

Violence among poor urban slum men: Experiences of men from Viwandani slums of Nairobi, Kenya

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Background

Gender based violence (GBV) has been feminized leading to the invisibility of the male victim; several studies have equated GBV to wife battering where the woman is the primary victim while the male is the primary perpetrator [1-4]. There is no question that domestic violence directed towards women is a serious problem [5]. Worldwide, one in three women endures domestic violence, is coerced into sex, or is abused psychologically during her lifetime [6-8]. The visibility of women's vulnerability has driven research to focus on their plight in domestic as well as public spheres [6]. Feminists and activists challenged the silence over violence towards women and as a result, this vice is not tolerated in public [9]. These changes have given women some advantages as it is assumed by many that in most incidences of domestic violence, women are more likely to be injured and when they separate from men, they are upto eight times as likely to be killed [9, 10]. On the other hand, efforts by advocates against violence towards men have been thwarted based on arguments that women's aggressions are merely a reaction towards men's actions toward them, and that their actions are for self defense [3, 9, 10]. This attitude has led to policies that ignore men and leave them vulnerable to abuse by women [3].

New evidence suggests that spousal abuse is neutral, and that men and women are almost equally violent against each other. Despite this, there is less research focusing on violence against men, especially in the domestic sphere [3, 11]. More specifically, there is little interrogation of men's experiences in the context of urban poverty, where men as well as women, face severe livelihood insecurity, unemployment and deprivation. Further, studies have failed to explore the experiences of these men in connection to the impact on their relationship with women and other household members. The patriarchal system in many societies isolates women and gives men more control over economic resources [12]. This makes it difficult for men to come out and report violent incidences due to embarrassment, stigma, stereotypes around masculinity and cultural expectation [4, 12, 13]. Further complicating the issue of violence against men is the emerging evidence that women in developing country contexts are reversing the former economic model in which the job market and other economic activities were predominantly undertaken by men, with some (women) now occupying better financial positions than their male partners [12, 14, 15]. These changes in economic, cultural, and geo-political spheres have been noted to constitute a threat to men's

power [12, 16]. Changes in economic, cultural, and geo-political spheres that promote women's economic independence and advancement do reduce men's powers, result in vulnerability for women, who are then seen to be in competition with the men. [3,6]. However, there has been little follow-up on the effects of such changes on men's own vulnerabilities, which result from socio-economic and geopolitical changes, especially in the context of gender-based violence.

An understanding of the politics of masculinity in urban slums can clarify the linkages between violence and the allocation of political, economic, and cultural power within the male sphere, as well as between men and women in the unique context of urban poverty. The uncertainty generated by poverty, destabilization, exclusion and the degree of violence in urban slums may affect personal wellbeing [17]. The daily quest for "livelihood security" of the urban poor and their inability to access resources are closely linked to the cycle of violence in an environment where security provision by the state is minimal [18]. A recent study by APHRC based on slum settings in Nairobi, for instance, indicates that intentional injuries are growing in epidemic proportions, especially among men, with injuries accounting for 18% of the adult mortality burden [19]. An ethnographic long term study in urban slums of Dhaka city found various levels of structural violence operating on the lives of urban poor men, where there was continuous violence by the police, and young men were regularly picked up, beaten and jailed. Furthermore, politics over drug businesses led to physical violence of gang wars, on-going feuds and counter feuds and some cases of fatalities, as well as injuries to men [20].

Men and women in slum settings may have limited access to the social and economic resources needed to pursue and realize their rights. Little research evidence or synthesized programmatic knowledge is available on how to best provide services to address violence in slum settings of developing countries. While it's necessary to focus on the implications of gender-based violence for health, there is urgent need for information on the dynamics and perceptions of GBV, especially among men in urban poor slums of developing countries. This context is particularly important, given the unique social and economic environment in which urban slum residents find themselves. The gap between levels of deprivation between men and women is narrower, compared to the situation in other parts of cities. Thus, slum men face a bigger challenge of sustaining their status as 'breadwinner', and with it, the power and control that is culturally associated with the role. In this light, this paper seeks to explore the vulnerabilities experienced by men, especially those resulting in violence. This paper explores the issue of violence directed towards men, by looking at the following objectives:

- i. To describe the magnitude and types of GBV towards men
- ii. To investigate the coping strategies of men towards GBV
- iii. To examine the implications for victims of GBV

