma and Kessy, 2020). In Tanzania, studies have shown male's sexual behavior after childbirth being influenced by prolonged sexual abstinence which is up to 2.5 years in some ethnic groups. Men are said to be involved in extramural sexual behaviuors and are more likely to contract HIV and other sexually transmitted infections (Sule-Odu *et al.*,

2008). Some Tanzanian ethnic groups have strong cultural beliefs about partner's sexual behavior during breastfeeding period. men are considered to be weak and unable to control their sexual desire at this period, a cultural norms which give priority that men can continue with sexual activities while women are prohibited from contacting their sexual partners to meet their sexual needs while (Mbekenga *et al.*, 2013).

Ethnic groups in Southern Tanzanian adapt a strong traditional belief about partner's sexual abstinence after childbirth in protection of child's health putting females at center of the sexual avoidance (Anu, 2017).But studies do not describe male's sexual behaviuors during this period (Mchome, Haisma, and Kessy, 2020).there is limited knowledge about male sexual behaviuors during partner's breastfeeding period (Mahiti *et al.*, 2017). Therefore, this highlights the need to study male's sexual behavior during their partner's breastfeeding period and explore their norms and beliefs.

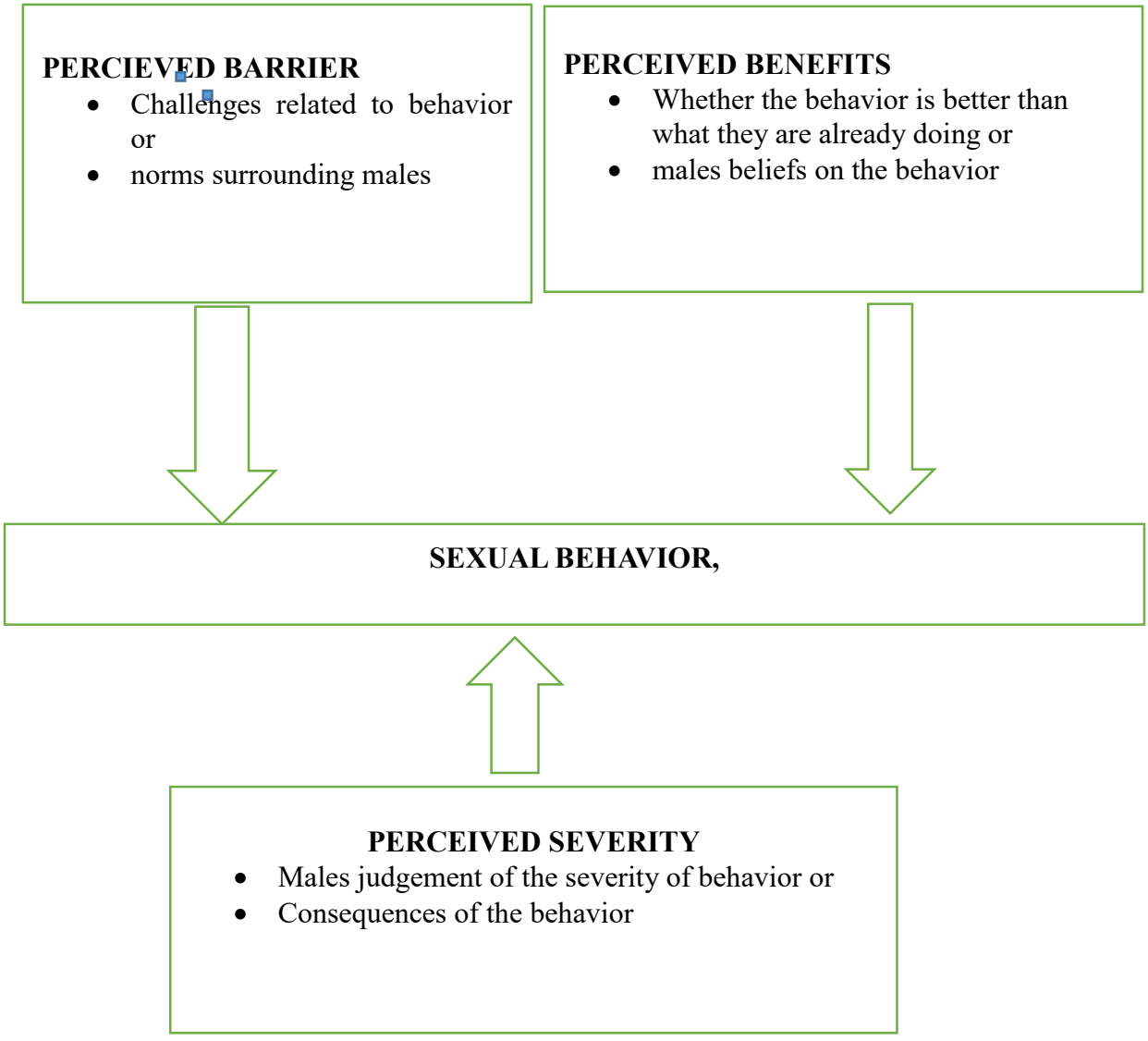
### 1.3 Theoretical Framework

**The Health Belief Model (HBM**)

The Health Belief Model was used to contextualize this study. The Health belief model was originally developed in the 1950s by a social psychologist in the U.S public Health Service to explain the concept that beliefs provide a crucial link between socialization and behaviour.(Abraham and Sheeran, 2016). Health belief model has been used to predict the broad range of behaviour determinants and social influence among wide range of populations(Gabriel, Hoch and Cramer, 2019).The health belief model described many elements which conceptualize how norms and social affect the health behaviour of and individual. Perceived barriers pertain to an individual's state of mind on hurdles to execute an action of benefit. In this research barriers can be sexual behaviuors and norms surrounding males that limit them from getting sexual needs from their breastfeeding partners. Perceived severity**,** an individual's perception of the significance of a situation is known as their perceived severity. According to this research, perceived consequences of male's involvement in different sexual behavior while their partners are breastfeeding will be explored. Perceived benefits**,** Perceived benefits means person's views of the effectiveness of different measures available to decrease possible negative effects.Health

belief models framework will provide a guidance in describing cultural beliefs, norms and males sexual behavior by exploring perceived barriers, severity and benefits during partner's breastfeeding period.

**Health Belief Model (HBM)**



### 1.4 Rationale (utility of the findings)

The results of this study gained insights on norms, beliefs and male's sexual behaviuors. The findings helped to identify male's sexual behaviors during breastfeeding period in Mtwara municipal council. Mtwara had its own unique cultural, social and traditional beliefs that shape sexual behaviuors of men and women. (Mchome, Haisma and Kessy, 2020). Therefore, the findings of this study helped to generate knowledge on how cultural factors influence sexual decision making, altitudes towards sex behaviuors and the role of traditional norms. Understanding these distinctions were helpful for designing effective postpartum educational interventions that are culturally appropriate and sensitive.

The results inform the development of policies and programs aimed at promoting postpartum sexual health behaviuors and reproductive rights among partners in area. The research findings contribute to evidence based interventions, awareness campaigns, and educational materials that address the specific needs and reducing risks among sexual partners.

### 1.5 Research Question

#### 1.5.1 Broad Question

What are the norms, beliefs, and males' sexual behaviours among males during their partner's breastfeeding period in Mtwara Municipal Council?

#### 1.5.2 Specific Questions

1. What are male's norms and belief on sexual behavior during partner's breastfeeding period in Mtwara Municipal Council
2. What are male's sexual behavior during partner's breastfeeding period in Mtwara Municipal Council?
3. What are males' perspectives on the effect of sexual experiences on child and family care during partner's breastfeeding period in Mtwara Municipal Council?

