



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 caused 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 sub-cultures, 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 manifested 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 woman 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,

2000). This contrasts markedly with the disorderly behaviour that may accompany 'masculine' drug taking.

Moreover, violence is not only restricted to state forces, but also living environments, which contribute to commonplace stigma that demarcates women injecting drugs from good women; both produce gender and drug using habitus. Their particular social environments and relationships not only place them in a highly volatile risk environment, but also underpin the violence perpetrated against them (Fairbairn, Small, Shannon, Wood, & Kerr, 2008; Shannon et al., 2008; Taylor, 1993). The violence inflicted upon women injecting drugs is an effect of their interactions with others and their relations with the environment. As the heroin world has been described as a 'masculine' world wherein women experience different lives from those of men (Rosenbaum, 1988), much of the activity surrounding the drug world operates in an overtly masculine culture, with lying, deceit and violence a part of everyday life (Briggs, 2012; Singer, 2007). Domestic violence becomes a part of their everyday lives that women have to endure (Sales & Murphy, 2000). Social environment and relationship place women in a high risk environment, and contribute to domestic violence and harassment. The forms of violence that women are most likely to experience, i.e., rape and battering, are not only the most underreported, but are also the most abusive and dangerous.

Vulnerable to police harassment, the women rely on their partners to control their lives and drug conditions. The drug community is considered by many to be a world of human faults, which, taken together, represent the darker side of humanity (Briggs, 2012), both for the users themselves and for those interacting with them. For example, it is through violence and crime that women become cognizant of the deviant aspects of the drug world. Drug activity generates a distinct type of masculinity that is manifested in crime, violence and harassment (Bungay, Johnson, Varcoe, & Boyd, 2010; Inciardi, Lockwood, & Pottierger, 1993).

Scholars who have studied female drug users in western contexts have found that the reasons why women live in drug communities tend to vary; they may include the need for drugs, shelter and financial support (Friedman & Alicea, 2001). Stealing, lying, violence and other forms of conflict are part of the drug lifestyle. Physical violence is a key indicator of male power in the drug culture. Bourgois's *ethnography* (1995), focusing on crack dealers in East Harlem, New York, established that gendered brutality – especially rape – engulfed their street drug culture and adolescence. Drug use patterns reflect the different statuses of and have different meanings for – men and women – in the social context: it is due to this that different tactics are required to deal with drug use.

Female injecting drug users resort to employing various tactics to bring balance back into their lives. They use these tactics to cope with the violence linked to social conceptions of the gender and drug habitus. In effect, these strategies serve to facilitate both habitus. They represent individual agency, e.g., women being sex workers, drug retailers, staying in abusive relationships, and their ongoing drug use. Some women, upon running out of money, trade their bodies to buy drugs (Murphy & Rosenbaum, 1997). Maher (2000) noted that women using drugs in New York exercised their agency by selling drugs. Dunlap, Johnson, and Manwar (1994) studied the success story of one female crack dealer, who succeeded in her profession amidst a male-dominated environment. And, in a seemingly vicious cycle, the more violence the women experience, the more drugs they use (Sales & Murphy, 2000). These are all tactics that women employ to decrease the violence in their lives.

Hence, social forces and the environment have also constructed risk into various forms of suffering for women injecting drugs. The violence, however, perpetrated upon women injecting drug takes various forms at different levels which require interpretation in terms of each particular context. To date, the lived experiences of

women injecting illicit drugs in Thai society are largely undescribed in either popular or academic discourses. I will now move on to consider how a gendered habitus meshes with structural violence in the specific context of Thai female drug users in a Bangkok.

Methodology

This study is based upon fieldwork amongst female injecting drug users in Bangkok. The research examines the role that structural violence and gender relations play in the shaping of these women's lives. Qualitative approaches were used in this study, which includes focus group discussions, in-depth interviews, and participant observation. Such methods have been used as key means of studying illicit drug-taking in many other countries (Lam, 2008; Page & Singer, 2010).

