

Strategies necessary to assist HIV positive women (PLWHA) experiencing domestic violence in Abia State of Nigeria

By

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Abstract

Introduction

People living positively with HIV and AIDS (PLWHA) especially women who face the risks of being rejected, beaten, chastised and others, need interventions to reduce the trend. Studies have shown that most surveys on violence and HIV/AIDS concentrate on developing interventions to assist women to reduce violence without involving them (PLWHA) when developing such interventions. Study aims at using participatory reservation approach (PRA) to work with PLWHA in developing feasible interventions for reducing violence against them. This technique is considered appropriate because only individuals experiencing violence can suggest effective measures to reduce it.

Method:

Total sample of 96 PLWHA in the network of PLWHA participated in the study. PLWHA in the network was used because of the difficulty in identifying PLWHA

in the society. Individuals who are HIV positive are reluctant to disclose their sero-status to others for fear of violence. It was therefore, considered safer to use those who have publicly declared their sero-status and are members of the network.

Data collection instruments were focus group discussion and questionnaire with semi-structured questions, which were both administered, and self-administered.

Data were analyzed qualitatively and quantitatively using simple percentages.

Though women (PLWHA) are targeted, men were also included to enable them (men) suggest practical strategies for encouraging men to minimize violence against women in the society.

Results:

Finding showed that 65(67.7%) of PLWHA experienced violence ranging from chastisement to beating after disclosing their sero-status to others. Majority of PLWHA 54 (56.3%) suggested organizing role-play in public places like markets, churches and others as feasible intervention to reduce violence against them. This they believe would reveal the plights of PLWHA.

Conclusions:

PLWHA suggesting role-play as most important strategy to reduce domestic violence shows that some individuals lack knowledge of PLWHA plights. Therefore, enlightenment seminars and/or workshops on risks of domestic violence against PLWHA are needed.

Key words: domestic violence, partner notification, intervention, sexual behaviour, infidelity

1.1 Introduction

People living with HIV and AIDS (PLWHA) especially women are likely to face the risk of being beaten, chastised, rejected and others when they disclose their sero-status to friends and/or relations. HIV Counselors encourage partner notification to promote safer sex practices and reduce re-infection (Maman, Nbwambo, Hogan, Kilonzo, Sweat, and Weiss 2001). But most times, PLWHA report domestic violence in form of physical, emotional and/or sexual assaults after disclosure (Sigaxche, Baggaley, Mathew 2000; Ulin 1992; Maman, Campbell, Smeat and Gielen 2000). Looking at HIV and AIDS high prevalence rate in Nigeria 5%, between women 15-49 years attending antenatal care (Nigeria Demographic Health Survey 2003), there is need to protect PLWHA from violence so as to encourage disclosure and protect others from being infected.

Most surveys on violence and HIV/AIDS, concentrate on using interventions to assist PLWHA who experience violence without involving them when planning such interventions to reduce violence against them. Study aims at using participatory reservation approach (PRA) to work with PLWHA in developing feasible interventions to reduce violence against them. Using PRA is advantageous because it highlights types of violence experienced and also shows the cost effective and efficient methods of reducing violence. Moreover, using PRA will encourage sustainability of the programme for reducing

violence against PLWHA.

The problem is that in Nigeria, especially Abia State, there is lack of information on effective strategies needed to minimize domestic violence against PLWHA in the society. Until such information is available, reducing domestic violence against PLWHA in isolation remains difficult.

1.2 Method:

Total sample of 96 PLWHA made up of 56 females and 40 males between the ages of 22-65 years who are members of the network participated in the study. PLWHA in the network was used because of the difficulty in identifying PLWHA in the society. Generally, individuals are reluctant to disclose their sero-status for fear of violence. It was considered safer to use those who have publicly declared their sero-status than those who have not. Though women (PLWHA) are targeted, men were also included in study. Men's inclusion was to enable them suggest practical strategies for reaching other men in society and to note the extent to which they also experience violence.

Instruments for data collection were focus group discussion and questionnaire with semi-structured questions, which were both administered, and self-administered. Participatory reservation approach (PRA) was used to assist the PLWHA to identify useful strategies to reduce violence against PLWHA. The researcher involving PLWHA in assisting to develop feasible interventions for reducing domestic violence was considered appropriate because only individuals

(PLWHA) who are experiencing violence could suggest effective measures to reduce it.

Data were analyzed both qualitatively and quantitatively using simple percentages.

1.3 Findings:

Findings on the marital status of the sample showed that a good number of them, 49(51%) are married and are also cohabiting with their spouses (see Table 1).

Table 1: PLWHA by marital status

Marital Status	Frequency
Married	49 (51%)
Separated /divorced	18 (18.8%)
Widowed	21 (21.9%)
Single	8 (8.3%)
Total	96(100%)

In terms of level of schooling, the sample was made up of 8(8.3%) as illiterates, 47(49%) with low education (primary 6 to secondary), and 41(42.7%) with high education (post secondary). Further, 59(61.5%) live in the rural areas while 37(38.5%) live in the urban areas. In all, 15(15.6%) of the PLWHA made up of (11 females and 4 males) had discordant sero-status families.

