Chapter 1

Introduction

1.1 Background

Recognizing domestic violence as a "real crime" has become increasingly important to crime control and such recognition is related to broader changes associated with globalization (Radfard & Tsutsumi, 2004). Globally, 10-50% of ever married women reported having suffered physical violence from a male partner at some points in their lives (Liljestrand et al, 2000). In developing countries, approximately one quarter to more than one half of the population of women suffers physical abuse by present or former male partners (Heise et al, 1994). Assessing the prevalence and health consequences of domestic violence among women in Karachi, Pakistan, 34% reported having been physically abused, with 15% having been physically abused while pregnant (Fikree & Bhatti, 1999). In three provinces of South Africa, 24.6% had a life time prevalence of experiencing physical violence from a current or ex-husband or boyfriend, and 9.5% had been assaulted in the previous year (Jewkes et al, 2002). In Thailand, approximately 20% of husbands revealed that they had hit, slapped, or kicked their wife at least once in their marriage (Hoffman et al, 1994).

Domestic violence is a persistent global health problem, affecting physical and mental health problems, is a major cause of disability and death in many countries, and has adverse effects on the general well-being of women (WHO, 2002). Bruises, abrasions and wound haemorrhages are health consequences of battered women (Sharernyut, 2000). Seventy two percent of physically abused women were anxious or depressed (Fikree & Bhatti, 1999).

Most studies investigate the consequence of the violence, because the causes, circumstances and precursors of violence against women in family settings and societies are complex and diverse, particularly in developing countries where traditional practices in smaller and isolated regions can run counter to democratic government policies.

As studies by Hemabat (1990), Thanaudum (1996), Navaboonniyom (2001), Sripichayakarn et al. (2001), Voraseetakarnkul (2001), and Chocksawat (2003) have shown, violence against women has occurred in Thailand. Although these studies give an indication of the nature and extent of the domestic violence situation, it is of interest to do a study in the three southern border provinces of the nation, its region of greatest cultural and religious diversity.

1.2 Objectives

Our study has the following three objectives.

1. To study the prevalence of physical, sexual and emotional abuse among pregnant women in Pattani Province in southern Thailand.
2. To study the association between the level and nature of domestic abuse among pregnant women with the women's and their partners' demographic and socioeconomic characteristics.
3. To analyse the risk factors associated the domestic abuse of pregnant women.

1.3 Literature Review

Since our study setting is Thailand, it is important to focus first on recent Thai studies in our literature review. Most of these studies have not been reported in English. A study of Bangkok women (Sripichayakarn et al, 2001) estimated the life time prevalence of experiencing physical violence to be 8.2%. In a study of married women in

Uborachathanee Province, 18.4% reported physical abuse (Shockswad, 2003). Voraseetakarnkul (2001) also did a study of women in Chiang Mai, focusing on physical abuse as a major cause of disability injuries and deaths. Navaboonniyom (2001) surveyed 287 Bangkok women, and reported that causes of violence against wives include extra marital sex, jealousy, lack of communication, lack of money, alcohol use, the husband's desire to take control over his wife, and differences in attitudes between husbands and wives.

Previous studies on this topic may be classified by the demographic and socioeconomic characteristics of the subjects, notably location, age, education, income, family type, and alcohol and drug use.

Location and age of their partners

Castro (2003) compared Hispanic women in Morelos (Mexico) and Los Angeles County (California), and found a higher prevalence of violence in Morelos (14.8% versus 11.9%). Another study of Hispanic women in a large metropolitan US city (McFarlane et al 1998) found that having a partner less than 20 years of age was associated with increased violence. In contrast, a study of 188 battered married women seeking care at emergency units in Siriraj and Vajira hospitals at Mahidol University in Thailand (Sharernyut et al, 2000) reported that older husbands (those over 40 years of age) were primarily responsible.

Education of women and their partners

A cross-sectional study investigating domestic violence among 1306 South African women (Jewkes et al, 2002) found the woman's lack of post-school education to be a risk factor. Ratner (1995) reported a telephone survey of 406 married women and found that the abused women had more education than their partners. Based on a cross-

sectional study investigating wife beating, Ghazizadeh (2002) interviewed 1000 married women in Sanan-daj city, Iran, and reported an association between the husband's and wife's educational level and the occurrence of violence behaviour committed against the wife, but failed to specify the precise nature of this association. Based on a survey of 400 pregnant women getting antenatal care at the mother and child hospital health promotion centre in area 1 of Bangkok, Thanaudum (1996) found that pregnant women with only primary school education had been abused more than those better educated. In a study in Ubonrashthani Province in Thailand's north east region, it was found that women who had been abused by their husbands had low educational levels (Hemabat, 1990).

Incomes of women and their partners

Ratner (1995) reported a telephone survey of 406 married women, and found that abused women had lower total household incomes; and partners who were more likely to be unemployed. A cross-sectional study investigating physical abuse among 329 pregnant Hispanic women in a large metropolitan US city (McFarlane et al, 1998) measured family income, but did not investigate its association with the level of physical abuse. Fikree & Bhatti (1999) surveyed 150 women in Karachi to determine the prevalence and health consequences of domestic violence and their association with anxiety and depression, after adjusting for socioeconomic risk factors including low income, but did not report the association between these risk factors. A survey study of 631 pregnant women in Tsan Yuk hospital, China, (Leung et al, 1999) found domestic violence to be associated with husbands or partners who were unemployed or manual workers.

