

Original Research Article

Socio-demographic determinants influencing health seeking behavior by men experiencing intimate partner violence in Kisumu municipality informal settlements, Kenya

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ABSTRACT

Background: Socio demographic characteristics are key factors in the health seeking by men experiencing intimate partner violence (IPV). A recent study in Kenya showed that 9% of men experience spousal violence with no reports showing their health seeking behavior. This study assessed the socio-demographic determinants on health seeking by men experiencing IPV in Kisumu municipality informal settlements.

Methods: From a target population of 81,882 adult males, 438 adult males aged 18 to 54 years were included in the study from Kisumu municipality informal settlements. Questionnaires were administered to the study participants. Frequency tables expressed as counts and corresponding percentages; chi square test and multiple regression analysis were used in the study.

Results: With 398 responding to the survey, there was 90.8% response rate. Findings showed that 72.4% of the respondents have experienced IPV, out of whom only 19.8% sought health services. Results of socio-demographic characteristics showed that married wage-earning men of ages 18-35 years with secondary and above level of education sought health services when experiencing IPV.

Conclusions: The study established that health seeking in men when experiencing IPV is low despite the fact that it could be life-threatening. Interventions are thus required that would help address men's cases when faced with any form of violence.

Keywords: IPV, Informal settlements, Socio-demographic characteristics

INTRODUCTION

Intimate partner violence (IPV) being a major cause of social and health problem, it is associated with severe physical and mental health difficulties.¹ One in every seven men have experienced IPV.² There are neglected cases of men being potential sufferers of violence with previous studies focusing on them as perpetrators of the same.³ In 2012, there was a worldwide death of more than half million individuals as a result of IPV in which, 81% of IPV deaths being men.⁴

A report from 2013 Nigerian demographic health survey had generated data in which, descriptive statistics were adopted to analyze the characteristics of the respondents

while multiple logistic regression analysis run to test the hypothesis and assess the predictors of IPV by women.⁵ The significant findings from the survey indicated that religion, education, marital and employment status, were the main causes of violence by their intimate partners.⁵ However, it is unknown whether the men who suffer from domestic violence go for treatment or not. This is of great concern as shows that earlier studies such as consistently found that women use weapons more often in assaults than do men (80% for women; 25% for men), where women are significantly more likely to throw an object, slap, kick, bite or hit with their fist or an object.^{6,7} The health seeking by men experiencing IPV thus remains a grey area.

A report from the Kenya demographic health survey 2014 shows that Nyanza region experience higher levels of IPV against men.⁸ A qualitative data analysis conducted in Kisumu County from both key informant interview and focus group discussions revealed that IPV was high in Kisumu informal settlements with sexual abuse on both genders.⁹ This study is thus conducted in Kisumu County informal settlements as there are rising cases of IPV and that violence cuts across with men suffering in silence.

In Kenya, the government encourages dialogue in marriages to help curb the rising cases of injuries and deaths as a result of IPV. This has worked well with women while men kept silence over their cases out of the cultural norms in which they should not show out their grievances in public. This study thus assessed the key socio determinants to ascertain health seeking by men experiencing IPV. These findings are crucial to policy makers and the health care workers in the gender violence centers since more consideration should be placed in men presenting with chief complains of injury to the body and look of depression.

METHODS

Study area

This study was conducted in Kisumu municipality informal settlements with participants recruited from the same informal settlements. Kisumu being the third largest city in Kenya, it has gender-based violence center at the Jaramogi teaching and referral hospital, which is a level five hospital.¹⁰

Study design

This was a cross-sectional study design conducted in September, 2019.

Study population

The study participants included adult male respondents of 18-54 years. Participants who declined to be interviewed were excluded from the study. The sample size was arrived at through a simple random sampling.

Data collection

Data was collected through questionnaires with the help of research assistants who were giving special training on how to collect sensitive data. This is in view to the recognition of the challenges in collecting data on IPV.

The study obtained ethical clearance from Maseno university ethics review committee and from the national commission for science, Technology and Innovation, reference number, 285246. Authority to conduct the study was obtained from Kisumu County commissioner and from the ministry of health.

Questionnaires were page by page to check for completeness. They were then coded by the corresponding author in the statistical package for social science version 23. The analysis reviewed by all authors.

RESULTS

Summary of the variable characteristics

Out of the interviewed 398 male participants, those of ages 18-35 years were more than half 278 (69.8%). The never married men were 190 (47.7%) while 187 (47.0%) of the participants were married. Divorced or separated or widowed men formed 5.3%.

In regards to education, those with secondary and above level of education were of the highest with 79.9% with 15.6% having completed their primary education. The 4% of participants never managed to complete their primary education while 0.5% of participants had no education.

On employment, wage earners were more than the unemployed at 51.5% and 46.0% respectively. Few participants (2.5%) were self-employed (Table 1).

Table 1: Socio-demographic characteristics of the study participants.

