

Patterns and Determinants of Men's Sexual Behavior in Ethiopia

Eshetu Gurmu¹ and Meaza Getahun²

¹*Associate Professor of Population Studies, Addis Ababa University*

²*Independent Consultant in Public Health*

Introduction

The 1994 International Conference on Population and Development (ICPD) in Cairo set agenda of emphasizing male's responsibilities and participation in reproductive healthcare services (ICPD, 1994). It also advocated that all countries should have reproductive health care that is accessible, affordable, acceptable and convenient. The Conference had also give due attention to men's sexual and reproductive health (SRH) and provisions of education to men in order to enable them know reproductive health rights and discharge their responsibilities in improving their own as well as their partners health. Far beyond this, the forum promoted that sexual and reproductive health services should be for all individuals who needed the care (UNFPA, 1996).

Male involvement in SRH is complex approach that needs various changes in order to bring significant improvement in the health of family members; especially women and young children (Sternberg and Hubley, 2004). It helps to transform contraceptive usage, fertility intentions and made husbands to be supportive at home in SRH activities. Male participation in SRH is believed to bring understanding between couples and reduces chance of unwanted pregnancies, transmission of STIs including HIV/AIDS (UN, 1994). Investigating the sexual behaviour of males in developing countries like Ethiopia where transmission of HIV/AIDS through sexual contact and prevalence of STIs are showing an increasing trend (MOH Ethiopia, 2006) has tremendous importance.

As indicated in the 2011 EDHS report (CSA and ICF, 2012), men sexuality pattern was higher than female with the mean number of lifetime sexual partners of 2.6. This indicated that men are at the verge of high exposure to STIs given the very limited information about their own reproductive health needs or that of their partners. So creating conducive environment to engage men in SRH related programs and designing strategies that increase their responsibilities have paramount advantage in societal well-being and achieving the Millennium Development Goals (Sharma, 2002)

Objectives of the Study: The main purpose of this study is to investigate the sexual behaviour of Ethiopian males using the 2011 Demographic and Health Survey data. Specifically, it attempts to assess the age at which Ethiopian men enter into sexual activity, their tendency to have multiple sexual partners and motivation to know their status by taking Voluntary Counselling and Testing of HIV/AIDS.

Theoretical Considerations

Human sexual behaviour is the outcome of socio-cultural practices and social learning experiences that individuals develop through time (Feldman and MacCulloch, 1980). Social learning theory states that people learn by observing the behaviour of others and by interacting with them. It underscores that human beings learn by seeing the rewards and punishments that others receive for their actions without necessarily experiencing them personally. For example, individuals learn about their own sexuality by first imitating the behaviour of others and then acting accordingly. In this regard, media is supposed to play significant roles by promoting the acts of others. People who have wider exposure to media outlets are supposed to experience sexual activities quite often and more frequently than others who do not have access to it or limited exposure (Wright, 2011). A study conducted in Croatia, for example, indicated that young boys or adults who are exposed to pornographic films or magazines are more sexually aggressive than their counterparts (Sinković et al, 2013). This is mainly due to the fact that the scenarios send the message to be sexually aroused and aggressive as a result of their exposure and intimidation to such events.

Sociological theory particularly social cohesion that provides psychic support to group members, on the other hand, states that human sexual behaviour goes beyond behaviourism and social learning as social institutions such as family, religion, law, economy, medicine, and the like influence sexuality (Merton, 1945). According to this theory, social institutions have the power to influence social factors that account for differences in beliefs about sexuality across cultures. Cultural settings usually guide how members of a given community should behave “properly” for different situations (Smith et al, 2008). They have the potential to govern one’s behaviour in a predictable, patterned, organized fashion and in accordance with what is acceptable and expected in a given culture. Social norms and values are basically based on the expectations that we think others have about us as well as on ideas and plans that we devise in our own minds (Horne, 2004).

It is thus possible to argue that males sexual behaviour in traditional societies like Ethiopia are governed mainly by socio-cultural and institutional factors such as places of residence (rural vs urban), ethnic communities in which the person is living, religious affiliation to which he belongs, educational attainment, occupational status, income/earning level, access to media and the generation to which he belongs.

