Intimate partner violence among women in slum communities in Bangkok, Thailand

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ABSTRACT

Introduction: This study aims to describe the prevalence of intimate partner violence and associated factors among married women in slum communities in Bangkok.

Methods: A cross-sectional survey was carried out. A total of 580 married women aged 15 years or older were randomly sampled from seven slum communities in Bangkok. Information on age, education, occupation, income, family size, alcohol use, and experience of partner violence were interviewed. Logistic regression was used to identify risk factors associated with the violence.

Results: The prevalence of intimate partner violence was 27.2 percent. Most of the violent episodes were triggered either by factors related to the couple's personal character, such as having a bad temper (89.9 percent) and being grumpy (83.5 percent), or circumstantial factors, such as financial problems (74.7 percent) and suspicions of adultery (28.5 percent). 12 percent of the abuse were moderate violence and 34.2 percent were severe violence. The factors associated with partner violence included a young age group (younger than 35 years) with adjusted odds-ratio (OR) of 3.13 (95 percent confidence interval [CI] 1.33-7.34) compared to those aged 55 years or older; inadequate income for family expenses (OR 1.97, 95 percent CI 1.20-3.22); and regular alcohol use (OR 3.72, 95 percent CI 2.02-6.89).

Conclusion: Intimate partner violence was commonly found in slum communities and is strongly related to the socioeconomic status, personality characteristics and alcohol consumption of the couples.

Keywords: abused women, alcohol consumption, domestic violence, partner violence, slum communities, women's health

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INTRODUCTION

Intimate partner violence, a common form of domestic violence, is one of the most prevalent causes of injury in women.[1,2] Men who abuse women generally subscribe to the idea of male superiority over females,[3] and the violence is usually used to create and enforce gender hierarchy, as well as to serve as punishment for transgressions.[4] The damaging impact of intimate partner violence is tremendous on a woman's health. In addition to the immediate health effects, the long-term health consequences of violence include risks of ill health, such as depression, suicide attempts, and psychiatric disorders.[5] Although intimate partner violence has been reported to be common, the magnitude of the violence and consequences are not usually identified and reported.[6] Women experiencing intimate partner (domestic) violence are often under-detected both in the clinical and public health setting.

Information on the magnitude and risk factors related to intimate partner violence is vital for policy makers, healthcare providers and the society, in order for appropriate action to be taken. Factors associated with intimate partner violence, including demographical characteristics, socioeconomic status and relationship of the couples, have been reported.[7,8] Although international research on the prevalence and factors related to intimate partner violence has provided increasing public awareness, published reports of the problem have been very scarce in Thailand. Recently, a multi-country survey on intimate partner violence, in collaboration with the World Health Organisation (WHO),[9] including Thailand as a study site, reported a prevalence of 21% in the general population of two cities of Thailand; however, such information on the population living in slum communities is still limited. The objectives of this study are to estimate the prevalence of intimate partner violence and to examine factors associated with the violence among married women living in the slum communities of Bangkok, Thailand.

METHODS

A cross-sectional interview survey was conducted in

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seven slum communities located in a central district of Bangkok in December 2005. The study was approved by the Institutional Review Board at the Faculty of Medicine, Mahidol University, Ramathibodi Hospital. All participants provided written informed consent. The study population included community members of 1,164 households. We aimed to select about 600 married women, who were aged ≥ 15 years and were residents in the communities. This number was calculated based on a formula[10] to assure the 95% confidence interval (CI) of detecting a prevalence of intimate partner violence of 23%, with an error between ± 0.03 and ± 0.04 percent. A sample of 600 households was selected by systematic sampling. A married woman aged ≥ 15 years old in each household was randomly selected as a respondent. The investigation team visited each household and asked for the participants' consent before the interview. Prior to the interview, the study team, including social workers and nursing students, were trained to look out for appropriate characteristics which could influence the women in their disclosure of violent histories. After the training, the interviewers were able to engage with people from difficult backgrounds and ask about sensitive issues.

Participants were interviewed face-to-face without their partners being present, and confidentiality was safeguarded. A structured questionnaire was developed by the research team, which included a psychiatrist, medical epidemiologist, nurses and social workers who were experienced in taking care of victims of intimate partner violence. The questionnaire included information on age, education, occupation, monthly family income (≤ 125 USD, 126–250 USD, and ≥ 251 USD), family size, regular alcohol consumption in either women or their partners (≥ two days per week), history of partner violence, frequency of the violence, event that triggered the assault, type and severity of abuse. The questions on the woman's experience of violence were about whether in the past 12 months she had been intimidated (belittled, slapped, kicked, beaten, forced to have sex, physically or psychologically or emotionally hurt) by her partner. Those who answered "yes" were asked further on the frequency of the occurrence. The questionnaire was tested in the field before actual data collection.

