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Investigation of Predictors and Help-Seeking Behaviour of Intimate Partner Violence Among Male Local Government Workers in Ekiti State

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Abstract

Background: Intimate partner violence (IPV) against men is a globally prevalent issue. IPV committed against men involves a multifaceted dynamic of personal, relational, and environmental influences.

Aim: The purpose of this study was to investigate the predictors of IPV and help-seeking behaviours among male local government workers in Ekiti state.

Methods: This study employed a quantitative cross-sectional design, using a multistage sampling method to survey 218 respondents from six local government areas in Ekiti State. An adapted questionnaire served as the instrument for data collection. Descriptive and inferential statistics were used for data analysis.

Results: The respondents' average age was 43 years, with nearly 68% aged between 36-51 years. About 79% of the participants were married with an average relationship duration of 13 years. The study identified the most common causes of IPV as misunderstandings (40.8%), infidelity (46%), and poverty (31.7%). The study further noted that 70.2% of the respondents demonstrated a negative help-seeking behaviour, while 56.0% reported IPV to religious leaders.

Conclusion: It is concluded that the help-seeking behaviour of men exposed to IPV is poor. Nurses and other healthcare providers should collaborate to identify men experiencing psychological symptoms as a result of IPV, develop strategic interventions to eliminate predictors of IPV, and provide the necessary support.

Keywords: Spousal abuse, Partner abuse, Cheating, Extramarital affairs, Men, Emotional abuse, Family

Introduction

Intimate partner violence (IPV) against men is a widespread concern globally, affecting a substantial number of individuals each year.¹ In the United States,

data from the Center for Disease Control and Prevention's (CDC) National Intimate Partner and Sexual Violence Survey (NISVS) revealed that nearly 26% of men

experience some form of IPV, including sexual assault, physical violence, and/or stalking.²

IPV refers to the physical, sexual, or psychological harm inflicted by one partner on another within a current or former romantic relationship, including marriage or dating.^{2,3} This global health issue affects numerous individuals, families, and communities, manifesting as assault, coercion, abuse, or aggression.⁴

It varies in frequency and severity, ranging from single episodes with lasting impact to prolonged and intense abuse over years.² IPV poses a significant public health risk globally, transcending geography, culture, religion, and socioeconomic status.⁵ Contrary to common assumptions, IPV affects individuals regardless of gender; men are also victims, experiencing various forms and degrees of abuse. However, societal expectations of male strength and stoicism often lead to stigmatization and underreporting of male IPV victims.⁶ Historically, research on male IPV victims has been neglected, creating a knowledge gap. Recently, attention has shifted to women's perpetration of IPV and men's victimization, sparking increased awareness.⁷

Most male victims of IPV are not likely to seek the required help when they experience it, despite the serious impact on them which include, injuries, symptoms of post-traumatic stress disorder (PTSD), apprehension for personal safety, absenteeism from work, etc.^{8,9} This unlikeliness to seek help is due to the general view on masculinity. The five primary barriers that prevent abused men from seeking assistance are, the perception that support services are primarily targeted at women, feelings of shame and embarrassment, denial of the severity of their situation, fear of being stigmatized or judged, fear of the consequences of speaking out.¹⁰

A significant knowledge gap exists regarding IPV among men, particularly in understanding help-seeking patterns and predictors among local government workers, which this study aimed to address.¹¹

Materials and Methods

Research Design

The study adopted a cross-sectional descriptive design using a quantitative approach. A structured pre-tested, adapted questionnaire was used to collect the data for assessing the predictors of IPV and help-seeking behaviours among male local governments workers in Ekiti state.

Research Setting

The study was carried out in Ekiti state. Ekiti state, located in the tropics, spans 5,887.890 square kilometers between longitudes 40°51' and 50°451' East and latitudes 70°151' and 80°51' North. It borders Kwara, Kogi, Osun, and Ondo states, and is divided into 16 local government councils. With a population of 2,384,212 (2006 census), Ekiti has three senatorial districts and six federal constituencies. Its capital, Ado-Ekiti, lies in a hilly region, characteristic of the state's landscape. Agriculture drives the economy, employing over 75% of the population, with major crops including cocoa, oil palm, kolanut, plantain, and cassava.