## 1.6 Objectives

### 1.6.1 Broad objective

To explore cultural norms, beliefs**,** and males sexual behaviuors among males during a partner's breastfeeding period in Mtwara Municipal Council

### 1.6.2 Specific Objective

1. To describe cultural norms and belief on males sexual behaviuors during partner's breastfeeding period in Mtwara Municipal Council
2. To describe males' sexual behavior among males during partner's breastfeeding period in Mtwara Municipal Council
3. To describe males' perspectives on the effect of sexual experiences on in child and family care during partners breastfeeding period in Mtwara Municipal Council

# CHAPTER TWO

## 2.0 LITERATURE REVIEW

Male's norms and beliefs on sexual behaviour during partner's breastfeeding period

Cultural norms and beliefs; Culture is known to have a profound impact on male's sexual attitudes, feelings, and behaviuors. Cultures also differ markedly in what are considered to be appropriate reasons for having sex or abstinence (Kinuthia *et al.*, 2017).In Egypt it is mentioned that marriage is the only justification for sexual activity .It is prohibited having sex for unmarried men and women or having sexual activity with partner of another person. Several studies highlight the cultural variations in attitudes towards breastfeeding and its perceived impact on sexual intimacy. For instance, in conservative societies, where humility is highly valued, there are strict norms influencing the perception of breastfeeding in relation to sexual behavior. On the other hand, more liberal cultures show a more accepting attitude, viewing sexual activity as a natural part of family life (Hatfield, Luckhurst and Rapson, 2010).in some societies partners sleep in separate rooms as the means to abstain from sexual activity, this is rooted from the traditions and is strongly emphasized by elderly women who closely take care of breastfeeding women. Although tradition has a strong hold, men are said to have methods of overcoming sex urge because they believe that men's sexual drive cannot be restrained. As a result, men must find ways to have sex without endangering the health of their offspring by using common alternative methods, such as having sex with other women(Mahiti *et al.,* 2017).The cultural belief project the effect of early sexual intercourse such as poor weight gain, frequent diarrhea and lack of endurance to walk, stand, or crawl on time (Mchome, Haisma and Kessy, 2020)

**Male's sexual behavior during partner's breastfeeding period**

Partners show different sexual behavior after childbirth depending on cultural or social context. Globally early resumption of sexual intercourse among postpartum women is 52.26% (Dirirsa *et al.*, 2022).Factors influencing the time for resuming sexual activity include the fear of next pregnancy, pregnancy related complications, pain during sexual intercourse and the belief on the newborn health outcome. Cultural belief dominant in southern Tanzania on postpartum

sexual abstinence is based on the belief that health of a child can be put in danger. This cultural belief has negatively influenced child care practices, family stability and risk to STIs (Mchome, Haisma and Kessy, 2020)

**Factors influencing male sexual behavior during partner's breastfeeding period**

Several factors influence male's sexual behavior during partner's breastfeeding woman period. These factors include:

**Extra marital sex**; long-term sexual abstinence and a husband's extramarital affairs are related. Men who are monogamous are more likely to have extramarital affairs when their partners are avoiding for a long time (Hansen, 2012). Men who have monogamy type of marriage have high chance of early resuming sexual activity with a breastfeeding partners compared to men with polygamy type of marriage. Women in monogamous marriages are 4.4 times more likely to get back to intercourse with their spouses after 6 weeks (Dirirsa *et al.*, 2022).At this period men are initiators of sex as some women are forced to start sex earlier against their will to prevent their partners seeking extra marital partners and protect their marriage.(Radziah *et al.*, 2013).Studies have shown that the risk of contracting HIV or other sexually transmitted diseases during this period is higher due to men engagement in extramarital sex (Mofenson, 2018).A study conducted in South West of Nigeria among Yoruba ethnic group indicated that women can abstain from sex during whole period of breastfeeding, this is made possible because males get married to several wives.(Sule-Odu *et al.*, 2008)

A Tanzanian study outlined the cultural background of men's and women's sexual activity. Men and women were described differently in terms of their sexual behavior, and sexual abstinence could mean different things. For example, it could mean that neither partner engages in any sexual activity at all, or that the mother engages in intermittent sex with her biological father or refrains from having sex when the spouse are having extra marital encounters (Mchome, Haisma and Kessy, 2020).Male behavior during this time was studied in an Ilala Dar es Salaam research. It is said that men are worried about having many wives and that they interact with prostitute women, who raise the HIV risk (Mbekenga *et al.*, 2013)

**Postpartum sexual taboos**; Early postpartum is defined traditionally as the protective phase (kipindi cha kulea), when a woman is supposed to fulfill her responsibility to breastfeed her child in order to ensure healthy growth. (Radziah *et al.*, 2013). It's often accepted that having intercourse when a woman breastfeeding can be harmful to the health and development of the newborn child. Hence, abstaining from sexual activity is a prevalent practice that has been accepted to support the development of children in a healthy way. The term "sexual abstinence" can refer to a number of different things, Such as when the mother abstains from participating in sexual activity while the father does so with other women, or when the mother has periodic sex sessions with her biological father (kulea na baba) or complete abstinence from all forms of sexual activity. (Mchome, Haisma and Kessy, 2020)

**Gendered expectation on abstinence**, males and females are positioned differently when it comes to controlling sexual desire; males are perceived as weak and lack the ability to control their desire, and as a result, they are not expected to refrain from sexual activity for an extended length of time. (Sule-Odu *et al.*, 2008). More than males, women are required to uphold the standards of sexual abstinence. Women are encouraged to refrain from having sex for extended periods of time and are expected to be strong in managing their sexual needs. Good moms and strong women are seen as firm, adhering to the sexual abstinence standard to safeguard the child's health, uphold the integrity of the family, and avoid embarrassment.(Mbekenga *et al.*, 2013).

**Men's power and the competing roles of women;** in most families men recognize themselves as the charge and decision makers of the household giving them position to control their partner (Mahiti *et al.*, 2017).Since men are considered to be weak in controlling their sexual needs, they force women to have sexual intercourse with them despite their desire to abstain from sexual activity as the cultural belief to protect the child some women may be forced to have sexual earlier so as to protect their marriage and avoid divorce (Mbekenga *et al.*, 2013).Cultural role of men in child care during breastfeeding is rooted in gender inequality intimidating women as child care is considered their major role. The woman is blamed of being engaged in undesirable

sexual behavior for any poor child progress such as crawl or walking, given the fact that, at this time, men are marginalized and treated with less accountability (Mahiti *et al.*, 2017)

**Women's Physiological and biological changes:** These issues include bad mood, anxiety of getting pregnant again, pain during sexual activity, and breast pain during contact, difficulty achieving an orgasm, physical appearance and trouble finding a comfortable posture. (Mchome, Haisma and Kessy, 2020)

**Psychological factors**; have a big influence on how men behave in sexual situations. According to research, men's perceptions and reactions to intimate moments during nursing may be influenced by personal views and ideas about gender roles, fatherhood, and sexuality. Gaining insight into the many ways in which people negotiate their sexual experiences within the setting of breastfeeding requires an understanding of these psychological dynamics.(Hatfield, Luckhurst and Rapson, 2010)

# CHAPTER THREE

## 3.0 METHODOLOGY

### 3.1 Study and study design

This study employed a qualitative descriptive design. The idea that reality is subjective, multifaceted, socially created, and culturally limited was the basis of this qualitative research. This approach is appropriate to areas where there is little theoretical knowledge (Etemadifar *et al.*, 2015). This study design allowed participants in the study to contribute to the development of new knowledge in that area. Therefore, this study design helped to discover norms, beliefs, and sexual behaviour among males during their partner's breastfeeding period.

### 3.2 Study Population

The study included adult males whose partners are breastfeeding or have breastfed within two years. The world health organization (WHO and United Nations children fund (UNICEF recommend exclusive breastfeeding for six months and adding safe, adequate foods after six months, together with continued breastfeeding up to two years of age or beyond. For this study, participants whose partners were within two years of breastfeeding were selected to reduce recall bias.

### 3.3 Study area and study setting

The study was community-based and conducted in Mtwara Municipal Council, located in Mtwara. Mtwara Region is one of the 26 regions of the Tanzania Mainland. It is located in the southern part of Tanzania, between longitudes 38$^{o}$ and 40$^{o}$, 30" east of Greenwich, and latitudes 10$^{o}$, 05" and 11$^{o}$, 25" south of the Equator. It shares a northern border with the Lindi Region, an eastern border with the Indian Ocean, and a southern border with Mozambique via the Ruvuma River. To the west, it borders the Ruvuma Region. According to Tanzania census data for 2022, the Mtwara Municipal Council is one of nine districts in Mtwara Region, with 18 wards and a population of 146,772

The common ethnic groups in this council are Makonde, Makua, and Yao (URT, 2000)**.** The Makonde have strong observance of traditional rules. Beliefs and taboos related to pregnancy, postpartum, and childcare (Kinuthia *et al.*, 2017). Children who are approaching adolescence are given sexual education during traditional ceremonies called "unyago." At the age of 12–15, children are taught about their body image, feelings, contraception, and STIs, which all affect sexual behavior after puberty. Sexual education continues depending on age, where women are taught how to handle men and protect their child's health during breastfeeding (Anu, 2017).

