

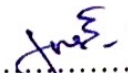
**THE RELATIONSHIP BETWEEN MIGRATION AND INTIMATE
PARTNER SEXUAL VIOLENCE: A CASE STUDY OF
KANCHANABURI DSS, THAILAND**


NANG INGYIN SOE


**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS
(POPULATION AND REPRODUCTIVE HEALTH RESEARCH)
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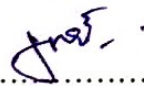

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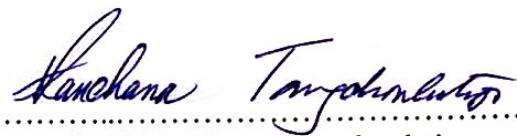

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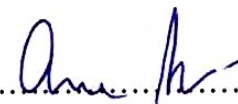

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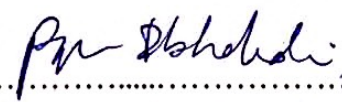
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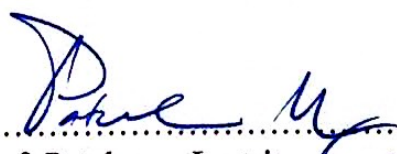

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THE RELATIONSHIP BETWEEN MIGRATION AND INTIMATE PARTNER
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M.A. (POPULATION AND REPRODUCTIVE HEALTH RESEARCH)

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ABSTRACT

Violence against women is a risk factor for varieties of health problems of women including immediate and chronic illnesses. About 30% of women worldwide suffered from physical and/or sexual violence by their intimate partners. The precipitating factors of sexual violence include younger age, alcohol and drug use, living away from the family, having many sexual partners, type of work especially sex work, lower education level and economic status. Migrant women may be particularly vulnerable to sexual violence due to low decision-making power and lack of negotiating power with their partners as they are away from their family and network that can protect them.

Using the data set of Migration and Health Project 2009, KDSS conducted by Institute for Population and Social Research, Mahidol University, this study explored whether there is a relationship between migration and intimate partner sexual violence. The study hypothesized that the intimate partner sexual violence (IPV) is more common among currently-migrant women than their counterparts. The sample included women who ever had sexual experiences. Multivariate analysis was used to explore the relationship between migration and intimate partner sexual violence controlling for other factors.

Results showed that migration significantly associated with IPV, net of alcohol consumption, attitude towards sexual violence and selected demographic and socio-economic factors. Migrant women were away from their families and social network that can protect them from the violence, thus having lower social relationship and social support from the community of residence. The findings of the study can help policy makers implement preventive programs to reduce the risk factors for sexual violence against women.

KEY WORDS: MIGRATION/ INTIMATE PARTNER SEXUAL VIOLENCE/
VIOLENCE AGAINST WOMEN

77 pages

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LIST OF ABBREVIATIONS

CDC	Centers for Disease Control and Prevention
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
KDSS	Kanchanaburi Demographic Surveillance Survey
STD	Sexually Transmitted Disease
UNFPA	United Nations Population Fund
UN WOMEN	United Nations Entity for Gender Equality and Empowerment of Women
WHO	World Health Organization

CHAPTER I

INTRODUCTION

1.1 Problem statement and Justification

1.1.1 Intimate Partner Sexual Violence

Violence against women has been an important social and health problem. Among this, intimate partner violence (IPV) or violence by their partners is the most common type of sexual violence in women around the world (WHO, 2005). A remarkable proportion of women in many countries has experienced sexual violence. In the United States and Mexico, studies estimated that nearly 50% women have experienced the sexual violence, sometimes together with physical violence, by their intimate partners or husbands (WHO, 2002). A study in India shows that over 20% of 6000 men in study reported having committed sexual violence to their wives and over 7% reported that they did sexual violence with physical violence (WHO, 2002).

Sexual violence is defined by World Health Organization (WHO) (2002) as *“any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work”* (P. 149). In addition, according to WHO (2005), sexual violence includes *“being physically forced to have sexual intercourse against her will; having sexual intercourse because she was afraid of what her partner might do; being forced to do something sexual she found degrading or humiliating”* (P. 5).