Study Population

The male staff of Ijero, Ado, Ekiti South West, Emure, Ilejemeje and Oye Local Government Areas (LGA), representing all the three senatorial districts were recruited for the study. They were selected following balloting of local government areas in each senatorial district

Sample Size Determination

The sample size was calculated using the formula which recommends that for a population under 10,000, a sample size between 10% and 30% is sufficient to represent the target population accurately.¹² Based on this guideline, a 30% sample size was deemed adequate for providing a reliable representation of the population. The Mugenda formula was used to determine the sample size for this study as follows:

Ekiti Central Senatorial District: Ado and Ijero LGAs: 541 male staff

Ekiti North Senatorial District: Oye and Ilejemeje LGAs: 578 male staff

Ekiti South Senatorial District: Ekiti Southwest and Emure: 531 male staff

$N = \text{Total population} = 1,650$

(Source: LGSC Data, 2023.)

$12\% \text{ of total population} = 12/100 \times 1,650 = 0.12 \times 1650 = 198$

Adding 10% attrition rate / non-responsive rate

$10\% = 10/100 \times 198 = 0.1 \times 198$

$= 19.8$; approximately 20

$S = 198 + 20$

$= 218$

Sampling Technique

Multistage sampling technique was used.

Stage one: The three senatorial districts making up Ekiti state were selected using purposive sampling technique.

Stage two: Simple random sampling technique was used to select two local governments from each senatorial district using balloting.

Ekiti state is made up of three senatorial districts. They are, Ekiti Central, Ekiti South and Ekiti North.

Ekiti Central is made up of five local governments- Ekiti West, Ado, Ijero, Efon, and Irepodun/Ifelodun, from which Ado and Ijero local governments were randomly selected.

Ekiti South is made up of six local government areas- Ikere, Emure, Gboyin, Ekiti East, Ekiti South West, and Ise/Orun, from which Emure and Ekiti South West local governments were randomly selected.

Ekiti North senatorial district is made up of five local government areas- Oye, Ido/Osi, Moba, Ikole and Ilejemeje, from which Oye and Ilejemeje local government areas were randomly selected.

Stage three: Stratified sampling technique was used to determine the number of staff to be selected in each local government area based on their population in relation to the sample size which is as follows: Ado (213), Ijero (328), Ekiti SW (319), Emure (212), Oye (340) and Ilejemeje (238), adding up to 1650.

Stage four: Convenience sampling was adopted to administer the questionnaire on the respondents.

Inclusion criteria

The inclusion criteria considered for this study were, full-time male workers of local government in Ekiti state and those who were willing to participate in the study.

Exclusion criteria

Male local government workers who were on leave during the study and those not willing to participate were excluded.

Research Instrument

A structured pre-tested, adapted, interviewer administered questionnaire was used to collect the quantitative data from male staff of the selected local government areas stated above. This was divided into five sections:

Section A provided information on the socio-demographic characteristics of the respondents. The

items in this section included, the age, gender, marital status, highest level of education, annual income, type of family, partner characteristics and household characteristics such as the relatives that stay with them, with options for respondents to pick from.

Section B assessed the predictors of IPV, adapting the questionnaire from a study conducted by Lanre AO *et al.*¹³ The questions asked in this section sought to know, if the respondents fight with their partners following, misunderstanding, complain of keeping bad company of their partner, claiming equal authority/pride, self-defense/retaliation, when they do not have enough money to give, when they got another partner, when they married another wife, when they complain of her poor training from childhood, when they complain of sexual challenge (excessive demand or inadequate provision), when their extended family comes around or interferes in your matters, when the partner smokes or drinks. Each item had options from which respondents were expected to pick the most appropriate.