Access to informants was facilitated through local non-governmental organizations (NGOs) who work with female drug users. Focus group discussions, which were conducted at drop-in centers where the women felt able to talk, were held in March and August 2008 in Bangkok. Upon the beginning and completion of the research, at the focus group discussions, I met with key informants to gain access to the drug community, collect insightful information, and cross check the accuracy and interpretation of the data.

In addition, I employed a participant observation methodology – including working as a volunteer at drop-in centers – in order to develop rapport with both the service providers as well as the female drug users who used their services. I often took part in everyday occasions such as accompanying outreach workers to drug communities or to their homes, as well as participating in occasional events organized by the drop-in centers such as birthdays and merit-making. Through participating in many activities, additional informal interviews with family members were undertaken through participant observations. This allowed me to develop trust amongst informants and hence contributed to reducing reactivity and response bias.

Due to the sensitive nature of this study, a snowball technique was employed as a key means of accessing a group of women injecting drugs. The informants were recruited from among the staff and members at drop-in centers and informed consent was obtained prior to the data collection. A total of 35 participants participated in in-depth interviews between March and August 2008. The interviews, which focused on women's everyday experiences with violence, were conducted in the Thai language at locations chosen by the interviewees (frequently at drop-in centers but also methadone clinics, bus stops, and apartments) and usually lasted between 45 and 60 min. Each participant was paid 200 Thai baht as compensation for their time in taking part in this study. All of the interviews were tape-recorded and transcribed verbatim for coding and analysis. Thematic analysis was used to identify key ideas and themes from the interviews (Liamputtong, 2013). This resulted in themes, and they were used to explain the violence the participants face in everyday life. These were then coded as open coding and categorized into sub-themes. This resulted in themes, and they were used to explain the lived experiences of the participants. Direct quotes from the women are identified by a pseudonym.

The women interviewed ranged from 20 to 47 years of age and all reported that their most frequently injected drugs were heroin, amphetamine (yaba) and Midazolam (a short-acting benzodiazepine). Twenty-six of the women were Buddhist; the remainder were Muslim. Fourteen had graduated from primary school, 18 from junior high school, and the remainder was in vocational school. Five of the women are now working as outreach workers in various Thai NGOs: five are merchants; the remaining women are unemployed. Twenty-five of the women had partners using drugs.

Twenty-six lived either with their parents or in-laws, while the rest lived alone. Twenty among them were mothers. Their average income was between 3000 and 6000 baht (100–150 \$US) per month. Most of the women were covered by government health insurance; five, who were outreach workers, were covered by social security insurance. All of the interviewees received 200 baht as compensation for the time they spent participating in this study. This research received ethics approval from the Thammasat Ethics Review Committee.

Findings

The many themes that emerged from the data collection, participant observation and in-depth interviews reflected the lived experience of Thai women injecting drugs, who face structural violence. The narrative of Thai women using drugs in this study articulates how structural violence perpetrated on women is embedded in all environments in numerous social settings. These narratives elucidate the interplay of social production in producing and reproducing structural violence. Social environment, in particular to the gender habitus, epitomized by the notion of Thai 'good women', acts as a formalized code for regulating gender behaviour and contributes to everyday violence among Thai women who inject drugs. Moreover, the drug subculture/community revolves around the drug using habitus, drugs careers, harassment and violence. Because women have tried to adopt this lifestyle in combination with their gender habitus, they find themselves pursuing difficult and risky lives exacerbated by intimate partnerships. Habitus refers to how human internalize social expectations; they 'live between two worlds' as their drug use pulls these women in two directions in the sense that drug use conflicts with gender norms which also makes them vulnerable to abuse.

