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Male Fertility and Male Sexuality: The Role of Social and Cultural Factors

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ABSTRACT Male fertility is the correct word for fertility of a couple as men's decisions often prevail over women, particularly in developing countries. The indulgence of men in sexual activities both within and outside marriage determines the actual fertility performance of men. Men belonging to backward classes are continuously under stress particularly in matters of sexuality and fertility due to social and cultural problems. Therefore a study of the relation between male fertility and sexuality of certain minority populations such as Scheduled caste and tribe and the Muslim populations has been chosen. Fertility in these communities in general is influenced by socio-cultural factors. However, social and cultural factors have roots in economic factors. Owing to poverty and lack of education the decisions of men on fertility are affected. A sample of 1046 men belonging to Scheduled caste and tribe and the Muslims has been chosen from the backward regions of Chittoor district of Andhra Pradesh, India based on literacy criteria. Several reproductive health problems and sexual behaviour of men have been investigated. Total fertility, which includes actual and desired fertility, and reaction to more number of children, have been taken as dependant variables. Multiple classification analysis (MCA) has been done with total fertility as dependant variable. Social cultural and reproductive health problems have been considered as independent variables. Analysis of variance of two-way interactions obtained initially in MCA has revealed that caste and religion and educational status (F value significant at: .000 level); present symptoms related to sexually transmitted diseases (STD) and reaction to more number of children (F value significant at: .056); and reaction to more number of children and wife-beating reported by husband (F value significant at: .099) as most important variables affecting total fertility. Bivariate logistic regression with reaction to more number of children has shown that Muslims and the men who indulged in wife beating during the last 12 months before the survey were not embarrassed to have more number of children. On the other hand, men with more levels of education, and with STD symptoms at the time of survey have been found to be embarrassed to have more children.

INTRODUCTION

Men take the decision on number of children based on the advice of elders and people in the community. Therefore, control of sex and reproduction is often male-driven and male behavior affects sexually transmitted disease transmission and the welfare of children (Orobaton 1994).

Sexuality may be classified into two types: ability to impregnate their wives and indulging in premarital and extramarital sex. The first one roughly equals to male sexual performance or visible male fertility and the second one to sexual behaviour or sexuality. Most of the scholars consider pre and extramarital sex and presence of certain sexually transmitted diseases as sexuality.

Most of the literature contains references on total fertility rate and their determinants and its relation to sexual behaviour of men. Male fertility can be measured by actual number of children born and desire for more children.

Men may find it difficult to rear large number of children. Besides, they may find it offensive or embarrassed to reveal that they have large number of children.

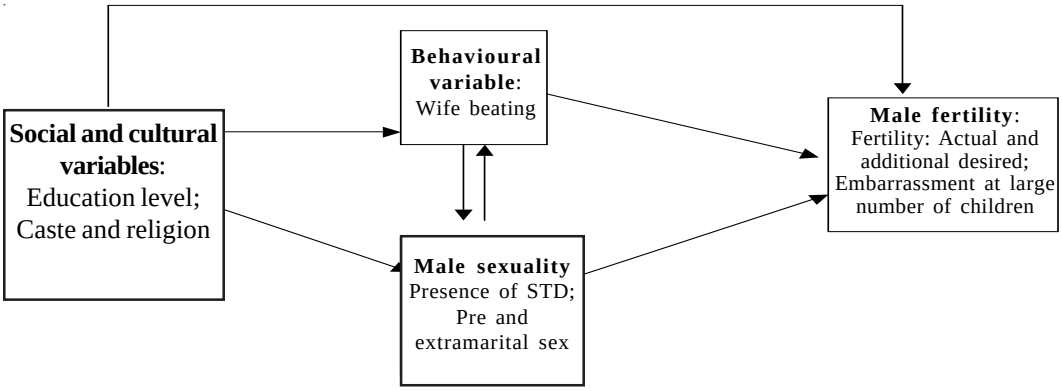
In this study the relation between male fertility and sexuality has been studied using the variables such as total fertility (actual and additional desired) and reaction to more number of children.

Conceptual Model

The conceptual model on male fertility shows that it is a complex one. Male sexuality and behavioral variable such as wife beating have proximate influence on male fertility where as socio-cultural and economic variables influence fertility differently. Social, and cultural variables may influence proximate variables, which in turn may affect male fertility.