Violence against women is both social and health problems. It is a risk factors for varieties of health problems of women including immediate and chronic illnesses, ranking from HIV and sexually transmitted infections, maternal and infant mortalities, unsafe abortion, unwanted pregnancy, depression, mental health problems, suicidal problems and alcohol addiction (Keygnaert et al., 2014; UN WOMEN, 2011;

WHO, 2013). In some settings, women exposed to violence may suffer stigma and discrimination in their society and community (UN WOMEN, 2011).

About 30% of women worldwide suffered from the either physical and/or sexual violence by their intimate partners (WHO, 2013). WHO summary report on multi-country study on women's health and domestic violence against women (WHO, 2005) provides insightful statistics on intimate partner violence of many countries. Basically, it shows that IPV prevalence varies across country. The prevalence of ever experiencing intimate sexual violence ranks from low level as 6% in Japan, Serbia and Montenegro to as high as 59% in Ethiopia. Note that, in Ethiopia, sexual abuse together with physical violence is as high as 62%. The percentage of experiencing IPV during the last year prior to the survey in Japan is 1.3%. For Indonesia, the prevalence of ever having, IPV and having IPV during the last year prior to the survey is 13% and 22% (WHO, 2005).

In Thailand, according to the 2010 data (WHO, ND), the incidence of violence against women by their intimate partners (husbands/ boyfriends) is 58% in 2010, which is the most common type, compared with by others such as friends, step fathers and step parents, siblings, employers and neighbors. Of the violence cases, physical violence is the highest occurrence, i.e. 74%, while sexual violence is the second most common type, i.e. 18%, followed by the psychological violence.

Thailand is one of the countries included in the WHO multi-country research program. Both qualitative and quantitative study was done in Bangkok and Nakornsawan provinces. That sample population includes women aged 15 to 49 years from villages and urban wards and divided into 15-24, 25-34 and 35-49 groups (Archavanitkul, Kanchanachitra, Im-em, & Lerdsrisuntad, 2005; Jejeebhoy, Shah, & Thapa, 2005). The report (WHO, 2005) shows that the prevalence of sexual violence is about the same between urban and rural areas (30% and 29% respectively). However, the occurrence of physical violence compared with sexual violence between urban and rural areas is in the opposite direction. While in the rural areas, the physical violence is more often than sexual violence (34% VS 29%), the opposite is reported in the urban areas (23% VS 30%). Most of the women experiencing sexual violence reported that they had sex because they were afraid of something their partners might do to them.

It is clear that the IPV prevalence in Thailand is relatively high, though it not among the highest IPV countries in the world. Note, however, that past research suggests that is difficult to compare intimate partner violence between countries directly because of cultural differences. Risk of intimate partner violence varies between countries and between otherwise similar settings within countries. These differences persist after adjustment for social and demographic factors, relationship characteristics, and other risk factors (Jewkes, 2002).

Previous research has attempted to document factors related to IPV. Literature indicates that the precipitating factors of sexual violence in women include younger age, alcohol and drug use, previous history of sexual abuse or rape, having many sexual partners, living away from the family, type of work especially sex work, lower education level and economic status, among others (Manopaiboon et al., 2003; WHO, 2002). Relationship status, attitude toward violence, partners' characteristics, risk behaviors, and community norms are also important and needed to be considered (Jejeebhoy et al., 2005).

1.1.2 Migration and Intimate Partner Sexual Violence

Migration is a common event in human's lifetime around the globe. According to the 2015 data, 244 million people migrated to other countries to seek for the better social and economic chances and the percentage has increased (i.e. increased from 2.8% of the world population in 2000 to 3.3% in 2015). Europe is the most popular destination for international migrants, followed by Asia. Most of the migrants are in reproductive age (UNFPA, 2015). In ASEAN community, free movement of skilled workers has impacted their labor market. In Greater Mekong Sub-region, Thailand is the most desirable country for low skilled labors because of its better economic development relative to the nearby countries like Laos, Cambodia and Myanmar. The demand for labor has increased in Thailand and people from its neighboring countries have migrated in for to better life opportunities. In 2013, Thailand has over 3 million of migrants (UN Thematic Working Group on Migration, 2014).

Not only international migration but also internal migration has a significant role in socio economic development. In Thailand, according to the 2010

housing and population census, 9.4% of total population is moved in the last 5 years. The majority moves between provinces, which is more than half of the migrant population, i.e. 54%, followed by within province, i.e. 26.9% (National Statistical Office, 2010). Males are more likely to migrate than females. Migration is also found among people aged between 15 to 39 years old than those aged between 40 to over 70. The main reason to move for males is to find working opportunities or job assignment, while for females, most of them moved as a dependent (National Statistical Office, 2010).