Methods

Data Source: This study is based on 14,110 men of reproductive age (15 -59 years) living in households taken as sample of the 2011 Ethiopian Demographic and Household Survey. The survey was a nationally representative sample taken from nine regional states and two city administrations (CSA and ICF International, 2011). Efforts are made to predict the sexual behaviour of Ethiopian men by looking at their age of entry into first sexual encounter, the number of sexual partners they have had in their life time (single vs multiple), and their efforts to undergo VCT at some point in the past.

Analytical techniques: The data is analysed using descriptive statistics and multivariate statistical analysis techniques. Age of entry into sexual debut is predicted having applied the Cox regression model whilst the likelihood of having multiple sexual partners and ever having had VCT were estimated by applying binary logistic regression model. Socio-demographic and economic factors such as birth cohort, region as well as rural/urban place of residence, educational level, occupational status, religious affiliation, access to media and household wealth status of respondents were served as control variables. The net effect of each of these variables was determined at 95% confidence interval having taken the 5% marginal errors effect.

Limitations of the Study: The data used in this analysis, being a cross-sectional survey, do not show the patterns of respondents' sexual behaviour over time. They rather help to provide the overall situations governing the sexual experiences and risky sexual behaviours of Ethiopian men, and an overarching action to be taken to monitor their sexual life.

Results of the Study

Findings of the study reveal that sexual behaviour among Ethiopian male vary by birth cohort, cultural settings in which they are living, religious doctrine in which they believe educational attainment, access to media (radio, television and newspaper) as well as occupational status of a person. Although about 43.3% of sexually experienced males in the 15-59 years claim that they had sexual exposure upon marriage, premarital sex was admitted by 27.2% of the respondents (Table 1 Panel 3-4). More than half (54.1%) of the sexually experienced persons also reported having multiple sexual partners in their lifetime. Only 42.5% of the males in the 15-59 years (irrespective of sexual experience) have reported to ever undergo the voluntary counselling and testing (VCT) of HIV/AIDS (Table 1 Panel 7). It is surprising that males living both in rural and urban areas on average have had sex at the age of 21. Only males not working at the time of the survey have reported to engage in sexual activity at later age: 25 years. (Table 1 Panel 5).

Even though timing of engagement in sexual activity has declined among the young generation, it was found to be nearly the same among the older cohorts: those who were born before 1980 (Table 1 Panel 5). The different sexual behaviour among the young generation in their twenties at the time of the survey clearly marks the beginning of heavy campaign against HIV/AIDS based on the principles of ABC (Abstinence, Be faithful and use of Condom) to avoid HIV infection. The percentage distribution of males who underwent VCT of HIV/ AIDS is also the highest (52.6%) among the young cohort who are of marriageable age at the time of the survey (Table 1 Panel 7).

Table 1: Percentage Distribution of Respondents by Sexual Activity Status in Ethiopia: 2011

