

Review

Sexually transmitted infection (STI): A malady with skewed marital unfaithfulness, the Nigerian experience

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Marital unfaithfulness is a major contributor to sexually transmitted infections in both sexes; however, societal view of the menace seems to use various lenses for the different sexes. Globally, evidence suggests that marital infidelity has existed in history. In Africa, as well as in Western society, infidelity is a problem facing many families and accounts for high incidence of divorce. This narrative review described and synthesized literature on marital infidelity and its association with sexually transmitted infections. We conducted informal interviews with married women on their experiences with marital infidelity in Nigeria. Associated physical, social and psychological cultured imposed consequences were experienced by women in Nigeria. The recurrent themes felt helplessness, enduring physical, emotional and psychological torture, accepting fate with reservation and being strangers in marital union. This narrative review could initiate critical thoughts and discussions on the factors in skewed marital unfaithful and the contribution to reproductive health and family life.

Key words: Malady, marital infidelity, sexually transmitted infections, skewed-marital unfaithfulness, women reproductive health.

INTRODUCTION

Sexually transmitted infections (STIs) are infections that are often transferred from one person to another during sexual activity. More than 1 million STIs are acquired everyday world wide (WHO, 2021). Evidence suggests that marital infidelity has existed in history long before the Middle Ages and is one single course that fuels the spread of STIs, and constitutes the most significant threats to the stability of adult relationships, including marriage and divorce globally (Atapour et al., 2021). Furthermore, some cultural practices in Africa inadvertently promote marital unfaithfulness (Shrout and

Weigel, 2017), with far reaching implications to reproductive health, family health and the sanctity of marriage.

There is paucity of research in Nigeria on marital unfaithfulness; however, experience suggests that culturally, there is a skeweness in matters related to sexual relationship in favours of the male folks. Cultures like polygamy, wife inheritance, “nkuchi” (a tradition that allows a male member of the family to bear children for a diseased relative by his wife), some widowhood practices, etc., favour marital unfaithfulness by the

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married males.

This culture on the other hand, forbids a married woman's nakedness being seen by other men but the husband with serious sanctions on offenders. Women were forced by cultures to live with the malady and constrained to condone, tolerate and accept the betrayal of a partner or deemed a failure if they bolt out of the marital union with serious consequences.

Across the globe, infidelity is a problem facing many families and societies. In Western countries, it has been estimated that between 25 and 50% of divorcees cited a spouse's infidelity as the primary cause of the divorce (Scotts et al., 2013; Atapour et al., 2021). Motives for infidelity distinguished by Vowel et al. (2022) include sexuality, emotional dissatisfaction, social context, attitudes-norms, revenge-hostility, among others.

Biologically, sociologically, culturally and biblically, there seem to be assertions in favour of the males in matters relating to sexuality, sexual arousal, sexual freedom, and the exercise of sexual freedom.

Biologically, the structure and function of the female sexual organ place the woman at an advantageous position for reception of objects and substances including spermatozoa, seminal fluids and disease-causing organisms which places a check on the females exercise of sexual rights and prowess.

Sociologically, the societal norms across various cultures position the woman in subordinate positions and acculturate values that suggest submissiveness especially in matters related to male -female relationships. Across many cultures, the girl child is nurtured with ideas that favour male chauvinism, starting from the early childhood teaching of "sit properly like a woman", through "learning to cook for your husband" to "keep yourself pure for your husband" suggest that the female child is more or less not measured at par with her male counterpart but rather is culturally positioned as one whose right of living is judged or dependent on how well she is seen by the man.

The bible account of creation further posits that the woman was made out of the man and given to man. It further recommends total submissiveness on the part of the woman to a man.

In a traditional African society, there is a wide margin between males and females in the exercise of sexual freedom. Within the confines of marriage, while it is permissible for the man to engage multiple women in sexual liaison, it is forbidden for the woman to look lustfully at another man and any act suggestive of sexual intimacy with another man have serious consequences for the woman.