Internal movement of the population in Thailand is also high in levels. Most common patterns are rural to urban and rural to rural movement. Bangkok and the central region are the main destination for the migrant population from Central region and also migrants from other regions mainly the northern and the northeastern regions due to its rapid growth in industrial and service sectors. Men are likely to have job opportunities in the industries, while service sector employments attract the female workers (Guest, Chamrathirong, Archavanitkul, Piriathamwong, & Richter, 1994).

Migration may be assumed as one of the factors for health risk behaviors including sexual risk behaviors. The relationship between migration and health outcomes has been investigated in previous studies, though results are not conclusive (Nauman, VanLandingham, Anglewicz, Pattharavanit, & Punpuing, 2015; Saifi, 2006; Yang, 2004). Previous studies show positive relationship, no relationship, and positive relationship of migration and health outcomes. On the one hand, migration is suggested as having a positive association with health outcomes. For example, a longitudinal study of rural to urban migration and health outcomes of young migrants in Thailand (Nauman et al., 2015) reveals that migrants have better physical health status than non-migrants in rural area and residence who lived in the urban destination. The research suggests that this is because of healthy migrants' selection effects. Even though the study did not find the rural-urban migration effect on the physical health, the study can reveal that rural to urban migration has effect on the mental health of the migrants and mental health status is higher in migrants than non-migrants.

In addition to healthy migrants' selection effects, research on women's migration suggests that migrant women have higher autonomy than their counterparts as migration may bring them independence due to having regular income from better

job opportunities in the place of destination (Powers & Seltzer, 1998; Skeldon, 2008). So, one may assume that women with migration experiences or migrant women are less likely to have sexual violence by their intimate partners (Adanu & Johnson, 2009; Chamchan, Chan, & Punpuing, 2014; Nauman et al., 2015).

A study in Thailand (Saifi, 2006) shows that migration and health outcomes are not strongly related when others variables such as socio-economic and demographic factors were taken into account. However, health risk behaviors including alcohol drinking and smoking of cigarettes have positively significant association with migration. The study finds that migrants are more likely to practice health risk behaviors. Many studies (Hu, Liu, Li, Stanton, & Chen, 2006; Phuengsamran, Chamratrithirong, Guest, & VanLandingham, 2014; Yang, 2004) find that migrants are vulnerable of health risk behaviors including multiple sexual partners, alcohol drinking before sex and unprotected sex. This is because migration can cause the behavior changes and leads to more experiences of risky behaviors like multiple sexual partners, unprotected sex, and premarital sex.

More literature, however, are in the position that migrant women are at a vulnerable situation because of being alone in destination which is far from their family (e.g. parents) and their network who can protect them (Adanu & Johnson, 2009; Keygnaert et al., 2014; Parrado, Flippen, & McQuiston, 2005; Yang, 2004; Phuengsamran et al., 2014). These studies indicate that migrant women have low decision making power and lack of negotiation power with their partners to avoid sexual violence because of lack of social support from their family members and their friends as well as lower socio economic status.

Along the same line, previous research suggests that living apart from parents and family, loneliness, high income, independence, which in turn creates more chances to have sex can create more sexual relationships, thus higher risk behaviors (Phuengsamran et al., 2014). Some of the risk factors such as alcohol drinking or multiple partners among migrant people may precipitate to have sexual violence. This line of thought suggests that migrants are at a high risk to have sexual violence and other type of violence and its consequences including HIV and STI infection, unwanted pregnancies, teenage motherhood, fear, emotional breakdown, physically ill

and other socio-economic consequences are suffered among migrant victims (Keygnaert et al., 2014).