Data and Methods

Setting

The study focused on women and men living in urban informal settlements, a context in which many of the triggers of gender-based violence (such as the lack of support and/or access to information and services, including the criminal justice system, and changing economic and cultural processes) have been shown to be particularly acute and ubiquitous. The larger study examined a range of age groups of women and men within four urban informal settlements: two in Nairobi, Kenya and two in Dhaka, Bangladesh, in order to generate data on gender-based violence in a range of contexts and from a range of perspectives. The study was designed to have reproductive health and gender-equity benefits for women and men in the broad age range of 12-49 years in Kenya and 15-49 in Bangladesh. In Kenya, the study was carried out in Korogocho and Viwandani slums. Viwandani slum is located about 7 km from the Nairobi city center and covers an area of 3 km length and 1 km in width. The slum is characterized by overcrowding, insecurity, poor housing and sanitary conditions, and lack of social amenities (APHRC 2009, UN HABITAT 2003). To the north of the settlement are industries where many Viwandani residents work. The slum is characterized by a high number of men compared to women, most of whom are employed in the neighboring industries.

Data

Data used in this paper were collected using a screening tool and in-depth interviews (IDIs) conducted between November 2009 and February 2010 with 97 men aged 12-49 years in Viwandani slums of Nairobi. The screening questionnaire was exploratory and provided a snapshot of the types, forms and common experiences around violence and sexual and reproductive health service/support needs. The tool had seventy one questions ranging from basic socio-demographic information about the participants and the community, to more specific questions focusing on GBV. The initial screening interview provided the sampling frame for the second phase of the study, which consisted of 60 IDIs carried out with purposefully selected males. Factors considered in selecting the male in-depth interview respondents included respondents' reports/experiences of certain types of violence in the slums/household, their age range, length of time living in the particular slum, willingness to talk about their lives and experiences, and their

rapport with the interviewer. Only one respondent per household was recruited to participate in the study. Key informant interviews were also conducted with 15 male and female community advocates, non-governmental organizations (NGO) officials, health care providers, counselors, and community/religious leaders who were well-placed to access information and speak about ways in which gender-based violence functions in the lives of slum-dwellers, and the ways in which the service delivery sector responds to the issue. This paper only shares the findings from the second phase of the study which was qualitative interviews with men.

Handling sensitive questions

Representatives of community-based organizations and non-governmental organizations were contacted for guidance on mechanisms to ensure the safety of respondents. In addition, given the structure of slum housing, which may not always guarantee privacy and confidentiality, concerted efforts were made to conduct interviews at venues that allowed for privacy. To further ensure confidentiality, each participant was assigned a unique identifier and no names appeared on the study tool. Only one respondent per household was recruited to participate and the interviews were conducted by male ethnographers. The researchers were trained to minimize the risk of distress or discomfort that might be posed to the informants and the relationship between ethnographers and respondents was built over time to increase informants' comfort level. The respondents were assured that no one would access their information and they were given the opportunity to decline to answer questions that made them uncomfortable. At the end of the interviews, the respondents were provided with a list of free services in and around the community, and transport was provided for them, by the counseling facilities in conjunction with APHRC. Since it was anticipated that field staff could be emotionally affected through repeated exposure to distressing accounts, periodic meetings were organized with them to discuss their field work experiences and any troubling emotions. The IDIs were recorded, translated and transcribed. The transcripts were coded based on emerging themes, as well as themes reflected in the interview guide.

Results

Magnitude and forms of gender-based violence

The respondents in this study were asked to discuss their knowledge of GBV, and it was clear from their accounts that GBV was widespread in the study area. Some respondents thought GBV was such a common occurrence that in many cases, it is seen as 'normal' by perpetrators, victims, witnesses and law

enforcement authority. There was an indication that cases of violence occur more frequently during certain periods, after which they reduce to 'normal'. For example, it was said to occur more frequently at the end of every month, a period which many of those in employment earn their monthly salary. It is under these circumstances that household members clash over the meagre household earnings. Also, it is as a period when some household members can afford to drink alcohol, in which case they tend to engage in violent behaviour with other household members, as well as members of the community.

The types/forms of violence said to exist in the slum communities include physical abuse, sexual abuse, theft/destruction of property, neglect, abandonment, threats, kidnappings - particularly of girls for sex purposes and verbal/emotional abuse. The main perpetrators of GBV were said to be men. Young men were known to mug/rob, steal and rape women, while husbands and sexual partners were reported to abuse their partners. In some instances, women were reported to be perpetrators of violence against their husbands and also against fellow women within the extended family. Most woman to woman violence was reported of women abusing their daughters-in-law.

