



Postpartum abstinence among the baoulé of bendèkouassikro: Adherence, male resistance, and sociocultural challenges

Attia Michel Akabile, Kossia Grâce Deborah N Guettia

Department of Anthropology and Sociology, Université Alassane Ouattara, Côte d'Ivoire, Bouaké

Abstract

Postpartum abstinence is a deeply rooted sociocultural norm in many African societies, particularly among the Baoulé of Bendèkouassikro, where it is imposed on women to preserve their health and that of the newborn. However, the role of men in the enforcement of this norm remains underexplored, despite its direct influence on adherence and its evolution. This study aims to analyze men's adherence to postpartum abstinence, their resistance, and the sociocultural implications of their behaviors. This research adopts a qualitative and exploratory approach. Data were collected through semi-structured interviews conducted with a sample of 28 participants, including 17 recently delivered mothers aged 15 to 39 years and 11 male partners. The sampling approach combined typical case sampling and simple random sampling for mothers, while purposive sampling was used for men. Thematic content analysis was employed to examine the data. The findings reveal that postpartum abstinence is perceived as an exclusively female constraint, leading to low male adherence. Men adopt various avoidance strategies, such as voluntarily reducing the duration of abstinence and engaging in extramarital relationships. This progressive challenge to the norm generates marital tensions and fosters a transformation in cultural practices regarding postpartum sexuality. These results highlight the need to involve men more actively in maternal and postpartum health awareness programs to promote a more equitable marital balance and a harmonious adaptation of traditional norms to contemporary realities.

Keywords: postpartum abstinence, male adherence, resistance, marital dynamics, sociocultural norms, Côte d'Ivoire

Introduction

In many societies around the world, the postpartum period is marked by a set of practices and restrictions intended to ensure the well-being of both the mother and the newborn. Among these practices, postpartum sexual abstinence holds a significant place, particularly in sub-Saharan Africa, Asia, and Latin America, where it is viewed as a medical, spiritual, and social imperative (Bonnet, 2021) ^[3]. Traditionally, this abstinence is imposed to protect maternal health, prevent infections, and space births. It is also justified by cultural beliefs that resuming sexual activity too soon after childbirth could weaken the mother or harm the infant's development (WHO, 2023).

Although postpartum abstinence is widely prescribed across cultures, its application varies depending on social contexts and conjugal dynamics. In some societies, the norm is strictly observed, with enforcement mechanisms upheld by families and communities. In others, adherence is left to the couple's discretion, which can create tensions within the relationship. In this context, the role of men in the enforcement of this norm remains understudied, despite being crucial to its observance and evolution.

In West Africa, and more specifically in Côte d'Ivoire, postpartum abstinence is considered primarily a female responsibility. Women are encouraged, or even compelled, to observe this period of sexual restraint, while men are rarely held to the same standard and often feel free to disregard it (Kane, 2022) ^[5]. This asymmetrical perception leads to male resistance, which can take various forms: reducing the duration of abstinence, pressuring wives to resume sexual relations, or seeking extramarital encounters (Diallo *et al.*, 2021) ^[4]. Such behaviours affect family and couple dynamics and gradually contribute to the

transformation of sociocultural norms linked to the postpartum period.

It is therefore essential to examine the role of men in postpartum abstinence: do they adhere to this norm or challenge it? What factors influence their level of adherence or resistance? What are the sociocultural implications? This article seeks to address these questions based on field research conducted among affected populations.

The analysis is structured in three parts. First, we explore male perceptions of postpartum abstinence and the factors influencing their adherence or rejection. Next, we analyse the various forms of male resistance to this norm and their impact on conjugal dynamics. Finally, we examine the broader sociocultural consequences of such resistance, particularly regarding the evolution of family norms and gender relations.

Through this study, we aim to better understand the role of men in shaping postpartum practices and to interrogate the tensions between traditional prescriptions and contemporary realities of conjugal life.

Methodology

This study adopts a qualitative approach, aimed at exploring in depth the representations and practices related to postpartum abstinence among the Baoulé community in Bendèkouassikro. The objective is to understand how this norm is perceived, experienced, and at times contested by those concerned.

The research was conducted with a sample of 28 individuals, consisting of 17 recently delivered mothers aged 15 to 39 and 11 male partners. This selection aimed to capture a range of viewpoints, including those of women directly experiencing postpartum abstinence, elders who

safeguard tradition, and heads of households who influence conjugal decisions.