### 3.4 Sampling procedure and sample selection

A convenient sampling strategy was used to select participants. Convenient sampling is a nonprobability sampling procedure that **i**nvolves selecting elements that are readily accessible to the researcher(Subedi, 2021). Participants of this study was selected among males whose partners have had a breastfeeding partner in the last two years who are found in Mnaida, Kilimahewa and Mnazi mmoja streets/villages of Mitengo ward. The eligible participants were identified by the guidance of village and ward leaders. Their house hold were assigned with numbers and then they were selected by a simple random samling technique. The selected participants were approached by the help of street leaders**.**

### 3.5 Sample size

Sample size is the number of items, individuals or data points selected from a large population to represent it. In qualitative studies, small samples give a chance for in in-depth exploration of the phenomena (Subedi, 2021). For this study, the minimum number of participants in the sample size was 12, this number was affected by the participants' view saturation point. The saturation point reached when there was repetition of the information. After every three participants saturation was assessed from the sixth participant to number twelve

### 3.6 Inclusion Criteria

All males aged 18-60 whose partners are breastfeeding or have breastfed within the past two years. Men whose partners are breastfeeding or had breastfeed with two years could be able to

remember their sexual experiences which they have encountered during this period

### 3.7 Exclusion Criteria

Male individuals whose partner's breastfeed but they cannot communicate due to disabilities or severe illness. These participants were excluded because they were unable to participate in the interview and give their insight.

### 3.8 Data Collection

In-depth interview was used for data collection by a researcher in May 2024. The interview guide guided the process and the interviews were conducted in Kiswahili lasting for a range of 45-60 minutes. The informed consent was obtained from the participants before the interview. The interviews were conducted in a more conducive and relaxed area. There were two research assistants (RAs) selected, preferably among ward or street leaders to help with participant recruitment and for assisting during interviews. The research assistants were oriented before starting data collection to familiarize themselves with the study objectives and how to recruit clients and enroll them. Collected data was audio recorded by using digital audio recorder and some important points were written down on a notebook.

### Data collection tools

Are the devices or instruments used to gather data can be checklist, interview or questionnaire (Goyal, 2022).In this study data collection tools were interview guide, notebook, pen, and digital audio recorder. The interview guide contained probing questions, Notebook and pen used to write down important points raised during interview, and digital audio recorder used to capture information during interview.

### Data Management

Data management includes all aspects of data planning, handling, analysis, documentation, storage and takes place during all stages of study (Lomet *et al.*, 2009) The objective was to generate a reliable data base containing high quality data., in this study Only the investigator had access to field notes, transcripts, and digital audio recorders, all of which were kept private.

Every day following the data gathering activity, everything was compiled and secured by the lead investigator.

### 3.9 Data analysis

Data was analyzed through thematic analysis. Thematic analysis is the process of identifying themes or patterns within a qualitative data and use these themes to address the research. The advantage of this method is that it is not tied to a particular theoretical perspective (Maguire and Delahunt, 2017) .the term thematic analysis refers to the method of identifying, analyzing and reporting patterns (or themes) within data and represents a foundational, conceptually demanding method for qualitative analysis that researchers should learn, due to the skill set it can provide (Braun and Clarke, 2006). In conceptualization of thematic analysis the terms "themes" and "code" are used. A theme refers to a specific pattern found in data that one is interested. The framework for doing thematic data analysis follows through six steps. Step 1: Becoming familiar with the data Step 2: Generate initial codes Step 3: search for themes Step 4: Review themes Step 5: Define themes Step 6: Write up (Maguire and Delahunt, 2017)

**Becoming familiar with the data,** this was the first step in thematic data analysis, whereby familiarity with the whole body of data was made by listening to audio recordings or other data available and set any possible impressions. Rough writing of comments or information of interest on a notebook was made while listening to audio.

**Generating initial codes,** in this step data were organized in a meaningful and systematic way. There are various method to code but the coding method was determined by researcher perspectives and research questions. Coding of each segment of the data relevant or something that relates to research questions was done. The open coding was used, which means there was no pre-set codes but codes were developed and modified through the coding process (Campbell *et al.*, 2021)

**Search for themes**, theme is a pattern that captures something significant or interesting about the data or research question. At the end of this step, the codes were organized into themes that

say something specific about research questions. Themes were predominately descriptive, they described patterns in the data relevant to the research question(Braun and Clarke, 2006)

**Reviewing themes**, during this phase rereading adjusting and developing the preliminary themes that identified in Step 3 was done. At this point it was useful to gather all the data that is relevant to each theme. The next step is to think about whether the themes work in the context of the entire data set. Themes should be clear and they should be different from each other. A qualitative data analysis Microsoft was used to quicken the process.

**Defining themes,** this was the final modification of the theme and the purpose was to identify the core of what each theme is about. Discovering what does the theme about and identify subthemes and how they relate to the main theme and do theme relate to each other(Braun and Clarke, 2006).

**Writing up,** this was the end point of the research with the report writing. The report of thematic analysis must convince readers of the importance and validity of analysis (Dawadi, 2020).

### 3.10 Ethical Considerations

Muhimbili University provided ethical clearance. This study adhered to the principles of respect for persons, confidentiality, and justice. No identifying information such as the name of the participant was captured in the recordings, but codes were assigned to the participants to maintain the confidentiality of the participant's information. The written authorization was Regional Administrative Secretary (RAS). Prior to their inclusion in the study, each participant was given his/her informed consent furthermore, written consent was collected from every participant. All participants were told that they would withdraw from the study at any point in the research if they wished.

### 3.11 Study limitations and mitigation

**Limitation**

There was a chance that the sample and target population would be affected in significant ways due to sampling techniques where participants who were easily accessible were used, limiting the ability to generate findings.

**Mitigation**

Ensured that the key characteristics of the sample reflected the characteristics of the study population of interest as much as possible.

**Trustworthiness of the study**

Trustworthiness of the qualitative study refers to validity and reliability of the study which address how study findings are credible, transferable, confirmable and dependable (Nowell *et al.*, 2017)

The trustworthiness of this study based on the analytic triangulation or peer debriefing in which the research methodology, data analysis, and interpretations was discussed continuously throughout the research which enhances credibility as it allows the researcher to ensure that emergent hypotheses, themes, or theories are derived from the data, sensible and feasible to objective.

### 3.12 Dissemination plan

The MUHAS Research and Publication Committee and the MUHAS library will receive the study's findings for student evaluation. In order to increase the body of knowledge, the findings should be published in national and international journals that are read by a wide range of academics.

# CHAPTER FOUR

## 4.0 RESULTS

### 4.1 Introduction

This chapter presents findings from an in-depth interview with twelve (12) male participants. The characteristics of these participants are summarized in Table 1. The themes were predetermined based on research objectives and were guided using the Health Belief Model (HBM). The results are described into three themes, the first theme are males' norms and beliefs on sexual behaviours during partner's breastfeeding period, the second theme is males' sexual behavior during partner's breastfeeding period and the last theme is males' perspectives on the involvement in family and child care during partners breastfeeding period which has three subthemes.

### 4.2 Characteristics of the study participants

This study recruited twelve (12) males whose partners had been breastfeeding within the past two (2) years. The age range of the participants was between 23 to 43 years. All participants were married and their partners breastfed babies aged<2 years. One (1) of the participants held a diploma holder in accounts, one (1) held a certificate, two (2) were form four holders while eight (8) participants had completed standard seven. Nine (9) participants were self-employed, two (2) were farmers involved in small scale agriculture and one (1) male was a fisherman. The characteristics of the study participants are summarized in table 2

**Table 1: Characteristics of the study participants**

| Participant (ID no) | Age (Years) | Age of the baby(years) | Marital status | Education level | Occupation |
|---|---|---|---|---|---|
| P01 | 37 | 1 | Married | Std 7 | Self employed |
| P02 | 29 | 1.5 | Married | Std 7 | Self employed |
| P03 | 29 | 0.6 | Married | Std 7 | Self employed |
| P04 | 44 | 1.6 | Married | Std 7 | Farmer |
| P05 | 26 | 0.6 | Married | Diploma | Self employed |
| P06 | 43 | 0.4 | Married | Std 7 | Self employed |
| P07 | 41 | 1 | Married | None | Self employed |
| PO8 | 36 | 1.4 | Married | Form IV | Self employed |
| P09 | 23 | 1.2 | Married | Form IV | Fisherman |
| P10 | 27 | 1 | Married | Std 7 | Self employed |
| P12 | 33 | 0.7 | Married | Certificate | Self employed |
| P13 | 36 | 1 | Married | None | Farmer |

### 4.1.1 Analysis of the study findings

Thematic data analysis was employed during data analysis. The audio recordings of the interviews were listened and converted to text manually. The data were organized systematically, and the codes were generated. From the codes, themes and subthemes were generated, reviewed and they were described.