Intimate partner violence was defined as any behaviour or actions within an intimate relationship that caused physical, psychological or sexual abuse by the partner. Physical abuse included acts of physical aggression, such as hitting, slapping, kicking and beating. Psychological abuse included the acts of intimidation, belittlement and humiliation. Sexual abuse included forced sexual intercourse. The severity of violence was classified into three groups, i.e. mild violence (any verbal assaults, at least once in a month), moderate violence (any verbal assaults of one time or more per week), and severe violence (any form of physical assaults and/or verbal assaults on most days).

Table I. Characteristics of participants (n = 580).

Characteristics	No. (%)
Age (years)	42.9 (12.7)*
< 35	153 (26.4)
35–44	171 (29.5)
45–54	156 (26.9)
≥ 55	100 (17.2)
Education attainment	
No education	39 (6.7)
Primary	321 (55.3)
Secondary	120 (20.7)
Vocational or higher	100 (17.2)
Offspring	
Yes	517 (89.1)
Occupation	
Housewife	188 (32.4)
Office worker	229 (39.5)
Labourer	163 (28.1)
Family income per month (USD)	
≤ 125	335 (57.8)
126–250	122 (21.0)
≥ 251	123 (21.2)
Adequate income for expense	
Yes	313 (54.0)
Type of family	
Nuclear	373 (64.3)
Extended	207 (35.7)
Regular alcohol consumption in partner	
Yes	109 (18.8)
Regular alcohol consumption in women	
Yes	23 (4.0)
Regular alcohol consumption in either of the couple	
Yes	118 (20.3)

* Mean (SD)

Data from the questionnaires were double entered into an electronic form in Epi info version 6 (CDC, Atlanta, USA). Descriptive statistics for the frequency of the prevalence of intimate partner violence, demographical variables, and other categorical variables were calculated. Logistic regression was used to identify factors associated with the violence. First, the unadjusted odds-ratio (OR) for each risk factor was calculated. The variables that were significant at p-value < 0.10 were entered in a model (referred to as model 1) including indicator variables of age group (<35, 35–44, 45–54, and ≥ 55 years), educational attainment (no formal education, primary, and

secondary or higher), having adequate income for expense (yes/no) and regular alcohol consumption by partner (yes/no) and by the women (yes/no). The next model was run by replacing the two variables of alcohol use in model 1 with a variable indicating either one of the couple being a regular drinker (model 2). OR with 95% CI of factors associated with the partner violence was calculated. All the analysis was performed by using STATA version 8 (Stata Corporation, Texas, USA).

RESULTS

A total of 580 women participated in the survey (response rate 96.7%). The demographical characteristics of the participants are shown in Table I. Age of participants ranged between 17 and 78 years (mean 42.9 years, SD 12.7 years). More than half of the women were aged ≤ 45 years. Most of the participants had a primary school education or higher. More than half (57.8%) had a monthly income ≤ 125 USD. 46.1% reported that their incomes were usually not adequate for their daily expenses. Nearly one-fifth of the respondents reported that their partners regularly drank alcohol and approximately 4% of the women reported themselves as regular alcohol consumers. Overall, 158 (27.2%) of 580 participants reported having experienced intimate partner violence in the past 12 months. Most of the violence were triggered by several factors related to the couple's personal characters, including bad temperedness (89.9%), being grumpy (83.5%), and circumstantial triggers, such as arguments over financial problems (74.7%), suspicions of adultery (28.5%), sexually-related problems (10.7%) and alcohol consumption prior to the violent episode (67.1%) (Table II).

More than half (53.8%) of the abuse inflicted by their partners were mild violence (any verbal assault, at least once in a month), and 12% of them were moderate violence (any verbal assault of one time or more per week). One third (34.2%) of the incidents were severe violent episodes (any form of physical assault or verbal assault on most days). Most of the types of violence were psychological abuse (98.7%), followed by physical abuse (22.1%) and sexual abuse (4.4%).There was an overlap between physical, psychological and sexual abuse. One-fifth of the cases (21.5%) experienced both psychological and physical abuse, while 1.2% of cases had suffered all three types of abuse (Fig. 1).

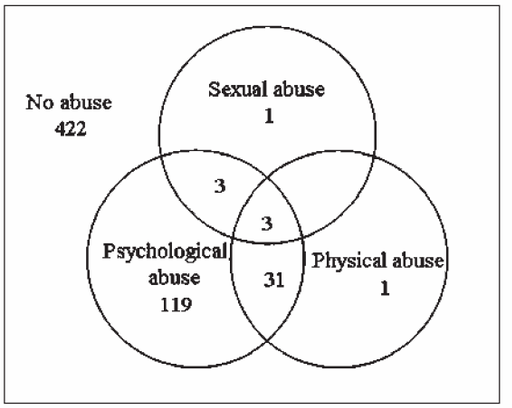

Fig. 1 Venn diagram shows the number of women being physically, psychologically and sexually abused.