Most of the previous studies (e.g. Goldenberg et al., 2014; Keygnaert et al., 2014) mainly focus on the migrants when examining migration and sexual violence without comparing the migrants and non-migrants. Only a few studies (e.g. Parrado et al., 2005) compared migrants and non-migrants. Thus, conclusion about how migration is related to sexual violence remains not directly addressed. This study aims to find out whether there is a relationship between migration and sexual violence by comparing the likelihood of being exposed to sexual violence among migrant and non-migrant women in the same data set. The study is based on a setting in Thailand, where internal migration, from rural to urban areas, is common, and sexual violence is relatively high. Yet, there is no study to my knowledge that directly examines migration and sexual violence against women. This study is able to include both women's migration status at the survey time as well as women's migration experiences in their life time. The relationship between migration and sexual violence is explored controlling for women's socio-economic and demographic factors, early sexual experiences, alcohol consumption and attitude towards the sexual violence.

1.2 Research question

What is the relationship between migration and intimate partner sexual violence against women in the context of Thailand?

1.3 Research objective

To examine the relationship between migration and intimate partner sexual violence against women when taking into account of women's socio-demographic factors, alcohol consumption, attitude towards accepting the sexual violence, early sexual experiences and social relationship of women.

CHAPTER II

LITERATURE REVIEW

This chapter starts with the ecological theory model of sexual violence, followed by selected theories of migration. The chapter then discusses previous studies examining the relationship between migration and sexual violence as well as the relationship between socio-economic and demographic factors, alcohol consumption, early sexual experiences and attitude and sexual violence. The last part of the chapter proposes the conceptual framework and the study hypothesis based on the discussion in the literature review.

2.1 Theoretical Background on Intimate Partner Sexual Violence

In understanding sexual violence against women, this study applies the ecological theory of human proposed by Bronfenbrenner (Campbell, Dworkin, & Cabral, 2009). The ecological theory for the development of human posits that human development is influenced by their surrounding environment. This model divides the environment into five levels: microsystem, mesosystem, exosystem, macrosystem and chronosystem. Microsystem focuses on the interpersonal relationship with family and friends. Mesosystem reflects on the linkages between the individual and environment and exosystem includes the organization and social systems. Macrosystem includes the social norms and beliefs, while chronosystem focuses the changes between the individuals and their environments. This model has been further used to develop other models, for example, multi-level theoretical models, to explain the underlying cause of the sexual violence (Campbell et al., 2009). Some of this model's application for studies on violence against women is discussed below.

Centers of disease control and prevention (CDC) and United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN) use the ecological model in prevention strategies to reduce the risk of violence against women

(Campbell et al., 2009; Centers for Disease Control and Prevention, 2004; UN WOMEN, 2011). CDC uses “*the social- ecological model: a frame work for prevention*” include *individual level influences* such as biological and personal factors, *interpersonal relationship level influences* such as relationship with partners, family members and peers, *community level influences* such as relationships with the environments, schools and workplaces, *societal level influences* such as gender inequality, cultural beliefs and norms, law and policies (Centers for Disease Control and Prevention, 2004).

United Nations Entity for Gender Equality and the Empowerment of Women developed the ecological model: “*from the individual response to the society change*” (UN WOMEN, 2011). This model consists of four levels of risk factors: individual level (personal factors that influence individuals); relationship level (relationship with family, partners and peers/ friends); community level (community factors including neighbors, workplace, school); and societal level (society factors that related to reduce the violence against women).

This study adopts the theoretical model from the above CDC and UN WOMEN’s models with four levels of risk factors included:

Individual level:

The first level consists of personal factors that influence behaviors individually which may increase or decrease the chance to become a victim or perpetrator of violence. This level includes gender, age, education, occupation, income, alcohol and drug use, attitudes and beliefs, migration experiences, history of child abuse and family violence and mental health problems (Centers for Disease Control and Prevention, 2004; UN WOMEN, 2011; WHO, 2002).

Relationship level:

The second level shows the relationship that can increase the chance to become a victim or perpetrator. Family, intimate partners, and friends can be considered as relationship-level factors. Lower socio-economic status, having peers who have experiences on sexual violence, dysfunction within family, history of violence in family generation, parents are familiar with violence, women capacity not empowered in the family are risk factors of experiencing violence.

Community level:

The third level addresses the importance of setting such as neighborhood, schools, workplace which are related to victims or perpetrators of violence. Risk factors at community level include unemployment, high population without enough safety and victim care, weak community participation, workplace and school not interested in gender violence.

Society level:

The fourth level focuses on the broad societal factors that create the environments to accept or normalize violence. Poverty, economic and social inequalities, gender discrimination, social and cultural norms, policy weakness, internal replacement and refugee camps are the risk factors of becoming a victim or perpetrator of violence.