**Table 2: Showing the development of codes**

| CODES | CODES | CODES |
|---|---|---|
| • woman move to their parents<br>• Sex abstinence behavior<br>• Sleeping in different rooms<br>• Having Safe Sex<br>• Prolonged Sexual abstinence<br>• use of contraceptive methods<br>• Women's detour behavior<br>• Economic challenges | • Sexual workers(prostitutes)<br>• Masturbation<br>• Looking for another woman(detour)<br>• Marry more than one woman(polygamy) | • Services to the family<br>• Family economy<br>• Conflict within the family<br>• Marriage breakup<br>• Mistrust<br>• Single parenting<br>• Street children |

**Table 3: Generation of themes**

| CODES | THEMES |
|---|---|
| • Women move to their parents<br>• Sex abstinence behavior<br>• Sleeping in different rooms<br>• Having Safe Sex<br>• Prolonged Sexual abstinence<br>• Women's detour behavior | Male norms and beliefs on sexual behaviours |
| • Sexual workers(prostitutes)<br>• Masturbation<br>• for another woman(detour)<br>• Marry more than one woman(polygamy) | Males' sexual practices |
| • Services to the family<br>• Family economy<br>• Conflict within the family<br>• Marriage breakup<br>• Mistrust<br>• Single parenting and street children<br>• Economic challenges | Males' perspectives involvement in family and childcare |

**Table 4: Analysis of Codes, themes and subthemes of the study**

| CODES | SUBTHEMES | THEMES |
|---|---|---|
| • Permit their partner to move to their parents after childbirth<br>• Sleeping in different rooms<br>• Sex abstinence behavior<br>• Having Safe Sex<br>• Prolonged Sexual abstinence<br>• Beliefs on Women's sexual behavior | Norms related to sexual practices during BF<br>Beliefs related to sexual practices during BF | Males Norms and beliefs on sexual behaviours |
| • Sexual workers(prostitutes)<br>• Masturbation<br>• for another woman(detour)<br>• Marry more than one woman(polygamy) | Quick methods to satisfy sexual needs<br>Having multiple sexual partners | Males' sexual practices |
| • Services to the family<br>• Family economy<br>• Conflict within the family<br>• Marriage breakup<br>• Mistrust<br>• Single parenting and street children<br>• Economic challenges | Participation in the upbringing of the child<br>Challenges in the family | Males' perspectives involvement in family and childcare |

### 4.2 Male's sexual norms and beliefs during partners breastfeeding period

The theme described how males behave and what exists in their cultural context when their partners are breastfeeding. The theme is organized into two subthemes which are Partners interaction during and beliefs related to sexual practices.

#### 4.2.1 Partners interaction during breastfeeding period

This section described how partners react to each other regarding to sexual norms when a woman is breastfeeding. The three common norms were stated by participants which are women moving to their parents after giving birth, and avoiding sex until the baby stops feeding on breast milk.

**Women move to their parents**

According to their norms, participants stated that when a woman gives birth, she has to move to her parents to avoid having sex while breastfeeding. Respondents stated that a woman can stay with her parents from 6 months to one year. One participant stated: *"For example, myself, I have been living alone for six (6) months now, my wife went to her parents since she gave birth. This is giving me a very difficult time" P03, 29years*

Another participant stated that: *I have stayed alone for eight (8) months, my wife went to her parents after childbirth, when she came back, I still could not have sex with her and now the child is one and a half years old and we have not started sex" P04,26years*

Another respondent stated that "*As time goes things are changing due to education. It is happening right now that a man and his wife use contraceptive methods and then they can have sex without harming the child. That's what I believe" P0741 years*

**Sexual abstinence**

Participants stated that, according to their norms, men are not allowed to have sex with the breastfeeding partner until the baby stops breastfeeding. Men can share the sleeping room with their partner without engaging in sexual activity. They explained that this norm has existed for

many years and they are currently living with it.

One of the participants stated *"After the wife gives birth, the elders insist that you should raise the child. When they tell you to raise the child, it means many things. First of all, consider your baby including all the services he deserves to have as child as well as raising him, which means you should stop this act of sex until the child finishes suckling"**P01, 37 years***

Another participant stated that *"have slept with my wife in the same room for more than one year without doing anything and when I touch her, she becomes very violent**. P03, 29 years***

**Sleeping in different rooms**

This is another common practice stated by respondents. Participants stated that these norms are inherited from their elders who insist on avoiding sex until the child stops breast milk. One participant stated "*even in the past, the elders used to separate the bed, one slept this room and the other slept in the other room**" P03, 29 years***

Another participant stated *"For the Makonde tribe, when your wife is breastfeeding, you are not supposed to sleep with her in the same room. You may find yourself having sex and harm the child **P09, 23years***

### 4.2.2 Beliefs related to sexual practices during the breastfeeding period

Respondents stated what they believe about having sex with their partners are breastfeeding. Three major beliefs about sex which were stated are beliefs on having safe sex, prolonged sexual abstinence and the use of contraceptive methods to proceed the baby from harm or illness related to sexual activity during this period.

**Belief on having Safe Sex**

Men had a belief that it is possible to have sex while a woman is breastfeeding because there is no harm to the baby. They believe that a woman can have sex without harming the baby if sex is kept safe. Participants believed that having multiple sexual relations increases risk of harming the baby. They stated that, their current belief is facilitated by the health education which they

receive from health care providers, social networks and mass media.
One of the respondents stated that "*This issue of detours exists only because we are human, but I do not have much belief in the issue of abandoning sex. I am very much against the issue of avoiding sex to wife and start looking for detours. ""P01, 37 years*

Another participant said "*When my wife is breastfeeding, I personally have a mechanism that I use, I make sure I don't spill the sperm on her during sex or I use condoms to protect my baby from being harmed, so when baby is three only months, I can do it safely" P06,43 years*

Another respondent stated that, their belief on sex have been greatly influenced by the health talks they get at hospitals *"My belief is that, having sex when wife is breastfeeding is not harmful to the baby. They are the old concepts that I can't believe. Every day I go to clinic with my wife, we are taught how to care the baby not to avoid sex" P06,43 years*
Another participant said that "*What we were told is that the sperms affect the child, but now, I have gone through school and got an education, I believe there is no harm and we can have sex, it is what we were told that affects us" P05,26 years*

*"I believed in this issue for 90 percent when I was a young, but now I believe that sex has nothing to do with baby's health, I believe that a child only needs proper care and nutritious foods. I believe that if a woman goes to meet another man who is not the father of the child, then the baby could be affected" P02.29 years*
*"I believe that, sex is my right and the child cannot be harmed if I am his father" P09,23 years*

**Belief on prolonged sexual abstinence**

Respondents explained that it is very difficult for men to stay for a long time without having sex. They had a belief that any man must find an alternative if he does meet his sexual needs at home. Men believed that staying for a long time without having sex with their partners and become faithful during the whole period is impossible to practice. One participant stated that "*Men do not raise a child as much as women do and it is very difficult to stay for a long time without having sex. A man is very different from a woman who can complete even two years without having sex" P01,37 years*

Another participant stated that "*Because I am patient right now, but if I fail, I always decide to go out and find another woman because it is very difficult to stay a long time without doing anything" P03 29 years*

**Beliefs on women sexual behavior**

The participants had a belief that avoiding sex during partner's breastfeeding period is just a way for women to find other men as alternatives (detour). Men believed that within the years of breastfeeding some women go out of marriage for sexton respondent stated that *"I believe that many women have other men whom they have sex with. There are times, a woman carries her child and leaves, supposedly going to work, even if you call her, she does not answer" P06,43 years*

Another participant stated that "*our women have challenges, they pretend that, they are raising babies but the truth is that most of them find themselves with other men and we hear the news"p04.44years*

### 4.3 Male's sexual behaviours during partner's breastfeeding period

Participants stated various sexual behaviors that men display during when their partners are breastfeeding that help them meet their sexual needs. They mentioned four major sexual behaviors that men have during this period which are seeking for another woman (detour), marrying more than one woman (polygamy), buying woman who sell their body (prostitutes) and masturbation

#### 4.3.1 Quick methods used by men to satisfy sexual needs

**Sexual workers (prostitutes)**

This is another sexual behavior stated by participants. Respondents stated that not having sex when the partner is breastfeeding encourages men to buy women who sell themselves to fulfill their sexual needs since they are quick an. Participants stated that this behavior seems to be higher among young men who are involved in Boda-boda. Participant said *"Many of my friends go to women who sell themselves for sex and they always say, even myself, I have gone there before, it is a big challenge" P03 29 years*

Participant ant stated that, this behavior is mostly discussed by men when they are at boda-boda parking areas "*I have never been involved in buying women who sell themselves, but when we sit on the street, we hear men saying things like that "some say my wife is breastfeeding, I want to go there to find a quick woman who sells herself" P09,23 years*

**Masturbation**

Participants stated that there are some people who decide to masturbate in order to satisfy their sexual needs when their partners are breastfeeding. They reported that men are not afraid to speak even in front of others about this behavior, especially when they are overwhelmed with the need for sex.

