Extended Abstract

Title: Does gender-based violence increase the risk of unintended pregnancy? Evidence from Thailand

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BACKGROUND

Each year throughout the world, approximately 210 million women become pregnant; 80 million of these pregnancies are unplanned; 130 million result in live births. Many of these pregnancies are terminated through unsafe practices. Estimates indicate that out of 46 million abortions that occur each year, roughly 20 million are unsafe and approximately 80,000 women die from complications of unsafe abortions, which accounts for at least 13 percent of global maternal mortality. So in recent years unintended pregnancy has become an emerging issue for policy makers. All over the world, almost half a million women die each year due to pregnancy-related complications, and 99 percent of these deaths occur in developing countries. Unplanned pregnancy occurs for a number of reasons; the behavior of one's sexual partner is one of them. Unintended pregnancy may be mistimed, a pregnancy that occurs earlier than desired, or unwanted, which occurs when no children or no more children are desired. In every society, across all religious, cultural, and economic differences, women face unintended pregnancies due to failure to negotiate the sexual relations with the partner and choosing whether and when to have children.

Violence against women (VAW) is related to the health of women and girls. A recent study conducted in Colombia shows that more than half of the women had had at least one unintended pregnancy during five years (1995-2000). Among the women who had recently given birth and experienced physical or sexual abuse 63 percent of the pregnancies were unintended. There are various forms of VAW, which are endemic in communities and countries around the world, irrespective of social, cultural, economic, racial, age, religious, and national boundaries. Most often the abuser is a member of her own family, usually her sexual partner. In 48 population-based surveys from around the world, 10-69 percent of women reported being physically assaulted by an intimate partner at some point in their lives. Increasingly, gender-based violence is recognized as a major public health concern and a violation of human rights. In recent years the problem of domestic violence, its causes and consequences on health has become an emerging issue. Since violence is a leading worldwide public health problem, an international conference, The Fourth World Conference on Women in Beijing in 1995, has recommended that the problem of violence against women and girls be addressed and that its health consequences be examined. But the progress is still slow because the men's attitudes have not yet changed and effective strategies to address domestic violence are still being defined. So women worldwide are suffering from domestic violence. which is estimated to range from 20 to 50 percent from country to country. Also world health summary report on violence claims that from different surveys around the world, 10 to 69 percent women report being physically assaulted by an intimate partner at some point in their lives.

The Platform for Action adopted at the Fourth World Conference on Women encourages governments, research institutions, and non-governmental and other organizations to promote research on the prevalence of domestic violence and its causes and consequences, and to assess the effectiveness of preventive measures. Since research into domestic violence is in its early stage in Thailand, there are few studies to examine the relationship between intimate partner violence and unintended pregnancy. So to make appropriate policy to improve reproductive health, an intensive study on this issue is very important. So the study tried to answer the following research question.

Are there any associations between intimate partner violence (IPV) and unintended pregnancy? If they are, what are the determining factors?

OBJECTIVES

The main objective of this study is to investigate the association between intimate partner violence and unintended pregnancy.

The specific objectives of the study are:

- 1. To examine the determining factors affecting unintended pregnancy
- 2. To explore the risk or probability of intimate partner violence on unintended pregnancy after controlling socio-demographic factors.

DATA AND SAMPLE DESIGN

The data was obtained from the WHO Multi-country Study on Women's Health and Domestic Violence against Women, conducted in Thailand in 2000. The survey was conducted under the guidance of Institute for Population and Social Research (IPSR), Mahidol University and the Foundation for Women, Thailand.

The original study was conducted to identify the prevalence of intimate partner violence against women by population-based survey and aimed to analyze the health impact of intimate partner violence on women victims. The study also explored the risk and the protection factors against conjugal violence, to identify the coping strategies of women facing marital violence and to use research findings as guidelines for a public campaign against violence against women towards appropriate solutions and action.

The study employed a multi-stage probability design. The sample was selected from villages and urban wards, and thereafter households and women were selected proportional to size. A total of 2,817 women aged 15-49 from the two sites (Bangkok & Nakornsawan) were interviewed. In each selected household, only one woman was randomly selected for the interview. If the selected woman was not at home when the interviewer arrived, the interviewer would make an appointment to revisit her; up to three such call-back visits were made, and the substitution of other women from the same household was not permitted.

UNIT OF ANALYSIS

This study aims to deal with the last pregnancy of women at the time of interview. Out of 2,817 interviewed women aged 15-49 years 531 (18.8%) had a history of a pregnancy within the five years preceding the survey and all of them had had only one partner in their life course. So the total population of the study was 531. Last pregnancy history of women was selected to minimize under reporting of unintended pregnancies. In addition, this helped to minimize recall error because questions were related to the last pregnancy during the previous five years and thus it was for the respondent to recall facts. Again only women who

had single partner in their life course were selected. This was in order to confirm the partner's effects on unintended pregnancy.

PRELIMINARY FINDINGS

Results of the analysis confirm the effect of marital status on the unintended pregnancy of women in Thailand. The analysis demonstrates the critical role of women's marital status in shaping unintended pregnancy. Greater attention needs to be paid to ensuring the legal marital status of women. Married women can share their reproductive health issues with their husband, as they are responsible for caring their family. On the other hand, partner's other sexual relations engender imbalanced power relations in the family and thereby fail to maintain a sense of harmony in the family. This relation is very important for the well being of women in their reproductive and sexual health issues.

Number of living children is an important predictor factor to determine the effect of unintended pregnancy. Age of respondent's and age of their partner is also an important factor on unintended pregnancy. Therefore it is imperative that service providers can play an important role among this target group through proper counseling on reproductive health issues including family planning services to reduce the rate of unintended pregnancy.

From the analysis of the study, findings show that a small number of women used alcohol and tobacco during their pregnancy and a large percentage of partners used alcohol. But multivariate analysis shows only the significant positive effect of women's use of tobacco during pregnancy on unintended pregnancy. The reason may be that women who use tobacco, they are from well to do family and don't care about their sexuality and reproduction.

Study shows that partner's sexual relations outside the relationship is one of the important factors on unintended pregnancy. According to respondent's understanding study claims that about one-fifth of women's partners had sexual relations with other women. And the multivariate analysis reveals that whose partners had sexual relations with other women shows significant effect on unintended pregnancy. This confirms that the efforts need to control sexual relations outside their relationship to gain better interaction, understanding and environment with partner for enjoying better reproductive and sexual health.

The study shows that the prevalence of physical and sexual violence by intimate partners is quite alarming among women and at the same time unintended pregnancy is also high among them. So preventing intimate partner violence is also crucial to ensuring women's status in the house. Therefore, it is important that society as a whole play an important role in putting an end to violence against women. Thus communities and institutions need to share this responsibility to combat against violence.

In general, the problem of unintended pregnancy is not one for women only. To combat and overcome this problem, a holistic approach needs to be adopted, with the involvement of partners, service providers, community leaders, policy makers, lawmakers, and women themselves in the design and implementation of programs addressing the reproductive and sexual health and the problem of violence against women.