SUMMARY

Intimate partner violence has been increasingly recognized as a public health problem associated with serious medical, family and societal effects. Intimate partner violence occurs across all populations, irrespective of social, economic, religious or cultural groups and the only variation is in the pattern of violence in different populations. Physicians need to be aware of the patterns of abusive behaviour that may present to them so that screening for undisclosed intimate partner violence could form part of their routine medical consultations.

This was a cross-sectional descriptive hospital based study carried out between August and September, 2013. The objectives were to determine the prevalence, pattern and socio-demographic correlates of intimate partner violence among women attending the General Out Patient Clinic (GOPC) of Aminu Kano Teaching Hospital (AKTH), Kano. It was also designed to determine the pattern of health complications associated with intimate partner violence as well as the perception of women attending the GOPC of AKTH on intimate partner violence.

Three hundred and ninety three randomly selected women aged 15-49 years who were in or had ever been in an intimate relationship were studied. Interviewer-administered questionnaires were used to collect data about their socio-demographic characteristics, presenting complaints and clinical examination. Information on intimate partner violence was obtained using the Composite Abuse Scale (CAS).
The prevalence of intimate partner violence within the previous year was 42.0%. Of all the 393 study participants, 46.6% had experienced emotional/psychological violence, harassment/controlling behaviour was present in 43.3%, physical violence was reported in 29.0%, sexual violence was present in 21.9% and 37.9% of the participants had experienced severe combined abuse. Age, ethnicity, religion and level of education were not associated with intimate partner violence. Alcohol consumption by the partner (p=0.000), increased use of substances such as sleeping pills by the victims of IPV (p=0.000), depression (p=0.000), miscarriage (p=0.004), and the presence of physical injuries in the participants (p=0.024) were significantly associated with intimate partner violence. One hundred and fifty nine (40.5%) of the participants agreed that a husband is justified for beating or hitting his wife and neglecting the child was the reason given by most of the participants (26.7%) to justify intimate partner violence. General and non-specific complaints, Musculoskeletal complaints, Psychological complaints such as; depressed mood, insomnia, anhedonia and cardiovascular complaints like palpitations were significantly commoner among victims of IPV.

The finding of a high prevalence of intimate partner violence among women of reproductive age in this study shows that it is an important problem and is associated with poor physical and mental health of women who are victims. It is therefore recommended that physicians routinely screen for IPV especially in patients with depressive symptoms, non-specific complaints, miscarriage, low back pain and physical injuries on the face, trunk and upper limbs. Screening will be a safe and cost effective means for identifying women experiencing IPV, leading to appropriate interventions that will decrease further exposure to IPV and its adverse health consequences.