One participant stated that *"Some are masturbating because people have different mind, some are even going through rape. That also causes others to rape animals just to satisfy them". P10, 27 years.* Participants stated that some men decide to engage in masturbation behavior when they need sex on a day the wife denies while he can't afford to buy prostitutes. *"My friend told me that, every time he tries to ask for sex, his wife denied, so I want to find a soap and take the law into my own hand "P05,26 years*

### 4.3.1 Having multiple sexual partners

**Seeking for another woman (Mchepuko)**

This is the main sexual behavior reported among males during the period when their partners are breastfeeding. Respondents reported to seek for a temporary woman (detour) to satisfy their sexual need when they can't get it at home. Participants stated that, a detour doesn't bother if she knows that your partner is breastfeeding. One of the participants said "*if I know that my wife is breastfeeding, to get sex, I have to create an environment to find a detour (MCHEPUKO)" P01*.Another participant said: "*most of us in our communities if the wife is breastfeeding, I have to find a side woman (MCHEPUKO) for sex" P02,29 years*

Another participants stated that *"Most of the time the way I live, its patience, but when patience overcomes me, I decide to look for a detour" P08,36 years*

**Marrying more than one woman (polygamy)**

Participants stated that many men decide to marry another woman to reduce the sexual challenges during this period with their partner. The participants stated that marrying more than one wife is greatly influenced by not having sex for a long time when the partner is breastfeeding.

One participant said: *"Because of the concept of breastfeeding here in our community, there are some men who marry more than one wife to satisfy the need for sex when one wife is breastfeeding" P05,26 years*

Another participant stated *"This concept of breastfeeding strongly encourages men to marry more than one wife that if you do not get sex with this one then you get it with another who does no breastfeed" P07,41 years*

## 4.4 Males' perspectives on the effect of sexual experiences in child and family care during partner's breastfeeding period

In this part participants stated their perception on male's participation in taking care of the child and the family and how sex influences their participation. This theme also describes the challenges that arise within families that are triggered by not having sex during the period when the partner is breastfeeding. This section describes one subtheme which is Challenges related to male's sexual behaviours and how it they influence the provision of family services.

### 4.4.1 Males participation in the upbringing of the child

**Family services**

Participants of this study stated that services that they provide to the family at this period is not the same as before. They reported that some of their income is used to fulfill the daily needs of another woman which hinder full participation in providing the family with basic needs. One of the participants stated that "*when you do not get the services you deserve because she is raising the baby, one of the disadvantages is that at home they do not get the required services because other services are being diverted to another woman"PO,37 years*

**Participation in health services**

Participants reported that it's not common practice to accompany their partners to maternal clinic services, but when the child is sick men provide money for health care services. They stated that their ability to provide health care to their babies and partners is affected by having another woman (mchepuko) when the partner is breastfeeding. One of the participants stated that "*One day my son fell ill and I had nothing in my pocket. My side woman also needed money for that evening. I found myself struggling to find money for all those things*" P06, 43 years

Another respondent stated that "*In fact when you have a detour (mchepuko) you become very unstable because even taking your wife and the child to clinic becomes difficult for fear of meeting the detour"* P07,41 years

**Family economic activities**

Participants of this study stated that, most of time everyone is doing his/her economic activities to earn an income. They explained that woman do not like to cooperate with their partners because they believe that men have more detours and can't save money. This hinders the partner's ability to cooperate in caring the child. One participant stated that "*My wife doesn't believe at all, when I tell her to do somethings together which will help the child, she refuses believing that I will spend the money to another woman P09,23 years*

Another participant stated that *"I don't cooperate with my wife at all on money issues. Everyone does his/her own issues. Even if I don't have money and I tell her to provide money for home spending of the day, she can't give it because she believes I spend my money on other woman*" P12,33 years

### 4.4.2 Social and economic challenges in the family

**Conflict within the family**

Men explained that there are much conflicts in the family during when their partners are breastfeeding. These conflicts cause men to spend a lot of time with other women outside and sometimes cause them to forget fulfilling the important needs of the child and the mother who gave birth. One participant said: "*Another challenge is that when you get home and share*

*something with your partner like you used to share with her in the past, she sees you as a bother because she is breastfeeding" P12 33 years*

**Single parenting and street children**

Respondents reported that there are many children who are raised by either one of the parents, grandparents or none. They stated that abstaining sex during breastfeeding is one of the contributing factor for single parenting. One of the participant stated that "*the problem is very big and it happens like this, many children live with one parent. You can find yourself saying this and your wife is saying that, you must separate: p11,33 years*

**Economic challenges**

Participants of this study stated that one of the biggest challenge caused by not having sex with their partner is the deterioration of the family's economic situation. Men said that a lot of money is used to serve outside women and find themselves unable to save for family services and development. Respondents stated how they face economic challenges by spending a lot of money even more than the earns to another woman who gives sex needs One participant said *"Not having sex with partner affects my income, for example you have an income of twenty thousand (20,000/+) and your wife is breastfeeding, then the budgets increase when you have another woman outside. It can lead you to forget your family because you will provide more where you get your sex needs than at home'P06,*

Another participant stated that *"Even myself, the same thing happened to me, my wife was breastfeeding and I found another woman and I didn't bother my wife, but during that period I had no savings because the budget increased and some services even within the family were reduced, but it happened that I messed with the woman within a week, I found myself with Savings like fifty thousand. I realized that this has an effect and I may not even be able to provide for my family basic needs" p12, 36 years*

**Separation of partners**

This is another challenges reported by participants which is associated with poor family support. Participant's number of partners/marriages have come to an end due to sex challenges during

breastfeeding. Participants reported when a man get involved with another woman for long period of time, it increases risk of marriage breakup with the breastfeeding partner. When partners separated the child lack necessary care from both parents.one of the participants stated that "*absolutely without sex, many marriages will break up because the woman you meet out there can steal your mind" P06,43 years*

Another participant stated that *"I have witnessed many marriages broke when the wife has child and she is raising him. There few people who can tolerate it, I think there are none at all. Once you have another woman out there for two or more years, you get bonded and share to her more than the wife at home, you finally find yourself forgetting the one you left at home" P07,41 years*

**Partners Mistrust**

Participants stated that abstaining sex lead to loss of trust among partners. They reported that, Female partner believe that men can't stay without sex which lead to mistrust and lot of understandings. Respondents stated that, Women are too suspicious about men's sexual practices when they are not at home. One of the participants stated that "*my woman doesn't believe that I am single, when I fail to provide some services she provokes to that I spend a lot of money to detourP04, 44 years*

Another respondent stated that, "*Sometimes, i ask for sex to my wife, she tells me that go to woman where you delayed yesterday. She doesn't believe that I was at work" P03,29 years*

# CHAPTER FIVE

## 5.0 DISCUSSION

### 5.1 Introduction

Sexual behaviour is an important aspect of human life that affects the individual's relationship with their partners. There are many determinants of sexual behaviour such as: attitudes toward sex, sexual needs, sexual reactivity, or integration of sex with one's personality and love with the partner (Radziah *et al.*, 2013). This chapter discusses norms, beliefs and male's sexual behavior during partner's breastfeeding period in Mtwara Mikindani Municipal Council. The discussion provides a unique insight on how men believe and act on matters concerning sex when their counter partners are breastfeeding. It also highlights their perspective on the involvement in family and child care and how it is affected by their sexual behavior during this period.