Variables	Number of cases	Timing of Sexual activity			Median Age at first sex	% having multiple (2 and above) life time sexual partners	% Ever having VCT
		% Not yet having sex	% having Pre-marital sex	% having Sex upon marriage			
	1	2	3	4	5	6	7
Birth Cohort							
1984-1988	2646	88.8	9.4	1.8	.	42.2	28.3
1979-1983	2351	52.9	26.7	20.4	22	40.7	46.4
1974-1978	2324	18.4	34.9	46.7	21	44.0	52.6
1969-1973	1704	4.6	30.8	64.6	20	50.1	48.4
1964-1968	1607	2.0	30.3	67.7	20	54.5	46.8
1959-1963	1213	0.7	32.2	67.1	20	61.3	41.7
1954-1958	985	0.5	33.6	65.9	20	69.7	40.4
1949-1953	731	0.2	33.5	66.3	20	68.2	37.8
1943-1948	549	0.2	33.9	65.9	20	70.7	31.5
Region							
Tigray	1384	32.4	32.0	35.6	22	53.2	53.9
Affar	1000	23.7	33.7	42.6	20	58.4	29.4
Amhara	1965	33.0	15.5	51.5	20	61.3	40.8
Oromiya	2060	32.4	20.2	47.4	22	41.3	33.6
Somali	715	28.6	17.2	54.2	22	43.7	17.2
Beni-Gumuz	1139	30.0	18.9	51.1	20	57.5	40.2
SNNP	1699	32.4	17.2	50.4	22	45.7	41.3
Gambela	940	18.4	45.4	36.2	19	68.6	45.9
Harari	972	27.5	24.5	48.0	21	43.2	42.1
Addis Ababa	1318	28.8	56.4	14.8	21	72.0	59.6
Dire Dawa	918	25.7	33.6	40.7	21	51.8	59.8
Place of Residence							
Urban	4216	29.3	46.0	24.7	21	65.9	60.2
Rural	9894	29.5	19.3	51.2	21	49.1	34.9
Educational Level							
No education	4449	14.1	18.2	67.7	21	51.8	26.2
Primary	6671	38.3	23.7	38.0	21	51.1	43.2
Secondary	1626	37.9	42.2	19.9	21	63.6	61.6
Higher	1364	25.8	56.9	17.3	21	66.1	68.9
Religion							
Orthodox	6125	30.5	33.6	35.9	21	62.1	50.7
Protestant	2216	29.4	25.9	44.7	20	48.6	39.5
Muslim	5316	28.8	20.9	50.3	21	47.7	34.9
Others	450	22.8	23.6	53.6	20	53.8	34.0
Access to Media							
Not at all	2299	27.5	14.2	58.3	21	47.6	20.5
Sometimes	4542	30.2	21.0	48.8	21	50.3	36.3
Frequently	7255	29.5	35.4	35.1	21	58.6	53.3
Occupational Status							
Not Working	1193	74.9	16.9	8.2	25	47.9	35.1
Agricultural Worker	8465	27.2	18.5	54.3	21	49.3	33.7
Non-Agric Worker	4324	21.3	47.3	31.4	20	63.6	61.6
Household Wealth Status							
Low	3948	26.8	26.1	47.1	21	55.4	41.7
Medium	4701	28.4	27.1	44.5	21	53.5	41.4
High	5423	32.2	28.3	39.5	21	53.7	44.0
Total	14110	29.5	27.2	43.3	21	54.1	42.5

Source: computed by authors from the 2011 EDHs data sets.

Table 2: Multivariate Regression Model Results Predicting Men's Sexual Behaviour in Ethiopia: 2011