Challenges PLWHA face in coping with HIV sero-status:

The finding showed that PLWHA are faced with several challenges in coping with their sero status. For instance, they had the challenge of whether or not to get married and raise children, whether or not to disclose their sero-status, who to disclose their status to, and if they eventually disclose, what the consequences would be. Result revealed that out of 65(67.7%) that disclosed their sero-status , 45(46.9%) of them made up of (9 males and 36 females) experienced constant violence ranging from chastisement, flogging, beating, discrimination, use of abusive words, to attempted murder and others. The rest 31(32.3%) did not disclose their sero status. Findings on the reasons this percentage of PLWHA could not disclosure their sero status was considered importance because of the likely risks of HIV transmission to others. The reasons given by the 31(32.3%) of the PLWHA are contained in Table 2.

Table 2: reasons for non disclosure of HIV sero-status

Reasons for non-disclosure	Frequency n=31
Fear of being molested	19(61.3%)
To avoid isolation	22(71%)
To avoid discrimination	27(87.1%)
To avoid rejection and/or disappointment by prospective suitors	15(48.4%)
To continue to enjoy family care and	18(58.1%)

support	
Total	101(100%)

From this Table, a good number of the PLWHA did not disclose their sero- status because of fears of isolation, and discrimination in the society.

Factors and/or conditions that increase violence:

The findings on the factors that encouraged violence showed that several factors and conditions increased violence among PLWHA. For instance, request for financial support, constant episodes of ill-health, negotiating for condom use during sex, and suspicion for infidelity were among the factors that encouraged violence. From the findings, the commonest reported cause of violence 35(36.5%) was negotiation for condom use. Further reports from of ten PLWHA ‘once the issue of condom use is raised, there will be suspicion for infidelity and from that time onwards, there will be no more peace in the home.’

Suggestions on important strategies to reduce domestic violence:

From the findings, the PLWHA had overwhelming desire to suggest things that would reduce domestic violence against them. Table 3 contains the suggestions.

Table3: PLWHA and strategies for reducing domestic violence

Strategies for reducing violence	Frequency	n=96
Role-play in public places like (churches, markets, schools etc.	54 (56.3%)	
Using male peer groups to sensitize	25 (26%)	

communities on their responsibilities	
Using influential adults to organize enlightenment workshops/seminars in the communities	44 (45.8%)
Using communication devices (media, town criers, radio, newspapers etc.) to create awareness	19 (19.8%)
Giving regular counseling to family members	28 (29.2%)
Total	180 (100%)

From this Table, the most popular suggestion PLWHA gave to reduce domestic violence 54 (56.3%) is to organize role-play in markets, churches and other public places. The PLWHA further explained that role-play would be more beneficial if they concentrate on information on gender sensitivity, skills for anger management, and decision-making since the essence is to reach individuals in various socioeconomic classes. Using the words of six PLWHA' we are tired of our situation. People do not appreciate our plight as PLWHA.'

Discussion and conclusion:

The study showed how domestic violence is inseparable from the day-to-day experiences of PLWHA and arguably, the single most important problem of this study group. From the extent of domestic problems PLWHA encountered after

disclosure, it could be safe to assume that the PLWHA studied, both males and females were under traumatic situations. This situation reflected the types of strategies PLWHA suggested during the study. As highlighted in the finding, the most popular strategy PLWHA suggested was carrying out role-plays in public places so as to bring to light their experiences. This strategy had some advantages during the intervention because it was broad-based and reached several age groups in the community. Moreover, role-play was affordable, feasible and had psychological intervention (debriefing), which is needed to resolve conflicts. Therefore, it may not be an illusion to state that role-play would be very beneficial in reducing domestic violence against PLWHA if used in conjunction with other strategies suggested. This is because role-play had the likelihood of promoting coherence in spiritual and social life of individuals since it is a traumatic intervention that directly and indirectly highlighted conflict management techniques.

The fact that PLWHA encountered several challenges including: consequences of disclosure or non disclosure, fears of getting married and raising children, negotiation for condom use, problem of how to defend ones fidelity, lack of financial support, and others, which occasioned chastisement, beating, rejection, discrimination and use of abusive words suggest that these PLWHA experienced constant domestic violence. The finding that PLWHA usually experience violence after disclosing their HIV status agrees with that of Sigaxche, Baggaley, and Mathew (2000), and also that of Nigeria Demographic Health Survey (2003).

In this study, the commonest cause of violence as reported by PLWHA was negotiating for condom use. In the PLWHA report, they stressed that negotiating for condom use occasioned suspicion for sexual promiscuity and this resulted to beating or flogging. The finding on condom use is important because of the negative reactions that accompanied mere mention of the word condom. This negative attitude probably stems from the traditional society where condom use is synonymous with sexual immorality. The finding that condom negotiation encouraged violence agrees with that of Maman et al. (2001).

The findings in this study point to the clear need for counseling, health education and enlightenment seminars to highlight the risks of domestic violence on PLWHA. This is necessary considering the number of PLWHA in the study group that neither disclosed their HIV status nor negotiated condom use for fear of violence. Information on benefits of condom use is necessary especially for those with discordant HIV sero status partners. It is felt that these intervention strategies as suggested by PLWHA are aimed to assuage the negative experiences of PLWHA as well as to reduce the impacts of trauma on them. Therefore, to ensure community involvement and sustainability of the program, there is need to integrate these strategies into the primary health care system.

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