Section C assessed the help-seeking behaviours of married men towards IPV perpetration on them, adapting the items from 'Attitudes Toward Seeking Professional Psychological Help' scale (ATSPPH).¹⁴ This scale is comprised of a 29-item questionnaire, with each item on a four-point Likert-type scale (0= Disagree, 1= Strongly Disagree, 2=Agree, and 3= Strongly Agree).

The questions assessed respondents' attitudes towards seeking professional help for IPV. Specifically, it explored whether respondents would initially seek professional assistance when experiencing IPV, and whether they viewed talking to a professional as an effective way to address the issue. The study also examined whether respondents admired individuals who coped with problems independently, without seeking help, and whether they would consider seeking psychological help if they experienced prolonged IPV.

Additionally, the research assessed respondents' beliefs about the effectiveness of professional help in resolving IPV, and whether they thought the time and money invested in seeking help would be worthwhile. The study also explored respondents' views on self-reliance versus seeking professional assistance, and whether they believed IPV typically resolves itself over time. It also assessed who they report IPV issues to, religious leaders, relatives or friends, neighbours, the police or nobody. It also assessed the reason for non-reportage

of IPV, including whether it was perceived as a sign of weakness on the part of the man, if the partner usually apologized, if neighbours or parents intervened, if it was deemed unnecessary to report, if the man believed he could handle the situation, or simply if they did not feel like reporting it.

Validity of the Research Instrument

The instrument was subjected to face and content validity for its clarity, comprehensibility and appropriateness in line with the study objectives. A draft copy of the questionnaire was given to the supervisor, an expert in the field of nursing research and family violence. She assessed the instrument for its relevance in the subject matter, scope and coverage.

Reliability of the Research Instrument

Reliability is the ability of the instrument to consistently produce results at different times and different settings. Reliability of the questionnaire used for this study was tested at Irepodun/ Ifelodun local government secretariat among a similar study population who were not part of the study sample. Around 22 respondents, which is 10% of the calculated sample size participated in the pilot study. The reliability of the questionnaire was tested using Cronbach Alpha function in SPSS to measure the internal consistency. Cronbach alpha of 0.8 which was adjudged to be highly reliable (cut off of 0.7 and above is considered reliable) was achieved.

Method of Data Collection

The data was collected using a structured adopted and adapted questionnaire. The questionnaire was administered directly to the respondents by the researcher and the research assistants. Voluntary consent was obtained from the respondents before the start of the study. The questionnaire was prepared in English, then translated into Yoruba. Six research assistants were recruited for data collection, and they were trained by the principal investigator for two days on the objectives of the study, the measuring tools and respondents' selection before the data collection process. The questionnaire used in this study comprised three sections: Socio-demographic profile, Help-seeking patterns, and Predictors of IPV using a validated ATSPPH scale.¹³

Data Analysis

The questionnaire was assessed for appropriateness and completeness. The data collected were cleaned, sorted

and coded to prevent errors or loss of data. The data were subjected to analysis using Statistical Package for Social Sciences (SPSS) version 26.0. Descriptive statistics (mean, median, mode), standard deviation and simple percentages were the major statistical tools used to meet the research objectives and data were presented in the form of tables. Chi-square test was used to determine the relationship between variables, and the significance was set at a 95% confidence level or the significance of association was established when *P* was less than 0.05.

Ethical Consideration

Ethical approvals were obtained from the Ekiti State Local Government Service Commission (reference no ELGSC/1157/30) and from the Afe Babalola University Health Research (Ethical committee with protocol number ABUADHREC/15/04/2024/349).

Results

Socio-demographic characteristics of the respondents

Table 1 shows the respondents' average age as 43 years, with more than half of the respondents (67.9%) belonging to the age group of 36-51 years. More than three quarters (79.4%) were married with an average duration of 13 years in the relationship, and notably, among the respondents, the average age at marriage was 29 years. By religious affiliation, most (86.2%) of the respondents were Christians. In terms of educational status, more than three quarters (77.1%) had attained tertiary education, and majority (46.8%) earned between #50,000-#99,000 per month.