	Cox Regression Coefficients on Age at first Sex		Binary Regression Coefficient of having multiple lifetime sexual partner†		Binary Regression Coefficients of Ever having VCT	
	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Birth Cohort						
1984-1988	0.51***(.07)	0.51***(.07)	0.67** (.14)	0.67** (.14)	0.67***(.09)	0.72***(.09)
1979-1983	0.75***(.04)	0.75***(.04)	0.58***(.08)	0.62***(.08)	1.04 (.08)	1.08 (.08)
1974-1978	0.92* (.03)	0.91** (.03)	0.72***(.07)	0.73***(.07)	1.19* (.07)	1.23** (.07)
1969-1973 (ref)	1.00	1.00	1.00	1.00	1.00	1.00
1964-1968	0.96 (.04)	0.96 (.04)	1.27** (.08)	1.24**(.07)	0.98 (.08)	0.99 (.08)
1959-1963	0.99 (.04)	0.99 (.04)	1.83***(.08)	1.76***(.08)	0.81* (.08)	0.83* (.08)
1954-1958	0.96 (.04)	0.97 (.04)	2.65***(.09)	2.58***(.09)	0.78** (.09)	0.81* (.09)
1949-1953	0.92 (.05)	0.93 (.05)	2.57***(.10)	2.49***(.10)	0.77** (.10)	0.78* (.10)
1943-1948	0.92 (.05)	0.91 (.05)	3.02***(.11)	2.79***(.11)	0.61***(.12)	0.63***(.12)
Region						
Tigray	0.97 (.05)		1.16 (.10)		2.31***(.08)	
Affar	1.43***(.05)		2.29***(.10)		0.93 (.10)	
Amhara	1.22***(.04)		2.09***(.09)		1.90***(.08)	
Oromiya (ref)	1.00		1.00		1.00	
Somali	1.06 (.06)		1.16 (.12)		0.39***(.12)	
Beni-Gumuz	1.27***(.04)		2.21 (.10)		1.65***(.08)	
SNNP	0.93 (.04)		1.25* (.09)		1.78***(.08)	
Gambela	1.59***(.05)		3.19***(.10)		1.21* (.09)	
Harari	1.04 (.05)		0.84 (.10)		0.77**(.09)	
Addis Ababa	1.08 (.05)		2.21***(.10)		0.94 (.09)	
Dire Dawa	1.09 (.05)		1.18 (.10)		1.89***(.09)	
Place of Residence						
Urban (ref)		1.00		1.00		1.00
Rural		1.04 (.04)		0.75***(.07)		0.90 (.06)
Educational Level						
No education (ref)	1.00	1.00	1.00	1.00	1.00	1.00
Primary	1.05 (.03)	1.02 (.03)	1.15* (.06)	1.05 (.05)	2.10***(.05)	2.04***(.05)
Secondary	0.88** (.04)	0.87** (.04)	1.55***(.09)	1.41***(.09)	3.40***(.08)	2.99***(.08)
Higher	0.90* (.04)	0.89* (.04)	1.80***(.10)	1.54***(.10)	3.47***(.09)	3.12***(.09)
Religion						
Orthodox (ref)	1.00	1.00	1.00	1.00	1.00	1.00
Protestant	1.01 (.04)	0.99 (.03)	0.64***(.08)	0.67***(.06)	0.68***(.07)	0.63***(.06)
Muslim	0.88***(.03)	0.89***(.02)	0.70***(.06)	0.64***(.05)	0.84**(.05)	0.60***(.04)
Others	1.07 (.06)	1.03 (.06)	0.82 (.13)	0.84 (.12)	0.62***(.12)	0.59***(.11)
Access to Media						
Not at all (ref)	1.00	1.00	1.00	1.00	1.00	1.00
Sometimes	1.01 (.03)	0.99 (.03)	1.26** (.07)	1.16* (.06)	1.70***(.06)	1.71***(.06)
Frequently	1.12***(.03)	1.08* (.03)	1.55***(.07)	1.35***(.07)	2.39***(.07)	2.28***(.06)
Occupational Status						
Not Working	0.66***(.06)	0.66***(.06)	0.73* (.13)	0.75* (.13)	0.61***(.08)	0.63***(.08)
Agricultural Worker	1.02 (.03)	0.97 (.03)	0.73***(.06)	0.80***(.07)	0.54***(.05)	0.70***(.06)
Non-Agril Worker (ref)	1.00	1.00	1.00	1.00	1.00	1.00
Household Wealth Status						
Low (ref)	1.00	1.00	1.00	1.00	1.00	1.00
Medium	0.98 (.03)	0.95* (.03)	0.92 (.06)	0.86***(.05)	0.96 (.05)	0.97 (.05)
High	0.98 (.03)	0.93** (.03)	0.84** (.06)	0.77***(.06)	0.97 (.05)	0.95 (.05)
Marital Status						
Never married					0.96 (.08)	0.92 (.07)
Currently married/in union(ref)					1.00	1.00
Formerly married					1.18 (.10)	1.16 (.10)
Number of Lifetime sexual partner						
None					0.59***(.08)	0.64***(.08)
Single					1.00	
Multiple					1.31***(.05)	1.32***(.05)
Constant			0.68** (.12)	1.54***(.10)	0.33***(.12)	0.47***(.10)
Number of cases	13915	13915	9789	9789	13927	13927

