Original Article

THE PREVALENCE AND PATTERN OF INTIMATE PARTNER VIOLENCE AMONG WOMEN ATTENDING GENERAL OUTPATIENT CLINIC OF FEDERAL MEDICAL CENTRE, KEFFI

Azaki D[1]*, Stephen Y[2]

[1]Department of Family Medicine, National Obstetric Fistula Centre, Ningi, Bauchi State.

[2]Department of Family Medicine, Bingham University Teaching Hospital, Jos, Plateau State.

***Correspondence:** Azaki David; drazakidavee@gmail.com

Abstract

Background: Intimate partner violence has globally been recognized as a public health problem that has serious adverse effects on the victim, the family and the society at large.

Objectives: To determine the prevalence and pattern of intimate partner violence among women and the association with sociodemographic characteristics at the General Outpatient Clinic of Federal Medical Centre Keffi.

Materials and Methods: This was a cross-sectional descriptive study of 342 women, carried out between May 14th to July 7th, 2020. Data was obtained using an interviewer-administered questionnaire and analysed using SPSS version 27.

Results: The prevalence of intimate partner violence was 75.4%. Out of the 258 women with intimate partner violence, emotional violence was the most common form experienced by 180 (69.8%) of the participants. Eighty-eight (34.1%) experienced sexual violence alone and 74 (28.7%) experienced physical violence alone. Sixty-one (23.6%) of them experienced all three forms of intimate partner violence (emotional, physical and sexual violence).

Conclusions: The prevalence of intimate partner violence found among women in this study was high and commonest form of intimate partner violence was emotional violence, followed by sexual violence and physical violence.

Keywords: Intimate partner violence, sexual violence, physical violence.

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INTRODUCTION

Worldwide, violence against women is a serious cause of death and incapacity. It is one of the pervasive and yet least recognized human rights abuses cutting across geographical, racial, ethnic, cultural, religious, social and economic boundaries worldwide. It is also a greater cause of illness than traffic accidents and malaria combined.[1]

Intimate partner violence is rapidly becoming a significant public health issue both in developed and developing countries.[2] Non-governmental organizations and other agencies have identified this and had called on nations to take drastic measures to address violence against women through various international meetings and foras.[3,4] In spite of several international seminars, intimate partner violence is still very common, affecting many women globally.[5]

A lifetime prevalence of intimate partner violence was reported by the World Health Organization (WHO) to be 30%.[3] This included intimate partner violence of a man against another man, a woman against another woman, a woman against a man and a man against a woman.[3] In Nigeria about 31% of women had been physically abused by an intimate partner during their lifetime as at 2013.[4,6] Other studies quoted a lower prevalence of intimate partner violence of men against women even though they suggested that the actual prevalence may be higher.[7,8]

The risk factors for intimate partner violence include early marriage and early pregnancies, low socioeconomic

status, poverty, drunkenness, mental instability, unemployment and low educational level.[2,9,10] Other factors which increased the likelihood for intimate partner violence were alcohol use by women, long marital duration, long duration from last coitus and unemployment amongst others.[8,11]

Globally at least one out of three women had been beaten, coerced into sexual intercourse or otherwise abused during her lifetime. Most often, the abuser is a member of the family or a spouse.[5,7,9]

Intimate partner violence poses a great threat to the attainment of goals of safe motherhood initiative and Sustainable Development Goal five (SDG 5), which is directed at reduction of maternal morbidity and mortality.[10,12] During pregnancy for instance, reported complications of intimate partner violence includes preterm labour, trauma, fractures, premature rupture of membranes, chorioamnionitis, anaemia, infections, miscarriages, first and second trimesters bleeding, intrauterine growth retardation amongst other adverse pregnancy outcomes.[13,14,15,16] These complications may arise from physical violence or indirectly from emotional violence.[13,17]

A study by Carol et al in Abuja in 2015 and Anzaku et al in Jos in 2019 both quoted low prevalence rates of intimate partner violence in North Central, Nigeria, but suggested that the prevalence in actual sense maybe higher.[2,13] That was due to the acceptance of violence against women in this region as a form of correction.[5,12,14.] Other reasons included threat against victims by perpetrators fearful of being labelled as wife batterers and fear of loss of financial benefactors by the female victims.[2,8,13]

Carol et al in 2015 in Abuja and Onoh et al in 2013 in Abakaliki agreed that the most common pattern of intimate partner violence experienced by women was emotional, followed by physical violence.[2,11] Few women saw forced sex as a form of violence in a marriage setting. This may be the reason sexual violence had been under reported among most married respondents in previous studies.[7]