Implications of GBV on the lives of male victims

The study participants were asked about their thoughts on the effects of GBV on the victims. There was a range of responses, some of which were based on personal experiences. Among the effects most mentioned were financial/property loss, physical injuries, death, emotional trauma, health effects such as STI/HIV infections and social instability. Although the above-cited effects were mostly in reference to women, there is indication that men who are abused suffer similar effects.

Regardless of gender, victims of mugging/robbery were reported to lose their money and property during the attack. And as much as women are more vulnerable to these attacks, they sometimes got some 'good Samaritans' to rescue them. On the other hand, men who found themselves in these circumstances suffered due to the lack of intervention from members of the community due to the deeply held notion that men should be able to protect themselves under all circumstances.

Physical injury was the most cited effect of GBV on victims. This was especially so because the physical attacks were often brutal, involving the use of deadly weapons such as guns and knives. The injuries ranged from mild to severe, and in some instances, the attacks resulted in death. Besides the distortion of

the victim's physical appearance and the discomfort of pain, many victims and their families experienced financial strain as a result of hospital fees and the inability of the victim to work and earn income.

Emotional trauma was also cited by many respondents. It was often cited in the context of the state of insecurity in the area, but also in the household environment. Since the abuse was reported to be rampant and frequent, respondents were of the view that victims of such violence were constantly exposed, which made them fearful, unhappy and stressed. They lived in fear, not knowing when the attack would happen, or the extent to which they would be afflicted. It was particularly traumatic for men as they were unable to discuss their situation, given the taboo nature of physical abuse of men by women.

As earlier mentioned, physical distortion and pain were common among victims of GBV. In addition to that, GBV was said to inflict other adverse health effects on the victims. Some victims narrated their experiences of getting stomach ulcers or lost weight due to stress. There was a case where children (girls) were found to have acquired HIV from a man who was found to have been raping them for a long time. Exposure to similar problems was said to be high for male children as well since there were known cases of men sexually defiling male children within the study area.

In most of the household in which there were reports of GBV, there were accompanying stories of broken relationships and unstable families. It was particularly difficult for abused men in these households to maintain their role as head of household, given the humiliation and shame they endure in the hands of other household members. The children, both male and female, were reported to be traumatized, especially because, apart from witnessing the violence between the adults, they were also abused by the abused partner who used the opportunity as a way to vent their anger and frustration. Such families often broke and the children were neglected.

Coping strategies for GBV victims

Respondents were asked to discuss ways in which GBV victims responded to abuse. From their responses, it was clear that there was a variety of means by which victims coped with their situation, and each strategy was dependent on the type of abuse, the abuser and the availability of public resources to address GBV. Respondents mentioned strategies that can be classified at household level and community level.

At community level, some of the measures taken by victims and the community in general included: taking extra safety precautions, enhancing security, tolerance towards victims, increased religiosity, using avoidance techniques, peer education and reporting to the police.

With regards to extra precaution and employing security measures, respondents indicated that many people generally avoided being outdoors at night, or taking 'safer' routes. They also employed security guards, although there was mention of some of the security guards being themselves perpetrators. In such cases, the guard was known to the potential victims and they paid him an amount of money every month as incentive not to attack them. This was especially common for men to do in order to protect themselves.

Many men avoided interaction with potential perpetrators altogether in order to minimize arguments and situations that could lead to violence against them. Some young men joined churches and engaged in church activities in order to avoid bad company and exposure to violence.

Victims of GBV also reported the attack to the local police, but it was clear from the respondents that this channel was not commonly used because the victims feared that the perpetrators would take revenge and attack them again. Men were particularly unlikely to report to the police because of fear of being taunted by police officers and other community members.

At household level, some of the measures taken by victims and the community in general included: alcoholism, fleeing the perpetrator, silence, submission and seeking professional help.

Fleeing from the perpetrator was particularly reported as an important coping strategy in the case of domestic violence. Men particularly took to this method as it allowed them to avoid further confrontation, as well as exposure to the rest of the community members as a victim of violence. Also, men who were abused were known to take to alcoholism in order to cope with their situation. It was believed that alcohol helped them forget about their situation and deal with stress.

Silence was very important for male victims as it would less likely expose their situation to the rest of the community. Public knowledge of their situation was believed to expose them to taunting and other humiliating actions by community members. They would be viewed as weak, having been 'married by their wives', and socially incapable of fulfilling their roles as heads of their households.

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