The factors associated with intimate partner violence are shown in Table III. Women in the younger age group (< 35 years) were three times more likely to experience partner abuse compared to those aged ≥ 55 years. Women with no formal education or primary education were more likely to be abused. Women who had inadequate income for their expenses were two times more likely to experience violence, compared to those with adequate income. Occupation and size of family appeared to have

Table II. Factors triggering partner violence (n = 158).

Factors	Offender No. (%)	Victim No. (%)	Either partner No. (%)
Bad-tempered	106 (67.1)	68 (43.0)	142 (89.9)
Bossy	63 (39.9)	44 (27.8)	91 (57.6)
Grumpy	83 (52.5)	90 (57.0)	132 (83.5)
Jealous	51 (32.3)	35 (22.1)	70 (44.3)
Suspected adultery	32 (20.2)	18 (11.4)	45 (28.5)
Gambling	34 (21.5)	29 (18.3)	53 (33.5)
Drug addiction	20 (12.6)	7 (4.4)	23 (14.5)
Sexual problems	15 (9.5)	8 (5.1)	17 (10.7)
Conflict over relatives	39 (24.7)	43 (27.2)	57 (36.1)
Conflict over children	48 (30.4)	42 (26.6)	53 (33.5)
Financial problem	111 (70.2)	103 (65.2)	118 (74.7)
Alcohol consumption	74 (46.8)	54 (34.2)	106 (67.1)

no significant association with the violence. In logistic regression model 1, after adjusting for other covariates, the factors that were associated with partner violence included young age group (< 35 years old) with OR of 3.13 (95% CI 1.33–7.34), having inadequate income for family expenses (OR 1.97, 95% CI 1.20–3.22), regular alcohol use in partner (OR 3.72, 95% CI 2.07–6.89, Table III). Regular alcohol use by the women themselves also increased the odds of violence; however, the OR showed no statistical significance. The additional regression analysis, model 2, which included regular alcohol consumption by either one of the couple, as an independent variable, showed relatively similar OR as that of alcohol use by the abusive partner in model 1.

DISCUSSION

The present study demonstrates that intimate partner violence is common in urban slum communities. A quarter of women aged ≥ 15 years reported experiencing intimate partner violence in the past 12 months. One-

Table III. Prevalence (%) and odds-ratios (ORs) for intimate partner violence associated with risk factors.

Characteristics	Prevalence	Unadjusted ORs (95% CI)	Adjusted ORs (95% CI)	
			Model 1	Model 2
Age group (years)				
< 35	43.0	4.57 (2.36–8.85)	3.13 (1.33–7.34)	3.24 (1.38–7.62)
35–44	34.5	3.19 (1.65–6.19)	1.76 (0.78–3.95)	1.77 (0.79–3.99)
45–54	24.2	1.93 (0.98–3.81)	0.93 (0.40–2.17)	0.96 (0.41–2.24)
≥ 55	14.1	1	1	1
Education attainment				
No formal education	28.5	1.69 (0.94–3.01)	1.96 (0.97–4.02)	1.93 (0.95–3.94)
Primary	43.1	3.21 (1.67–6.15)	2.13 (0.98–4.62)	2.05 (0.95–4.45)
Secondary or higher	19.1	1	1	1
Offspring				
No	25.0	1	–	–
Yes	30.6	1.32 (0.71–2.45)	–	–
Occupation				
Housewife	26.6	1		
Office worker	29.3	1.14 (0.73–1.80)	–	–
Labourer	34.4	1.45 (0.90–2.34)	–	–
Family income per month (USD)				
≤ 125	29.7	1	–	–
126–250	31.0	1.06 (0.66–1.70)	–	–
≥ 251	29.7	1.00 (0.62–1.61)	–	–
Adequate income for expenses				
Yes	25.1	1	1	1
No	39.4	1.94 (1.23–3.04)	1.97 (1.20–3.22)	2.00 (1.22–3.27)
Type of family				
Nuclear	31.4	1	–	–
Extended	27.4	0.82 (0.56–1.23)	–	–
Regular alcohol consumption in partner				
Yes	55.6	3.96 (2.51–6.23)	3.72 (2.02–6.89)	–
No	24.0	1	1	–
Regular alcohol consumption in women				
Yes	60.6	3.89 (1.65, –9.21)	2.01 (0.56–7.21)	–
No	28.5	1	1	–
Regular alcohol consumption in either of the couple				
Yes	60.6	3.90 (1.65–9.21)	–	3.83 (2.13–6.86)
No	28.5	1		1

third of the abuse cases were considered severe violence. The important factors that triggered the occurrence of intimate partner violence included financial problems, being bad-tempered and alcohol abuse in either one of the couple. These factors might interact with each other, as financial problems might be an underlying cause leading to conflict, fighting and then violence. Alcohol abuse was also an important risk factor leading to violence. Women in the younger age group were at a higher risk than those in the older age groups. Those with a primary education attainment appeared to be at a higher risk than those with no formal education or secondary and higher level of education. The information found in this study serve as baseline data for monitoring and planning a prevention and protection programme for women from violence in the communities.