Hindin et al in the United States of America in 2018 and Black et al in Uganda in 2019 had posited that women with higher socioeconomic status, decision making power, and control of resources experienced lower rates of intimate partner violence.[3,5] While women with low socioeconomic status had a high incidence of partner violence.[7,16] Most of these studies were done in cosmopolitan areas where respondents were predominantly educated or were of relatively higher socioeconomic class.[7,8,18]

Gender equality and well-being is one of the targets of the SDG 5 of which most women are denied. Most women endure intimate partner violence because they are not empowered financially and educationally.[4,6] Unfortunately, some cultures and traditions have accepted violence as a way of expression of love to one's intimate partner. African marital customs are largely patriarchal which involve men paying bride price. That gives men an excuse to claim ownership of wives like ordinary items.[8,15]

The burden of intimate partner violence is quite worrisome especially in African setting where the act is concealed by the victims.[7] This attitude of non-reporting of violence is enshrouded in cultural parochialism, religious beliefs and perception of family institution as sacred. In North Central Nigeria, the same reasons were given and only few women in that region saw forced sex as a form of violence in a marriage setting.[2,13]

No studies had been done on the pattern of intimate partner violence in Federal Medical Centre (FMC) Keffi. This study was conducted to determine the prevalence and pattern of intimate partner violence among women and the association with sociodemographic characteristics at the General Outpatient Clinic (GOPC) of FMC Keffi.

MATERIALS AND METHODS

Study Design: The study was a cross-sectional study carried out between May 14th to July 7th, 2020.

Study Area: This study was conducted at the GOPC of the FMC Keffi, Nasarawa State. Keffi has an area of 127 Km^2 and a population of 92,550 based on the 2006 National population census.[11] English and Hausa are the most common spoken languages. FMC Keffi is a tertiary centre with 227 bed capacity and has varied medical specialists including family physicians, community physicians, surgeons and paediatricians. The centre caters for the needs of patients from Keffi and from

surrounding towns and villages within and outside Nasarawa State like the Federal Capital Territory, Niger, Kogi, Kaduna and Benue States.

Study population: The study population comprised all women attending the GOPC during the period of the study.

Eligibility criteria: Inclusion criteria was every woman attending the GOPC who was married or was cohabiting with an intimate partner and had given informed consent to participate in the study. The exclusion criteria were patients who were critically ill and needed emergency care, those with psychiatric illness were not recruited into the study because they were not medically stable to volunteer history.

Sample size determination: The minimum sample size required for the study was determined using Leslie Kish's statistical formula for cross sectional study designs.[2]

$$N = \frac{Z^2PQ}{D^2}$$

Where N = minimum sample size.

Z = standard normal deviate at 95% Confidence interval; 1.96.

D = absolute precision level which was set at 5% for this study.

P = the estimate of women experiencing intimate partner violence. For this study, a prevalence of 30% was used based on a previous study by Carol et al at Abacha Barracks, Abuja.[2]

Q = 1-P,

Therefore, $N = \frac{1.96^2 \times 0.30 \times (1-0.30)}{0.05^2}$

N = 323.

Sampling method: The study participants were recruited by systematic random sampling method. The sampling frame was calculated as shown below:

Average of about 42 women were seen every clinic day and the total number of women seen in the GOPC per week from Monday to Friday was approximately 42 x 5 = 210. In a month (4 weeks) 840 women would be seen. A sampling interval of 3 was derived by dividing 840 by 323. Fourteen (42 / 3) participants were recruited each clinic day. This was done in the order in which they reported to the clinic as they came for triage at the nurses' station. The first patients were made to pick a card from a box containing a single 'yes' and a 'no' card to determine the starting point. Subsequently, every third consenting patient who met the inclusion criteria was recruited and given enrolment number for the study.

Data collection: The sequence was repeated on each clinic day until the total number of participants for the study were recruited. An interviewer administered questionnaire was administered in English to the participants who understood English. There was a Hausa version for those who did not understand English.

Data analysis: Data obtained was analysed using IBM Statistical Product and Service Solutions (SPSS) version 27 software. Basic frequencies and proportions were used to describe the socio-demographic characteristics, prevalence and patterns of intimate partner violence among the study participants. Association between intimate partner violence and categorical sociodemographic variables was tested using Chi square test. Binary logistic regression analyses was used to further establish the association between intimate partner violence and socio-demographic factors. A 95% confidence interval was used and a P-value of less than or equal to 0.05 was considered statistically significant in this study.