METHODOLOGY

Rural areas of Chittoor district, Andhra Pradesh have been chosen for the study. The data was collected from the backward areas and



particularly from backward class populations such as scheduled caste/tribe and Muslims. Literacy levels have been taken as measures of backwardness of areas. The respondents were currently married men. These caste populations still suffer from several social and economic handicaps. The district of Chittoor has three divisions viz., Chittoor, Madanapalle, and Tirupati. Female literacy particularly among scheduled caste/tribes was very low in Madanapalle and Tirupati divisions. Mandals from Tirupati and Madanapalle having low female literacy were identified based on 1991 census. Fourteen mandals were identified with low female literacy particularly for scheduled castes/tribes in Chittoor district. From theses mandals at least two or three villages were selected randomly. Most of the scheduled caste/tribe and Muslims live separately adjacent to main villages inhabited by other caste population. Their habitations very rarely cross 30 to 40 households in every village. The sample consists of 1704 women and 1046 men. Data was drawn from a bigger study entitled," Socio-cultural determinants of Reproductive health of rural married adolescent women". Separate questionnaire/schedules have been prepared to study the reproductive health of women and men.

However, the present study considers men as respondents. The sample consists of 1046 men.

Multiple classification analysis (MCA) obtained with the Analysis of Variance has been used with the total fertility (actual + additional desired) as a dependant variable. In addition bivariate logistic regression using reaction to more number of children as a response variable has been considered. The independent variables considered are present age of the respondent, educational level of the respondent, caste and religion of the respondent, present working condition of the respondent, present symptoms of sexually transmitted diseases, and wife beating. Present age of the respondent is considered as a covariate for MCA.

RESULTS AND DISCUSSION

Reproductive Health Problems of Men

Several reproductive health problems of husbands of respondents have been considered. The data on health problems considered were for the periods before marriage, after marriage and at present. The reproductive problems were urethral discharge, genital sores, urination, pus discharge, and groin swelling. The following analysis shows some husbands having problems.

Discharge from Urethra: Majority of the men had urethral discharge after marriage particular among men belonging to age after 30 years. It shows that husbands had more discharge before marriage and at present than after marriage. Uniformly they had one symptom or the other related to STD. Genital sores seem to be high before marriage and slowly reduced after marriage and currently.

Urination with Difficulty: Questions on urination relate to difficult urination, painful urination, burning urination, and frequent discharge of burning urination and pus discharge. A good proportion of men have experienced all these problems before marriage.

STD Symptoms: Most of the men belonging to three categories and three age groups have experienced STD symptoms equally (Table 1).

Premarital and Extra Marital Sex: Two-fifth (22.66 per cent) of respondents had premarital

Table 1: Distribution of men respondents according to age of respondents in relation to certain reproductive problems

Reproductive health problem	*Age range of respondent*			*Total*
	<20	*20-30*	*30+*	
Urethral Discharge				
Before marriage	2	14	15	31
After marriage	0	2	4	6
Currently	0	47	33	80
Total	2	63	52	117
Symptoms Related to STD				
Before marriage	0	52	37	89
After marriage	0	48	35	83
Currently	0	49	35	84
Total	0	149	107	256
Genital Sores				
Before marriage	3	89	48	140
After marriage	0	35	27	62
Currently	0	22	16	38
Total	3	146	91	240
*Urinated with Difficulty**				
Before marriage	6	54	22	82
After marriage	0	1	3	4
Currently	0	8	6	14
Total	6	63	31	100
*Painful Urination**				
Before marriage	4	52	17	73
After marriage	0	0	0	0
Currently	0	8	5	13
Total	4	60	22	86
*Is It Taking Place With Burning Sensation**				
Before marriage	1	53	19	73
After marriage	0	1	1	2
Currently	0	7	4	11
Total	1	61	24	86
Does It Happen Frequently				
Before marriage	1	44	13	58
After marriage	0	0	0	0
Currently	0	7	4	11
Total	1	51	17	69
Is Any Pus or Such Discharge Coming Out From Urethra?				
Before marriage	1	28	9	38
After marriage	0	2	0	2
Currently	0	7	5	12
Total	1	37	14	52

*Chi-square significant at .036: *Chi-square significant at .029; *Significant at .083

sex. It was decreasing in the order of 27.8 per cent, 22.67 per cent, and 9.94 per cent respectively for the adolescents, 21-30, and 31+ men. One-tenth (11.09 per cent) of men had extramarital sex. It was around one-tenth for adolescents (9.42 per cent), 21-30 (13.13), and 30+ (10.5 per cent) men. A few men reported both activities (Table 2).