'I am a bad woman': unfitting Thai gender habitus

The Thai gender habitus is influenced by certain religious and traditional beliefs. The spread of Hindu, Buddhist, Islamic and Confucian tenets was instrumental in introducing patriarchal practices into Thailand (Bao, 1999; Pongsapich, 1997). Girls and women in Thai society are still expected to conform to traditional Thai feminine roles. Thai society expects children to be grateful and obedient to their parents and to behave as their parents wish (Muecke, 1992; Whittaker, 1999); similarly, wives must obey and respect their husbands (Thorbeck, 1987). A Thai woman is expected to undertake domestic tasks and to be submissive to her husband (Pongsapich, 1997). Traditions strongly influence Thai men and women to stay in their socially defined places. This excludes multiple relationships. A woman engaged in drug use is portrayed in society as "bad" or deviant. Thaweesit (2004) uses the term 'bad women' to refer to women who are intimately involved with more than one man, i.e., relationships that are considered promiscuous. In the past, Thai women were neither allowed to go out at night nor to attend social functions with men (Bumroongsook, 1995).

Women who use heroin do not fit the traditional image of 'good' women, both because of their drug use and because of the lying, stealing, drug dealing and sex work that are often associated with drug dependence. This leads to double stigmatization, i.e., as drug users and as women as they violate women's expectation as daughter, mother and wife. One of the women said that her parent could accept the fact that her brother using drugs but could not accept that she was using drugs as well, which implied that the socially defined place for women is the domestic sphere:

My brother is also a heroin user. He was imprisoned many times, but he could stay home. I am also using heroin, but my mother

expelled me so I had to stay with other relatives. She said she could not stand all the neighbour gossip regarding her drug using daughter. My mother told me she would rather have a child who is a prostitute than one who's a junkie. She could not accept the fact that I use drugs. If I went back home, she would hit me. So why should I go back home? (Kob).

The reaction of family members towards female injecting drug users invariably has an economical impact on the women. Informants said that after they started using drugs they felt unwelcome and not accepted by family members. Another mother of a woman using drugs, when discussing her daughter's behaviour, said: "Why do you want to know about women drug users? There is nothing to know and nothing to learn." Then she talked more about her disappointment on her daughter's behaviour saying:

She used to be a good girl. She went to school every day. I didn't have to worry about her until I found out that she used heroin. It was such a shock to all the family members. I have tried every way to help her stop using drugs. I took her to all treatment programs, hospital, temple, or church. But at the end she started reusing drugs again. Nothing I could do now besides accept the fact that my daughter was a junkie.

Using drugs violates the parents' expectation of being a good daughter. Having a daughter who uses drugs not only brings shame to a family but in addition causes family members to lose face, more so than if sons are drug users. Many of the women I interviewed placed strong emphasis on the unequal expectations of and assumptions about sons and daughters using drugs in family relationships. This social response underlies the belief that in Thai society masculinity is all about testing boundaries and risk taking, something women are not supposed to do according to gender norms (Knodel, Saengtienchai, VanLandingham, & Lucas, 1999). Within the family, a daughter who uses drugs is viewed more adversely than a son who uses because of social expectations. Many informants said that a woman drug user's family is often questioned by people in the neighbourhood who say: "How did you raise your daughter to be a drug addict?" Kae, who is a drug user, exemplifies this sentiment aptly:

My brother is also an injecting drug user. My mom visited him when he was imprisoned and told him that I also injected heroin just like he did. He then suddenly cried and said to her that I am the youngest daughter. He asked her to pay attention to me because I am a woman. Women drug users are not [treated] like men.

My mom said to me that I am the only daughter in the family so how can I become a heroin user, why did I have to use syringes to inject myself? Why did I become a junkie? My dad chained me in my room as he was afraid I would do something bad like committing crimes. (Pra)

The sense of social exclusion by family was strongly felt by several of the women I spoke with. Jai, who was facing harsh discrimination from her family, said:

I used to have a good job working in a hotel. My mother used to be proud of me. That is why she could not accept the fact that I used drugs, heroin. Everything suddenly collapsed when everyone found out that I use drugs. They keep an eye on me like I am going to steal something in the house. I could not stand such an environment so finally I left home. I started my new life.