RESULTS

A total of 520 patients were screened for the study. Four hundred and forty-six of the patients consented amongst which 104 were excluded due to Psychiatric illness, the need for emergency care and loss of interest from questions they considered were personal. The data obtained from 342 participants were collated and analysed.

The prevalence of intimate partner violence was 75.4%. Three forms of intimate partner violence (emotional, physical and sexual violence) were identified among the participants. Out of the 258 women with intimate partner violence, emotional violence was the most common form experienced by 180 (69.8%) of the participants. While some women experienced one of the three forms of violence, others experienced two or all three as shown in Figure 2.

As in Table 2, the factors that were significantly associated with intimate partner violence were age (p = 0.002) and parity (p = 0.010). Being in the age group 10-29 years is associated with a more than 4 times increased odd (OR - 4.467, CI - 1.883 - 10.599, p = 0.001) of IPV when compared to the age group 50 years and above. Similarly, being in the age group 30 - 49 is associated with a more than 3 times increased odd (OR - 3.331, CI - 1.453 - 7.635, p = 0.006) of IPV compared to age group 50 and above. Furthermore, parity of 2 to 3 is associated with 2 times increased odd (OR - 1.966, CI - 1.128 - 3.427, p = 0.024) of IPV when compared to the nulliparous group. Parity of 4 and above is associated with 3 times increased odd (OR - 2.987, CI - 1.334 - 6.692, p = 0.011) of IPV when compared with the nulliparous group. Other sociodemographic factors were not significantly associated with intimate partner violence in this study.

Table 1: Socio-demographic characteristics of the study participants

Variable	Frequency	Percentage
	(N= 342)	
Age range (Years)		
10 – 29	139	40.6
30 – 49	176	51.5
≥50	27	7.9
Mean age ±SD;	**35.14 ±3.89**	
Religion		
Christianity	188	55.0
Islam	65	41.3
Traditional	8	2.4
Atheist	4	1.3
Marital status		
Not married, cohabiting with partner	35	10.3
Married	307	89.7
Level of education		
No formal education	56	16.3
Primary	46	13.4
Secondary	116	34.0
Tertiary	124	36.3
Employment status		
Self-employed/artisan	122	35.8
Employed	72	21.0
Unemployed	148	43.2
Ethnicity		
Hausa	141	41.2
Igbo	102	29.8
Yoruba	99	29.0
Approximate monthly Income (Naira)		
≤59,000	265	77.5
60,000 – 100,000	58	17.0
≥100,000	19	5.5

Parity/Number of children		
0 – 1	86	25.1
2 – 3	193	56.5
4 & above	63	18.4
Duration of marriage or cohabitation		
(years)	313	91.5
≤20	27	7.9
21 – 30	2	0.6
31 – 40		
Type of Marriage	231	67.4
Monogamous	111	32.6
Polygamous		
Residence	220	64.2
Urban	122	35.8
Rural		