### 5.2 Sex norms and beliefs during partner's breastfeeding period

Men have sexual behaviors that are very different from women's behavior during breastfeeding. Men acknowledge that, the perspective called "KULEA" is possibly applicable for women but not men. The findings of this study were similar to a study conducted in Tanzania which reported that men engage in extramural sexual behavior when their partners are breastfeeding (Mbekenga *et al.*, 2013).Participants of this study presented their norms and beliefs including women moving from home to their parents, abstaining sex, having safe sex, sexual abstinence periods and the belief on use of contraceptive methods.

About male's sexual abstinence, they believe that males cannot abstain from sex as women can do. This finding was similar to the study conducted in Nigeria which revealed that men have difficulty in avoiding sex for long period of time.(Sule-Odu *et al.*, 2008). Another study which was conducted in Dar es salaam on breastfeeding and sexuality stated that, Maintaining sexual abstinence for a stretched out period was defined to be challenging to men.(Hansen, 2012) Respondents believed that every man had to look for an alternative to satisfy sexual needs if he misses it for too long.On the other hand, Women especially first time mothers move to their

parents to get support as well as the means to avoid having sex with their husbands/partners.(Mbekenga *et al.*, 2011) This is a common norm that has been practiced for many years when wives/partners are breastfeeding. Men believe that it's another factor that influence them to find another means to satisfy their sexual needs. When women move to their parents, men become less restricted to find alternative for sexual needs. Furthermore, males have the belief on the use of contraceptive methods to protect the child for partners who can't abstain sex for long period of time. They believe that when partners use these methods, their babies are protected from harm and illness.

### 5.3 Male's sexual behaviours during partner's breastfeeding period

Sexual behavior among males is another issue under discussion. It has brought about a great discussion in this research. Men seem to be unable to live for a long time without sex and this leads them to multiple sexual behaviors that are highly debated. In most Tanzania ethnic groups, sexual behavior is influenced by the belief that sex affects the child health (Mchome, Haisma and Kessy, 2020).Men engage in buying sexual workers (prostitutes) to meet their sexual needs. Prostitutes are widely used as quick alternative because it is easy to find them and at a cheap price. Men admit that it is easy for them to get engaged in such behavior when they don't get sex to their partners. These finding of this study was similar to one of the studies conducted in Dar es Salaam Tanzania which revealed that some men seek for cheaper women when are in need of sex (Mbekenga *et al.*, 2013).

Engaging in sexual activities with another women is the most dominant sexual behavior among males when their partners are breastfeeding. This finding is similar to the one by Irfan which revealed that men engage in looking for other woman when they need sex with partners being pregnant or after childbirth (Irfan *et al.*, 2020) Men tend seek for another women called mchepuko" on order to satisfy their sexual desire. Mchepuko is the woman who is not your wife that you use for satisfying sexual needs. This findings are similar to results of the study from West Africa which stated that men had increased probability of seeking for extramarital partner without using condom that enhance long term risk of sexually transmitted infection/HIV(Irfan *et al.*, 2020).

However, some men marry more than one wife so that when one woman is breastfeeding, it becomes easy to get sex to another woman. This findings is supported by the study which stated that polygamy is very common in many African societies where a man decides to marry more than one woman.(Fenske, 2015). This finding is similar to one conducted by Sule from Nigeria who found he association between time of sex initiation after childbirth and polygamy type of marriage (Sule-Odu *et al.*, 2008).The decrease in frequency of sexual activity among partners during pregnancy or breastfeeding period can cause serious partnership problems leading to extramural sexual relationships (Brtnicka, Weiss and Zverina, 2009).

On the other hand, Masturbation is one of the common practice among men used to satisfy their sexual needs when partners are breastfeeding. Studies have shown that, Self-sexual exploration in particular among young men of reproductive age has been often confined to its prevalence(Hogarth and Ingham, 2009).Men engage in masturbation behavior to satisfy their sexual needs when they cannot get it at their homes. Although more studies are needed on masturbation among men and the association with sexual health.

### 5.4 Males' perspectives on the effect of sexual experiences in child and family care during partner's breastfeeding period

Male's sexual behavior during partner's breastfeeding period influence their involvement in family and child care(Marshall and Holtzworth-Munroe, 2002). Men fail to provide adequate care services to the child and family because some of income is used to other women who are used as an alternative for sexual gratification. This is supported by the study done by which stated that. Not having sex during breastfeeding has become a source of conflict among partners. These conflicts cause many challenges including the failure to provide good care to the child (Ruane and Coiro, 2016).Partners may separate because of staying for long time without having sex that is aggravated by lack of trust between them, not having enough time together and decrease of services that men provide to the family at this period. Studies revealed that separation of partners lead to number of children living with one partner which decrease the effectiveness of the care(Aktar, 2013). On the other hand men face economic challenges because of the large expenditure that is spent to taking care of more than one family.

**Implication of the study**

The findings of this study will help midwives to incorporate sexual initiation after childbirth in health education programs during antenatal and postnatal contacts. Also, knowledge of this study shall help policymakers to include postpartum sexual health in postnatal guidelines.

# CHAPTER SIX

## 6.0 CONCLUSION AND RECOMMENDATION

### 6.1 Conclusion

Men had common norms and beliefs on sexual behaviour which included: women shifting from home to their parents in order to avoid having sex with their partners at this period, sex abstinence behaviour when stay with their partners by either separating rooms or avoid sharing sleeping beds, Having Safe Sex by using a contraceptive method such as condoms and prolonged Sexual abstinence where partners abstained from sexual behaviour until a woman stops to breastfeed. Males had various sexual behavior when their partners were breastfeeding including Looking for another woman (detour) who was not the wife for sex gratification, marrying more than one woman (polygamy) for satisfying sexual needs when the other partner is breastfeeding, buying woman who sells their body (prostitutes) and practicing masturbation. Furthermore, male's perspectives on the involvement in family and childcare were poor services to the family, conflict within the family, Marriage breakup, Mistrust, Single parent children and street children.

### 6.2 Recommendation

From the findings of this study the following recommendations are made:
Sexual initiation after childbirth should be incorporated in health education programs during antenatal and postnatal contacts with both partners involved.

Family planning practitioners in this region should not hesitate to recommend the early resumption of sex and suitable methods of post-partum contraception for women who express concern or uncertainty about their husband′s behaviour.

Also, community sexual health education programs should be initiated involving elderly men and women who counsel young partners to abstain from sexual activity during breastfeeding. This will help to regulate the community beliefs on sexual life style after childbirth.

Furthermore, more studies should be done to explore partner's perspectives on the role of contraceptive methods during BF and the HIV prevalence among partners associated with sexual abstinence behavior during breastfeeding period.

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# APPENDICES

## Appendix I: A semi-structured interview guide (English version)

**Interview No.** ☐

**Introduction**

I am **Stanuel Daniel Kosani** I would like to express my sincere thanks to you, as a postgraduate student at Muhimbili University of Health and Allied Sciences, for giving me permission to participate in this study. Three main questions and their corresponding probes will be the focus of the 60-minute conversation. The information discussed will be documented using the digital recorder and notebook. Please feel free to omit a question if you are uncomfortable answering it. However, we really appreciate your cooperation.

The aim of the research is to determine norms. Beliefs and males sexual behaviuors during partner's breastfeeding period

From what i have explained to you, are there any questions or areas that need clarification?

**SECTION A: Socio-demographic data**

1. What is your age (years)?
    a. 18-28
    b. 29-39
    c. 40-49
    d. 50-59
2. How old is your last child
    a. 0-1
    b. 1-3
    c. 4-5
    d. Above 5

3. What is your marital status?
    a. Single
    b. Married
    c. Widowed
    d. Cohabiting
4. What is the highest level of education?
    a. Did not attend any education
    b. Completed Primary school
    c. Completed Secondary school
    d. College or University
5. What your line of work?
    a. Employed
    b. jobless
    c. Self-employed
    d. Petty trader

**SECTION B: PROBING QUESTIONS**

1. What are male's sexual behavior during partner's breastfeeding period?
    i. Explain what you know about males sexual behaviuors when their partners are breastfeeding
    ii. Can you explain methods you use to satisfy your sexual needs when partners are breastfeeding?
2. What are norms and belief on sexual behavior during partner's breastfeeding period?
    i. Explain your belief about sex when your partner is breastfeeding.
    ii. Can you explain what elders tell you about sex when your partner is breastfeeding?
3. What is your perception about influence of sexual activity to involvement in family care?

i. Explain how sex influence your support to the family during partner's breastfeeding period.

ii. Can you describe challenges encountered in the family during partner's breastfeeding period?

iii. Explain what would you recommend about sex when your partners are breastfeeding

4. Thank you for participation. Do you have anything forgotten that you wish to add?

**Appendix II: A semi-structured interview guide in Swahili version**

**Nambari ya mshiriki** [ ]

**Utangulizi**

Mimi naitwa Stanuel Daniel Kosani napenda kutoa shukrani zangu za dhati kwako, kama mwanafunzi wa Shahada ya Kwanza katika Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili, kwa kukubali kushiriki katika utafiti huu. Maswali matatu na uchunguzi wao sambamba yatakuwa lengo la mazungumzo ya dakika 60. Habari itakayojadiliwa itarekodiwa kwa kutumia kinasa sauti na daftari. Tafadhali jisikie huru kutojibu swali ikiwa huna huhitaji kulijibu. Hata hivyo, tunathamini sana ushirikiano wako. Kusudi la utafiti ni kutambua kanuni. Imani na tabia za ngono za wanaume wakati wa kunyonyesha kwa wenzi wao.

