

Violence against women (VAW) and its interrelation to HIV/AIDS: Evidence from Thailand

VAW and HIV/AIDS are two of the major health problems affecting health of women worldwide. Evidences from the US and Africa demonstrated the linking between VAW and HIV infection [Mamam et al, (2000); Jewkes et al (2003) and Lichtenstein (2005)]. But there is very little evidence from Asia, particularly Thailand. VAW may interrelate to HIV through 3 mechanisms: (1) VAW increase a woman's risk for HIV infection through forced sexual intercourse and by limiting women's ability to negotiate for condom use, (2) Being abuse in the past were associated with high sexual risk-taking behavior in adulthood such as early sexual debut, more sexual partners and less contraceptive use etc., (3) HIV-positive women who try to disclose their HIV status to partners may be at increased risk for violence. The threat of violence may also affect women's use of health and other support services.

Sexual relationship power, a key factor in women's risk of HIV and VAW, is influencing women's decision making in sexual relationship and negotiation for safe sex. There is an urgent need to identify association between VAW and HIV and its interplay through sexual relationship power so that the VAW & HIV preventive strategies can achieve its intended goals.

This project has been designed to understand the context and nature of the interrelations between VAW and HIV risk by focusing on sexual relationship power in terms of ability to negotiate for sexual relationship and condom use. The project also included the integration of the association between VAW & HIV into hospital services by working with hospital staffs and advocacy them to health policy makers.

Method

Rayong, a province in the East of Thailand had been selected as the site of study. Subjects were randomly selected from 2 groups of women in the reproductive age. The disadvantaged groups were women with HIV positive and women victims of violence and the control group including general women and pregnant women. Totally, data were collected from 205 cases of HIV positive women, 86 cases of women victims of violence, 314 cases of general women and 300 cases of pregnant women by using semi-structured interviews. The questionnaires had been developed based on a tool of the Multi-country Study on Women's Health and Domestic Violence against Women distributed by WHO. Sexual relationship power was measured by using SRPS (Sexual Relationship Power Scale) developed by Pulerwitz (2000). Other variables which had been collected were socioeconomic and demographic characteristics of respondents and their partners, experience of violence with present partners and in the past, sexual risky behavior, impact of violence to health and attitude towards gender roles.

Definitions of domestic violence in this project were used as the following, physical violence meant a woman had something thrown at, being slapped, pushed, shoved, hit, kicked, dragged, beaten up, choked burnt, threatened to or use weapons against her. Sexual violence meant a woman being threatened or forced to have sexual intercourse or having sexual intercourse in a way she felt humiliated or degraded.

Data were collected during September 2006 – April 2007 by 16 health workers who had been trained in interview techniques and issues of gender & power relationship.

Findings

Among the general women, their mean age was 38.3 years, most worked as agricultural employee with primary education, mean income was 294 US\$, most reported their health status as good though 18% felt so stressful, 10% had low birth weight child in last pregnancy, 3.5 had experience in induced abortion and 19.7% in spontaneous abortion, 13% did not use any contraceptive method, more than half never suggest partners for condom use, more than half of partners who had been suggested refused to use condom. One-third of this group of women had first sexual intercourse at age below 20 years, 5% of this experience was forced sex. One-fourth of these women never refused to have sexual relationship when being asked by partners. For those who had ever refused, two-third of partners ignored that refusal. Thirty-one per cent of partners had other women in the past and one-fifth had other women at the present time. Thirteen per cent of this group of women had ever had other men and 2% now has other men. Seven per cent of this group of women had least pleasure in sexual intercourse, 4% had experience in STD and 30% never discussed with partners related to HIV infection. When violence by present partners were assessed, 10% was physical abused, 4-5% sexual abused and 30% was emotional abused. For those who was physical abused, half were injured, 10% of the injured had to go to hospital. Half of women who visited hospitals did not tell the truth about the causes of injury, two-third of women who had been abused felt a strong effect towards their own health status but half of them never tell anybody.

