Men's Sexual Behaviour and Quality of Life: Implications for Economic Development

Introduction

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As the world attention is shifting from quantity to quality of life, a single universal consensual definition is not available and its measurement through one parameter could be apt to misleading (Armstrong & Caldwell, 2004; Lee, Nazroo, O'Connor, Blake & Pendleton, 2015; Lindau & Gavrilova, 2010; Mitchell, Ploubidis, Datta & Wellings, 2012; Delhey, Bohnke, Habich & Zapf, 2002; World Health Organisation Quality of Life Group, 1995). The human development Index (HDI) though emphasises average achievement that considers education (mean years of schooling), life expectancy and decent standard of living but often yielded different human development outcomes for two or more countries with the same level of per capita gross national income (GNI). This often arouses debate about government policy priorities. While the GDP captures only monetised economic activities which are subjective to the production boundaries estimated, it is indifferent to sexual challenges, marital conflicts/harmonies and STIs/HIV/AIDS incidences (Amoo, 2015; Costanza, Hart, Posner & Talberth, 2009; McCulla & Smith, 2007). Other measures such as consumer price index (CPI), the physical quality of life index (PQLI) by Morris in the 80s, social progress index, and a host of others, also possess the potential for wrong policy recommendations which could be inimical to sustainable economic monitoring and progress. Considering the fundamental weaknesses of these models of quality of life, it is expedient to turn attention to apposite comprehensive and measurable indices of quality of life.

Specifically, economic statistics always exclude the import of sexual reproductive health in their estimation of increasing savings and investment, workers productivity, children education with concomitant effects on quality of life or wellbeing. However, in the countries where the GDPs are yielding robust improvement, the epidemiology of sexually transmitted diseases (STIs)/HIV/AIDS is poor with disastrous consequences to quality of human life and the economic advancement. In sub-Saharan countries where estimated GDP, HDI and so on are appreciating in vlaues, the prevalence of deadly diseases, debility, decreasing life expectancy, pressure on limited resouces, teen-girl pregnancy and poverty are increasingly high giving false economic indexes (Amoo, Ajayi, Oni, Idowu, Omideyi & Fadayomi, 2015; International Monetary Fund (IMF), 2014; National Bureau of Statistics (NBS), 2012). While Africa constitutes relatively 10% of the world population, the region shares over 75% of the burden of STIs/HIV/AIDS (Nasidi & Harry, 2006). The cumulative AIDS deaths up to year 2000 was 800,000; this was estimated to have grown to almost 4.7 million in 2010 and it is expected to reach 9.4 million this year, 2015, and the current male gender burden is 42% (Nasidi & Harry, 2006; National Agency for Control of AIDS [NACA], 2014). Liberia with sad effect of Ebola Virus Disease (EVD) still recorded improvement in GDP from $2.0 billion to $2.1 billion between 2013 and half year 2015 (IMF, 2015). Despite the epidemic of Ebola in Sierra Leone, the country also recorded a leap in GDP from $4.9 billion to $5.0 billion between 2013 and 2014 and has also increased up to $4.4 billion as at july 2015(IMF, 2015). Several things could be insunuated from these observations. Thus, the omission of indicators of reproductive health in

the measurement of GDP might not make the statistics a good index of human progress especially as it relates to social welfare.

Men's quality of life is conjectured as the general wellbeing of individual man as well as the society which they represent. While it has wider range of indicators, it is crucially anchored on health. Health as construe here follows the definition in the Constitution of World Health Organisation which considered it as state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 1946). Its major forces lie in core determinants that can affect health either positively or negatively among which are behaviour, habits, lifestyles and of course the genetic factors (WHO, 2015). However, given the fact that health outcomes are fundamental to productivity upon which macro-economic indices on quality of life are based, it is expedient to include behavioural aspects especially the sexual behavioural traits in these measurements and appraisals of quality of life. Sexual health behaviour is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood, sets the stage for health beyond the working or reproductive years for both women and men, and can affects the health of the next generation (Cleland, Boerma, Carael & Weir, 2004; Slaymaker, 2004). However, given the fact that sexual health behaviour has become a universal concern, the traditional role of men in African setting as the breadwinners and decision-takers make a keen focus on men's sexual behaviour very fundamental in the analyses of economic production and progress.

In real fact, economic indicators seem not just sufficient to measure population quality of life. Quite every realm of economic, social, political, public service delivery and policy making hinge on human quality of life and well-being (Armstrong & Caldwell, 2004; Delhey, Bohnke, Habich & Zapf, 2002; Scottish Executive Social Research, 2006; World Health Organisation Quality of Life Group, 1995). The needs for education, healthcare facilities, social amenities, especially as it affect different age structures are determined and contingent upon quality of life (Armstrong & Caldwell, 2004; Delhey, Bohnke, Habich & Zapf, 2002) and more importantly where men are traditionally play dominance roles. Thus, the study examined the influence of sexual behaviour in men's quality of life and its implications for economic development.

