Research paper

Surviving in two worlds: Social and structural violence of Thai female injecting drug users

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ABSTRACT

Thai females injecting drugs are ensnared in a web of problems arising from forms of prejudice that magnify their vulnerability. They are vulnerable, at risk, and exposed to a high degree of social suffering. This paper aims to elucidate how social production and structural violence combine to shape the lives of these women. Using a qualitative methodology, two focus groups with 5 key informants and in-depth interviews involving a total of 35 women injecting drugs were conducted in Bangkok. The findings reveal that the structural environment that directly impacts upon these women's lives becomes the reason for their suffering. The structural environment puts these women at risk of violence in numerous social settings in which these women engage as well as generating tension at a subjective level (i.e. the habitus) of these women. Thai female injecting drug users are trapped in a difficult tension between the demands for being Thai women seeking to exist in the masculine world of drug use but at the same time meeting Thai society's expectations of womanhood. Unequal gender relations are manifest in the everyday violence that women face in the drug community, culminating in the essential nature of women being questioned, undermined and threatened. Living in the drug community, women are subjected to violence and harassment, and-gendered brutality by intimate partners. In conclusion, the social suffering that Thai female injecting drug users find themselves confronting is confined to dilemmas cause by tensions between drug use and the overriding gender habitus.

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Introduction

Structural violence, in its various forms, can signify how society and communities respond to what they perceive as social danger. One finds many examples where it is perpetrated upon women who are considered a social threat to gender norms, for example, women committing crimes, or using drugs (Maher & Richard, 1998; McDonald, 1994). Women using drugs offer particular insights into how violence is caused by what is considered to be social transgression. The particular lifestyles the women using drugs pursue – and their use of drugs – are together considered elements of a male-dominated domain: their socially prescribed role as 'good' women is stripped of meaning due to their male-oriented drug use behaviour (Rosenbaum, 1988).

Women using drugs face particular discrimination because they are seen as engaging in disruptive behaviour, being offenders, pollutants, decadent, deviant, irresponsible and offending the traditional images of womanhood (Banwell & Bammer, 2006; Boyd, 2004). This is especially the case for pregnant women using drugs as society believes that they are selfish and uncaring of their children (Banwell & Bammer, 2006; Murphy & Rosenbaum, 1998; Sales & Murphy, 2000). The combination of these images leads to double stigmatization, both as drug users and as women. Inevitably, using drugs distances women from socially ascribed feminine practices (Campbell, 2000). Besides being discriminated against, women using drugs face arrays of violence in their everyday life.

Elements of structural violence visited upon women drug users are comprised of broad political-economy, and socio-cultural forces, such as stigma, discrimination, norms, law and regulations, and gender expectations (Campbell, 2000; Kandall, 1996). These forces combine to create violence, or unhealthy conditions for women injecting drugs such as sexual harassment, domestic violence, HIV/AIDS vulnerability and exposure to other forms of violence (Bourgois, Prince, & Moss, 2004; Epele, 2002). The subcultures, norms and practices – indeed the everyday experiences associated with drug use – generate and sustain high risks for women (Bourgois, 2004; Miller & Neaigus, 2002). These women embody these external forces in complex ways. As a result, they become marginalized and this leads to specific choices that, in turn, lead to the formation of tactics in order to lessen the social impacts. In this study I address gender and drug habitus specifically as external forces which construct violence for Thai women injecting drugs.

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In an attempt to provide an understanding of the lived experiences of women injecting drugs in Thailand in relation to violence, this paper looks at the structural violence and the additional theoretical construct of habitus to exacerbate the misery that inscribes the lives of drug-using women. Structural violence is embedded in all levels of society and social structure, ranging from gender norms to domestic violence, and including all of the social elements that impact upon and shape the lives of Thai women injecting drugs. In particular, the environments involving patterns of injecting behaviour, combined with the social meanings dictating how women should behave, have become the harm that women face in their everyday lives.

In this paper, I will first provide a brief exposition of structural violence and how it is related to the concept of habitus. I argue that violence perpetrated upon Thai female injecting drug users is rooted in the notion of gender habitus that tends to exacerbate their marginalization. Likewise, gender and drug habitus underpin what can be thought of as structural violence which causes social suffering for Thai women injecting drugs. This account of the daily lived reality of Thai female injecting drug users emphasizes that gender habitus shapes the everyday violence perpetrated on these women. The everyday violence of female drug users is implicated both in gender and the drug habitus. As gendered beings, they are required to make an effort to balance two conflicting worlds.