Lengo la utafiti;Utafiti huu unalenga kuchunguza Imani na mtindo wa maisha ya wanaume katika tendo la ndoa kipindi ambacho wenza wao wananyonyesha

**Kutotakana na nilichokueleza,una chochote ungetamani kukifahamu zaid?uliza**

**Taarifa iinafsi (Swahili version)**

Namba ya dodoso:_____ Tarehe: ___/___/

**<u>Sehemu ya kwanza</u>**

1. Je una umri gani?
    a. 18-28
    b. 29-39
    c. 40-49
    d. 50-59
2. Mwanao wa mwisho ana umri gani?
    a. 0-1
    b. 1-3
    c. 4-5
    d. Above 5

3. Je hali yako ya mahusiano?
    a. Sijaoa
    b. Nimeoa
    c. Mgane
    d. Tumetengana
4. Je ni kipi kiwango chako cha juu cha elimu?
    a. Sijasoma
    b. Elimu ya msingi
    c. Elimu ya sekondari
    d. Elimu ya chuo
5. Je unafanya kazi gani?
        a. Nimeajiriwa
        b. Sijaajiriwa
        c. Nimejiajiri
        d. Biashara ndogo ndogo

**Maswali**

1. Je ni tabia gani za ngono za wanaume katika kipindi cha kunyonyesha cha wenza wao?
    i. Eleza tabia za ngono za wanaume unazozijua katika kipindi ambacho wenza/wake wao wananyonyesha
    ii. Je unaweza kuelezea njia unazotumia kukidhi mahitaji yako ya ngono wakati mwenza wako anaponyonyesha?

2. Je Imani yako ikoje kuhusu kujamiana/tendo la ndoa katika kipindi ambacho mwenza wako ananyonyesha?
    i. Elezea yale unayoyaamini kuhusu ngono/tendo la ndoa wakati mwenza wako ananyonyesha
    ii. Je unaweza kuelezea kile unachoelezwa na wazee kuhusu ngono/tendo la ndoa katika kipindi ambacho mweza wako ananyonyesha?

3. Je, una maoni gani kuhusu ushawishi  tendo la ndoa katika utunzaji wa familia?

   i. Eleza jinsi ngono huathiri ushiriki wako malezi ya familia na mtoto katika kipindi ambacho mwenza wako ananyonyesha?

   ii. Je, unaweza kuelezea changamoto zinazojitokeza katika familia katika kipindi cha kunyonyesha cha mwenzi wako?

   iii. Eleza nini ungependekeza kuhusu ngono/tendo la ndoa wakati mweza wako ananyonyesha?

4. Asante kwa kushiriki. Je, una kitu chochote umesahau ambacho ungependa kuongeza?

**Appendix III: Participants' informed consent form (English version)**

**Muhimbili University of Health Allied Sciences. Directorate of research and publication**

**ID. No.** [ ]

Introduction:

From Muhimbili University of Health and Allied Sciences (MUHAS), I am Stanuel Daniel Kosani, a postgraduate student pursuing a Master of Science in Midwifery and Women's Health. I am doing a study named **"Exploring norms, beliefs, and sexual behavior among males during partner's breastfeeding period In the Mtwara Municipal Council**." Since you can help by giving the information needed for this study, kindly accept my request to participate in this research. If you agree to take part, you will be required to sign a consent form, and our conversation will take place in a quiet, private setting. We'll record the conversation on audio since it's difficult to write down everything.
Please ask any questions for more information if you have any

**The aim of the study**

The study aims to explore norms, beliefs, and sexual behavior among males during partner's breastfeeding period in Mtwara Municipal Council.

**Confidentiality**

Your participation related details and information will all be kept completely private; only the researcher will have access to them. The principal investigator will maintain a password that will be required to access the audio recorded files. No, since the study participant's information will be connected to it, numbers will be assigned in place of names.

**Right to decline or not to participate**

You are free to choose whether or not to take part in this study; participation is completely voluntary. Although you are free to discontinue at any moment, your involvement is very helpful to this study.

**Benefits**

The details you provide will assist in addressing barriers that are encountered by men during partner's breastfeeding period. Moreover, it will increase the creation and application of educational health programs that will help to raise the awareness of the challenges related **prolonged** sexual abstinence to family and reproductive health.

**Risk**

It is not anticipated that your participation would do any harm, On the other hand, certain inquiries could reveal private information about you and arouse feelings in you. You may end the interview and withdraw your participation if this happens.

**Reimbursement**

No payment or reward will be granted for taking part in this study.

**Whom to contact**

In condition of any enquiries about this study, kindly contact the principal investigator Mr**.** Stanuel Daniel Kosani, MUHAS P.O.BOX 65001, Dar-es-salaam. Mobile No.0623195946/0762722797.The chairperson of the Research and Publication Committee, MUHAS. P.O.BOX 65001, Dar-es-salaam. Supervisor of Research Dr. Beatrice Mwilike Phone No.0712620924 and

Co-Supervisor Mr. Emanuel Sumari Mobile No.0625424484

I _____ have gone through and understood the description of this form, and I decide to take part willingly in this study.

Signature of participant _____

Date of signed consent _____

Signature of researcher_____

**Kiambatanisho IV: Fomu ya ridhaa kwa mshiriki**

**Namba ya fomu** ☐

**Chuo kikuu cha afya na sayansi ya tiba Muhimbili;Kurugenzi ya utafiti na machapisho**

**Utangulizi**

Naitwa **Stanuel Daniel Kosani** ni mwanafunzi wa shahada ya uzamili ya sayansi ya Ukunga na Afya ya Wananwake katika chuo kikuu cha Afya na Sayansi Shirikishi Muhimbili (MUHAS). Nafanya utafiti unaolenga Utafiti huu unalenga kuchunguza, **Kanuni,imani na mitindo wa maisha ya wanaume katika tendo la ndoa kipindi ambacho wenza(wake) zao wananyonyesha**.Naomba ushiriki wako katika utafiti huu kwasababu unaweza kunipa taarifa zinazohitajika kwa utafiti huu.Ukikubali kushiriki utakabidhiwa nakala yenye maelezo ya namna mahojiana yatakavyofanya pamoja na fomu ya kukuomba ridhaa yako ya kushiriki katika utafiti huu na tutakaa sehemu yenye ukimya na usiri. mahojiano yatachukuliwa kwa kutumia vinasa sauti ili kurahisisha uhifadhi wa taarifa. Endapo una swali au unahitaji ufafanuzi kuhusu kipengele chochote kile usisite kuniuliza. Natarajia kupata ushirikiano wako kwa kunipa taarifa kadiri ya ufahamu wako kuhusu utafiti huu.

**Lengo la utafiti**

Kuchunguza Kanuni,Imani na mtindo wa maisha ya wanaume katika tendo la ndoa kipindi ambacho wenza(wake) zao wananyonyesha

**Usiri wa taarifa**

Taarifa za ushiriki wako ni za siri na hakuna mtu ambaye asiyehusika ataruhusiwa kuziona au kuzifuatilia isipokuwa Mtafiti peke yake. Sehemu ya mahojiano yako ambayo itarekodiwa itawekwa mahali salama na majina yako hayatatumika katika nakala yoyote ya utafiti huu, badala yake nambari zitatumika.Kushiriki kwa hiari haki ya kukataa au kujiondoa

**Ushiriki wako katika utafiti huu ni wa hiari**

Kwa hivyo uko huru kuamua kushiriki au la. Unaweza kujitoa kushiriki wakati wowote ingawa ushiriki wako ni wa manufaa na wenye tija katika utafiti huu

**Faida ya utafiti**

Kushiriki kwako katika utafiti huu kutasaidia kujua changamoto wanazopitia wanaume kipindi ambacho wenza wao wananyonyesha zaidi ya hayo utafiti huu utakuwa na manufaa ya kuongeza uelewa na kuanzisha mipango ya elimu ya afya kuhusu changamoto za kukaa muda mrefu bila kushiriki tendo la ndoa baada ya kujifugua na madhara yake katika afya ya uzazi.