Since 1999, the Thai government and non-governmental organisations (NGO), including the Foundation for Women (FFW) and the Advancement of Women (AW), have jointly implemented a number of campaigns to raise awareness of this problem. Such programmes include anti-violence advertisements, promoting the white ribbon campaign, organising walk rallies and training workshops for female community leaders and the police. Crisis centres for victims of gender-based violence have been established in several hospitals in various parts of the country. Recently, a Prevention and Resolution of Domestic Violence Bill has been drafted by the Ministry of Social Development and Human Security. The draft Bill aims to provide victims with immediate assistance while offering an opportunity for offenders to reform themselves in order to preserve family unity. Cases are also allowed to be settled out of court. The law allows the authorities to send the abuser for rehabilitation, have their behaviour monitored or be sentenced to prison. Several public hearings of the Bill have been conducted over the past two years and some changes in the details have been made. Now, the Bill has been approved by the Cabinet and the Council of States. The final draft is now awaiting the Parliamentary debate and approval.[11]

The prevalence of intimate partner violence found in this study (27.1%) is slightly higher than those reported by a study collaborated by WHO (21%).[9] This might be due to the lower socioeconomic status under study, relative to the research population in the previous study. There are variations in the prevalence of partner abuse across many countries;[10] the occurrence of women having previously experienced physical abuse by a male partner ranges from 13%, to 27%, to 61% in the cities of Japan, Brazil and Peru, respectively. This study also found that the psychological abuse in intimate partner violence was accompanied by physical and sexual abuse. However, the proportion of those who had three types of abuse was lower than those of other studies.[1] For example, a study in Japan found 57% of women who had been abused suffered all three types of abuse.[12]

The diverse prevalence and types of abuse might be due to the difference in the population under study, methodology of the study and variation in the extent of underreporting by the women. For sexual abuse, the WHO study found a higher prevalence of sexual violence (17%) in Bangkok than that of this study (1.2%). This might be due to the younger age groups (15–49 years) in the WHO study and difference in the definition of sexual abuse.[7,9] This study might have underestimated the prevalence of sexual abuse, because we asked whether the women had been forced to have sexual intercourse and it might not have been sensitive enough to include women who were forced to do something sexual in a degrading or humiliating way, as was asked in the WHO study. This issue is considerably personal and culturally sensitive, so that the women might be reluctant to report abuse as well. Of note, the current legislation in Thailand does not consider the action of marital rape as a crime and this allows spousal rape to occur unpunished. Currently, there are campaigns organised by the FFW and AAW to change the laws in order to protect the women from spousal rape. The issue is still under consideration by the government legal agencies.

Although the implications of the problem found in this study and others[1,7,9] are diverse, the risk factors linked to intimate partner violence are relatively similar. The common factors related to partner violence include young age group,[13,14] low socioeconomic status[15] and alcohol abuse.[1,3,8] In this study, those couples with lower educational attainment were at a higher risk of experiencing partner violence. This is consistent with results from other studies.[16,17] Inadequate income for family expenses also lead to conflicts between partners over financial problems. This study has also found a strong association between alcohol consumption in either partner, with risks of violence. Alcohol abuse has been consistently found to be a risk factor for intimate partner violence in population-based surveys conducted in several countries.[1,3] It is believed that alcohol increases the likelihood of violence by reducing inhibitions and resulting in poor judgment.[18]

There were some limitations in this study. The under-reporting of violence among respondents is possible, because the women might be afraid or ashamed of it. The relationship between risk factors and violence consequence may not also be conclusive as causality, due to the nature of the study. In summary, intimate partner violence is an important health problem in slum communities. It is related to individual behavioural risk, and socioeconomic status. The implications of the present study include the identification of the baseline magnitude of the problem and the related factors for further

prevention and control. At the local level, after this survey, the health centre working with the community leaders has been running campaigns to reduce intimate partner violence and alcohol abuse. The intervention programmes also focus on promoting women empowerment and family unity. At the national level, periodic national campaigns and other programmes have been implemented by NGOs and the government. Although an upcoming Prevention and Resolution of Domestic Violence Bill is on the way to being promulgated, more frameworks on practical enforcement and supporting systems need to be established. Further research and the establishment of surveillance systems to monitor the problem and evaluate the effectiveness of interventions are warranted.

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