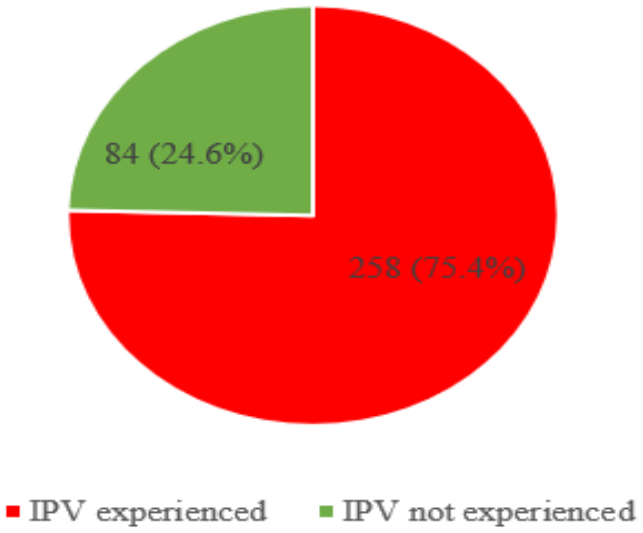

Figure 1: Prevalence of Intimate Partner Violence among the study participants

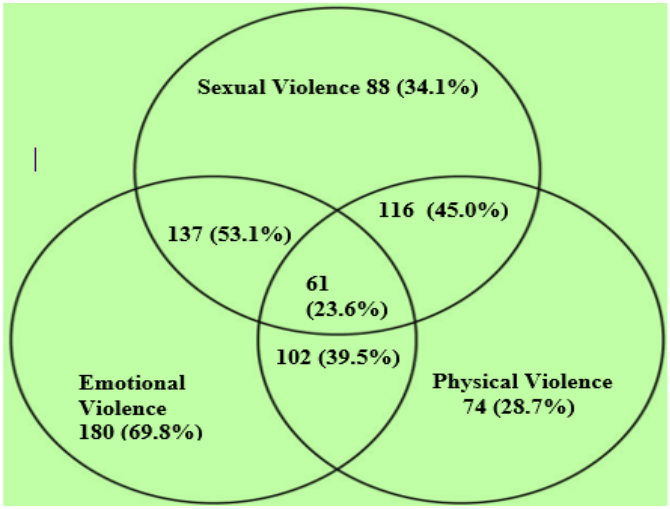

Figure 2: A Venn diagram illustrating the pattern of Intimate Partner Violence among the study participants, n =258

Table 2: Association between intimate partner violence and sociodemographic characteristics of participants

Variables	**IPV**						
	Yes (n:258)	**No** (n:84)	**TOTAL** (N: 342)	**χ2**	**OR**	**95% CI**	**p-value**
	n (%)	**n (%)**	**N (%)**				
Level of education				**4.260**			**0.235**
No formal education	37 (14.3)	19 (22.6)	56 (16.4)		RC		
Primary	34 (13.2)	12 (14.5)	46 (13.5)		1.455	0.616 – 3.437	**0.522**
Secondary	87 (33.7)	28 (33.3)	115 (33.6)		1.596	0.794 – 3.207	**0.257**
Tertiary	100 (38.8)	25 (29.8)	125 (36.5)		2.054	1.014 – 4.160	**0.067**

Occupation				**2.037**			**0.361**
Employed (Civil servants)	58 (22.5)	14 (16.7)	72 (21.0)		1.602	0.807 – 3.182	**0.235**
Unemployed	106 (41.1)	41 (48.8)	147 (43.0)		RC		
Self-employed/artisan	94 (36.4)	29 (34.5)	123 (36.0)		1.254	0.723 – 2.175	**0.505**
Income (Naira)				**0.345**			**0.842**
≤59,000	198 (76.7)	67 (79.8)	265 (77.5)		RC		
60,000 – 100,000	45 (17.5)	13 (15.5)	58 (17.0)		1.171	0.596 – 2.304	**0.771**
>100,000	15 (5.8)	4 (4.8)	19 (5.5)		1.269	0.407 – 3.957	**0.891**
Ethnicity				**2.787**			**0.248**
Hausa	111 (43.0)	30 (35.7)	141 (41.2)		1.616	0.901 – 2.896	**0.142**
Igbo	71 (27.5)	31 (36.9)	102 (29.8)		RC		
Yoruba	76 (29.5)	23 (27.4)	99 (29.0)		1.443	0.769 – 2.706	**0.324**
Religion				**7.162**			**0.067**
Christian	133 (51.5)	55 (65.4)	188 (55.0)		1.451	0.335 – 6.282	**0.916**
Islam	116 (45.0)	25 (29.8)	141 (41.2)		2.784	0.624 – 12.417	**0.354**
Traditional	5 (1.9)	3 (3.6)	8 (2.3)		RC		
Atheist	4 (1.6)	1 (1.2)	5 (1.5)		2.400	0.175 – 32.881	**0.962**
Marital status				**0.850**			**0.357**
Married	233 (90.3)	73 (86.9)	306 (89.5)		1.404	0.659 – 2.992	**0.497**
Not married (cohabiting)	25 (9.7)	11 (13.1)	36 (10.5)		RC		
Marriage type				**0.007**			**0.934**
Polygamy	84 (32.6)	28 (33.3)	112 (32.7)		RC		
Monogamy	174 (67.4)	56 (66.7)	230 (67.3)		1.036	0.614 – 1.748	**1.000**
Duration of marriage/cohabitation (years)				**2.586**			**0.460**
≤20	235 (91.1)	78 (92.9)	313 (91.5)		1.056	0.742- 1.835	**0.860**
21 – 39	21 (8.1)	6 (7.1)	27 (7.9)		1.162	0.453 – 2.982	**0.937**
≥40	2 (0.8)	0 (0.0)	2 (0.6)		RC		
Residence				**0.342**			**0.559**
Urban	168 (65.2)	52 (61.9)	220 (64.3)		1.149	0.690 – 1.912	**0.687**
Rural	90 (34.8)	32 (38.1)	122 (35.7)		RC		
Age				**12.830**			**0.002**
10-29	112 (43.4	27(32.1)	139 (40.6)		4.467	1.883 – 10.599	**0.001**
30-49	133 (51.6)	43(51.2)	176 (51.5)		3.331	1.453 – 7.635	**0.006**
≥50	13 (5.1)	14 (16.7)	27 (7.9)		RC		
Parity				**9.231**			**0.010**
0 – 1	55 (21.3)	31 (36.9)	86 (25.1)		RC		
2 – 3	150 (58.2)	43 (51.2)	193 (56.4)		1.966	1.128 – 3.427	**0.024**
4 & above	53 (20.5)	10 (11.9)	63 (18.4)		2.987	1.334 – 6.692	**0.011**