Furthermore, wives'/intimate partners' characteristics revealed that their average age was 39 years and majority (53.2%) were in the age range of 36-51 years. Majority (84.4%) of them were Christians, and had obtained their tertiary education (63.3%). Moreover, most (46.3%) of them were civil servants and earned #31,000-#50,000 per month.

Predictors of IPV

Table 2 shows that majority of the respondents (40.8%) reported misunderstanding between the respondents and their wives/intimate partners as the most prevalent cause of fight. About quarter (22%) reported complain of keeping bad company of the partner (48%), 39% reported claiming equal authority/ pride, 23.4% reported self-defence/ retaliation, 25.2% reported marriage to another partner and 15.6% reported smoking as the causes of IPV.

Table 1: Socio-demographic characteristics of men and their wives/intimate partners

| Respondents' Characteristics | | | |
|--|---------------------|------------------|--------------------|
| Variable | Category | Frequency | Percent (%) |
| Age (in years) Mean±SD= 43.18±7.69, Range= 23-62 | 20-35 | 45 | 20.6 |
| | 36-51 | 148 | 67.9 |
| | 52-67 | 25 | 11.5 |
| Marital status | Never married | 40 | 18.3 |
| | Married | 173 | 79.4 |
| | Widower | 2 | 0.9 |
| | Divorced/Separated | 3 | 1.4 |
| Length of relationship (in years) | Mean±SD= 13.46±8.85 | | |
| Age at marriage (in years) | Mean±SD= 29.22±6.49 | | |
| Religion | Christianity | 188 | 86.2 |
| | Islam | 27 | 12.4 |
| | Traditional | 3 | 1.4 |
| Educational status | Primary | 3 | 1.4 |
| | Secondary | 33 | 15.1 |
| | Tertiary | 168 | 77.1 |
| | ND | 14 | 6.4 |
| Partners' total monthly income (#) | 30,000- 49,000 | 69 | 31.7 |
| | 50,000- 99,000 | 102 | 46.8 |
| | 100000- 149,000 | 8 | 3.7 |
| | 150,000- 200,000 | 22 | 10.1 |
| | > 200,000 | 17 | 7.8 |
| Wife/Intimate partner characteristics | | | |
| Age (in years) Mean±SD= 39.04±7.35 | 20-35 | 87 | 39.9 |
| | 36-51 | 116 | 53.2 |
| | 52-67 | 15 | 6.9 |
| Religion | Christianity | 184 | 84.4 |
| | Islam | 28 | 12.8 |
| | Traditional | 6 | 2.8 |
| Educational status | Primary | 10 | 4.6 |
| | Secondary | 51 | 23.4 |
| | Tertiary | 138 | 63.3 |
| | No formal education | 19 | 8.8 |
| Occupational status | Unemployed | 30 | 13.8 |
| | Civil servant | 101 | 46.3 |
| | Self-employed | 87 | 39.9 |
| Total monthly income (#) | < 30,000 | 36 | 16.5 |
| | 31,000- 50,000 | 94 | 43.1 |
| | 51,000- 100,000 | 58 | 26.6 |
| | 101,000- 150,000 | 15 | 6.9 |
| | 151,000- 200,000 | 12 | 5.5 |
| | > 200,000 | 3 | 1.4 |
| | Total | 218 | 100.0 |