† Only for those having sexual experiences

It is interesting to note that there is no statistically significant difference in the timing of sexual initiation and the initiatives to undergo VCT among males living in rural and urban Ethiopia (Table 2 Model 2 and 6). Statistically significant difference among males living in rural and urban Ethiopia is, however, observed only in the number of lifetime sexual partners where rural males have 25% less likely to have multiple sexual partners when compared to their urban counterparts (Table 2 Model 4). Unlike this, considerable differences are observed in timing of sexual initiation, number of life time sexual partners and motivation to undergo VCT across regions (Table 2 Models 1, 3 and 5). Males living in Amhara, Gambella as well as Benishangul Gumuz regions were observed to engage in sexual activity so early, having multiple lifetime sexual partners but taking VCT more than those living in Oromia region taken as a reference. Though males living in Afar region were observed to engage in sexual activity so early and have multiple sexual partners, they were not observed to take initiatives to undergo VCT widely.

Better educated Ethiopian males (i.e. those having secondary and above schooling) were observed to engage in sexual activities quite late and have more likelihood of undergoing VCT compared to those who do not have any education taken as a reference (Table 2 Models 1,2,5 and 6). Contrary to our expectation, better educated males were found to have more likelihood of having multiple sexual partners than their counterparts (Table 2 Models 3 and 4).

Not working males and Muslims were found to have engaged in sexual activities very late, less likely to having multiple sexual partners and lower chances of undergoing VCT services. Unlike this, males having frequent access to media, on other hand, were found to have more likelihood of engaging in sexual activities quite early, having multiple sexual partners but wider chances of receiving VCT (Table 2 Models 1 – 6).

Discussions

Results of the multivariate analysis show that Ethiopian males have diversified sexual behaviour mainly governed by the socio-cultural and institutional setting of their communities. Traditional norms and values that shape the sexual life of individuals from the very beginning, educational attainment, religious faith and access to media were found to serve as driving forces of Ethiopian men's sexual behaviour.

Differential in male's sexual behaviour across regions of residence that serve both as centre of government and cultural orientations is a manifestation of cultural norms and values in regulating human sexuality. In societies where marriage is experienced early and premarital sex is practiced freely, males are motivated not only to engage in sexual activities at early ages but also inclined towards having multiple sexual partners. The strong association between early marriage and divorce rate in Amhara region (Tilson and Larsen, 2000), for example, could be a possible explanation for the engagement into sexual life at early age and having more sexual partners.

The inverse relationship between educational attainment and entry into sexual activity among better educated men is a reflection of the impact of schooling on the desire to get married or involve in romantic affairs after developing professional career (Harknett and Kuperberg, 2011). The positive relationship between education attainment and the likelihood of having VCT services among better educated men is also the effect of education on maintaining personal wellbeing and curious action to protect against illness. HIV/AIDS has long been inculcated in the Ethiopian school curricula at all levels: primary and secondary school as well as universities and colleges (Ministry of Education [Ethiopia]:2009). It is, however, surprising to observe a positive relationship between educational attainment and the likelihood of having multiple sexual partners among better educated persons. This could be the effect of having better knowledge on the possibilities of protecting against STIs and HIV/AIDS by way of using condom effectively and efficiently despite having sex with multiple partners. According to the 2011 Ethiopian Demographic and health Survey report (CSA and ICF International, 2012), condom use is the highest among better educated males.

While Ethiopian males in older cohorts are more prone to sexual activities but less responsive to VCT services to know their HIV Status, young Ethiopian males have the tendency to engage in sexual activities at later ages and very curious to know their HIV/Status. Highest likelihood of undergoing VCT is observed among males in their late 20s who are required to produce their HIV/AIDS test results to get married either by their fiancés or families of the bride to approve the marriage as well as religious institutions or local civil registration offices to get them the necessary services. It is also important to note the contribution of HIV/AIDS clubs in most of the Ethiopian schools and universities in changing the sexual behaviour of those who are admitted to schools in the recent past (Ministry of Education [Ethiopia]:2009).