DISCUSSION

The prevalence of intimate partner violence in this study was 75.4% which is much higher than 60% prevalence rate reported worldwide.[3] This high prevalence may be due to global increase
in socioeconomic difficulties and legislation of laws which are difficult to implement in the face of divergent cultural beliefs and effect of COVID-19 lockdown.[5,18] Tanimu et al in 2014 in Kano, North-West Nigeria reported a prevalence of 42%.[4] This is lower than the prevalence found in the present study which could be due to differences in reporting rates which is influenced by cultural inhibition and willingness to disclose personal information regarding violence.

In this study, intimate partner violence was significantly related to age with the majority of the victims belonging to the 30-49 years age group. However, the strongest association was found between the 10-29 years age group. This is likely because most women belonging to that age group are inexperienced because of their relatively young age. It therefore means that decreasing age is associated with increasing likelihood of intimate partner violence. Women of this age group should be counselled on how to avoid confrontational arguments with partners. They should also be taught ways of managing conflicts.

There was a significant association between the parity of participants and intimate partner violence. The likelihood of intimate partner violence was found to be more as a woman parity increases. This is because increase in the number of children would likely lead to increase in the financial burden to cater for them and this can be a source of friction or violence among couples. Women of higher parity should be targets for vocational and financial empowerment as this would reduce friction at home.

Three out of every ten of the 258 participants experienced physical violence from their intimate partners in the index study. This is comparatively higher than the findings of two tenths by Thac et al in 2016 in Cambodia.[18] The World Health Organization multi-country study on patterns of intimate partner violence in 10 countries in 2018 found that about one tenth of women reported physical abuse.[19] This prevalence is lower than the one reported in this study because of strict legislation and punitive measure instituted against intimate partner violence in those countries.

The result from this study is higher than reports of physical intimate partner violence of about two in ten women in Anambra[11] and by Ajah et al in Imo, also in Eastern Nigeria.[20] These differences could be due to the cultural disparity of the populations. The culture in North Central Nigeria where this study was conducted is such that women are most often kept as housewives and do not engage in any economic activity. As a consequence, socioeconomically deprived women with large families will most likely find it more difficult to cope with financial demands. This is in addition to the belief that no marriage is exempted from some forms of intimate partner violence, hence married women are advised to put up with it.[13] Countries should legislate stiffer penalties against physical violence. Weak implementation of these laws must be strengthened to discourage future offenders

Seven women out of ten of the 258 participants experienced emotional intimate partner violence. This is within the range of the prevalence reported by the World Health Organization multi-country study on patterns of intimate partner violence in 10 countries in 2018, which found that about three out of four women experienced emotional abuse.[20,21] The similarity between the two studies was because they had similar study designs, demography and lifestyles.

In addition, three tenths of the 258 participants experienced sexual violence which is within the range reported from a World Health Organization multi-country study in 2018.[3,20] Machado et al in Portugal in 2014 reported a prevalence of sexual violence from an intimate partner as four out of every ten women.[17] This was similar to the findings by Livia et al in Indonesia in 2015.[9] The similarity noticed in this present study with that of Livia and Machado et al was because a high percentage of respondents were within the reproductive age group which is more prone to sexual violence. Women of reproductive age groups should be taught defensive combats. In some countries they are encouraged to take on combative skills. The use of pepper spray and other non-combative methods should be encouraged. Wearing of anti-rape devices should also be encouraged.

CONCLUSION

The prevalence of intimate partner violence among women was high, with women of reproductive age group especially those of high parity experiencing more

violence. The commonest form of intimate partner violence among women was emotional violence, followed by sexual violence and physical violence.

AUTHORS CONTRIBUTION

Author AD conceptualized the study, wrote the literature search and analysed the data. Author SY helped developed the theory and supervised the findings of this work. All authors read and approved the final draft.

CONFLICT OF INTEREST

The authors declare none

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ETHICAL APPROVAL

Ethical approval was obtained from the health research ethics committee of the Federal Medical Centre Keffi, Nasarawa State.

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