Table 2: Predictors of intimate partner violence

| Variables | Yes | No | Unsure |
|---|------------------------|------------|----------|
| | Frequency (Percentage) | | |
| Misunderstanding | 89 (40.8) | 114 (52.3) | 15 (6.9) |
| Complain of keeping bad company of your partner | 48 (22.0) | 164 (75.2) | 6 (2.8) |
| Claiming equal authority/ pride | 85 (39.0) | 130 (59.6) | 3 (1.4) |
| Self-defence/ retaliation | 51 (23.4) | 161 (73.9) | 6 (2.8) |
| When you do not have enough money to give | 69 (31.7) | 137 (62.8) | 12 (5.5) |
| When you got another partner | 46 (21.1) | 163 (74.8) | 9 (4.1) |
| When you married another wife | 55 (25.2) | 154 (70.6) | 9 (4.1) |
| Complain of sexual challenge (excessive demand or inadequate provision) | 34 (15.6) | 172 (78.9) | 12 (5.5) |
| When your extended family comes around or interferes in your matters | 49 (22.5) | 160 (73.4) | 9 (4.1) |
| When she is drunk | 39 (17.9) | 164 (75.2) | 15 (6.9) |
| When she smokes | 34 (15.6) | 171 (78.4) | 13 (6.0) |

Table 3: Help-seeking behaviours of the respondents

| Variable | Never (%) | Rarely (%) | Sometimes (%) | Always (%) | Often (%) |
|--|-------------|------------|---------------|------------|-------------|
| Have you ever asked professional assistance when experiencing misunderstanding/fight with your partner | 136 (62.4) | 22 (10.1) | 44 (20.2) | 14 (6.4) | 2 (0.9) |
| Have you ever asked family assistance when experiencing misunderstanding/fight with your partner | 146 (67.0) | 22 (10.1) | 36 (16.5) | 11 (5.0) | 3 (1.4) |
| Have you ever asked friends assistance when experiencing misunderstanding/fight with your partner | 153 (70.2) | 28 (12.8) | 23 (10.6) | 11 (5.0) | 3 (1.4) |
| Do you consider talking about intimate partner violence with a professional as a poor way to get rid of it | 127 (58.3) | 48 (22.0) | 25 (11.5) | 16 (7.3) | 2 (0.9) |
| Do you see yourself seeking help on the issues you have with your partner later in the future? | 123 (56.4) | 33 (15.1) | 38 (17.4) | 24 (11.0) | 56.4 (25.6) |
| Do you admire people who are willing to cope with their intimate partner violence experience and fears without asking for professional assistance? | 133 (61.0) | 19 (8.7) | 38 (17.4) | 26 (11.9) | 2 (0.9) |
| Do you ask people for counsel when you have intimate partner violence? | 123 (56.4) | 36 (16.5) | 39 (17.9) | 18 (8.3) | 2 (0.9) |
| A person with an intimate partner violence experiencing is not likely to solve it alone; he is more likely to solve it with professional assistance? | 62 (28.4) | 32 (14.7) | 91 (41.7) | 23 (10.6) | 10 (4.6) |
| Given the amount of time and money involved in seeking assistance, I am not sure that it would benefit someone like me? | 90 (41.3) | 59 (27.1) | 43 (19.7) | 21 (9.6) | 4 (1.9) |
| People should solve their own problems, therefore, getting professional assistance would be their last resort? | 59 (27.1) | 44 (20.2) | 81 (37.2) | 30 (13.8) | 4 (1.8) |
| Intimate partner violence like most things in life, tend to work out by themselves? | 59 (27.1) | 37 (17.0) | 78 (35.8) | 38 (17.4) | 6 (2.8) |
| Summary | | | | | |
| Positive | 65 (29.8%) | | | | |
| Negative | 153 (70.2%) | | | | |

Figure 1 shows that more than half of the respondents (56.0%) chose to report intimate partner violence to religious leaders, 28.0% to relatives and friends, 17.9% to neighbours, 12.8% to police, while 17.9% chose not to report.