Access to respondents was achieved using typical case sampling and simple random sampling for the women, and purposive sampling for the men.

Data collection was carried out through semi-structured interviews conducted in both French and Baoulé. This technique allowed participants to freely express their perceptions and experiences, while maintaining a thematic focus aligned with the research objectives. The interview guide addressed three main areas: representations of postpartum abstinence, observed practices, and male resistance to the norm.

The data were analysed thematically, grouping and interpreting responses based on the key themes of the study. This method enabled the identification of cultural dynamics shaping postpartum abstinence, as well as emerging tensions and shifts influenced by modern medical and social changes. While the study follows a rigorous qualitative methodology, certain limitations must be acknowledged. First, the use of typical and purposive sampling for male respondents may introduce selection bias, limiting the generalisability of findings to the wider Baoulé population. The study is also based on voluntary participation, which may exclude individuals with divergent views or experiences.

Second, given the sensitive nature of postpartum abstinence, responses may have been affected by social desirability bias. Some male participants may have downplayed their resistance to the norm or tailored their responses to align with perceived expectations. Conversely, some women, under social pressure, may have overstated their adherence to the norm.

To minimise these biases, several strategies were adopted. Participant diversity was sought to ensure a variety of perspectives. Anonymity and confidentiality were consistently reinforced to encourage openness. Finally, data triangulation was conducted by comparing male and female responses to identify potential contradictions and nuances in the perceptions expressed.

Results

Postpartum abstinence is a cultural norm imposed on women after childbirth, intended to protect both maternal and infant health. However, the question of male involvement during this abstinence period raises several challenges. Our findings reveal that the norm is perceived as an exclusively female responsibility, leading to various forms of resistance and circumvention by men. This weak male adherence directly affects the duration of abstinence and contributes to a gradual transformation of cultural norms.

1. Norm Perceived as an Exclusively Female Responsibility

One of the most striking trends in the interviews is the perception that postpartum abstinence concerns women alone. In the Baoulé culture of Bendèkouassikro, pregnancy and childbirth are considered exclusively female events. This social representation relegates men to the background in the postpartum care process and influences their relationship to the associated practices.

As a result, abstinence following childbirth is seen as a burden that falls solely on women, which helps explain men's disengagement from the norm. Some narratives

highlight this disinterest, showing how postpartum abstinence is regarded as a concern for women only: "Pregnancy, childbirth, abstaining after childbirth that's all women's stuff. We're not really involved in those matters." (E28, 39 years old)

This testimony reveals a certain disdain or minimisation of the postpartum period, underscored by the term "women's stuff," which conveys a dismissive view of this crucial phase for the woman's health. The man expresses a clear dissociation between his role and that of his wife, believing this period does not directly concern him. Such a stance reflects a traditional division of responsibilities where the woman is the only active participant in postpartum recovery, while the man considers himself detached from these concerns.

Beyond this minimisation, other men justify their disengagement by invoking biological and physiological differences. According to them, postpartum abstinence is strictly a woman's issue, as she alone undergoes the physical transformations associated with childbirth: "I'm ready. She's the one who carried the pregnancy, she gave birth. I'm still the same, so this thing of staying without a woman for three months, that's not for me." (E30, 31 years old)

Here, the man draws a firm line between his condition and that of his partner, implying that physical recovery is her responsibility alone. This viewpoint shows a lack of consideration for the emotional and relational aspects of the postpartum period. Pregnancy and childbirth are not merely biological events they profoundly affect the couple's dynamic. This testimony reflects an individualistic approach where the man's desire is prioritised over his partner's recovery needs.

Such an asymmetrical perception contributes to an imbalance in how this period is managed, with women expected to comply with traditional prescriptions while men claim autonomy from these norms. This disparity in expectations and obligations fuels tension within couples and opens the door to various forms of male resistance to abstinence.

2. Male Resistance to Postpartum Abstinence

Although postpartum abstinence is deeply rooted in the traditions of the Baoulé in Bendèkouassikro, it is increasingly questioned by men. The customary three-month period of sexual restraint is often seen as an excessive constraint, leading some men to adopt various strategies to circumvent it. Two main forms of resistance emerged from the interviews: voluntarily shortening the abstinence period and engaging in extramarital relations.

a. Limited Patience Toward Traditional Expectations

Some men do not challenge the principle of abstinence but negotiate its length based on their own tolerance. Rather than following the traditional three-month period, they set a duration they personally deem acceptable: "I can wait a month, a month and a half, two months max. After that, we need to resume otherwise, it's not going to work." (E30, 31 years old)

This statement highlights an individual appropriation of the cultural norm. By adjusting the abstinence period to his own needs, the man contributes to the progressive reshaping of the traditional rule. This flexibility indicates a shift in how norms are perceived: they are no longer rigid but become negotiable based on personal preference.