This ecological model emphasizes the importance of factors which can increase the experience to violence. This study emphasizes factors at individual level. According to the ecological model, migration may be considered as one of individual-level factors which may increase women's chance to be a victim of sexual violence. Migrant women are more vulnerable and have a higher chance to get sexual violence as well as physical violence. They are neglected because of gender and as migrants in some conditions and become more vulnerable to have sexual violence (Adanu & Johnson, 2009). How migration may be associated with sexual violence is discussed in the next section.

2.2 Migration theories

Out of the three important demographic phenomenon (fertility, mortality and migration), migration plays a major role in recent decades of demographic changes. There are theories evolved for understanding and explaining migration process. One of the classic and famous theory is the law of migration theory by Ernest Ravenstein (1885) which stated that migration is influenced by push and pull factors with favorable and unfavorable conditions. The theory explains that migrants will travel for a short distance and their numbers decreases as they travel a longer distance. Migrants who travelled for a longer distance usually settle in urban areas. Population

movements are bilateral and rural to urban migration stream is the most common pattern. Each migration flow produces a movement in the opposite direction. Most migrants are adults. Most international migrants are young males, while more internal migrants are female. Moreover, once migration starts, it does not stop even if the push and pull conditions disappear (King, 2012; Solem, Klein, Muñiz-Solari, & Ray, 2010).

In addition to law of migration theory, Lee's Theory (1966) stated that migration is not only depending on push and pulls factors, but also is due to individual decision making. The factors relating to the migration decisions are associated with the place of origin, place of destination, intervening obstacles and individual's factors i.e. age, sex, religion, culture etc. Human Capital Model of Sjaastad (1962) posits that migration is based on the cost and benefit calculation and it is considered as investment decision. People are migrating to the place of destination if they have better income than their cost of living in those places. Harris & Todaro Model (1970) stated that the decision to migrate from rural to urban is from the differences in employment and wages of rural and urban area. This means that people migrate if the employment opportunities are better in urban areas (King, 2012; Solem et al., 2010).

According to the migration theories, people moved for better life opportunities. The main pattern of migration is rural to urban migration due to better job opportunities and income in urban destinations. While migration studies suggest that migration can bring better outcomes such as high employment status and income (Powers & Seltzer, 1998; Skeldon, 2008), migration can also lead to negative consequences such as health risk behaviors like alcohol drinking and smoking, increase chance of sexual initiation, to have multiple sexual partners, which in turn may increase risk of violence (Phuengsamran et al., 2014; Saifi, 2006).

2.3 Previous studies on migration and intimate partner sexual violence

UNWOMEN (2011) states that migration is one of the risk factors for violence in their ecological theory. The negative effects of health in migrant women are higher when compare with migrant men. Among migrants, women are more vulnerable and have a higher chance to get sexual violence as well as physical

violence. Sometimes migrant women are neglected because of gender and as migrants in some conditions. They are more vulnerable to have sexual violence especially in the conditions of moving from their host countries because of wars and sometimes as victims of trafficking (Adanu & Johnson, 2009).

The vulnerable status of migrants is shown in many studies. A study of a community based participatory assessment of sexual violence in Morocco among both male and female sub-Saharan transit migrants who migrate to Morocco (Keygnaert et al., 2014) finds that nearly 90% of migrants have violence experiences. Among all types of violence (psychological, physical, sexual and socio economical violence such as stealing & refusal of first aid services), sexual violence is most common. This includes rape, sexual abuse, sexual harassment, sexual exploitation and sexual torture. The most common type of sexual violence among migrant women in that study is rape, followed by sexual abuse. According to that study, migrants are more likely to have sexual violence and lower socio-economic status is an associated factor and also a risk factor for sexual violence. Note, however, that Keygnaert et al.'s study (2014) did not compare migrants with non-migrants, thus its conclusion should be interpreted with cautions.

A cross sectional study in Thailand explores the association between migration status and history of experiences on physical, emotional and sexual violence in childhood period among 1,052 young population (16-25 years old) who migrated from rural areas to Bangkok Metropolitan areas (Jirapramukpitak, Abas, Harpham, & Prince, 2011). In this study, migration status is divided into early migrants, late migrants and non-migrants. The study found that physical violence and emotional violence are strongly associated with early age of rural-urban migration. The study also showed that sexual violence occurred more in migrants than non-migrants, even though it is not significantly associated with migration.