In Thai society, private (domestic) space is considered to be the domain of women and public space the domain of men (Knode et al., 1999; Lyttleton, 2000). Taking drug implicitly implies that women transgress this boundary. And, because taking drugs makes it difficult for them to fulfil these roles, they opt to relocate themselves to drug communities where they feel more secure when taking drugs. Women are constantly faced with the dilemma of how gender relations are to be reconciled with their drug use.

Surviving in a masculine culture: drug habitus

While some female drug users become involved in crime such as drug dealing or stealing, the reality is that these women are victims of violence and crime in the drug community. In drug community in Bangkok, many women using drugs are beaten and in some cases even killed by their male counterparts. The data revealed that women using drugs are more likely than men to be subject to violence as they are abused by their male counterparts through both words and actions. Tui described episodes of everyday violence as follows:

When I left the drug dealer's house, the policeman caught me immediately. I knew that the drug dealer was a police spy and he ratted on me. There were five or six policemen. They searched me for drugs, but they couldn't find them because I hid the drugs on my waist and my shirt covered them. Then they said that they would search me carefully so they ordered me to go into the bathroom. Then they asked me to take off my blouse. They turned on the flashlight in order to search my body even asked me to be naked. I was so ashamed, but could not say a word because I was thinking about heroin. Finally, even though they could not find heroin, they took me to the police station. My mother was mad about what happened to me so she sued the policemen for sexual harassment.

The way Tui was body searched is not only a question of how women are vulnerable to sexual harassment by the police but also reflects their positioning within the Thai drug economy. Even though many studies (Maher, 2000; Shannon et al., 2008) have stated that women mostly trade sex for drugs or at least become sex workers to gain income, this study, in contrast, found that rather than become sex workers, many Thai women using drugs in this study chose to be retail drug suppliers, in the knowledge that it would guarantee the drugs supply for both themselves and their partners. Noi, who worked as a drug seller, told me that:

I know everyone assumes that we, drug using women, trade sex for either money or not, but that is not true. Like me, many of the women work as drug retailers in order to get drugs. Even though it is risky job, working as a drug retailer makes me certain that I and my boyfriend will at least have drugs to consume.

As drug dealers, women face violence both from their peers and policemen. Joi told me that she often risks her life selling drugs to her friends. "One day, my friend came to my apartment. He asked for drugs. Suddenly, my baby cried so I turn to her. My friend – he grabbed drug and ran away without paying".

Violence like this is an integral part of female drug users' lives. Jeab told me that:

How could I tell anyone that my boyfriend beat me badly? If I go to the police station to report the domestic violence, I would be charged with drug use. Probably I could be sent to prison and who would take care of my kids. Surely, my husband could not

take care of them. That would lead them to a miserable life, just like mine.

Moreover, rape is one means men use to exercise power over women. Witnessing this type of violence was common among the women I met. Ning said: "I was there when the guys took turns raping a woman. I couldn't say anything; I just watched. That was scary." Pui added:

Sure, rape is a typical situation in the drug community. Imagine that you were craving, walking in Klong Toey, searching for drugs without knowing anyone. What would you do? If someone came to you saying 'Girl, I will get you drugs, but you have to sleep with me first', you wouldn't object. If they slept with you without giving you either drugs or money, you cannot do anything. It is just risky.

The women I interviewed said that violence was a part of their lives that was rarely addressed because their lifestyles are considered criminal. Because drugs exemplify the complexities of violence, society focuses solely upon takers' behaviour, ignoring the feelings of the offenders and their victims. At the intersection of the gender and drug habitus, women must maintain both their perceived social role and their drug habitus. Both the drug and gender habitus have a direct bearing on their behaviour, feelings, actions and relationships with others.