Infidelity has the tendency to predispose to various sexually transmitted infections including HIV and AIDS and has a major toll on human communities worldwide (Stoner, 2017). In Africa, studies show that marital infidelity is a highly contentious issue particularly for its relationship with HIV/AIDS. In many parts of Africa, multiple sexual partners are thought to signify economic

prosperity and bring high social status to men (Baumeister et al., 2017) especially in a marital relationship. While some women challenge these social norms by threatening to divorce an unfaithful partner who may bring HIV and other sexually transmitted infections into the family, there still exists a sexual double standard around marital infidelity that makes it more socially acceptable for men than women to engage in sex outside of the marital dyad.

This narrative review was motivated by the interactions with six (6) women who repeatedly visited the primary health facilities for treatment of sexually transmitted infections. Informal interviews with these women revealed 'societal supported spread of infectious diseases' hidden under the cover of cultures and traditions. These women are married to men who have culturally accepted sexual liaison with other women.

With limited choices in sexual decisions, and the inability to abstain from sexual intercourse from a cheating spouse, women are forced to endure domination by their husbands in marital relationships. Informal interaction with women in the community health centre elicited the theme "*living like strangers in marital union*". A woman we encountered in a community health post stated thus "*Since my husband brought in that women (referring to the second wife) I have been treated for STI's every few months, I guess I have to leave 'the exercise' for them after" this", (referring to the treatment) even if he reports me to 'God', I will not bulge*". For this woman, a decision has been made to keep living with her spouse but without any marital intimacy. For Kathy also (not real name) she expressed thus "*I was never in the know, when my husband connived with his relatives and brought home a girl that is old enough to be his daughter, I am also not bothered about their ridicule of me, all I know is that I live in that house with my children and 'others' (referring to the husband and spouse)*".

Experiencing infidelity within the confines of a committed relationship is without argument a personal and often traumatic event for males as well as females, however, the silence surrounding the betrayal is even more traumatizing especially when there are negative consequences. The negative consequences of infidelity, such as physical abuse, may be more severe for women suspected of infidelity than for men guilty of the same offence (Hatcher et al., 2013). Others include mother to child transmission of sexually transmitted infections including HIV, medical expenditures and increased risk of susceptibility to other infections (Stoner, 2017).

Nigeria is a country with multi ethnic and religious group, each group with a slightly different culture; however, she remains a patriarchal society where male dominance exists. Despite the huge burden of family care on the Nigerian woman, she is further exposed to psycho-socio burden resulting from her partners' unfaithfulness, yet she is expected to be silent, to endure the pain, to remain submissive, pretend like nothing

happens, accept husband's other partners and be receptive to husband's sexual advances even in the face of STI's.

Hospital based study in North Eastern Nigeria among married couple showed high prevalence of STIs including AIDS, gonorrhoea, syphilis, chlamydia and genital herpes (Chiwa et al., 2019) and this is a reflection of other regions. This paper therefore discussed the concept of sexually transmitted infections and marital unfaithfulness, contributory factors to skewed marital unfaithful and its relationship with reproductive health and family relationships.

CONCEPT OF SEXUALLY TRANSMITTED INFECTIONS AND MARITAL UNFAITHFULNESS

Syphilis, gonorrhoea and chlamydia remain major causes of disability and death despite being curable with antibiotics. Viral STIs, including herpes simplex virus (HSV), human papilloma virus (HPV), hepatitis B virus (HBV) and human immunodeficiency virus (HIV), are even more prevalent. Infection with multiple STIs is common and greatly facilitates sexual transmission of HIV. There is a paucity of data in Nigeria on the incident and prevalence of STIs among married couple. Centre for Disease Control (CDC, 2021), asserts that STIs are not only common in the US but are also costly. CDC (2021), estimates that there are 68 million cases of sexually transmitted infections, with 26 million acquired in 2018 and nearly \$16 billion in total medical costs. With the lack of exposure and lack of government investment in health (Ubochi et al., 2019) one would expect that the incident and prevalence of STIs in Nigeria will far outnumber that of United States. The largely preventable burden of disease attributable to sexual transmission, together with increasing resistance of these infections to available antibiotics, argue for a strong public health response. The prevention and control of all these infections involve interventions to interrupt sexual transmission; however, the continued prevalence has been fueled by marital infidelity (Fox and Sheele, 2021).