Some men justify their impatience by citing physical and emotional well-being, viewing prolonged abstinence as difficult or even unbearable: "I get that she needs rest, but I'm a man too. If I wait too long, it becomes hard for me." (E29, 34 years old)

Here, the tension between the woman's need for recovery and the man's sexual expectations is openly expressed. The discourse reveals an imbalance in how conjugal needs are perceived: while the woman is expected to follow tradition without discussion, the man asserts a right to flexibility. When such negotiations fail or frustration grows too strong, some men resort to more drastic strategies to bypass the restriction.

b. Infidelity and Avoidance Strategies

For some men, the abstinence period is simply too long and unbearable. Faced with this perceived constraint, they choose to bypass the rule by seeking other partners: "If I ask her and she refuses, I go elsewhere. I can't wait." (E29, 34 years old).

This testimony illustrates how infidelity is sometimes justified by the imposed deprivation. The man does not view his actions as transgressive but rather as a necessity. This logic reflects a gender imbalance in the application of marital norms: while the woman must submit to cultural prescriptions, the man feels entitled to disregard them without consequence.

Some women, aware of these behaviours, express resignation: "We know! After you give birth, he goes elsewhere even if he doesn't say it, we know." (E10, 55 years old).

This comment shows that male infidelity during the postpartum period is a socially acknowledged reality, even if rarely spoken about within the couple. This tacit acceptance perpetuates an unequal standard in which male needs take precedence over traditional recommendations.

Other women express frustration over this inequality and denounce the one-sided nature of the abstinence rule: "If I have to wait three months, why can't he? That means he doesn't respect what's said." (E21, 32 years old). Such discourse signals a growing critique of unequal practices and a desire to rebalance conjugal expectations.

3. Consequences of Men's Weak Adherence to Postpartum Abstinence

Men's attitudes towards postpartum abstinence have clear implications for conjugal dynamics and the evolution of cultural practices. Male resistance whether through shortening the abstinence period or engaging in extramarital sex progressively reshapes the perception and enforcement of the norm. Two major consequences emerge from this situation: women adapting to conjugal pressures and a gradual erosion of cultural norms.

a. Reduced Abstinence Period Among Women

Faced with pressure from their partners, some women are forced to shorten their abstinence period to maintain marital harmony. In this context, it is no longer tradition alone that dictates the resumption of sexual activity, but also the husband's demands: "I waited a month and a half before resuming with my husband. If I wait three months, he'll go elsewhere." (E17, 25 years old). This statement shows how women adapt their behaviour in response to conjugal realities, despite traditional recommendations. The fear of

their husband seeking satisfaction elsewhere drives some women to resume sexual activity earlier than advised. This situation reflects a power imbalance in couple decision-making, where the man's desires often override considerations of the woman's physical recovery.

Beyond relational dynamics, early resumption of sexual activity can have medical consequences for women. The traditionally prescribed abstinence period is not only culturally driven it also allows for full bodily recovery. Resuming too early can expose women to complications such as infections, lingering pain, or heightened fatigue.

However, under social and marital pressure, these health concerns are often sidelined: "What can we do? We have no choice, or he'll go to another woman." (E19, 28 years old).

This testimony highlights the significant social pressure on women: their abstinence depends not only on their physical condition but also on their partner's potential reaction. The obligation to meet the husband's expectations becomes a decisive factor in resuming sexual relations sometimes at the expense of the woman's health.

b. Progressive Transgression of Cultural Norms

In the long term, men's weak adherence to postpartum abstinence contributes to the gradual erosion of this cultural norm. While in the past the rule was strictly applied, the interviews reveal a growing tendency to negotiate or circumvent the practice, especially among younger generations: "Before, our parents waited six months, even a year. Now it's faster. Young people today don't want to wait." (E14, 31 years old)

This testimony signals a generational shift in adherence to the norm. Once seen as inevitable and non-negotiable, postpartum abstinence is now increasingly modulated based on marital expectations and personal negotiation within the couple. This change reflects a broader evolution in gender relations, where traditional norms must now contend with contemporary expectations of satisfaction and compromise. While this evolution reflects an adaptation to social realities and new conjugal expectations, it also raises concerns about the implications for women's health and well-being. The erosion of this norm is not merely a relaxation of rules, but occurs in a context where power relations remain unequal, and decisions are often made at the expense of women's needs.