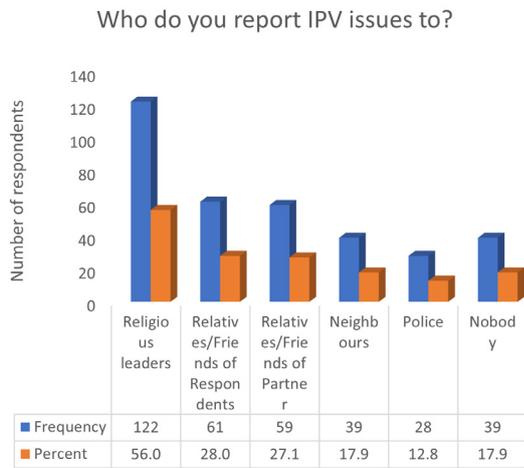


Figure 1: Respondents’ reportage of IPV

Table 4 shows that majority of the respondents (66.5%) mentioned that their wives or partners usually apologize after a misunderstanding, which is the reason for their non-reportage of IPV. About 56.4% of the respondents opined that reporting IPV indicates weakness, while

53.7% believed that they could handle it, hence no need for reporting. About 45.4% of the respondents were not interested in reporting violence between them and their partners.

Table 4: Reasons for non-reportage of IPV among respondents

| Variables | Yes (%) | No (%) | Rather not say (%) |
|--|------------|------------|--------------------|
| It indicates weakness | 123 (56.4) | 84 (38.5) | 11 (5.1) |
| Partner usually apologized | 145 (66.5) | 65 (29.8) | 8 (3.7) |
| Neighbour or parental intervention can solve problem | 97 (44.5) | 114 (52.3) | 7 (3.2) |
| Not necessary/ I can handle it | 117 (53.7) | 97 (44.5) | 4 (1.8) |
| I don't just want to | 99 (45.4) | 109 (50.0) | 10 (4.6) |

Table 5 shows that the marital status (*P* value=0.003) and total monthly income (*P*-value= 0.014) of the respondents were significantly associated with their help-seeking behaviour. Therefore, the null hypothesis was rejected and alternate hypothesis was accepted.

Table 5: Association between participants' sociodemographic profile and their help-seeking behaviours

| Variable | Category | Help-seeking behaviour | | Total | χ^2 | <i>P</i> -value |
|------------------------------------|--------------------|------------------------|------------|-----------|----------|-----------------|
| | | Positive | Negative | | | |
| Age range (in years) | 20-35 | 17 (37.8) | 28 (62.2) | 45 (100) | 1.913 | 0.384 |
| | 36-51 | 42 (28.4) | 106 (71.6) | 148 (100) | | |
| | 52-67 | 6 (24.0) | 19 (76.0) | 25 (100) | | |
| Marital status | Never married | 15 (37.5) | 25 (62.5) | 40 (100) | 14.095 | 0.003 |
| | Married | 45 (26.0) | 128 (74.0) | 173 (100) | | |
| | Widower | 2 (100) | 0 (0) | 2 (100) | | |
| | Divorced/separated | 3 (100) | 0 (0) | 3 (100) | | |
| Religion | Christianity | 55 (29.3) | 133 (70.7) | 188 (100) | 1.975 | 0.372 |
| | Islam | 10 (37.0) | 17 (63.0) | 27 (100) | | |
| | Traditional | 0 (0) | 3 (100) | 3 (100) | | |
| Educational status | Primary | 1 (33.3) | 2 (66.7) | 3 (100) | 4.821 | 0.185 |
| | Secondary | 15 (45.5) | 18 (54.5) | 33 (100) | | |
| | Tertiary | 46 (27.4) | 122 (72.6) | 168 (100) | | |
| | ND | 3 (21.4) | 11 (78.6) | 14 (100) | | |
| What is your total monthly income? | 30,000- 49,000 | 18 (26.1) | 51 (73.9) | 69 (100) | 12.49 | 0.014 |
| | 50,000- 99,000 | 27 (26.5) | 75 (73.5) | 102 (100) | | |
| | 100000- 149,000 | 1 (12.5) | 7 (87.5) | 8 (100) | | |
| | 150,000- 200,000 | 8 (36.4) | 14 (63.6) | 22 (100) | | |
| | > 200,000 | 11 (64.7) | 6 (35.3) | 17 (100) | | |
| Total | | 65 (29.8) | 153 (70.2) | 218 (100) | | |