Infidelity has been defined in a multitude of ways and comprises a number of activities, including "having an affair, engaging in extramarital relationship, cheating, having sexual intercourse including oral sex, kissing, fondling and/or emotional connections that are beyond friendships. Lee (2013) affirmed that, 'extramarital affair is a violation of rules and violation of relationship norms by one partner resulting in jealousy and rivalry action which can be sexual or emotional'. Beltrán-Morillas et al. (2019), posit that 'infidelity is involvement in romantic relationships outside of one's active committed relationship which result in a sense of relational betrayal that is difficult to be forgiven'. Ojedukum (2015) affirms that 'extramarital affair is any emotional or sexual intimacy that violates trust'. Infidelity, in general, is a breach of trust, either emotional or physical, that signifies

a potential lack of commitment to one's romantic partner (Perel, 2017).

Recent research has shown a particularly prominent difference between how men and women respond to different types of perceived infidelity. Urooj et al. (2015), demonstrated that women consider an intense emotional relationship outside of their own as an unfaithful involvement, even when there is no physical contact. Men, on the other hand, consider primarily physical sexual contact to constitute infidelity, much more than an emotional involvement outside of their legal relationship (Wróblewska-Skrzek, 2021). Ultimately, infidelity might be considered to be feelings or behaviours that go against a partner's expectations for the exclusivity of the relationship. Choupani et al. (2021), analysed the phenomenon in men's marital infidelity among 18 married men involved in infidelity in Iran and identified six sub-themes, escape from contemplation and pause; escape from destiny; struggles with existential loneliness; hollow and disoriented love; value transformation; and escape from existential emptiness. These may explain some but not all the reason for marital infidelity in a typical Nigerian setting. Unlike Africa, Western culture may reflect and reinforce the views that love, sex and commitment are strongly related in romantic relationships and sexual exclusivity.

It is generally believed that the vast majority of women do not have sexual relationships before and outside the marriage, in contrast with men. However, during a recent survey, about 50% of men and 25% of women were found to have experienced premarital sexual relations. Seven percent of married men declared having had contact with a sex worker after marriage. Many of the sexual contacts with sex workers were reported to occur only once but a subgroup of married men having frequent contacts was recognized. Less than 10% of men used condoms during contact with sex workers. An on-going study among street-based sex workers showed that 72% were infected with HSV-2, whereas 35% had syphilis and 25% gonorrhoea (unpublished data). In view of these findings and presuming that most married women suffering from an STI are infected by the husband, the relatively high frequency of syphilis and, especially, of HSV-2 infection among pregnant mothers across the continent should not be surprising.

FORMS OF INFIDELITY

According to Guitar et al. (2017), infidelity can be emotional and sexual. Sexual infidelity is considered to be engaging in sexual intercourse with someone other than one's partner, whereas emotional infidelity is considered to be "falling in love" or sharing a deep emotional bond with someone other than one's partner. Clearly, there is no universal operational definition of infidelity. Meyer (2021) classified infidelity as opportunistic (driven by circumstances), obligatory (fear

that rejecting advances will result in rejection), romantic (there is emotional attachment), conflicted romantic (when one is emotionally and sexually involved with more than one person) and commemorative (occurring in a dissatisfied committed relationship)

Many types of affairs have been documented in literature. Ojedukun (2015), confirmed that the type of affair one is into is defined by the need it meets. The most often practiced is sex affair which is basically for sexual and sensual pleasure which does not end in love affairs.

The second type is love affair which obviously threatens the peace and stability of marriages. Zur (2022) identified serial affair, flings and romantic love affair as major types of extramarital affair. Others include: one-night stand, emotional outbreak affair, emotional sexual affair and sexual addiction affair. Ojedukun (2015), also identified cyber affair, an intimate or sexual communication between a married person and someone who is not his or her spouse on the computer and through the internet. Identified one most common form of extramarital affair as office affair occurring among co-workers as they spend more hours at work and even travel on the job. Other forms include culture imposed extramarital affairs which forces a woman to submit to sexual advances of a dead husbands relative irrespective of her choice, social status and age. In general, though the gender gap for infidelity is closing, men are more likely than women to cheat: 20% of men and 13% of women reported that they have had sex with someone other than their spouse while married.