Discussion

Although postpartum abstinence remains deeply rooted in traditional practices, it is currently undergoing significant changes under the influence of male resistance and evolving conjugal dynamics. Our findings show that the perception of this norm as an exclusively female responsibility affects the duration of abstinence and contributes to a reconfiguration of gender relations within couples. While numerous studies have focused on the cultural and medical justifications for this practice (Bonnet, 2021; Kane, 2022)^[3, 5], our research provides a new perspective by highlighting the active role of men in transforming this norm. Contrary to the assumption that the weakening of postpartum abstinence stems solely from a decline in traditional values, we demonstrate that it results from an ongoing negotiation between cultural prescriptions, individual needs, and conjugal logics.

Postpartum abstinence: a norm perceived as a female-only responsibility

Our results reveal that within the studied community, men regard postpartum abstinence as a constraint imposed solely

on women and do not feel personally concerned with its observance. This stance is based on a gendered division of roles in maternity: since pregnancy and childbirth are perceived as exclusively female experiences, postnatal restrictions are viewed as women's matters. This perception aligns with the findings of Diallo *et al.* (2021) ^[4], who show that in several West African societies, reproductive health is largely seen as a female domain, leading to low male involvement in postpartum decisions.

However, our study adds a new dimension by uncovering a previously undocumented physiological justification: men rationalise their non-adherence to abstinence by asserting that they have not undergone any bodily transformations requiring a period of recovery, unlike women. This argument is seldom mentioned in previous studies, which have primarily explored this norm through the lenses of tradition and social pressure (Tchatchoua *et al.*, 2023) ^[10]. Thus, our research reveals a double discourse among men: on the one hand, postpartum abstinence is depicted as a female norm; on the other, it is biologically justified to circumvent the constraint.

This asymmetrical view of postpartum abstinence reinforces gender inequalities in managing the postnatal period. While some studies have shown that the evolution of reproductive health norms is often driven by women themselves (Moussa *et al.*, 2023) ^[7], our findings emphasise the role of men in the progressive erosion of this practice, through both biological rationalisations and implicit redefinitions of abstinence duration.

Postpartum abstinence dynamics are not exclusive to the Baoulé community but are also observed in other African societies, although forms of resistance and adaptation vary according to sociocultural contexts.

In Senegal, Kane (2022) ^[5], identifies a similar pattern where postpartum abstinence is perceived as a female responsibility, with men justifying their non-involvement using biological and conjugal arguments. However, unlike the Baoulés of Bendékouassikro, social pressure in Senegal is less intense, and male infidelity is more openly accepted as a temporary "right" of the husband. In Burkina Faso, Traoré and Coulibaly (2022) ^[11], observe that conjugal tensions related to postpartum abstinence are less pronounced in urban areas than in rural ones. In cities, adherence to the norm is declining under the influence of medical discourse and the modernisation of couple dynamics, whereas in rural settings, social control remains stringent. These findings partially echo our own, indicating that educated women are more likely to reassess the practice from a medical perspective. In the Democratic Republic of Congo, Tchatchoua *et al.* (2023) ^[10], highlight a different situation: although postpartum abstinence is a well-established norm, it is often circumvented through informal agreements between spouses, allowing for negotiated flexibility. This contrasts with the rigidity observed in Côte d'Ivoire, where decisions appear to be less consensual and more dictated by male pressure.

These comparisons suggest that, although the phenomenon of postpartum abstinence and male resistance is widespread in West and Central Africa, its application varies depending on the sociocultural context, degree of urbanisation, and influence of medical norms.

Male resistance and the redefinition of abstinence duration

One of the most significant findings of our study is that men tend to shorten the duration of abstinence based on their

personal tolerance thresholds. While tradition prescribes a three-month period, several men voluntarily reduce this to one or two months. This flexibility illustrates the gradual weakening of cultural norms, where individual decisions override collective prescriptions. This phenomenon has been documented by Kouamé *et al.* (2020) ^[6], who note that reproductive health practices in West Africa are increasingly subject to individual adjustments, driven by shifting mentalities and evolving conjugal models.