Drug, love and reliance: intimate relations

The majority of women using drugs had male drug-using partners. They claimed that partners who do not use drugs do not understand their drug habit and hence are non-sympathetic if the women fail to fulfil the gender expectations of a good wife and good mother. When living with a partner who is not using drugs, women may experience more severe domestic violence, particularly if the man opposes his girlfriend's drug use. Such relationships rarely endure. Nui said:

I used to have a boyfriend who did not use drugs. He was mad and hit me badly every time he saw me use heroin. He said women injecting drugs, especially heroin, was disgusting. If he ever saw me using it again, he would break up and I would have to move to another place.

Toi told me:

I have had many boyfriends who didn't use drugs, but the relationship could not last long. They cannot truly understand me at all. They felt that women using drugs are disgusting. They could not stand a woman who used drugs. Some of them said I bring them and their family shame.

While some female drug users become involved in crime, the reality is that these women are victims of violence and crime in the drug community. Many are beaten or killed by close friends. And, although the women report the violence in their relationships to people working in drug networks, domestic violence committed in private is considered a personal matter. Living in the drug-using community, Thai women frequently experience regular violence at the hands of their intimate partners. I heard of instances when they have been slapped, punched, beaten – and worse. Two female injecting drug users from my circle of informants died in 2008 as a result of domestic violence. One was beaten to death by her drug-using/dealer partner: the other's body was found with bruising on her neck. Friends suspected that her boyfriend, who was

using antiretroviral drugs that sometimes caused hallucinations, killed her.

Female injecting drug users are abused by their husbands, partners or male counterparts. Because of their engagement in the drug habitus, they often find their partners among their drug using friends, men who are able to provide them with shelter, food and, most importantly, drugs whereas men could find non-using drug partners. Ped noted that:

It was a bit unfair. Women could not have non-using drug partner because women using drug were assumed to be sex workers. No good guy wants to live with her. But, men could have non-using drug partners. I have seen some of my male counterpart married and living with wives. They could stand their drug habit.

Women believe that having a partner who uses drug suits them better than having a partner who does not use. Using drugs, for women, forges a bond that can become the core of the relationship. As Rak said:

I got to know Pat through the methadone clinic. At that time, he was just released from prison and had no one (partner). At first, he came to me asking for drug information like where he can buy drugs. Then, we started hanging out together more and more. At the end I decide to stay with him.

Mai told me that:

I could say that all women using drugs have drug using partners. In the drug world, women could not live alone. They must have a man who could protect them, especially when buying or using drugs. It was perhaps not a love/romantic relationship. It was more like reliance.

The women I interviewed for this study described their intimate partnerships with male drug users as dependence, enmeshed in a sense of reliance, sharing and support. Their relationships are all constructed within a drug-dominant milieu. All share feelings of being abandoned by their families or close friends as well as being subjected to public stigma. Women, in general, described the sense of sharing with drug-using partners as follows:

I live with my boyfriend who was also injecting drug user. He understands me the most. When I was craving for heroin, he knew how to help me. He went out looking for drugs. We both were expelled from our family. We both are unwanted by family and friends. Right now my life relies on him (Ning).

This type of dependency tends to put women at risk of domestic violence. The women in this study reported harm and power inequality in their relations with their male counterparts in which they were subjected to the latter's overt control. The gender power dynamic embedded in the drug subculture poses a direct threat to women's safety. Kae said: "My boyfriend hits me badly. He kicks me and slaps my face whenever I get a little bit of heroin. If I got more, he would suspect that I slept with a drug dealer". Tip told me: "When he is high, he is unconscious and can't remember what he has done. One day, he put a rope around my neck. Luckily, I wasn't using drugs at that time so I was conscious. Later, I told him what he had done. He said he couldn't remember anything". Jib commented: "My boyfriend, when he is high, always jabs a syringe into me. I have to try not to be targeted. If our friends are there, he holds a knife the whole time". Sa said: "My friend hit his girlfriend badly when he was craving. I felt pity for her, but I could do nothing. It is their personal business".

