

Experiences of Intimate Partner Violence against Men living with HIV in Birnin Kudu, Northwest Nigeria: A Qualitative Study

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Abstract

Globally, intimate partner violence (IPV) among women living with HIV is well researched in various settings, but little is known about IPV among men living with HIV. While most of the documented facts are from quantitative surveys, very little has been documented from qualitative studies on the subject. Hence, this study sought to explore the experiences of IPV among HIV-positive men living in Birnin Kudu, Jigawa State Nigeria. This study was carried out using an experiential qualitative research approach which collected data through a semi-structured interview that explored the IPV experiences of 23 HIV-positive men, who were all Hausa – Muslims. Their experience of IPV was explored regarding the types of violence, reasons, and consequences. The data were explored with reflexive thematic analysis. Common themes relating to reasons for victimization, the types of IPV experienced, and the consequences of IPV were generated. All the participants in this study had experienced psychological aggression; some had experienced physical assault, while one of the participants had experienced sexual coercion. The reasons for the victimization: include disclosure of HIV status, domestic issues, and suspicion about extra-marital affairs. The experience of IPV against men living with HIV is complex, with psychological aggression and physical assault occurring concurrently. It is of essence to address IPV among men living with HIV as this may lead to a poorer health outcomes.

Keywords: Experiences, HIV, Intimate partner violence, Men, Northern Nigeria, Rural.

Introduction

Violence against women has been acknowledged worldwide as a social, medical, and human rights problem with instant and delayed concerns [1]. Following the landmark report on family violence in the United States published in the 1980s by Straus and colleagues [2], it was revealed that women could be as violent as men. This suggests that both men and women could use violence to settle an interpersonal conflict. Ever since, there has been a tremendous increase in research in the field of IPV, and it has since gained prominence [3]. Most of these publications challenge the popular feminist perspective that violence is a

product of inequality in power relationship between men and women [4, 5].

IPV denotes any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship [6, 7]. The behavior may include acts of physical violence (such as pushing and hitting, and punching), psychological aggression (e.g., acts of intimidation and humiliation), and an act of sexual coercion [6]. This includes present and previous relationships. It is a global phenomenon occurring in all settings irrespective of socio-economic status, beliefs, cultural affiliation, and gender. It affects

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thousands of people with significant health, economic and social implications.

Globally, the concern of IPV is said to be borne by women, possibly due to the fact that more women recount their experiences of IPV [8], as a majority of males perpetuated IPV are perceived to be more harmful and are associated with severe short- and long-term complications [9]. However, many men find it difficult to report females perpetrated IPV against them due to shame and societal perception; others do not report for fear been ridiculed by peers [10-13]. Apart from not reporting, some men are unwilling to admit that they have been abused and would not seek professional support [12, 14, 15]. Hence it is underreported and the extent difficult to ascertain.

The impact of IPV on men varies; it could be physical, psychological, social, and economic [16–19]. Generally, female perpetrated violence towards men is perceived as trivial, less severe, and injurious hence they are not taken seriously [20]. Contrary to this, evidence suggests that the IPV sustained is damaging both physically and mentally [21]. In comparison to the general population, male victims of intimate partner violence have poorer health outcomes like hypertension, sexually transmitted diseases, and mental ill-health [22]. Further inquiries into the psychological outcome on men who had IPV have shown that there exists a strong association between victimization and the development of personality disorder, post-traumatic stress disorder (PTSD), and depression [23–27]. In the same light, Dim [28] reported several physical consequences, such as sustaining abrasions, fractures, and head injuries which was corroborated by [15, 29, 30]. In a few, these injuries have been life-threatening, while others were fatal, resulting in intimate partner homicide [17].

Though much of what is known about female perpetrated IPV focuses on its prevalence and correlates, motivations and help seeking behavior of the survivors; there is the

dearth of qualitative studies exploring the narration of HIV-positive men regarding IPV. It is important to note that most studies on female perpetrated violence against men have been conducted in developed nations where resources for support exist, to our knowledge, there is no large-scale study that has explored the experiences of HIV-positive men in northern Nigeria. Qualitative research in this field may help to generate theories and understand IPV from the male perspective [31]. This will lessen the need to apply female-aligned frameworks and models. Hence, this study sought to explore the experiences of violence among men living with HIV who are survivors of IPV in a semi-rural community in northern Nigeria. This study will help to create awareness and fill the gap in the literature about female perpetrated IPV among men living with HIV in this rural community in northern Nigeria.