Findings from pregnant women demonstrated that their mean age was 25 years with secondary education, most worked as employee with income lower than 294 US\$, self-assessed health status was good while 13% felt so stressful, 17% did not use any contraceptive method and 10% had unwanted pregnancy. Four percent had experience in asking partners for condom use but 28% of partners refused to use it. Pregnant women who had first sexual intercourse below 20 years old were 64% which 5% were forced sex. More than one-fourth of this group of women never refused partners when being asked to have sexual intercourse. Forty per cent of partners had ever had other women while 8% having other women for the time being. Twenty-two per cent of pregnant women had ever had other men but only 1-2% has other men at present. Two per cent had least pleasure in sexual intercourse, 3% had infected with STD and almost half never discussed with partners related to HIV infection. Experience of intimate partner violence in this group was similar to general women. Eleven per cent had been physical abused, 7% sexual abused and 38% emotional abused. One-fourth of the abused women were injured, half of the injured had to go to hospital. More than half of injured pregnant women did not tell the truth about the cause of injury. One-third of pregnant women felt the effect of abuse was bad towards their health status but half of these women never tell anybody regards to the violence.

For the women group who are HIV positive, their mean age was 36 years with primary education and employee occupation, mean income was about 140 US\$, self-assessed health status was fair but as high as 30% felt so stressful, 12% had low birth weight child in the last pregnancy, 10% had experience in induced abortion and 17% did not use any contraceptive method. Thirty per cent had suggested partners to use condoms but one-third of their partners refused to use it. Two-third of HIV positive women had first sexual intercourse at the age lower than 20 years old which 12% were forced sex. These rates are quite high compared to the general women. Twelve per cent never refused partners for sexual intercourse. For those who refused,

almost half of partners responded with violence whereas one-third ignored the refusal of women. More than half of this group of women had relationships with other men in the past and 4% has this relationship at present and 10% had ever had relationship for sex trade. Almost 70% of their partners had relationships with other women in the past and 40% having extra-marital relationship now. The incidence of STD infection was 16% and one-fourth never discuss with partners regarding HIV infection. After being infected with HIV, 42% continue their sexual relationships but only 45% using condom every time. Experience of violence by the present partners is similar to other groups: 13-16% were physical abuse, 3-4% sexual abuse and 26-30% emotional abuse.

Findings from women victims of violence demonstrated that mean age was 34 years, 70% did not have marriage certificate, most had primary or secondary education with income lower than 140 US\$. One-fourth of this group of women reported their health status as poor. Fourteen per cent had experience in induced abortion and 20 per cent in spontaneous abortion. Fourteen per cent of these women did not use any contraceptive method though almost half had ever suggested partners to use condoms. Sixty-eight per cent of this group of women had first sexual intercourse at the age lower than 20 years old whereas 16% were forced sex. One-fourth of these women never refused partners when being asked for sexual intercourse. For those who had refused, more than half of partners had negative responses. Thirty-four per cent of these women had partners having relationships with other women at present while only 1% of the women have relationships with other men. Almost 6 per cent of women had sex trade sexual relationships. Ten per cent had infected with STD. One-fourth of these women never discussed with partners related to HIV infection. Two-third of women who had been abused thought they are unable to stop their partners to have relationships with other women. More than half of them felt they had unwanted sexual relationships with their partners since 85% of them had partners who made decision for sexual intercourse. For the abused experience, 15% had been abused during pregnancy where 70-80% was injured according to the abuse. More than half of the injured women had to go to hospitals and more than half of them did not tell the truth about the causes of injury. More than 80% felt the abuse had an impact to their health status.

Summary & Recommendation

When data were analyzed to identify association between VAW and HIV, being victims of violence was significantly related to less power to ask partner to use condom and been refusal by partners to wear condoms which make them at a great risk for HIV infection. Almost half of women with HIV positive dare not to tell partners of their HIV status due to fear of violence. Those who had been beaten tended to remain being beaten or beaten more when partners knew their HIV status. Fear of violence also prevent HIV-positive women to suggest or negotiate for condom use which can be a great barrier for HIV prevention.

There is an urgent need to integrate interrelations between VAW & HIV into health services. HIV counseling unit should aware of cases with history of VAW and their HIV risks. Encouraging women to disclose their HIV status to partners should not be done before screening for history of VAW. Health workers providing services to women victims of violence should look beyond providing HIV prophylaxis to raped victims but to realizing that cases which had been abused in childhood or cases with sexually abuse can develop HIV/AIDS risk behavior. A cross-training for health care staffs working on HIV and VAW is needed and a screening program to identify women victims of violence should be initiated. Last but not least, VAW and

HIV/AIDS should be integrated into the same policy, plan, program implementation and campaign.