The more severe the domestic violence they face, the more drugs the women consume. Taking drugs becomes a mean of forgetting their suffering life. Nok said:

I have never enjoyed my sexual life because my husband modified his penis. Every time we had sex, my vagina hurts. And I did not dare to go to see a doctor. I hated sex. It was just like a nightmare. What I could do was that I took drugs before having sex so that I might feel less pain".

Thus, the social environment not only locates users in a high risk environment, but also contributes to their ongoing use.

Discussion and conclusion

Living as they do with myriad social influences and expectations, female injecting drug users struggle to perform their gendered roles. In this study, Thai women suffer from the moral dilemma of being drug users while at the same time confronting the socially defined role of good women. The Thai public, meanwhile, voices its concern over women using drugs, condemning them as violating Thai female role expectations. Notably, Thai women using drugs are trapped in power relations of gender which give rise to degrees of violence and social suffering. That is to say that the pressure to fit within gender habitus becomes a form of indirect structural violence for Thai women using drugs as it is embedded in all social settings.

Furthermore, the women suffer the moral dilemma of having to strive for acceptance in line with their socially defined roles as mother, daughter, and wife. Social structures are based on the moral perspective that maintaining social hegemony is not only the duty of governmental representatives, but also of every individual in society (Giddens, 1986). Thus, abiding by social hegemony is the supposed duty of men and women through gender habitus. This reflects gender norms governing Thai society in which women taking drugs are seen as violating femininity.

Femininity in Thai society can be imbued with both positive and negative values depending upon social recognition (Sinnott, 2005; Thaweessit, 2004). In Thailand, direct and public contact with men is portrayed as problematic for women: the domestic function of women in the private sphere is deemed their appropriate duty (Whittaker, 1999, 2002). Contrastive gender habitus is used as a means of controlling the behaviour of both women and men. The female gender habitus is a difficult place for women using drugs to inhabit as it operates in contrast to the lifestyle that society expects from them. The women I met harbor a strong sense of injustice due to their social positioning and the negative judgments of others. Women attribute their suffering in life to drug use, a disposition embodied both in their particular form of socialization and their drug experiences.

Understanding gender inequality helps to explain why the suffering of women using drugs exceeds that of their male counterparts. Women's struggle to perform their duty as mother or wife while using drugs has proven that the gender habitus is resistant to change. At the micro level, the women's stories demonstrated that they struggle to bridge the gap between the gender and drug habitus in their intimate relationships through performing the role of 'good' wife. In other words, the women struggle to perform the roles defined by the gender habitus and their drug lifestyle, a fact largely ignored by state policy, public health and society at large. It requires them to employ specific tactics such as moving out to other places or living with a new man to deal with this oppression; and, even then it does not remove all violence.

Using drugs is not solely a dimension of social suffering; it projects women into a new realm of lived experiences in which they

learn how to interact and respond. Thai women injecting drug are aware of the differences between themselves and those members of society – the majority – who are not using drugs. These differences are the driving forces and the concrete impact of structure violence and construct the barrier between women drug users and society. Women have learnt how to live in these two worlds or to solve these conflictual feelings by excluding themselves from society. The drug field, that is to say the social milieu wherein men and women use drugs, is strongly gendered given that men and women contemplate – and deal with – drugs in different ways. Inevitably, their drug use has directly impacted on the above stereotyped Thai gender roles. Ultimately, the broad-based violence embedded in the drug subculture makes it difficult for women to survive in the drug community.

The interplay between the environments has impacted upon the individual body which has created the social identities of drug users (Shannon et al., 2008). From this perspective, gender habitus and drug subculture together create a form of structural violence, e.g., women using drugs are accused of violating the traditional, prescribed gender norms (Epele, 2002). The violence directed towards women typically permeates every aspect of Thai society without being necessarily recognized. As a consequence, women are constrained to living lives shaped by structural violence. Not only are they exposed to violence, but their perceptions of self are also assailed. Thereby, the findings of this study have highlighted the specific need for gender-sensitivity harm reduction initiatives for women using drugs as well as for the partners of male drug users.

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Conflict of interest

I declare no conflict of interest.

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