Significant at *P* <0.05

Discussion

Regarding the predictors of IPV, the study found that about half of the respondents identified misunderstandings as the most common cause of conflicts with their wives/intimate partners. Other factors cited included poverty, economic hardship and infidelity. Since men and women in intimate relationships often come from different backgrounds, they may differ in their views on situations and circumstances. This could lead to violence, especially in patriarchal societies where the men may consistently believe they must be heard and obeyed. In addition, poverty can hinder men's ability to provide for their families, and since financial stability is essential for a well-functioning household, its absence could lead to IPV, as identified in the study. Infidelity, on the other hand, creates mistrust between partners, resulting in persistent fights. Trust is a fundamental element in any relationship, and its absence can result in women resorting to abusing their partners and the third party involved. This aligns with Bello, who stated that poverty can create tension and misunderstandings within the family, leading to IPV.^{15,16} When men are under pressure to provide for the family needs, they may over exert themselves to meet family needs, resulting in reduced interest in sex and other family engagements, which their wives may misinterpret. This finding is also supported by studies from Nigeria and India which highlight the fact that families with low incomes are particularly vulnerable to IPV, including the violence perpetrated against men.¹⁷ This contrasts with the findings of a study by Gubi D *et al.* which identified witnessing parents perpetrate IPV, the number of wives and religion as major predictors of IPV.¹⁸ The study suggested that children exposed to such environments may grow up perceiving IPV as a norm in the society. The difference between the two studies could be attributed to their populations: the former focused mainly on ever-married men, while the latter focused on both married men and those in relationships.

The study revealed that the participants exhibited poor help-seeking behaviours, with more than half of the participants having never explored any help channel regarding the IPV cases against them. This implies that they had not sought professional assistance, family support, friend's assistance, or counseling.

Men may not seek help for various reasons which include,

Stigma and masculinity norms: Nigerian culture often expects men to be strong and stoic, making it difficult

for them to be vocal about being victims of domestic violence.

Fear of ridicule and shame: Men may fear being ridiculed or shamed by family, friends, and community members if they report being abused by their partners.

Lack of awareness and education: Many Nigerian men may be unaware of where to report cases of IPV.

Fear of not being believed: Men may fear that their claims of IPV may not be taken seriously or believed by authorities or healthcare providers as the society is stereotyped to believe that abuse is always directed towards the female gender in intimate relationships.

Cultural and religious beliefs: Certain cultural and religious beliefs may discourage men from reporting IPV, viewing it as a private matter or as a sign of weakness.

Limited access to support services: Nigeria has limited support services and resources for male victims of IPV, making it harder for them to seek help.

Societal expectations of masculinity: Men may feel pressured to conform to traditional masculine norms of being strong and in charge, making it difficult for them to report IPV and seek help. This finding aligns with the reports of Malihi Z *et al.*¹⁹ which state that men are less likely than women to seek both formal and informal help. Similarly, Tenkorang EY *et al.*²⁰ found that the majority of male IPV victims did not seek help after experiencing IPV. Among those who sought help, did so from informal support systems, such as family, friends, etc., while only one tenth sought help from formal support systems.

Conclusion

A total of 218 respondents were recruited for the study from six council areas in Ekiti state. The sociodemographic characteristics of the participants revealed a mean age of 43 years, while their spouses had an average age of 39 years. Most of the participants had attained tertiary education.

The study revealed poor help seeking behaviours among men who had experienced IPV, with many believing it to be an internal family affair, not requiring a third-party participation. Also, the study found misunderstandings, poverty and infidelity as the major predictors of IPV. Considering these findings, nurses must screen for IPV among men and offer intervention for management and treatment of IPV.

Conflict of Interest

We declare that there is no conflict of interest

Funding

Self

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