Contributory factors to skewedness in marital infidelity in Nigeria

Several factors can be implicated in the skew in marital unfaithfulness, they include: gender, cultures and traditions, adult sex ratio, conventional societal belief, peer and social networks among others. While these factors can be found across cultures, the prevalence seems to be more in African patriarchal societies.

Gender

The desire to exert control over the women folk, display affluence and assume importance in the society has given credence to the issue of polygamy, wife inheritance, marital unfaithfulness, etc., and these measures advance the course of sexually transmitted infection. Men who share some social characteristics irrespective of age or marital status are more likely to engage in extramarital affairs especially if they share leisure time together.

Attitudes towards infidelity also differ according to gender. Women are reportedly more likely to associate

sex with love and affection than men, while men, compared to women, have been found to be more accepting of infidelity. Among women, the strength and frequency of infidelity are related to the degree of dissatisfaction with the primary relationship, and women are more worried about their own infidelity.

In addition, socio-economic and structural factors related to poverty may also contribute to the experience of sexual violence through the pathway of masculinity. Men who are unable to live up to traditional gender norms related to the provider role may use sexual violence to express their manhood and male identity. Some act as pimps to their wife in exchange for economic goods. Women on the other hand become easy and willing tools in the hands of men when they are pressured to assume gender roles resulting in poverty, have low morals, low self-esteem or seek belongingness to a class system. Evidences abound on a number of unspeakable sexual ills perpetuated by men on women as they search for means of livelihood.

While cultural practices that encourage female subjugation is recently frowned at across various society, majority of women in Africa and South East Asia are still living in degrading conditions and silenced by culture.

Cultures/tradition

The roles of culture and traditions in sexual infection transmission especially among married couples have not been in the front burner of public discourse but anecdotal evidences show it does exist. Our interaction with some women on their experiences with marital infidelity yielded the theme "Accepting fate with reservation".

Nigeria is a multi-ethnic society each with distinct culture and tradition which tilts towards patriarchal system. In the traditional Igbo society, polygamy is encouraged and associated with social and economic prowess resulting in culture permitted multiple sex partners. These women take turns to engage sexually with the man for peaceful co-existence. Among some elites and the ruling class, royalty bestows a right on the royals to demand for any maiden so desired to the perceived admiration of the other partners. The traditional monarch can demand for any maiden he desires including siblings and culture forbids that he be denied. While it is forbidden for the woman to be with another man who is not her husband, society applauds polygamy. Furthermore, the society encourages wife inheritance in the event of the death of a husband, imposing on the woman, a relative to engage her sexually, irrespective of her social status, age and choice. In most instances, the relative in question might have a wife or two thereby increasing sexual partners. Imagine if the woman has a sexually transmitted disease or if the husband died from a related course. A subject described her frustration as thus" *mine was a beautiful home or so I thought until my*

husband lost his younger brother and inherited his widow, I now eat the 'crumbs of the bedroom' after the little girl" She stated further *"I cannot leave my home after 19 years, we keep pushing"*.

In Yoruba culture, the issue of marital unfaithful is more permissible as females can also easily walk out of a marriage relationship and quickly engage in another but not without social control. However, in marriage, among core traditionalists, while the man is free to exercise his sexual prowess, the female is guarded with 'magun' (a traditional charm) to ensure she stays faithful. The 'magun' is said to be capable of gluing partners together during the sexual act until the husband cancels the spell or making the woman sick until she confesses (Ojo, 2013; Onyeakagbu, 2022).

In the Northern part of Nigeria, polygamy is not just morally desired but religiously enforced. Girls are not just married off to polygamous men but are denied contact with others and also kept in seclusion, denied the right to explore her body, denied freedom of association and expected to accept her husband's infidelity as newer brides arrive.

Other ethnic groups in Nigeria, in addition to polygamous relationship, engage in some activities that encourage violence against women. In consonance with the aforementioned, Ojo (2013), states that patriarchal dominance; women's discriminating tendencies against women; conspiracy of silence; and under-representation of women in women's affairs have indulged the subsistence of cultural violence against women in time perspective. The contribution of these behaviors to sexually transmitted infection and its' continued transmission cycle can only be imagined.