Method

Research Design

This study was carried out using an experiential qualitative research approach to enhance the understanding of how participants perceived their experience of IPV perpetrated by their female partners.

Participants and Recruitment

The participants of this study were HIV-positive men, 18 years and above, attending the specialist clinics of the two Hospitals in Birnin Kudu who had self-identified to have experienced IPV and from a female partner within the last one year. This was a purposive sample. For this study, the WHO definition of IPV [7] was used and included in the information sheet. Research information was passed to HIV-positive men through the records officer when they came to book an appointment for the clinic. Ten participants were recruited from the clinic while 13 participants were gotten from an initial survey on female perpetrated IPV among men living with HIV in

the community. A total of 23 participants from diverse backgrounds were recruited, which is in line with the guideline provided by Braun & Clarke to provide rich information for reflexive thematic analysis [32].

The duration in which the participants were diagnosed with HIV ranged from one to 17 years (mean length of 5 years and 5 months). Fifteen participants had lived with HIV for 5 years or less, 3 participants had the infection for 6 to 10 years, 2 had lived with HIV for eleven to fifteen years, while 3 participants had HIV for sixteen to twenty years. Their age ranged between 25–60 years (mean of 37 years, 9 months); five participants were within the range of 25–29 years, fourteen were 30–49, and 4 participants were of 50 years and above. With respect to their occupation, six of the participants were farmers, 5 were laborers, 4 were traders, 3 were commercial drivers, and 2 were civil servants, while 3 were unemployed. Concerning their occupation, four of the participants had informal education only; 6 had achieved primary level education; 10 attained secondary level education, while 3 had tertiary level of education. They were all Muslims and of Hausa ethnicity. Three of them were divorced though they had experienced IPV before their marriage was annulled, while another three were in a polygamous marriage. Out of the partners of the participants, only two were engaged in paid employment, while others were full-time housewives. All the female partners were HIV positive except one.

Data Collection

The interview was conducted face to face using an interview guide constructed based on the review of extant literature [33–35]. The length of the interview ranged from 11 – 25 minutes. The Research and Ethics Committee of the Jigawa state Ministry of Health approved the study, and permission was sought from the management of the General Hospital Birnin Kudu, where the interview was carried out. Prior to participation, written consent was

obtained from all the participants, and details about the study were provided in the information sheet given to each participant. To ensure anonymity of the participants, pseudonyms used were chosen by the participant at the commencement of the interview [36]. The questions asked during the interview were about their experiences of IPV from their female partners, circumstances surrounding the event, and the effect on their daily life, among others.

Data Analysis

The inductive reflexive thematic analysis was used to analyze the data following the six-phase guide by Braun & Clarke [37]. This was done with Quirkos version 2.0, qualitative data analysis software. In keeping with the objectives of this research, this study adopted a contextualist approach that views the experiences of the participants as contextually situated. This took into consideration the participants' social, cultural, and HIV status [38]. The analytic phase commenced with familiarization with data identifying aspect of it that related to the research questions, and codes were generated. Initial themes were then developed by identifying similar codes and grouping them together. They were then reviewed to see that they suited the data which they were developed from before the names were defined.

Results

The analysis is reported under 2 main headings: reasons for and experiences of IPV, each illustrated with appropriate data extract.

Reasons for IPV

This theme captures all about why the survivor was victimized. Some of the participants opined that prior to detecting HIV in them, they lived happily with their spouse, while in others, their relationship was not the best, but it turned out for the worst with the diagnosis of HIV as it is believed by many of their spouses that getting infected with HIV is a

result of extra-marital affairs. However, there are instances where both parties had acquired the infection from different relationships before getting married but were still victimized.

Before I was diagnosed with HIV, I lived happily with my wife, she is a nice person, and there is nothing you expect from a wife that she would not do. But she changed immediately after I was taken to the hospital and diagnosed with this disease (*Usman*).