A cross sectional study which examines the factors related to sexual coercion was done among 1725 adolescents attending at the vocational school in Chiang Rai, Northern Thailand. In this study, 21% of females and 6.5% of males were reported that they had experiences of sexual coercion. Sexual coercion was associated with the drug use, more than one sexual partner, selling sex, depression and having risks of HIV & STD. Among female students, living away from their families is the

one of the underlying factors related to the sexual coercion and away from family protection lead to have sexual coercion (Manopaiboon et al., 2003).

In the western context, Parrado, Flippen, & McQuiston (2005) studies Mexican women who migrated to United States. The study looks at the relationship between migration and women power defined as decision making and ability to negotiate using condom with partners or do not fear the anger or ability to avoid the violence from partners. Even though there is no relationship between migration and women's power, the study reveals that migrant women have lower decision making power and lower sexual negotiation power than non-migrants. This reflects that migrant women did not have enough power to negotiate with their partners. The study also finds that educational attainment is strongly associated with the women's decision making and negotiation power. The study further suggests that sexual negotiation power is associated with social resources including regular visit with friends and social support.

Sexual violence among migrants is also documented in a study in Metro Vancouver, Canada, among short-term migrant sex workers only (Goldenberg et al., 2014). The study investigates the association between short-term migration and sexual violence and also health care accessibility. In this study, short-term migration refers to moving to another city or provinces or other countries outside the Vancouver in the last six months. The results show that short-term migrants/ mobile sex workers experienced sexual violence by their clients. They also have low level of negotiation ability with their clients to use condom. Although the association between migration and sexual violence is not examined in this study, it found that migrant women experienced an increased risk of violence by their intimate partners. The researchers suggest that this may be due to the reduced access to social relationship and support from their place of destination. So, the relationship with environments and social relationship of migrants are also important to consider in understanding sexual violence.

2.4 Previous studies on socio demographic factors and intimate partner sexual violence

As discussed earlier, the ecological models posits that socio-economic factors such as gender, age, educational level, insufficient income, lack of occupation, alcohol and drug use, attitudes and beliefs are influencing factors for the chance of sexual violence at individual level (Centers for Disease Control and Prevention, 2004; UN WOMEN, 2011). This is supported by many empirical studies discussed below.

Most studies state that women are more likely than men to be exposed to the sexual violence by their intimate partners which is the most common form of the violence including physical and sexual violence such as forced to have sex (Watts & Zimmerman, 2002; WHO, 2005).

In Zimbabwe, a survey among married women about sexual violence found that over 25% of the respondents reported that they had experienced sexual violence by their partners (Watts & Zimmerman, 2002). Also, in a cross-sectional study of sexual violence by intimate partner among randomly-selected 1,368 men who worked in urban areas of Cape Town found that over 15% of men in study area used sexual violence against their partners within the last ten years (Abrahams, Jewkes, Hoffman, & Laubsher, 2004). That study indicates that fighting when refuse to have sex by their intimate partners is significantly associated with sexual violence. That study finds that imbalance gender roles as well as lower socio economic status are associated with the increase the risk of sexual violence (Abrahams et al., 2004).

Of individual-level risk factors of sexual violence against women, being of young age is consistently found in previous study. WHO (2002) states that younger women are more likely to have sexual violence than others because of influence by their friends like peers pressure on attitude. A study in Bangladesh among women in reproductive age in rural areas on women's status and domestic violence by their partner focusing on individual- and community-level factors, for example, shows that being young is one of the risk factors to the sexual violence (Jejeebhoy et al., 2005; Koenig, Ahmed, Hossain, & Mozumder, 2003; WHO, 2002). A study in Thailand (Jejeebhoy et al., 2005) indicates the same conclusion that women in younger age are more likely to have sexual violence. The study shows that Thai women in young age group (15 to 24 years old) has a higher percentage of sexual violence experience, i.e.

forced sexual intercourse, by their intimate partners in their life time than the other age groups (33% and 30% respectively). This occurs despite higher educational level and better relationship between family members in young women than their counterparts. The researchers further suggest that study on sexual violence needs to consider the effect of partners' working status and relationship with the partners (Archavanitkul et al., 2005; Jejeebhoy et al., 2005).

