Research Review NS 18.1 (2002) 27-32

CONJUGAL MORALITY AND SEXUAL VULNERABILITY: THE ELLEMBELLE CASE

Douglas Frimpong-Nnuroh

Abstract

The Ellembelle believe that the institution of marriage is sacred and must also endure. In this respect, the proprietary rights of husband and wife must be protected hence the fashioning out of a conjugal code. The code delineates acceptable sexual behaviour, parenting and domestic responsibilities among others. The conjugal code eschews lasciviousness in both males and females, even though men in some respects get off lightly when they have multiple sexual partners.

It is known that certain risk factors and traditional practices may facilitate the spread of STD's including HIV. Some of these factors are: Permissibility of sex among people who intend to marry, the polygynous nature of Ellembelle society, widowhood rites that warrant the widow to sleep with a virtual stranger after her statutory period of mourning, migrant women who sojourn in Franzie (La Cote d'Ivoire) coming back home to their lovers etc and above all the poor condom culture in Ellembelle. Available evidence shows that AIDS in Ellembelle is real and until recently, female sojourners in Abidjan who return home terminally ill and die were believed to be accursed. In the light of knowledge on HIV/AIDS, the "accursed reason" needs to be properly analysed to establish the link between the risky behaviours of these migrant women and HIV/AIDS.

This paper discusses conjugal morality as perceived by the Ellembelle Nzema of Western Ghana. It also examines human actions that constitute a breach of the conjugal code. The section on sexual vulnerability and the transmission of death is an attempt to portray how traditional and current sexual practices predispose people to Sexually Transmitted Diseases (STDs) including HIV/AIDS. The final section deals with an analysis of HIV reported data from Eikwe Hospital in the Nzema East District of the Western region.

Conjugal Morality

The Ellembelle believe that all living and non-living things are imbued with life traced to *Nyamenle*, the Supreme Being. The individual does not exist by himself, but lives in society with the spirit beings. In this respect, what sustains life is good and what degrades life is evil. The collective consciousness to reward or punish has both mystical and social dimensions. The solidarity of the group creates "we-feeling", a feeling that we are one people governed by a set of traditional norms that dictate rewards and punishments.

Conjugal morality is used in this presentation to describe patterns of human behaviour, attitudes, responses or actions that affect and promote the respect, harmony and relationships associated with the traditional institution of marriage (Dzobo 1975).

The following assumptions underlie the definition above:

i. that marital behaviour must conform to the social dictates of the society

ii. that when a husband or wife holds extremely prejudicial views about their relationship, it undermines conjugal harmony

iii. that the desire to seek individual interest without recourse to the supreme interest of one's partner is immoral and potentially disruptive of the union (Frimpong-Nnuroh 2002).

The conjugal code delineates acceptable sexual behaviour, regulates in-law relationships, parenting and domestic responsibilities. However, variations in conjugal morality from society to society preclude the imposition of one code of conduct as a standard measure.

Manifestation of Conjugal Morality in Ellembelle

The Ellembelle society has a set of moral codes or regulatory mechanisms that govern sexual activity and the marriage institution. Men who keep multiple sexual partners for short durations are described as *adimaale*, eater of women. This is an undesirable sobriquet. A married woman who was promiscuous and gave sexual access to men other than her husband was also described as *adimenya* or eater of men[1]. The Ellembelle believe that such a woman when she later sleeps with her husband will make him ill. The rationale is that the offending semen of her lover would arrest the soul of her husband and make him ill (Agorsah 1997). Marital infidelity in traditional Nzema society covered a broad definition that may capture actual penetration, unconscious adultery,[2] and mere acts of familiarity calculated to lead to intercourse (Busia 1968: 66ff; Ackah 1964, Pavanello 1998: 68, Vallenga 1977: 52-54). Sexual immorality may also be extended to cover dreams, which are interpreted as manifestation of intention. Thus having a dream of sexual intercourse with a married woman or man is taken as sexual reality. To give gifts to a married woman, without the prior knowledge of her husband can be equated to seduction. Worse still is to shave the hairs in the armpit of a married woman. The Ellembelle put religious overtones to adultery as being responsible for a greater number of god-sent diseases which can be stopped once the guilty intercourse ceases (Grottanelli 1998:92). An Ellembelle Nzema husband may place chastity spells on his wife so that he can protect her against trespassers. The practice called *babaso epele* operates by coded principles (Abotchie 1997: 82ff; Goody 1962: 105).