Extensive involvement in sexual activities among males having frequent access to media is also a reflection of behavioural change as a result of societal factors in controlling sexual derives and desires (Sharma, 2002). Media is alerting everyone to take actions accordingly whether the consequence of that action has a reward or punishment. For instance, males having frequent access to media were observed to engage in sexual activity at early ages and with multiple partners but with much curiosity to know their HIV/AIDS. This reveals that media is playing significant roles in both sides: stimulating them to engage in sexual activity as well as taking actions to know the outcome of their moves. More likelihood of undergoing VCT among males having multiple sexual partners is also a sign of behavioural change as sexual health service providers are at least giving them proper advice on how to engage in safer sex or live with the HIV even if they have already been infected.

Conclusions: In summary, male's sexual behaviour in Ethiopia is found out to be a function of socio-cultural and social institutions governing human sexuality. Socio-cultural settings in different communities (i.e. regional administrations based on ethnic federation), educational attainment being administered in the school system, religious institutions and the media are observed playing significant roles in shaping the sexual behaviour of Ethiopian males. Given the fact that Ethiopia is still predominated by the influence of traditional norms and values, there is a strong need to make use of both the formal and informal institutions in mediating the sexual behaviour of males to safeguard their personal and partner's health and

wellbeing. As media is playing both the motivational roles of engaging in sexual activities and taking VCT, it is also important to focus on the contents and components of messages being transmitted through national mass media and make efforts to achieve positive outcomes.

References

Central Statistical Agency and ICF International (2012) Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia: Central Statistical Agency Addis Ababa, Ethiopia and ICF International Calverton, Maryland, USA.

Feldman, Philip and MacCulloch, Malcolm (1980). Human Sexual Behaviour. London: John Wiley and Sons.

Harknett, Kristen and Kuperberg, Arielle (2011). Education, Labour Markets and the Retreat from Marriage *Social Forces*. 90(1): 41-63

Horne, Christine (2004). Values and Evolutionary Psychology. *Sociological Theory* 22(3): 477-503

International Conference on Population and Development (ICPD), (1994). Frameworks on Male Involvement in Reproductive Health. ICPD. Cairo, Egypt

Merton, Robert K. (1945). Sociological Theory. *American Journal of Sociology*. 50(6): 462-473

Ministry of Education [Ethiopia] (2009) The Education Sector Policy and Strategy on HIV&AIDS: Responding to the Challenges of HIV&AIDS in Ethiopia. Addis Ababa.

Ministry of Health [Ethiopia] (2006) National Guidelines for the Management of Sexually Transmitted Infections using the Syndromic Approach. Addis Ababa

Sharma, M. L. (2002) Sharing Reproductive health Responsibilities: Men;s Perspectives. The *Journal of Family Welfare* 48: 66 -77.

Sinković, Matija, Aleksandar Štulhofer and Jasmina Božić (2013). Revisiting the Association between Pornography Use and Risky Sexual Behaviours: The Role of Early Exposure to Pornography and Sexual Sensation Seeking. *The Journal of Sex Research*. 50(7): 633-641.

Smith, Kenny, Michael L. Kalish, Thomas L. Griffiths and Stephan Lewandowsky (2008). Introduction: Cultural Transmission and the Evolution of Human Behaviour. *Philosophical Transactions: Biological Sciences*. 363 (1509) 3469-3476

Sternberg, P., Hubley, J. (2004) Evaluating men's involvement as a strategy in sexual and reproductive health promotion. *Health Promotion International*, 19(3):389–396.

Tilson, D. and Larsen, U. (2000). Divorce in Ethiopia: The Impact of Early Marriage and Childlessness. *Journal of Biosocial Sciences*, 32, 355-372.

UNFPA (1996) Men's role in improving reproductive health. Progress in Human Reproduction Research, No. 47. WHO Switzerland.

United Nations (1994) Report of the International Conference on Population and Development, Cairo.

Wright, Paul J. (2011) Mass Media Effects on Youth Sexual Behavior in Communication Yearbook 35 Edited by Charles T. Salmon. London: Rutledge