Variables	Responses (398)	Percent (%)
Age, (Years)		
18-35	278	69.8
36-54	120	30.2
Marital status		
Never married	190	47.7
Married	187	47.0
Divorced/separated/ widowed	21	5.3
Education		
No education	2	0.5
Primary incomplete	16	4.0
Primary complete	62	15.6
Secondary +	318	79.9
Religion		
Roman Catholic	51	12.8
Protestant	297	74.6
Muslim	40	10.1
No religion	8	2.0
Other (s)	2	0.5
Employment		
Wage earner	205	51.5
Self- employed	10	2.5
Unemployed	183	46.0

It showed study participants’ socio-demographic characteristics in Kisumu municipality informal settlements, 2019.

Experience of IPV

Among interviewed men, 72.4% had at least experienced IPV with 21.4% having no experience. Those who couldn’t respond to question were 6.2% (Table 2).

Table 2: Experience of IPV.

Variables	Numbers	Percentage (%)
Ever experienced IPV, (n=398)		
Yes	288	72.4
No	85	21.4
No response	25	6.2

Health seeking by men experiencing IPV

Few men (19.8%) sought health services having experienced IPV with the majority 194 (48.7%) acknowledged that they never sought health services. This is of a major public health concern as men form a vital part of the community. Out of the 19.8% men who managed to seek health services, 67.5% went to the hospital with 32.5% preferring over the counter prescription from pharmacists as illustrated in Table 3.

Table 3: Health seeking by men experiencing IPV.

Variables	Responses	Proportion
Health seeking, (n=398)		
Yes	79	19.8
No	194	48.7
No response	125	31.5
Places where men sought health services, (n=79)		
Hospital	53	67.5
Other herbalists, chemists	26	32.5

The table showed health seeking behavior by men experiencing IPV and the places men experiencing IPV sought health services with their corresponding counts and proportion.

Socio-demographic determinants and health seeking by men experiencing IPV

Eighteen percent of men of ages 18-35 sought health services when experiencing IPV while 45.0% never sought health services. On men of ages 36-54, 28.2% sought health services when experiencing IPV with 57.5% never seeking health services. On marital status, 17.9% of the ever-married men sought health services when experiencing IPV versus 38.4% who never sought health services. Twenty-one-point nine percent of the married men sought health services when experiencing IPV versus 56.1% who never sought health services on experiencing IPV. For divorced or separated or widowed men, 19.0% sought health services on experiencing IPV while 76.2% never sought health services.

On education, 19.5% of men with secondary and above level of education sought health services on experiencing IPV while 49.1% never sought health services. For those who had completed primary education, 16.1% sought health services versus 45.2% who never sought health services on experiencing IPV. Thirty-seven-point five percent of the participants who had not completed primary level of education sought health services when experiencing IPV yet 56.3% never sought health services. Lastly on education, 50% of the participants who had no

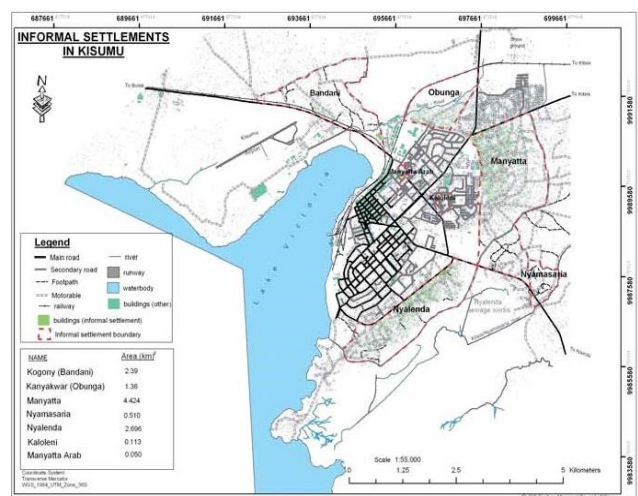
education sought health services while 50% never sought health services on experiencing IPV.

In terms of employment, wage earners who sought health services on experiencing IPV were 19.0% while 51.7% never sought health services. For the unemployed, 20.8% sought health services yet 46.4% never sought health services on experiencing IPV. Concerning the self-employed, only 20.0% sought health services with 30.0% never seeking health services on experiencing IPV.

Of men’s socio-demographic determinants, health seeking was associated with age (p=0.001) and marital status (p=0.000) (Table 4). With a single outcome variable that is, health seeking, and more than one independent variable, that is age and marital status, multiple logistic regression was used to determine which group under age and marital status sought health services than the other when experiencing IPV (Table 5). By running the multiple logistic regression, there was no association and likelihood of seeking health services when experiencing IPV within the ages and marital status of the respondents, owing to the p results and odds ratio.

In as much as there was no association in health seeking within the age cohorts and marital status, descriptive statistics shows that married men of ages 18-35 years sought health services more than men of ages 36-54 yrs, never married and divorced, widowed or separated men.

On the socio-demographic determinants of health seeking by men experiencing IPV, the descriptive statistics shows that an overall health seeking by men was poor. This could be out of inadequate knowledge men have on the importance of seeking health services when experiencing IPV. There could be fear of ridicule from the health professionals and thus they could lie on the cause of injury they have attained hence miss on the psychosocial counseling on how to deal with the IPV.



