

# **Spousal Violence and Health Care Utilization for Sick Children in Nigeria**

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## **Background**

Improving child health is a major issue in public health that has attracted global attention. This underscores the efforts aimed at reducing child mortality and morbidity. In developing countries, mortality and morbidity among children are on the high side. For instance, reports show that 3 out of 29 countries studied in sub-Saharan Africa have under-five mortality below 100 per 1000 live births (WHO, 2008). Diseases such as malaria, diarrhea, pneumonia, meningitis, AIDS, measles and other infectious diseases contribute to under-five mortality (Robert & Li, 2011). Studies have shown that deaths through these diseases could be reduced through access to and utilization of medical health care (Haines, Sanders, Lehmann, Rowe, Lawn, Jan, Walker, & Bhutta, 2007). Women's utilization of health care for their children is said to be influenced by different factors. These include socio-economic and demographic factors, distance to health facility, quality of service and perceived seriousness of the illness, among others (Chandrashekar, Ravi, Binu, Sonu, Hari & Ramachandran, 2006; Grace, Mark & Ruth, 2005; Negussie & Chepngend, 2005; Ruhul, Nirali & Stan, 2010).

However, increasing violence by married men against their spouses has called for a great concern. World Health Organization (2013) reports put the global violence by men against their wives/partners at 30%. This violence has been described to have health implications for women and children. Although majority of the studies have examined the effect of such violence on women's health seeking behaviour, little attention has been paid to the effect of violence on medical health care being sought for children. This study, therefore, examines the association between violence by married men against their wives or partners and health care utilization for sick children.

## **Methods**

The data for this study were extracted from the Nigeria Demographic and Health Survey (NDHS) 2013. NDHS is a cross-sectional survey that provides information on population and health at national, zonal and state levels. Information relating to background characteristics, birth

history, antenatal, delivery and postnatal care, breastfeeding, childhood mortality, and domestic violence was obtained through questionnaire from women within the reproductive age of 15-49. In view of the focus of this study, the data used were limited to 19,397 married women with at least one child. The response variable is the type of treatment sought (whether medical or otherwise) when child had diarrhea or fever. The independent variable is the violence experienced which could be physical or emotional. Frequency tabulations were carried out to show the distribution of respondents according to background characteristics. Chi-Square test was used to examine the association between the response and independent variables. These analyses were done using STATA 11.0. As a result of the unbalanced sampling among urban and rural areas in the survey, standardized sampling weights were applied using survey command in the statistical software.

## **Results**

The study revealed that close to half of the women had no education, 65% lived in the rural area and 46% came from household with poor wealth index. While 12% of the respondents' children had diarrhea, 14% had fever. In respect of emotional violence experienced, 11% reported being humiliated by their husbands, 15% reported being insulted and 19% reported they have experienced one form of emotional violence or another. With respect to physical violence, 12% reported being slapped, 5% reported being kicked and 3% reported being punched. About 14% have experienced one form of physical violence or another. About 69% of those who experienced humiliation, 71% of those who were threatened with harm and 73% of those who were slapped never sought medical treatment for their children who had diarrhea. Also, 78% of those who were threatened with harm, 75% of those who were pushed and 66% of those who were kicked did not seek medical treatment for their children who had fever or cough. Above all, 72% of the women who experienced emotional violence never sought medical treatment for their children who had diarrhea and 73% of those who suffered physical violence did not seek medical care for their children with this ailment. Emotional and physical violence are significantly associated with health care seeking for children with fever or cough ( $p < 0.05$ ) as 72% of women who experienced emotional violence and 74% of those who experienced physical violence never sought medical treatment for their children.

## **Conclusion**

The findings showed that spousal violence is a significant contributor to low health care utilization for sick children in Nigeria. This low health care utilization could frustrate the efforts aimed at improving child health in the country. In addition to improving socioeconomic conditions of women, family health education programmes which would address issues relating to spousal violence should be organised on regular basis at community level. Such programmes should not be targeted at women only but should also involve men.