The perception and practices related to menstruation evoke a particular set of moral values and beliefs in Ellembelle.[3] Menstrual blood evokes fear, thus sexual intercourse between a husband and wife during her menses is a grievous offence. The potency of the menstrual blood can make the man ill. A wife who hides her menstruation from her husband and copulates with him is believed to endanger his life.

The Ellembelle Nzema people take a very serious view of a pregnant woman without a husband, *brazinli* because they think that a child should have a father. At the same time, the Ellembelle consider abortion scandalous, a situation that makes a self-acclaimed abortionist impossible to marry. Abortion or *ekoleyele* in Ellembelle Nzema thought devalues human life and disturbs the order in nature. In fact, abortion destabilizes the moral foundations and the sanctity of traditional marriage.

Sexual abstinence is one of the sacrifices that a mother will make for her children in Ellembelle society. By the same token, an Nzema husband who was not a polygynist also had to exercise a great deal of self-control or self-discipline, *asobenwo*. He had to cooperate with his wife to control the birth of children during the post partum abstinence period and postpone pregnancy. A couple whose spacing of the births of their children is inadequate becomes a laughing stock. Practicing sexual

discipline is no excuse for a man to masturbate or willfully destroy his semen. It amounts to a waste of the life force which leads to mystical retribution.

Under the conjugal code, the Ellembelle Nzema distinguish between bedroom taboos called *suakunlu/nnanu edweke* and *butulelile* or quarrels between husband and wife that disrupt the personal relationship (Dzobo 1975: 48ff). Most of the prohibitions under bedroom taboos are personal in nature and should not under any circumstances come into the public domain and become the subject of public consumption and gossip. For instance if one partner wets his/her bed at night, or the man becomes impotent, the matter should be kept strictly within the confines of marital bonds and in strict confidence. A man or woman who discusses such delicate chamber talk with friends cuts a sorry picture of him/herself.

Butulelile can be contextualised, thus a distinction is made between a wifely slap in the bedroom and brazenly hitting one's husband/wife with a broom, ladle or sandal in public. A wife who uses her genitals *maalenu* to curse her husband or strikes him with her loincloth, *siale* has done an "unwifely act". Meanwhile, a wife beater is considered by his peers as fickle and ungentlemanly.

Sexual Vulnerability and the Transmission of Death

The two well-known Sexually Transmitted Diseases (STD's) in Ellembelle are *sekpu* (gonorrhea) and *babaso* (syphilis). The Ghana HIV Sentinel Surveillance Report 1999 indicated that in the screening for syphilis in pregnant women, the highest prevalence of 1.8 percent was recorded at Eikwe in the Nzema East district of the western region. In the year 2000, there were 126 reported cases of STD's in the age group 15-45 for both males and females in all four public health institutions included in this study.[4] Out of the reported cases, 84 (66.7%) were female and the remaining 42 or 33.3% were male. In Ellembelle, certain risk factors and practices may facilitate the spread of STD's including HIV.

First is the traditional perception that sex among people who intend to marry is permissible. With the introduction of the money economy, pre marital youth are able to sell confectionery, serve as drivers - mates or weed coconut plantations, to acquire money. The money made through their own efforts can help them to buy anything, including sex. Boys and girls as young as 13 years are known to have had their first sexual intercourse. (The GDHS Report 1998 put the national average at 17.6 years.) Boys and girls who begin sexual relations early expose themselves to venereal and viral infections. This has come about because the restrictive traditional norms on premarital sex no longer hold.

Second, within marriage, monogamy does not guarantee sexual safety or reproductive health. Risk factors abound and a woman's marital faithfulness does not protect her. It has been estimated that half to eighty percent of infected women (STD's and HIV) in Africa have no other sexual partners than their husband. The Ellembelle Nzema traditional society is potentially polygynous, and men are at liberty to cohabit with other women. Polycoital husbands who are predisposed to unsafe sex pose serious health risks to their wives. Single, divorced or menopausal women who fend for themselves may be pardoned if they enter into consenting sexual liaisons with other men. Sex in these categories of women may be for company or happiness, economic advantage or political leverage. This foible of traditional Ellembelle society constitutes one of the risk behaviours in reproductive health, as does the traditional practice *nviledunwuele*, or widow inheritance.

Third, there is the practice whereby an Ellembelle Nzema widow who had finished mourning her dead husband washes herself in a big river. When she finishes the ritual washing, she must sleep with the first man she sets eyes on, so that she sheds her state of ritual impurity occasioned by the death of

her husband. It is after this sexual encounter with a virtual stranger that she could reintegrate into the society and remarry if she desired. The inherent danger in this practice is the possibility of contracting any STD and in recent times HIV, if the sexual partner is sero-positive.