This trend of individual norm redefinition is also seen in other African contexts. In Burkina Faso, Traoré and Coulibaly (2022) ^[11], observe that urban couples are more likely to negotiate the duration of abstinence based on personal realities, while in rural areas, constraints are imposed by extended families and elder women. Similarly, in the Democratic Republic of Congo, Tchatchoua *et al.* (2023) ^[10], report that the rigidity of abstinence is softened by informal agreements between spouses, introducing a form of flexibility not yet prevalent in Côte d'Ivoire. These variations show that the redefinition of norms largely depends on social structures and the evolution of conjugal relations.

However, our research qualifies this observation by revealing that such flexibility is not always publicly acknowledged. Some men justify their impatience not by openly rejecting tradition but by invoking biological imperatives. This strategy allows them to circumvent the norm while avoiding an explicit challenge to cultural values. This approach discreetly adapting a practice while continuing to uphold it publicly is rarely explored in research on postpartum abstinence. Our study thus sheds light on the tension between the outward respect for tradition and individual strategies of negotiation that contribute to the transformation of the norm.

Infidelity as a circumvention strategy and the normalisation of transgression

When reducing the duration of abstinence is not feasible, some men circumvent the norm through extramarital relationships. Our findings show that this behaviour is often justified by physiological needs and the desire to maintain conjugal balance. This observation is consistent with the work of Traoré *et al.* (2022) ^[11], who note that in many African communities, postpartum male infidelity is tolerated as long as it remains discreet and is framed as a compensatory necessity.

Our study adds further depth by analysing how women perceive this transgression. While some women tacitly accept these deviations, others are beginning to question them, denouncing the asymmetry and calling for greater conjugal equity. Unlike studies that portray postpartum infidelity as a stable norm (N'Guessan, 2024) ^[8], our findings highlight a shift in female perceptions and a growing contestation of this practice.

The consequences of male non-adherence on the evolution of the norm

Our findings indicate that male pressure to shorten the abstinence period has direct repercussions on women's health. Traditionally, postpartum abstinence aims to ensure full recovery after childbirth. However, our data reveal that some women resume sexual activity before full recovery under pressure from their partners, which can lead to persistent pain, increased risk of infection, and prolonged

fatigue. These observations support the WHO's (2023) recommendations, which stress the importance of observing an appropriate postpartum recovery period to avoid complications.

Unlike studies that interpret the transformation of postpartum norms as a mere cultural relaxation (Bonnet, 2021) ^[3], we highlight a form of coerced evolution, where women continuously negotiate between respecting tradition and maintaining conjugal harmony. This tension between upholding norms and adapting to conjugal demands is rarely addressed in the literature, giving our study original relevance in analysing power dynamics within the couple.

Conclusion

Postpartum abstinence, long regarded as an unshakable norm among the Baoulé communities of Bendékouassikro, now stands at the crossroads between tradition and social transformation. Our study has revealed that, although this practice is still formally prescribed, it is increasingly challenged by male resistance that gradually reshapes its contours. Far from being mere individual deviations, such resistance reflects an asymmetrical power dynamic within the couple, where men allow themselves a degree of flexibility that women cannot claim without facing consequences. As a result, adherence to this norm becomes a form of implicit negotiation, where some women, under conjugal pressure, adjust their behaviour to maintain household harmony sometimes at the expense of their physical and psychological well-being.

The originality of our research lies in the light it sheds on the role of men in the evolution of this norm. Contrary to prevailing narratives that attribute the decline of tradition to a general weakening of cultural values, we have highlighted a more complex process, whereby the transformation of postpartum abstinence emerges from a set of adaptations and negotiations between collective norms and individual aspirations. Our findings indicate that these changes are neither consistently acknowledged nor uniformly experienced but form part of a broader movement towards the redefinition of gender relations in West Africa one in which women's voices are increasingly asserting themselves in contesting conjugal inequalities.

Nonetheless, this study presents certain limitations, particularly the absence of a comparative analysis with other ethnic groups, which would have allowed for a broader generalisation of the findings. Despite this, it makes a valuable contribution to ongoing reflections on the tensions between traditional norms and contemporary realities of conjugal life. It is therefore essential to rethink postpartum health awareness policies by more actively including men in these discussions, in order to foster shared responsibility and promote a more equitable balance between respect for tradition and the well-being of women.

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