My relationship with her was very unpleasant; at times, we would fight for days because she gets annoyed easily. With the disease now, the situation is worse. It is now hell (*Ayuba*).

At the time I was diagnosed with HIV, I was not married; so, when I intended to marry; it was then a policy for the intending couples to be screened for HIV before getting married. The test was conducted, and she was also found to be positive because she is a divorcee. We lived together for a while before She started disrespecting me. She will abuse me, saying unimaginable things and calling me demeaning names. She will keep on saying that if it was not fate, how will she marry someone like me? (*Adamou*).

IPV can occur any point in time in any intimate relationship as illustrated above, for each case, the reason may differ. Some of the common reasons reported by the participants include having challenges with meeting the daily needs of the family, jealousy by the spouse and HIV disclosure. This narration by HIV positive men provides their perception of the victimization.

Domestic issues. Some of the participants describe that if a man can adequately provide for his family as it is expected, no woman would maltreat him. Money is needed to fulfill the essential needs of life like provision of shelter, feeding and clothing. This is illustrated by the extracts from some of the transcripts.

She really dealt with me, said unimaginable things to me. These kind of embarrassment has become a daily affair from her because she

knows that I don't have anything, I don't really have a specific occupation, I am a hustler, and if not for this cleaning job that I am doing that will cater for our needs I will be out begging. At times if I receive my allowance and buy some food stuffs she will become so happy and even crack jokes, but when it finishes, she will change and continue misbehaving (*Aliyu*).

Whenever I am not able to meet her demands, it is trouble, but I don't have the money. I don't have any other work apart from farming which flourishes during raining season. When I don't have money to spend on her, she will start complaining that I only married her to suffer her after several verbal insults (*Mansur*).

Like I told you earlier, when you are the one providing for the family, especially what we would eat and drink, and you are no longer able to do so due to this disease, then there will be problem I realized that I could no longer source for money like before. Also, things are now pretty much expensive, unlike before, but she does not seem to appreciate that. Her concern is for you to meet all her needs which is unrealistic now. You are trying your best, but she will keep abusing you, complaining about all you do. It is better to leave her alone (divorce her) (*Mohammad*).

The traditional role of the husband is to provide basic amenities of life and take care of his family based on his capabilities; however this requires money, and when this is not possible, it may be met with a display of disaffection. This can manifest in various forms of violent behavior toward the man.

Disclosure of HIV infection. Following the disclosure of the HIV status to their spouses, most of the participants noticed either a change in attitude in their relationship, especially where the spouse knew her status to be negative prior to going into the present relationship. This was often associated with one form of violence or the other as already documented among women living with HIV experiencing IPV [39]. This may be psychological aggression or physical

assault as expressed by some of the participants:

It is the situation we found ourselves in that made us to fight. Her misbehavior was a direct consequence of acquiring the disease because before the diagnosis, there was nothing like that, She was always saying I infected her with this disease and that I cheated her. We quarreled over this every time. Sometimes she would move to her parent's house, and I will have to go and bring her back. This, she did severally (*Garba*).

She would say I infected her with the disease, that she knew her status before marriage. She is worried about how people will treat her if they know about this. She is always complaining and insults me at every opportunity. You know, before now, she does not talk to me like this (*Dayyabu*).

She showed her dislike for me, even though she has the same disease in her body (also HIV positive). She is mad at me because I infected her, and it is because of this that she refused to live with me as we used to. Truly, this is what she kept in her mind, and she cannot stay with me in peace. It is from one problem to another, and she had threatened to kill me (*Ibrahim*).

The detection of HIV in the partner is often shocking, and knowing fully well that it has no cure it calls for concern though it can be managed successfully like any other chronic ailment. Much more, it is the fear of stigmatization and discrimination hence the violent behavior.