Adult sex ratio

Marital infidelity is also skewed towards adult sex ratio (ASR). According to popular opinion and researches performed on birds. Evidence posits that the male/female ratio of adults can skew sexual bonding, affiliations and contacts. In female dominated areas, the drive to polygamy is high while in male dominated areas women tend to have more sexual partners than the males. The last national census stated that the number of females in Nigeria far outnumbers the males and this seems to favour the engraved notion of polygamy even as economy and globalization is shaping the family system towards monogamy.

Conventional beliefs and practices

There are some conventional assertions that favour the drive toward marital unfaithfulness which society adopts and sustains. The notion that "man is polygamous in nature", "It is a man's world", "the way to a man's heart is

through his stomach" are common assertions we use on daily basis to further the course of marital unfaithfulness and sexually transmitted infections. These assertions are not scientifically proven, has been proven wrong by males who are celibate yet society has used them to raise promiscuous young men who show their prowess in sexual unfaithfulness and women who spends their entire life living through psychological and physical trauma occasioned by sexual betrayal.

Peer and social network

Peer and social networks are valuable for recreational purposes, businesses, as well as health gains; however, these avenues become catalyst for unhealthy behaviours like alcoholism, unwholesome sexual behaviours, and crime. Even among monogamous married couple, sexual acts like partner sharing, sex with multiple partners and free sex are seen among peers and social networks and these predispose and fuel sexually transmitted infections. Peer and social network also encourage unfaithfulness in relation to unsatisfactory marital relationships. In a traditional African society, men are encouraged to sit out in the evenings in certain designated centers discussing social, economic and security needs of the communities, while the women are tasked with the responsibility of providing dinner and putting the children to bed. These gatherings may become avenues for sharing good palm wine, discussions that drives male's sexual desires and hatching of policies.

CONTRIBUTIONS OF MARITAL UNFAITHFULNESS TO FAMILY RELATIONSHIPS AND REPRODUCTIVE HEALTH

Being strangers in marital union

According to family studies based on General Social Survey 2010 to 2016, *among ever-married adults who have cheated on their spouses before, 40% are currently divorced or separated. By comparison, only 17% of adults who were faithful to their spouse are no longer married. On the flip side, only about half of "cheaters" are currently married, compared with 76% of those who did not cheat.*

For couples who are still together, there is lack of trust and mutual acceptance with most families just co-existing and this has far reached effect on the quality of children raised in the family. Common response among women who experience marital infidelity include *"we are just living in a house but emotionally separated"*, *"there is nothing I can do so I tolerate his excesses"*.

Most recently, evidence suggests that the rate of homicide among married couple in Nigeria is increasing at an alarming rate with more women killing their husbands for marital unfaithfulness. This may suggest

that women having lost confidence in the society in matters related to sexual unfaithfulness are now taking laws into their hand. And this has far-reaching consequences on the family.

Enduring physical, social and psychological torture

Sexually transmitted infections are a major reproductive and public health concern especially in the era of HIV/AIDS. Women's sexual empowerment is a significant predictor of their STI status. Women's non-participation in decision making with respect to her own health is positively associated with experiences of sexual violence, partner controlling behaviour and having more than one partner.

Our encounter with a woman I would describe as EE (not real name) revealed that she has been treating STIs for three (3) consecutive years because her husband, a renowned traditionalist has other wives who have other sexual partners. She expressed thus *"It is indescribable having to go thru the cycle of infection, treatment and re-infection for three good years. I have to put on with this to avoid disinheriting my children."*

Sexually transmitted infections

Globally, over one million people get infected with sexually transmitted infections every day (WHO, 2019). It is estimated that about 354 million people are newly infected with one of four sexually transmitted diseases annually: chlamydia, gonorrhoea, syphilis, and trichomoniasis (WHO, 2019). 988,000 pregnant women were infected with syphilis in 2016 resulting in over 350 000 adverse birth outcomes including 200,000 still births and 5 deaths (Korenromp et al., 2019). Chlamydia is a bacterial infection caused by chlamydia trachomatis and spread through sexual contact with infected genital fluid most through unprotected vaginal, anal or oral sex. Centre for disease control (2022) reported that there were four million cases of chlamydia infection in 2018. In women, this infection can lead to pelvic inflammatory disease, tubal factor infertility, ectopic pregnancy and chronic pelvic pain. Mother to child transmission of chlamydia causes ophthalmia neonatorum or pneumonia in the new born, and rectal infections can persist into the first year of life of the infant infected at birth (CDC, 2022). Gonorrhoea and chlamydia are more common in single men and women and less common among married persons; however, empirical evidence shows that married men tested for gonorrhoea are more likely to test positive than women. Fox and Sheele (2021) reported that of 1360 women infected with chlamydia, only 2.57% were married, among 510/17388 women, 1.18% tested positive for gonorrhoea. For men, in a population of 3105, 418 tested positive for gonorrhoea with 94.74% being married. Married men were therefore more than twice

likely to test positive for gonorrhoea and chlamydia than married women.