Table 2: Distribution of respondents according to age and premarital and extramarital sex

	Age range of husband			*Total*
	<=20	*21-30*	*30+*	
*Premarital sex of Husband**				
No	22	450	337	809
Yes	9	150	78	237
Total	31	600	415	1046
Extramarital sex of Husband				
No	29	541	360	930
Yes	2	59	55	116
Total	31	600	415	1046
Both				
No	31	581	398	1010
Yes	0	19	17	36

*Significant at .047

Sex Partner/s Before Marriage: Some men had steady relations with one woman before marriage whereas it was reduced after marriage and currently. On the contrary some men had more indulgence in sex with multiple partners after marriage (9.66 per cent) than before marriage and at present. More proportion of husbands of 21-30 age group women had sex relations with multiple partners than husbands of adolescent and older women.

Payments Made: Very few men have paid money for sex relations. The relations might have been due to mutual kind exchanges. Some times men may feel shy to express that they had paid relations. Similarly very few men used condoms during sex relations (Table 3).

Multiple Regression Analysis

In order to see the relation between male fertility and sexuality certain multiple regression analyses have been attempted. Total fertility of the males has been computed by combining actual living children and additional desired number of children. Present symptoms of sexually transmitted diseases (STD) have been taken as Sexuality. Several social, cultural and behavioural variables have been taken as causal variables. They are caste and religion of the respondent, educational level of the respondent, present working condition of the respondent, wife beating, and embarrassment at more number of children. Multiple classification analysis has been done keeping total fertility (actual +desired). Reaction

Table 3: Distribution of respondents according to husband having only one partner for sex

Variable	*Age range of respondent*			*Total*
	<=20	*21-30*	*30+*	
Only One Partner for Sex				
Before marriage	2	37	11	50
After marriage	0	11	7	18
Currently	0	4	1	5
Total	2	52	19	73
Multiple Partners				
Before marriage	2	30	16	48
After marriage	3	51	47	101
Currently	1	9	4	15
Total	6	90	60	164
Payments Ever Made				
Before marriage	2	4	2	8
After marriage	0	4	2	6
Currently	0	1	0	1
Total	2	9	4	15
Condom Use				
Before marriage	0	3	3	6
After marriage	0	1	3	4
Currently	0	0	1	1
Total	0	4	7	11

to more number of children as a response variable bivariate logistic regression has been made.

Multiple Classification Analysis: Present age of the respondent has been taken as a covariate for the response variable total fertility (actual + desired). Analysis of variance has shown that present age of the husband has a significant relation with response variable. Main effects of the combined variable were also found to be significant. Caste and religion and reaction to more number of children (.000), have independently shown significant relation with response variable total fertility (actual + desired). Two-way interactions such as caste and religion and highest level of education (.004), caste and religion and present symptoms of STD (.072); symptoms related to STD and reaction to more number of children (.056); and reaction to more number of children * Wife beating - reported by Husband (.099) have significant relation with total fertility (actual + desired) (Table 4).

Fertility (Actual and Desired): Multiple Classification Analysis: This table revels that Muslims have higher fertility than SC and ST both (both at unadjusted and adjusted levels). Slightly

Table 4: ANOVA

Total fertility (actual + desired) (Dependant variable)		
	F	*Sig.*
Covariates		
Present age of husband	129.885	0
Main Effects		
(Combined)	17.035	0
Caste and Religion	66.236	0
Highest level of Education (Husband)	1.701	0.165
Currently working (Husband)	0.002	0.963
Symptom related to STD currently	1.382	0.24
Reaction to more number of children	25.874	0
Wife beating - reported by Husband	1.006	0.316
2-Way Interactions		
(Combined)	1.292	0.153
Caste and Religion * Highest level of Education (Husband)	4.452	0.004
Caste and Religion * Currently working (Husband)	0.03	0.863
Caste and Religion * Symptom related to STD currently	3.243	0.072
Caste and Religion * Reaction to more number of children	0.695	0.405
Caste and Religion * Wife beating - reported by Husband	0.003	0.957
Highest level of Education (Husband) * Currently working (Husband)	0.269	0.848
Highest level of Education (Husband) * Symptom related to STD currently	0.339	0.797
Highest level of Education (Husband) * Reaction to more number of children	0.54	0.655
Highest level of Education (Husband) * Wife beating - reported by Husband	0.122	0.947
Currently working (Husband) * Symptom related to STD currently	0.029	0.866
Currently working (Husband) * Reaction to more number of children	0.504	0.478
Currently working (Husband) * Wife beating - reported by Husband	0.139	0.709
Symptom related to STD currently * Reaction to more number of children	3.656	0.056
Symptom related to STD currently * Wife beating - reported by Husband	0.229	0.632
Reaction to more number of children * Wife beating - reported by Husband	2.734	0.099
Model	8.779	0