**Madhara ya utafiti**

Hatutarajii kwamba utopia madhara yoyote kwa ushiriki wako katika utafiti huu, ingawa baadhi ya maswali utakayoulizwa ni ya kibinafsi na yanaweza kuibua tofauti za kihisia na mawazo. Ikiwa hali hii itatokea wakati wa mahojiano, unaruhusiwa kutojibu swali lolote na kujiondoa katika ushiriki

**Fidia**

Hutapata fidia/zawadi katika kushiriki kwako kwenye utafiti huu.

**Watu wa kuwasiliana nao**

Kama utakuwa na swali lolote kuhusiana na utafiti huu, tafadhari wasiliana na Mtafiti mkuu Stanuel Daniel Kosani Chuo kikuu cha Afya na Sayansi ya Tiba Muhimbili, S.L.P 65001, Dar-es-salaam. Simu No.0623195946/0762722797.Mwenyekiti wa kamati kuu ya chuo ya utafiti na machapisho, (MUHAS). S.L.P 65001, Dar-es-salaam.. Msimamizi wa Utafiti Dkt. Beatrice Mwilike Simu No.0712620924 na msimamizi msaidizi Emmanuel Sumari Simu No 0625424484

Nathibitisha kwamba Mimi _____ nimesoma na kuelewa kilichoandikwa

Tarehe _____

Saini ya mtafiti_____

## Appendix V: Approval for ethical clearance

**UNITED REPUBLIC OF TANZANIA**
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – RESEARCH, PUBLICATIONS AND INNOVATIONS

Ref. No.DA.282/298/01.C/2263 Date: 31/05/2024

MUHAS-REC-05-2024-2263
STANUEL DANIEL KOSANI
SHOOL OF NURSING
MUHAS

**RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLED: EXPLORING NORMS, BELIEFS AND SEXUAL BEHAVIOR AMONG MALES DURING PARTNER'S BREASTFEEDING PERIOD IN MTWARA MUNICIPAL COUNCIL**

Reference is made to the above heading,

I am pleased to inform you that the Chairperson has on behalf of the University Senate, approved ethical clearance of the above-mentioned study, on recommendations of the Senate Research and Publications Committee meeting accordance with MUHAS research policy and Tanzania regulations governing human and animal subjects research.

APPROVAL DATE: 31/05/2024
EXPIRATION DATE OF APPROVAL: 31/05/2025

**STUDY DESCRIPTION:**
**Purpose:**
The purpose of this exploratory qualitative study is to explore norms, beliefs, and male sexual behavior during a partner's breastfeeding period in Mtwara Municipal Council

The approved protocol and procedures for this study is attached and stamped with this letter, and can be found in the link provided: https://irb.muhas.ac.tz/storage/Certificates/Certificate%20-%2015499.pdf and in the MUHAS archives.

**The PI is required to:**

1. Submit bi-annual progress reports and final report upon completion of the study.
2. Report to the IRB any unanticipated problem involving risks to subjects or others including adverse events where applicable.
3. Apply for renewal of approval of ethical clearance one (1) month prior its expiration if the study is not completed at the end of this ethical approval. You may not continue with any research activity beyond the expiration date without the approval of the IRB. Failure to receive approval for continuation before the expiration date will result in automatic termination of the approval for this study on the expiration date.
4. Obtain IRB amendment (s) approval for any changes to any aspect of this study before they can be implemented.
5. Data security is ultimately the responsibility of the investigator.
6. Apply for and obtain Data Transfer Agreement (DTA) from NIMR if data will be transferred to a foreign country.
7. Apply for and obtain Material Transfer Agreement (MTA) from NIMR, if research materials (samples) will be shipped to a foreign country.
8. Apply for and obtain permission to publish the results from National Institute for Medical Research. The application should be before submitting to a publisher and not concurrently through the email publications@nimr.or.tz.
9. Any researcher, who contravenes or fail to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III section 10 (2)
10. The PI is required to ensure that the findings of the study are disseminated to relevant stake holders.
11. PI is required to be versed with necessary laws and regulatory policies that govern research in Tanzania. Some guidance is available on our website https://drp.muhas.ac.tz/.

Muhimbili University of Health and Allied Sciences
DIRECTOR
Research, Publications & Innovations
Box 65001

Dr. Nahya Salim Masoud,
**Chairperson, MUHAS Research and Ethics Committee**

## Appendix VI: Introduction Letter

**UNITED REPUBLIC OF TANZANIA**
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
**OFFICE OF THE DIRECTOR – POSTGRADUATE STUDIES**

In reply quote;
Ref. No. HD/MUH/T.444/2022 03rd June, 2024

The Regional Administrative Secretary,
P.O. Box 544,
**MTWARA**

**Re: INTRODUCTION LETTER STANUEL DANIEL KOSANI**

We would like to inform you that the bearer of this letter is **Stanuel Daniel Kosani** with Reg. No. **HD/MUH/T.444/2022** is a student at Muhimbili University of Health and Allied Sciences (MUHAS) "pursuing **MSc. Midwifery and Women's Health.**

As part of her studies, she will be doing an elective research titled: "**Exploring Norms, Beliees and Sexual Behavior Among Males During Partner's Breastfeeding Period in Mtwara Municipal Council."**

The research has been approved by the Chairman of University Senate.

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

*Ms. Victoria Mwanilwa*
**For: DIRECTOR, POSTGRADUATE STUDIES**

c.c is **Stanuel Daniel Kosani**

9 United Nations Road; Upanga West; P.O. Box 65001, Dar Es Salaam: Tel. G/Line: +255-22-2150302/6; Ext. 1015; Direct Line:+255-22-2151378;Telefax:+255-22-2150465;E-mail:dpgs@muhas.ac.tz;Web:https://www.muhas.ac.tz

## Appendix VII: Permission Letter

JAMHURI YA MUUNGANO WA TANZANIA
**OFISI YA RAIS**
**TAWALA ZA MIKOA NA SERIKALI ZA MITAA**

MKOA WA MTWARA
Anuani ya Simu MTWARA
Simu Nambari 023-2333014
Fax Na: 023-2333194
Barua Pepe: ras@mtwara.go.tz

OFISI YA MKUU WA MKOA
14 Barabara ya TANU,
S.L.P 544,
63180 MTWARA.

***Unapojibu tafadhali taja:***
Kumb. Na. FA.73/258/01-P/23

18 Juni, 2024

Mkurugenzi wa Manispaa,
Manispaa ya Mtwara - Mikindani,
S.L.P 92,
**MTWARA.**

Yah: **KIBALI CHA KUFANYA UTAFITI**

Ofisi ya Mkuu wa Mkoa imepokea barua kutoka Chuo Kikuu cha Muhimbili yenye Kumb Na. **HD/MUH/T.444/2022** ya tarehe **03 Juni, 2024** yenye somo tajwa hapo juu.

2. Ninakujulisha kuwa Katibu Tawala Mkoa ametoa kibali kwa **Stanuel Daniel Kosani** mwanafunzi kutoka Chuo cha Kikuu cha Muhimbili kwa ajili ya kufanya utafiti kuhusu ***"Exploring Norms, Beliees and Sexual Behavior Among Males During Partner's Breastfeeding Period in Mtwara Municipal Council"***. Katika Halmashauri yako.

3. Hivyo, apewe ushirikiano wa kutosha wakati wa utekelezaji wa utafiti huo kwa kuzingatia Sheria, Taratibu na Kanuni.

4. Nashukuru kwa ushirikiano wako.

A. Mfinanga
Kny: **KATIBU TAWALA MKOA**

**Nakala:**

Mkuu wa Usalama wa Taifa (M),
S.L.P 561,
**MTWARA.**

Mkuu wa Chuo,
Chuo Kikuu cha Muhimbili,
S.L.P 65001,
**DAR ES SALAAM.**

**Appendix VIII: Plagiarism Report**

NORMS, BELIEFS AND SEXUAL BEHAVIOURS AMONG MALES DURING PARTNER'S BREASTFEEDING PERIOD IN MTWARA MUNICIPAL COUNCIL

ORIGINALITY REPORT

| 21% | 18% | 5% | 14% |
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