Fourth, the Nzema have cultural-historic links with the Republic of Cote d'Ivoire, which they call Franzie. Three categories of Ellembelle women migrate to Franzie. The first is Nzema women married to Ivorian men, the second group move to settle with relatives and friends who have permanent abode in Franzie. The third category is women who face economic constraints back home and migrate to better their prospects (see Anarfi 1993; Adomako 1991). The last two groups who do not have regular sex partners and involve themselves in risky behaviour become infected with STD's including HIV. During the annual Kundum festival, a number of these sojourners return home to join in the convivial atmosphere. Some renew their sexual liaisons with their fiancées, promiscuous men or make new lovers and sex partners. Health workers assert that, reported cases of STD's including HIV infections, are at their peak in early October, the period immediately after the festival.

Fifth, the study found out that the most preferred family planning method was injectables, whereas condom use was very low. Off-the-counter sales records were also badly kept. As of April 2001, the female condom was not available in any of the four health institutions included in this study. The injectables appear to give an open sesame to STD and HIV because they only prevent pregnancy, but the condom is a protective shield against death and disease. Injectables were very popular as a family planning method, probably because of the uncooperative attitude of men to use the condom.

HIV/AIDS in Ellembelle

Until recently, female sojourners in Abidjan who returned home terminally ill and died were believed to be accursed.[5] In the past, knowledge on HIV/AIDS was scanty. However, considering the high prevalence level of HIV in Cote d'Ivoire and Abidjan as the epicentre of HIV/AIDS in the sub-region, those women who assign the "accursed reason" are indeed plagued by HIV and die of AIDS.

Health workers believe that patients who frequently contract STDs are highly predisposed to contracting the Human Immune Virus (HIV), which causes AIDS. Patients who are treated for STDs are encouraged to take advantage of the counselling services on risk behaviour at the hospitals/clinics. The thrust of the counselling is to educate on the risk behaviour that leads to HIV/AIDS.

The two broad categories of people on whom tests are conducted are blood donors and patients. Routine tests on 500 pregnant women in year 2000 showed a 5 percent infection rate. This has been stopped because even though the results were not made known to the clients, the practice had the side effect of reducing attendance at the Antenatal Clinic.

Table 1

Results of Blood Donors Screened for HIV from 1996-2000 at Eikwe Hospital

Year	**1996**	**1997**	**1998**	**1999**	**2000**
Total blood donors screened	1167	1365	1389	1387	1285*
Total donors positive	40	42	53	55	50*
% of patients positive	**3.4**	**3.0**	**3.8**	**4.0**	**3.9**

Table 2

Results of Patients Tested for HIV for 1996-2000 at Eikwe Hospital

Year	1996	1997	1998	1999	2000
Total patients screened	326	493	494	604	568*
Total patients positive	143	219	249	273	273*
% of patients positive	**43.9**	**44.4**	**50.4**	**45.2**	**48.1**

Source: Annual Health Services Report, 2000 Eikwe Hospital

*There was shortage of test kits in the last quarter of the year and this affected the number of tests for both donors and patients.

From Table 1, we find that the total donors from 1996-2000 were 6,593, out of which 240 or 3.64 per cent tested positive. For the year 2000 in particular, 1,285 blood donors were screened for HIV made up of 1024 male donors (79.7%) and 261 females (20.3%). The test revealed that 1,235 or 82.6 per cent produced a negative result, as against 50 or 3.8 per cent who tested positive. Of the 50 positive donors, 41 (82%) were males and 9 (18.0%) were females. In the course of the screening, blood samples that tested positive for Hepatitis B were not screened further for HIV. Also excluded were Tuberculosis patients.[6]

The total for patients tested for HIV over the same five year period in Table 2 was 2,485. Out of this number, 1157 or 46.6 per cent tested positive. The figures for year 2000 were 561 made up of 269 males of all ages and 292 females. Males of all ages who tested positive were 106 (39.4%) while 163 (60.6%) men tested negative. 161 or 55.1% females of all ages tested positive as against 131 or 44.9% who also tested negative. Females made up 52% per cent of the test report; 28.7% tested positive while 23.3 tested negative. The age range 20-39 years had the highest number of tested cases, 375, out of which 197 or 52.5 of the number tested positive. A further breakdown shows that the 197 consisted of 60 males and 137 females.

Conclusion

The findings of this study raised a number of important issues for consideration and questions for answer. These include the basic question as to whether sexual behaviour will ever revert to the patterns of self-discipline, fidelity and focus on successful reproduction which were the cultural norm.