Type of family

In a survey of 611 among pregnant women in Pattani Hospital, Pattani, Thailand Kuning et al (2004) found that physical abuse was associated with parity. Thanaudom's (1996) survey of 400 pregnant Bangkok women found that physical violence and mental violence against them were associated with the number of living children and the type of family. However, the nature and direction of this relation was not reported.

Alcohol use

A cross-sectional study investigating domestic violence among 1306 South African women (Jewkes et al, 2002) found that domestic violence was positively associated with alcohol drinking and conflict over drinking. A qualitative study of wife beating of 70 women and 30 men in rural south India (Rao, 1997) found an increase in the risk of wife abuse with alcohol consumption. Based on a survey of 321 Thammasart University married staff, Choticoot (1998) found that use and frequency of alcohol was associated with abuse. Another survey of 122 married women in Bangkok (Skuntaniyom, 1998) found that alcohol use was associated with violence to the wife.

1.4 Study Design

For convenience and internal validity, our study used a cross-sectional design involving interviews of women from a selected study population, pregnant women attending selected antenatal care clinics in Pattani Hospital, Thailand.

Population and Sample

The target population comprised all pregnant women attending antenatal care clinics in Pattani Hospital. The sample comprised 611 women attending the clinics between 1 July 2002 and 21 November 2002.

The pregnant women who did not give their consent to be interviewed were excluded.

Outcome variable

The nature of domestic abuse was the outcome variable of interest. This outcome was measured by asking the woman to say whether or not she had suffered various kinds of abuse (sexual, emotional, physical, severe physical), a listed in the questionnaire shown in the appendix.

There were two intervening variables, the time of abuse when the abuse took place with respect to the woman's pregnancy, and the duration of current pregnancy.

Determinants

The risks factors measured were religion, residence, length of relationship, marital status, family type, family size, number of children, age, age at marriage, education, occupation, incomes, number of partner, card-playing habit, partner's age, partner's education, partner's occupation, partner's incomes, number of partner's wives and partner's addictions.

Definitions of variables

Nature of domestic abuse is defined as the bettering of women with the victimization of a partner or an intimate partner. These are four types of abuse in our study.

Sexual abuse: sexual intercourse against the women's wills, marital rape.

Emotional abuse: humiliated, bullied, criticized, locked up, isolated, or refused access to work.

Physical abuse: pushed, grabbed, kicked, hit, and shoved, slapped, shaken, or restrained.

Severe physical abuse: beaten up, thrown, chocked, burnt, threatened or attacked with fist, knife or gun. These definitions are from Kuning (2004).

The putative relationships between the variables are shown as a concept map in Figure1.1.

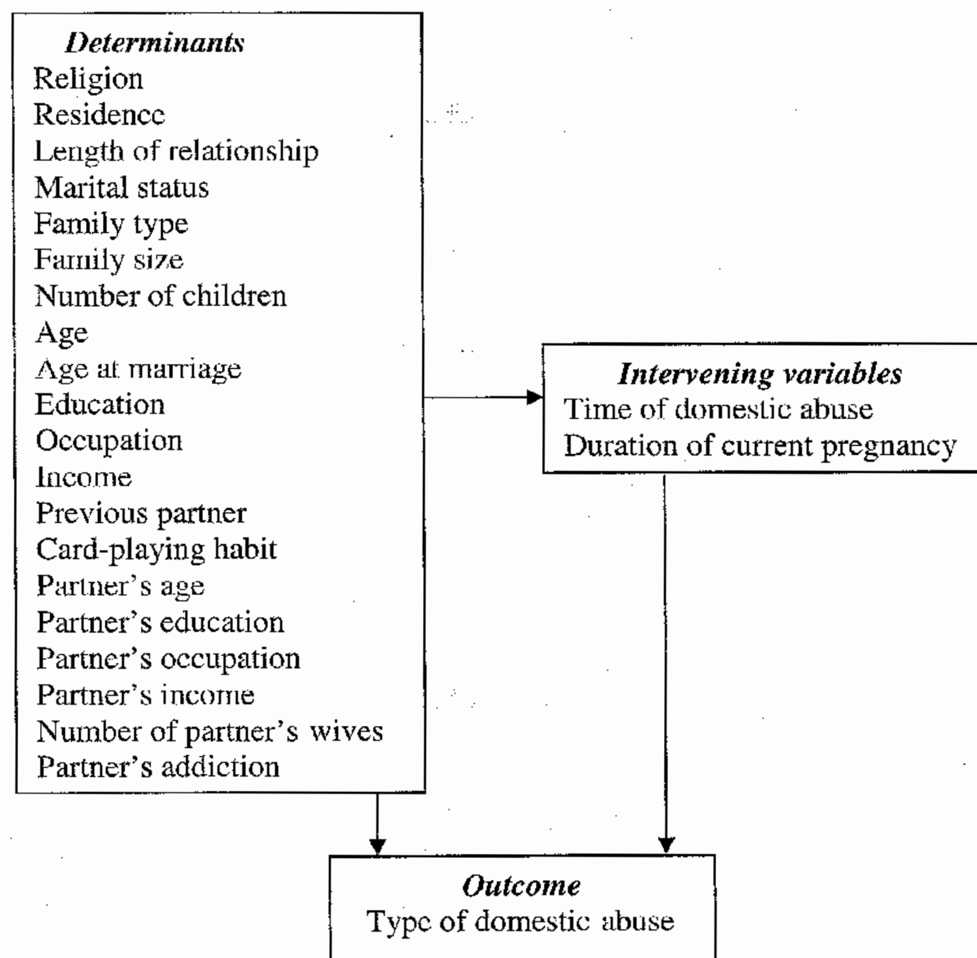

Figure 1.1 Schematic diagrams of variables of interest