Structural violence, gender, and habitus

'Structural violence' is a term frequently used by anthropologists to describe forms of orchestrated social suppression which result in individuated harm (Farmer, 1999). Farmer (2010, p. 354) noted that, "structural violence is violence exerted systematically – that is, indirectly – by everyone who belongs to a certain social order: hence the discomfort these ideas provoke in a moral economy still geared to pinning praise or blame on individual actors." Moreover, a particular concern is not merely direct physical violence but how various large-scale forces such as "violence of poverty, hunger, social exclusion, and humiliation inevitably translate into intimate and domestic violence" (Scheper-Hughes & Bourgois, 2004, p. 1). With specific focus on health outcomes, several studies argue that policy frameworks as well as the law can be implicated in the production of these forms of oppression (Fassin, 2013; Scheper-Hughes, 1992). Furthermore, Farmer (2010, p. 293) suggests 'structural violence' is "stem[ming] from an abiding interest in the ways in which epic poverty and inequality, with their deep histories, become embodied and experienced as violence". Notably, gender expectation, political economy, poverty, along with other social forces, can inflict extreme and premature suffering on the everyday lives of its victims. Structural violence contributes to social suffering and unhealthy conditions experienced by the injecting drug user.

Much of the literature analysing the impact of structural violence on drug users comes from Western settings. However many issues are relevant to the material I report here, even in the specific details, which I address shortly, differ. As a result of structural violence, injecting drug users experience multiple dangers and threats to their mental and physical health, e.g., HIV, hepatitis, and physical and mental abuse (Carricre, 2008; Cusick, 2006; Epele, 2002). Apart from the various other problems to which stigma gives rise, the prejudice surrounding female injecting drugs becomes a barrier to accessing health care (Paone & Alperen, 1998; Simpson & McNulty, 2008). Feelings of social exclusion, stigma, poor living conditions and unequal access to social and health facilities constitute the structural environment that drug-using women face in their everyday lived reality (Fraser, 1997; Friedman & Alicea, 2001). Even though both men and women share many problems, they are both subject to structural violence. However, women are often particularly vulnerable as well as vulnerable in specific ways, such as HIV vulnerability, stigma, and domestic violence.

Several research studies point out that gender power underpins violence upon female injecting drug users. Choi, Cheung, and Chen (2006), who examined needle sharing among Chinese injecting drug users, discovered that needles sharing among peers symbolized friendship. In contrast to their male counterpart, sharing needles tends to be a private matter practiced in intimate relationships for Chinese women injecting drug users, who tend to share with their main sex partner (Choi et al., 2006). By sharing contaminated injecting equipment and engaging in unprotected sexual intercourse with infected male injecting drug users, women who inject drugs are at particular risk of becoming infected with HIV (Klee, 1993). Sasse, Salmaso, Conti, Rezza, and The First Multicentre Study (1991) have shown that in Italy, males injecting drugs may play a greater role than female injecting drug users in sexual transmission to their partner. Moreover, in Thailand, injecting drug users are less likely to use condoms with their regular partners believing that a permanent sexual partner is safe (Perngmark, Celentano, & Kawichai, 2003). As a result, female injecting drugs users are more vulnerable compared to their male counterparts. This emerges from the lack of fit between gender and drug using habitus and is manifest in both sharing of needles and engaging in unsafe sex.

The concept of habitus helps us understand the gender constructions which govern men's and women's behavioural patterns and actions in each society, particularly the social construction of womanhood (Bourdieu, 1977, 2001). It is in this context the concept of habitus has merit as it draws attention to how individuals internalize, and take for granted, specific ways of acting and being which correspond with social structures (such as class, race and gender). In other words, habitus allows us to consider how subjective experience of violence and discrimination is related to broader social structures. In principle, habitus represents gendered norms and expectations. The gender habitus has traditionally exercised control over the lives of men and women to ensure cohesion and conformity to gender expectations and norms (Bourdieu, 2001). The habitus of male and female differ based on their individual socialization and opportunity structure (Dumais, 2002). The distinction of gender habitus as they obtain between men and women were based on the notion that men had the right to public space whereas women's space was confined to the private.

Drug use is socially constructed by expectations and practices in the sense that drug using experiences are shaped by social values, relations and perceptions. Gendered drug practices are, therefore, constructed around female and male ideals and society's expectations of men and women (Kandall, 1996; Marchbank & Letherby, 2007). One of these role expectations refers to the gendered nature of space and drug use. As far as the physical practice of drug-taking is concerned, in many societies women have traditionally been relegated to the private sphere whereas men have generally enjoyed more freedom in the public sphere. Most societies expect women to be guardians of the home; that is, to be competent household managers (Berkhout & Robinson, 1999).

In conventional Thai society, gender responsibilities are clearly demarcated: the private space for women is the household; the men's space is public. The women's role as daughter, wife, and mother defines most of the responsibilities a women is required to assume within the family system (Bumroongsook, 1995). A woman's ideal role is one of a mother, who is responsible for raising her children in a loving, congenial and stable environment. In Thailand, imposing the motherhood and reproductive role on women often means that they are excluded from the male space (Whittaker, 2002). As in many societies, motherhood is the central role for Thai women (Keyes, 1984; Liamputtong, 2007; Mulder,