higher fertility at secondary and higher levels has been noticed when education level adjusted with factors and covariates. Further, there was not much difference between working and non-working condition of the respondent with fertility. Those who had symptom related to STD currently had lesser fertility than who had symptoms of STD. Those who had beaten their wives had higher fertility than who had not beaten them (Table 5).

Table 5: MCA

Total fertility of the husband	*N*	*Predicted mean*	
		Unadjusted	*Adjusted for Factors and Covariates*
Caste and Religion			
SC and ST	716	2.5223	2.5612
Muslims	327	3.315	3.2299
		Eta .281	B .237
Educational Level of the Respondent			
Illiterate	559	2.9767	2.8263
Primary	208	2.5913	2.621
Secondary	164	2.4878	2.7234
Higher	112	2.4911	2.8419
		Eta .171	B .064
Working Condition of the Respondent			
Not working	31	2.7419	2.7612
Working	1012	2.7717	2.7711
	Eta .004	B ..001	
Present Symptoms of STD			
No symptom	959	2.806	2.7837
Present	84	2.369	2.6243
		Eta ..091	B ..033
Reaction to More Number of Children			
No embarrassment	184	3.4891	3.1991
Embarrassed	859	2.617	2.6791
	Eta ..254	B ..151	
Wife-beating			
Not beaten	780	2.6564	2.7484
Beaten	263	3.1103	2.8375
	Eta ..151	B .030	

Logistic Regression

Logistic regression has been attempted with reaction to more number of children as dependent variable.

The variable is coded as:

0: Not embarrassed

1: Embarrassed

The analysis revealed that Muslims have less embarrassment with more number of children. Respondents with Secondary and higher education were more embarrassed than illiterate by 1.6166 and 2.2343 times respectively. Respondents who have beaten their wives have no embarrassment with more number of children. Those men who had symptoms of STD currently had more embarrassment (7.4038 times) with more number of children than men with no symptoms of STD. (Table 6)

CONCLUSION

Male fertility (both actual and desired) and sexuality are interelated. Education seems to be an important intervention to control fertility as well as sexuality. Cultural dimension was also responsible as gleaned by Muslims showing less embarrassment to have more children. Embarrassment to have more children is a social and cultural

Table 6: Logistic regression
Dependant Variable: Reaction to more number of children

Variable	*B*	*S.E*	*Wald*	*df*	*Significant*	*R*	*Exp (B)*
Caste and Religion							
ST &SC	Ref						
Muslims	-1.019	0.1789	32.4496	1	0	-0.177	0.361
Educational Level							
Illiterate	Ref						
Primary	-0.1003	0.2183	0.2111	1	0.6459	0	0.9046
Secondary	0.4803	0.2834	2.8736	1	0.09	0.03	1.6166
Higher	0.8039	0.3994	4.0524	1	0.0441	0.046	2.2343
Present Working Condition							
Not working	Ref						
Working	-0.058	0.5206	0.0124	1	0.9114	0	0.9437
Wife-beating							
Not beaten	Ref						
Beaten	-1.4688	0.1799	66.651	1	0	-0.2571	0.2302
Present Symptoms of STD							
No symptoms	Ref						
Yes	2.002	0.732	7.4794	1	0.0062	0.0751	7.4038
Constant	2.3249	0.5228	19.7754	1	0		

variable. Muslims and respondents involved in wife beating had no embarrassment to have more children. However, those respondents who had STD symptoms currently overly embarrassed at large number of children. Incidentally they had less number of children (actual and expected). It may wrongly conclude that men with sexual health problems have less number of children. Therefore, necessary interventions are needed to prevent sexual problems among men.

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