More specific questions include:

1. How widespread was the shortage of test kits at the HIV Sentinel Surveillance centres nationwide, and and what are its implications for HIV/AIDS documentation and management in Ghana?
2. What is the situation on the availability of female condom at the four health institutions in Ellembelle, more than one year after the initial research?
3. Is the misconception that AIDS only affects bad people widespread?
4. Who cares for the motherless children of Abidjan sojourners who fall terminally ill and die?

It is hoped that in future funding may be available to commission research into these outstanding issues.

References

Abotchie, C., 1997. *Social Control in Traditional Southern Eweland of Ghana.* Accra: Ghana Universities Press.

Ackah, J. Y., 1964. *Kaku Ackah and the split of Nzema* unpublished MA. Thesis. Institute of African Studies, University of Ghana.

Adomako, A., 1991. *Marginalised women and AIDS in Ghana.* Unpublished ms.

Agorsah, K., 1997. *Marry Me in Africa.* Newark: Black Arrow Publishers.

Akyeampong, E., 1996. *Drink, Power and Cultural Change: The Social History of Alcohol in Ghana c. 1800 to Recent Times.* Portsmouth: Heinemann.

Anarfi, J.K., 1993. Sexuality, migration and AIDS in Ghana. *Sexual Networking and AIDS in West Africa.* Supplementary Issue, *Health Transition Review* 3: 45-67.

Busia, K.A., 1968. *The Position of the Chief in the Modern Political System of Ashanti.* London: Frank Cass and Co. Ltd.

Dzobo, N.K., 1975. *African Marriage: Right or Wrong.* Tema: Ghana Publishing Corporation.

Frimpong-Nnuroh, D., 2002. Marriage and its values among the Ellembelle Nzema of Western Ghana. Unpublished M. Phil Thesis. Institute of African Studies, University of Ghana.

Goody, Jack, 1962. *Death, Property and the Ancestors. A study of the mortuary customs of the Lodaga of West Africa.* London: Tavistock Publications.

Grotanelli, V.L., 1998. Gods and morality in Nzema polytheism. In M. Pavanello ed., *An Italian Tribute to Ghana* pp. 45-57. Pisa: Universita Degli Studi Di Pisa .

Oppong, C., 1995. A high price to pay: for education, subsistence or a place in a job market. *Health Review* Supplementary to Vol.5. 195: 35-57.

——, 1973. Notes on cultural aspects of menstruation in Ghana. *Research Review* 9.2.

Vallenga, D. D., 1977. Attempts to change the marriage laws in Ghana and the Ivory Coast. In Foster and Zolberg, eds., *Ghana and the Ivory Coast: Perspectives on Modernisation.* Chicago: The University of Chicago Press.

Notes

[1] In Nzema society when a married woman establishes that she has had sexual congress with twelve different men beside her husband, then her husband cannot demand *belahele* or adultery fees from any of the men involved. It is said that *ye diamenya* meaning "she has counted men."

[2] Unconscious adultery is a framed up sexual offence. A lovesick married woman took a fancy to a young man but she was spurned. She applied urine the young man had left on a raffia wall into her vagina. Afterwards, she went ahead to report to her husband that the young man in question had seduced her. A trial by ordeal *enlonle* established that indeed fluid from his body entered the woman, where upon the man was fined for adultery (Ackah 1964, Frimpong-Nnuroh 2002).

[3] For example Akyeampong (1996: xvi, 11) and Oppong (1973:75) have both discussed the potential powers inherent in menstrual blood apparently because "it signifies failed fertilization" and for which reason a "woman in the menstrual state must not cross the threshold of a man's house".

[4] The health institutions are Esiama / Nkroful Health Centre, Asasetre Health Centre, Aiyinasi Health Centre and St. Martin de Porres Catholic Hospital at Eikwe. The figures for STD's are under-reported due to the propensity of infected men to self medicate and hide the disease from their wives. Also it takes a longer time to detect it in women.

[5] Some of the symptoms that they are known to show are the following: anaemia, frequent stools, bloated stomach, oedema of foot and face, shingles and oral thrush. Others are diarrhoea, passing of water through the anus, emaciation, prolonged headaches, boils and hair loss.

[6] The St. Martin de Porres Catholic Hospital at Eikwe conducts HIV/AIDS investigations using the HIV SPOT CHECK Test. Confirmation tests using the ELIZA Test are conducted at Effia Nkwanta Regional Hospital at Sekondi.