STIs have been documented to have dire consequences on the reproductive health of both men and women. Annually, an estimated 340 million new cases of curable STI are recorded among adults aged 15-49 years worldwide (WHO, 2007). According to the World Bank, STI, excluding HIV, accounts for 17% of the burden of disease in Africa (WHO, 2015). It is the second most common cause of healthy life years lost by women aged 15-44 years in Africa, and as such it remains a principal part of the WHO's Global Strategy on Reproductive Health (De Sanjose et al., 2010). STI has significantly contributed to the high incidence and prevalence of HIV in Africa with 25.7 million people living with HIV, in 2018 (WHO, 2021). In Africa, HIV-positive women outnumber infected men by 2 million. This necessitates the need to control STIs.

Policy frameworks towards STI

Gender issue in extramarital affair is a serious one and the issue of sexually transmitted infections has become a global epidemic and hence attracted the attention of the World Health Organization. In 2016, the 69th World Health Assembly adopted a new global health sector strategy on Sexually Transmitted Infections (STI) for 2016±2021 (WHO, 2016). The strategy aligns with the 2030 Agenda for Sustainable Development, and was based on achievements and lessons learned from the preceding global strategy covering 2006 to 2015 (WHO, 2015). The 2016±2021 strategy was developed by the World Health Organization (WHO, 2016) together with the global health sector strategies on HIV/AIDS and viral hepatitis, through a broad consultative process in 2015. These organizing frameworks provided a common structure for the three strategies: universal health coverage, the continuum of health services and the public health approach. The STI strategy provides a framework for joint WHO and member states actions at global, regional and country levels.

The strategy outlines priority actions to ensure that the health sector response on STIs is scaled-up and strengthened so that progress towards ending the epidemic becomes a reality and to ensure that people-centered approaches help secure sustainable financing for relevant services, interventions, and programmes in the future.

Measure to control the spread of STI

The control of sexually transmitted infections will be out of reach if couples do not adopt responsible healthy lifestyle of staying faithful to one sexual partner. This is a task with far reaching implications and involves the concerted efforts of all stake holders including the

government, the church, educational institution as well as the entire society. There is need to inculcate in the youth that chastity is a good virtue for both sexes not only the females. Infidelity is deeply rooted in cultures and encourages female subjugation in all forms and ramifications, it becomes pertinent to address cultures and religions that subjugate females and subdue them to sexual objects.

CONCLUSION

Infidelity in marriage is a major contributor to sexually transmitted infections in both sexes and obviously threatens the peace and stability of marriages with adverse effect on reproductive health. Culturally, certain traditional practices promote marital infidelity, sexually transmitted infections, domestic violence and mental illness. They include wife inheritance, wife sexual coercion, female genital mutilation, and female subordination. There is a need to nib this menace in the bud.

RECOMMENDATIONS

The study recommends that Individuals should understand the importance of safe sex irrespective of cultures and traditions and drive towards respecting and protecting the rights of every individual irrespective of cultural or religious affiliation. Health care workers especially nurses should use every opportunity a woman has with the health care facility to address this issue. The government and civil society organizations should rise up to the challenges of combating the menace of sexually transmitted infections that are rooted in cultures but putting up legal frameworks and adequately institutionalised care to aid victim in the reporting and prosecuting of offenders. For instance, while it is permissible to engage in polygamy, there is need for legislations against infecting other partners with sexually transmitted infections. There is need for qualitative researchers that explore the experiences of women in polygamous relationships or women whose husband have other partners certified by culture, consulting extensively with the identified target population and involving them in the designs, implementation and evaluation of this issue will provide a lee way towards eradicating the malady.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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