Suspicion of Extra-marital affair. Since HIV is mainly acquired through sexual intercourse, it is believed by many that their husband must be involved in another relationship outside theirs for him to acquire the infection hence the suspicion. However, in other instances where both parties had acquired the infection before knowing each other, the man can decide to marry another wife. This is common in Africa, and it is entrenched in the tradition and culture [40]. To this end, many women may become unhappy and may show their disapproval of the

relationship by becoming violent. Below are extracts to buttress this point:

I went to the hospital to see a doctor due to persistent diarrhea, and I was later told that I have HIV. Just telling her this, she flared up. She started screaming, shouting, and hurling abusive words at me. This attracted our neighbors to the scene. What is happening, they asked? She exclaimed! See, my husband has gone to acquire this disease (HIV); she continued ranting and hurling abusive words at me. Afterward, she said this was not natural, but it is as a result of my several amorous relationships with other women, which she had always suspected (*Shagari*).

I did not have a car to use for my work (commercial transporter), so I went to borrow a vehicle to work with from my friend; hence I did not get back home till late in the night. This resulted in a problem between us. Nobody slept till morning because of that. She started insulting me and calling names that I chase women all about. Otherwise, how would I be coming back home at this time of the night? (She believed I was with another woman) (*Surajo*).

Having an extra-marital affair is perceived as unfaithfulness in any relationship, and it remains a risk factor for sexually transmitted infections, including HIV; hence it is usually frowned at in any relationship. However, in communities where Polygamy is practiced, it remains an option for infidelity, especially in northern Nigeria, although though many women disapprove of it as it is associated with domestic violence [41].

Experience of IPV

In this study, psychological IPV refers to being insulted, shouted at, told something spiteful, having any belongings destroyed deliberately, or the partner stomping out of the room during an argument; while Physical IPV refers to being slapped, shoved, grabbed, punched, kicked, hit, or suffered burn/scald injury [31]. Most of the participants

experienced both psychological and physical IPV perpetrated by their spouses.

Psychological IPV. The entire participant had experienced this form of IPV, either from a previous relationship or a current relationship. Psychological aggression is often trivialized and not talked about. For instance, deliberate damaging of property and verbally insulting the partner are notable forms of psychological violence as illustrated in the excerpt below:

I went out and suffered to get money. I then bought foodstuffs home with the intention that she would cook it, but on entering the house and handing the items to her, she just flung them away, just like that, and she started insulting me before now she never behaved like that, but since I have acquired the infection, she started misbehaving calling me names and abusing me. She calls me useless man that I always follow women of easy virtues (*Ali*).

She promised that anything I own will not multiply (increase in number). She will destroy them. I rear small animals from goats, and duck to other smaller animals. She killed six big goats, 18 ducks, and nine chickens apart from the three abortions she procured. She is not nice to me at all. Even if my mother is going to die, she would not go and greet her. All the time I want to go out, she will say pauper, cursed person, and useless man safe journey! (Sarcastically) (*Mahmud*).

We spent over a month without talking to each other. Finally, when she started talking to me, she started saying I cheated her and that I have ruined her life. She started screaming and shouting on me, saying bad things, which drew the attention of our neighbors that they came to reconcile us. This is endless, and it happens day and night with no rest. I don't have peace of mind and cannot sleep at night (*Mansur*).

When someone is angry with you and threatens you severally that she will kill you, be sure she can do anything as we often hear it on the radio. I told my parents about her threats, and they advised me to leave her alone. We are now divorced (*Saleh*).

She keeps tormenting me with her misbehavior. This is how I have lived with her, unhappy for years. Today its trouble-free tomorrow is filled with trouble. There is nothing she has not said, she is always abusing me, calling me names. She would wake me up at night and start raining abuse on me. Sometimes, this will be unbearable that I will have to reply her. This sometimes led to physical combat, and the last time, she injured me (*Shagari*).

Physical IPV. Participants also experienced physical assault, which is usually a sequel to psychological aggression. Sometimes the two may occur simultaneously.

She did all sorts to me beyond what you can imagine. 'This is guaranteed'. Like verbal abuse, grabbing me at the throat and the collar of my shirt, tearing my dress, pushing me hard against the wall, and threatening to injure me with a broken bottle (*Mohammad*).

I have experienced a lot of violence; it is not once or twice and in different forms. For instance, like verbal abuse, which will result into a physical fight, and at times she will use the kitchen knife to threaten me, and sometimes she succeeds, about twice or thrice (*Adamou*).