(Municipal Council of Kisumu: Department of Planning).

Figure 1: Map of informal settlements in Kisumu municipality.

Table 4: Socio-demographic determinants and men’s health seeking behavior in Kisumu municipality informal settlements.

Overall population	N	%	Men’s health seeking				χ^2	P value
			Yes, (n=79)		No, (n=194)			
			Count ^a	%	Count	%		
Age (Years)								
18-35	278	69.8	50 (55.2)	18.0	125 (135.5)	45.0	13.665	0.001 ^b
36-54	120	30.2	29 (23.8)	28.2	69 (58.5)	57.5		
Marital status								
Never married	190	47.7	34 (37.7)	17.9	73 (92.6)	38.4	29.500	0.000
Married	187	47.0	41 (37.1)	21.9	105 (91.2)	56.1		
Divorced/separated/widowed	21	5.3	4 (4.2)	19.0	16 (10.2)	76.2		
Education								
No education	2	0.5	1 (0.4)	50.0	1 (1.0)	50.0	9.140	0.166
Primary incomplete	16	4.0	6 (3.2)	37.5	9 (7.8)	56.3		
Primary complete	62	15.6	10 (12.3)	16.1	28 (30.2)	45.2		
Secondary +	318	79.9	62 (63.1)	19.5	156 (155.0)	49.1		
Employment								
Wage earner	205	51.5	39 (40.7)	19.0	106 (99.9)	51.7	2.946	0.567
Self-employed	10	2.5	2 (2.0)	20.0	3 (4.9)	30.0		
Unemployed	183	46.0	38 (36.3)	20.8	85 (89.2)	46.4		

^aNumber in brackets are expected values, ^bSignificant result at 5% alpha level. The table above showed participant’s seeking or not seeking health services based on socio-demographic determinants.

Table 5: Association between age categories and marital status on health seeking.

Variables	P value	Odds ratio	95.0% C. I.	
			Lower	Upper
Age (Years)				
18-35	0.858	1.051	0.610	1.810
36-54	0.00	2.379		
Constant				
Marital status				
Never married	0.541	0.537	0.167	1.727
Married	0.297			
Divorced/ separated/widowed	0.449	0.640		
Constant	0.013	4.000	0.202	2.029

The table above shows the p value, odds ratio and confidence interval on age and marital status of the participants.

DISCUSSION

Demographic characteristics of a population such as age, educational qualification, marital status and employment affects health seeking behaviour by men experiencing IPV. On seeking health services when experiencing IPV, men are taught on how to handle IPV to avoid further recurrence. Seeking of health services could fail out of other reasons like service target perception, shame, fear, embarrassment, denial and stigmatization.¹¹ This study reported married men of ages 18-35 years to be seeking health services when experiencing IPV. This differs with a study by who found out that men of relatively younger ages are not prone to health seeking as compared to their intimate partners.⁷ Patterns of health care utilization are complex within men and it is likely that variety of masculinity ideologies, norms and gender roles play part in discouraging men’s health seeking.¹² Younger married men were more likely to seek health services when

experiencing IPV as they could lie about the causes of their injuries and even blame their injuries on their own mistakes such as careless fall and other accidents while others would easily decide to pretend not to be married.

Men’s behavior towards health seeking when experiencing IPV could be as a result of their educational level.¹³ Men with higher level of education should be seeking health services because of the awareness level they hold on the impact of an illness or injuries to their bodies. From the finding of this study, those with secondary an above level of education sought health services more than those with no education, primary incomplete and primary complete level of education. This study thus concurs with that found out that pronounced education gradient in health suggests that as level of education increases, so does the likelihood of positive health outcomes.¹⁴ Health seeking could therefore be attributed to the nature of violence though the affected

men lie about their reasons of visit to the hospital.¹⁵ This study therefore differs with who found out that most educated men are not prone to seeking health services even if they had a medical insurance.¹⁶

Unemployed or self-employed men viewed health seeking as time wastage as the time taken to seek care after determining a need in men and the time taken to interpret result by the medical practitioner are not worth their waiting. They thus stated that their condition will improve over time or on their own. The unemployed men could fail to seek health services because of inadequate funds. This study is consistent with who suggested that those who lose their jobs lose their health benefits and reduced income translating to not being able to seek health services when experiencing IPV cases.¹⁷

Limitations

The major challenge that was encountered in this research study was the difficulty in convincing the study participants that the information will be treated with confidentiality and solely for the purpose of the study. The confidentiality was addressed by using codes instead of names of the participants and in keeping the records secure through the use of password protected files. Participation in the study was voluntary. However much the participants were interviewed, they kept more information thus required more time for creating rapport as the information was to create richer data for policy review on IPV against men. This study is more into cross-sectional descriptive and thus with longitudinal study, there would be more time required in the creation of rapport with the participants.

CONCLUSION

Men of diverse socio demographic characteristics experience IPV. They rarely report/ seek health services following IPV. Younger men are married and working are more likely to seek health services than older men.

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