Methods and materials

The study used the male recode files from Nigeria Demographic and Health Survey 2013 dataset. Total sample size is 17,359 males. By following both subjective and multidimensional approaches in the treatment of quality of life, the study adopted the computed wealth index (CWI) from the Nigeria Demographic Health Survey (NDHS) as proxy for wellbeing. The wealth index is a composite index computed from aggregate of household assets indicators using principal component analysis (Córdova, 2009; Filmer & Prichett, 2001; National Population Commission (NPC) [Nigeria] & ICF International, 2014). The method employed household assets' data that include both durable and semi-durable assets to describe household welfare rather than using household's expenditure or income data which rely heavily on monetary metrics measure. The asset indicators are associated with household's relative position in the distribution of the underlying wealth factor. In Nigeria Demographic Health Survey, data were collated on fertility, men, maternal and child health and family planning among others. It also covered issues on sexual behaviour, partner violence, nutritional practices and harmful

traditional practices including smoking. In this study, only data pertaining to men were extracted and used. NDHS is a quinquennial survey and the 2013 dataset is the fifth in that series since 1998.

However, the computed wealth index has five categories (poorest, poorer, middle, richer and richest). These were re-classified into two and used as the dependent variable. The first three categories were re-coded as poor (renamed as 'exposure to good quality of life' (coded '1'), while the last two were grouped as 'not exposure to good quality of life' and coded as '0'. This was done primarily to satisfy the condition for binary logistic regression model and specifically in order to measure quality of life through respondent's change from poor quality of life ('0') to good welfare ('1').

The indicators of sexual behaviour and reproductive health diseases constitute the independent variables. These include: age at first intercourse, number of sexual partners, frequency of sex, use of condoms and patronizing sex workers and experience of reproductive health diseases. The selected intervening or confounding variables adjusted for in the binary logistic analysis include age, education, marital status, working condition and place of residence. The study employed only univariate and multivariate levels of analysis. The univariate segment features descriptive statistics such as frequencies and means where necessary. The section was used to assess the background information about the respondents while the multivariate analysis used the binary logistic regression technique to estimate whether men's sexual behaviour significantly influence their exposure or non exposure to good quality of life.

The model is therefore represented as:

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \cdots + \beta n Xn \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots (i)$$

Where, α (alpha) is the Y-intercept, i.e. the estimated value of Y when all Xs are set at zero (0). The β (Beta) is a multiple regression coefficient that describes the expected change in Y per unit change in X_1 assuming that other Xs are held constant. Y is thus defined as $Ln\left\{\frac{P}{(1-P)}\right\}$ that measures the log-odds of exposure to quality of life. The 'P' defines the probability that an individual is exposed to good quality of life given certain sexual behavioural indicators while (1-P) stands for the probability of not exposed to good quality of life under the same condition or otherwise.

Results

The first segment of the result revealed background information about the subjects, 17,359 males and distributed into age, educational strata and other selected characteristics. The mean age = 29 year. Urban/rural proportion is in the ratio of 41:59, proportion of men with secondary education and below is more than half of the population, ownership of house revealed that 61.5% are either living in rented apartment or otherwise but do not own a house. Almost half of the subjects (49.3%) reported they have more than one sexual partner. The total-life-sexual-partenrs (TLSP) indicated that more than 50% of the men have had up to five sexual partners cumulatively. More than half (55.3%) of their partners are younger than 30 years of age. Those that have had about 5 sexual partners are 18.8%. The knowledge and awareness about HIV including its mode of transmission is high but the proporiton who had been screened is quite low. Almost every one in

10 men patronises sex workers and more than 25% of those that are sexually active in the last four weeks (prior to the survey) did not used condom or other form of sexual infection protection. Men with lower age group, lower educational category, total lifetime sexual partnership and cohabitation are negaively correlated with exposure to good quality of life with statistically significant at *p* values = 0.000.

Conclusion and Recommendations

The paper presents the impact of men sexual behaviour on quality of life and men wellbeing as distinct from previous studies that dealt with the supportiing roles of men on women reproductive health, family planning maters and wellbeing. The study signaled economic disadantages inherent in risk sexual behaviour characterised by multiple sexual partners, non-usage of sexual infection protection in sexual activities, higher total-life-sexual-partenrs (TLSP) and sexual networking. The observations in this study call for serious policy actions in Nigeria and other societies where mutliples wives, concubinages are akin to wealth and/or higher societal prestige. The authors afirmed that the treatment/management of STIs or other adverse outcomes of men sexual behaviour through medical angle without the social and economic considerations might yield only bodily soundness without curbing the drains on the national wellbeing and quality of life among men. It is therfore recommended that campaing against high risk sexual behaviour should be intensified while sexual behaviour indexes be incoroprated in the measurement of men's quality of life and national economic progress.