Following the verbal abuse which I ignored her, she took a stick to hit me with it. Yes! She did that. She knows that if it is the use of hand 'am stronger than her. She can only use weapon. There was a time she took a pestle, and I took a strong and long stick. Before she could use the pestle, I hit her. I slapped her and her mouth started bleeding. As a result, she threatened to sue me (*Aliyu*).

She stoned me and sometimes when she tried to hit me with her hand, I often hold her hand. She often grabs me by the dress and squeezes it tightly, threatening me. There was a time I was sleeping in her room, and she poured hot charcoal on me (*Ibrahim*).

Irrespective of who initiates it, it can be in retaliation to the initial assault. In which case it may be difficult to ascertain who the victims is Sexual coercion. This is a common mode of

sexual violence, although it is uncommon in this part of the country, and only one participant talked about it.

There was a time that she cornered me and insisted that I had intercourse with her when I did not want to (*Surajo*).

This is a complex issue because of the role religion, culture, and tradition play in marital issues in this part of the world. People shy away from talking about issues related to sex. However, many participants have reported being refused sexual intercourse by their spouses following their disclosure of HIV status.

Any time I approach her to have sexual intercourse; she will decline, believing that I will increase the number of pathogens causing the disease in her. This is why she declines to have sexual intercourse with me. There is nothing she would not say about me infecting her, and that is why I am facing this (*Ayuba*).

There was a time that I wanted to have sexual intercourse with her, but she reached out for a stick and hit me with it. I sustained a mild injury (*Ado*).

Often when I show her that I have the desire to have sexual intercourse with her, she will say God forbid. This has happened several times, and it has remained so. I became frustrated that I started thinking of having extra-marital affairs. She refused to have sexual intercourse because I infected her (*Adamou*).

The Effect of IPV

The consequences of IPV on the survivor vary from the physical injury sustained to psychological effects and loss of productivity.

Physical

The last time we had a fight when she attempted to hit me with an object, I tried to block it with my hand, but it was not successful, so she hit me hard with the object. I sustained dislocation in my hand, which I sought treatment for. Secondly, there was a time she injured my hand by biting it, and I lost

some blood from the injury I sustained. I had to go to the hospital to treat myself again (*Surajo*).

Psychological

I felt disappointed, sad, and depressed by her behavior. Because before this incidence (HIV infection) we lived happily together and never had any form of violence. I lost interest in attending social function, and meeting friends and colleagues (*Shaibu*).

It has gotten to the extent that I could not sleep at night, and the moment I wake up around 11.00 or 12.00 in the night, I would not be able go back to sleep. Sometimes I must keep praying to God so he may bring ease (*Aliyu*).

Afterward (following the Physical assault), people in the community made jest of me that my wife is beating me. Because of this challenge, I was experiencing with her, I wanted to have extra marital affairs. But I considered that I might infect the woman I meet. I feel sad, humiliated, and worthless (*Abdullah*).

Economic Loss

The consequences of IPV can be immediate or delayed. Most times, it results in the form of incapacitation or loss of the ability to conduct normal routine activities which would generate income.

When I think of the way my wife is maltreating me while working on the farm, I will completely lose interest in the work. For instance, if I were to work for 4 hours, once the thought arises, I will have to stop and sit in the farm or under a tree and ruminate over it. Some other times, I will just stop the work. There was a time I rented farmland for dry season farming but never went there because of the situation (*Shagari*).

This has seriously affected my relationship with my customers, and to be honest, I don't interact like I used to. This is because when I am at work, I feel bad. The thought of the things happening at home is what prevents me from carrying out my business very well. I am

not happy at all. At times I even hate myself (*Ayuba*).

For instance, you may wish to do something but when you reflect over what has happened, you will just lose interest in everything. Sometimes when you are feeling bitter, you will just decide it is better you don't go to work. Truly, it really affects my business (*Dayyabu*).

Sometimes if I go to the farm to work, but because of the thought of the ongoing violence with her I will just lose interest in the work and return home. Other times, I will start the day with violence, and I will not be able to go to the farm. Also, because she refused to cook for me, often times I eat outside or didn't eat, and it is not possible to go and work on the farm feeling hungry (*Mansur*).

The effect of IPV on the survivor are interrelated, apart from the physical injury which limits one's performance, the psychological stress it poses prevents one from doing as much as he should. All this will result in a loss in manpower and man-hour.

Discussion

To our knowledge, this is the first qualitative study on this subject from northern Nigeria. This study sought to explore the experiences of IPV among HIV-positive men. From the findings, this study highlighted that the main perceived reasons for the victimization of the participants were disclosure of their HIV status, domestic issues, and suspicion of engaging in an extra-marital relationship. This study also revealed the nature of psychological aggression and physical assault experienced by the victims. The psychological aggression ranged from being insulted, called belittling names and being shouted upon to deliberate destruction of properties belonging to the participants, while the physical assault experienced ranged from being grabbed at the neck, and hit with a weapon to being scalded which required prompt medical attention. Furthermore, this study showed that men could be coerced into having sexual intercourse, which is a form of IPV.

It is important to appreciate these findings in the context of the culture in northern Nigeria, like any other patriarchal society. The man is expected to fend for his family while the women are occupied with taking care of the home, and they usually rely on their husbands for their source of livelihood [42]. Hence, the men are likely more educated, are in paid employment, and economically more powerful. This may suggest inequality in power, and one may expect that IPV should always be perpetrated by men; however, this may not be so. In the face of any compromise on the side of the men, women are known to also perpetrate violence as observed in this study. Similar findings have been reported by [43] in a study of IPV among men with Physical disabilities [43], among men with mental health challenges by [44], and among men who abuse alcohol [45]. Though the reasons for victimization may vary as noted above, it is generally presumed that men living with HIV like women living with HIV, experience violence as a result of discrimination [46–48]. Though, it is possible that some women show their discontent to their partners for infecting them with HIV by resorting to violence, while others use violence to settle grievances between them and their partners. However, there is no previous research on IPV perpetrated by women against men living with HIV to support this thought. Nevertheless, it is important to mention that there are reports that suggest that the motivation for perpetrating IPV by men and women are similar [17, 49].

Reflecting over the experiences of IPV by the participants suggests that most instances of violence experienced begin with a form of psychological aggression such as verbal abuse, which deteriorates to physical assault if uncontrolled. Interestingly, some of the men also responded to the verbal abuse verbally or physically. This may be a simple perspective of the violence experienced as both psychological aggression and physical assault may occur simultaneously or could have been in response

to initial violence by the male partner. Though sexual coercion is a form of sexual violence, often times, it is not perceived as such in marital relationships, especially in African settings due to the role of culture and tradition in marriage as men are the ones expected to initiate sexual intercourse [40, 50]. Men's experience of sexual coercion within marriage is not well understood, but it has been ascribed to an increase in female sexual desire and sexual urgency [51]. Furthermore, sexual violence is often focused on women and trivialized when it affects men [52]. But this is contrary to what is obtainable in developed nations where sexual violence is hinged on infringement of sexual rights a derivation of an aspect of human rights, and as such, it is a serious issue [53, 54].

Limitations and Suggestions for Future Research

Though this study brought more insight to the experiences of IPV among HIV-positive men residing in a rural community, the findings cannot be generalized to all HIV-positive men in the community. The recruitment of the participants could have introduced bias as some were self-identified while others were recruited from an initial survey conducted at the specialist clinic where they receive care. The reasons or motivations for the victimization of

the participants were based on their narration and their perception of the circumstances that prompted the abuse, which in actual fact, may not be so.

Future studies should involve women who perpetrate IPV against men living with HIV so as to have a broader view of the reasons and motivation for this act. Also, more qualitative studies are needed to highlight the help-seeking behavior of the victims.

Conclusion

HIV-positive men also suffer from IPV, and their experience is complex, with psychological aggression and physical assault occurring concurrently. The violence can be bidirectional, and it is attributed to the disclosure of HIV status, domestic issues, and suspicion of extra-marital affairs. It is of essence to address IPV among people living with HIV who are victims of IPV irrespective of their gender.

Conflict of Interest

We hereby declare no conflict of interest.

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