A review study, by Santhya & Jejeebhoy (2005, cited in Jejeebhoy, 2005), concerning sexual violence by intimate partners among adolescent and young married women in India reveals that about 6%-13% of young married women experienced forced sexual relationship by their husbands. Married young women are vulnerable to have sexual violence by their husbands, sometimes also physical violence. Early marriage, imbalance gender role, economic dependency to husbands, cultural norms and lack of social support are the underlying factors of experience the sexual violence among young women (Jejeebhoy et al., 2005).

Bullying may be an associated factor of sexual violence. A longitudinal study among middle school students aged 10 to 15 years in United States reveals a strong association between the bullying and the sexual violence such as sexual harassment. Having experiences on bullies, they are more likely to perpetrate sexual violence. In this study, main types of sexual violence are the sexual harassment and forced sexual contact. Over 30% of boys had done sexual harassment to other students and over 20% of girls are spreading the sexual rumors. The study also found that forced sexual contact was done by boys more than girls and it is less than one percent. The study points out that young people may experience some kinds of sexual violence even at very young age (Espelage, Basile, & Hamburger, 2012).

Low education is one of the risk factors of violence at individual level in the ecological theory (UN WOMEN, 2011; WHO, 2002) and is clearly supported by previous literature. Education can provide knowledge and skills to women to participate in the decision making of the family and facilitate the community relationship. Education also enhances women's power and, thus, can reduce the domestic violence as women's power is positively associated with the sexual negotiation power (Parrado et al., 2005). In Parrado et al.'s study (2005), the negative

effect of education on sexual violence persists even after controlling for other socio-demographic factors and social relationship.

Women's employment and wages are considered associated with women's power including sexual negotiation power about the intimate relationship. WHO (2002) states that the lower economic status is one of the precipitating factors to the sexual violence against women. In Parrado et al.'s study (2005), employment status and wages of women has a significant effect on power of women including sexual negotiation power, i.e. using condom and having sex with their partners.

Likewise, a cross-sectional analysis of a longitudinal study (Chibber, Krupp, Padian, & Madhivanan, 2012) among young married women (15-30 years) in Southern India indicates the relationship between women's employment status and sexual violence. The study shows that sexual violence is associated with women's working status and income. Women who are not working thus cannot contribute to the income of household and who contribute only small amount of income are more likely to experience sexual violence. Therefore, working status, income of women and their type of work should be considered as related factors of sexual violence.

Note that women working in some condition are likely to be exposed to violence due to the work's environment itself. This includes migrant women who have been trafficked as prostitute, domestic workers, or beggars. The trafficked women are more likely to receive physical and sexual violence than others (Watts & Zimmerman, 2002). For example, a study conducted in Bangladesh with over 500 sex workers finds that nearly 50% of respondents have experienced sexual violence. The sexual and physical violence by clients and bar owners are more common than by others like law enforcement workers. This shows that sex workers are vulnerable and more likely to have sexual and physical violence than other types of work because of conditions of their work and their status (Watts & Zimmerman, 2002).

In addition to women's characteristics such as age, education, income, religion mentioned above, previous studies also suggest the important role of the same characteristics of women's partner in reducing or increasing chance of sexual violence, but also their partners' education. In a study of determinants of sexual violence among young and married women in Southern India, researchers found that over 35% of the women had experienced on sexual violence and the violence depends on their

partner's characteristics (Chibber et al., 2012). Women with husband who has lower education level are more likely to have sexual violence. In addition to partner's educational level, type of work also matters; husbands who work as a driver are strongly associated with sexual violence (Chibber et al., 2012). So, partners' socio-economic characteristics are important and should also be considered in understanding sexual violence against women.

2.5 Previous studies on alcohol consumption and intimate partner sexual violence

WHO (2002) states that alcohol consumption and drug consumption are precipitating factors for having sexual violence against the partners. This is also consistent with the ecological model which mentions that alcohol and/or drug use are among the influencing factors on sexual violence at the individual level (Centers for Disease Control and Prevention, 2004). Examples of empirical evidence include a study in India among 15 to 30 years of young married women which finds that alcohol consumption of their partners is significantly associated with the sexual violence (Chibber et al., 2012). The study, however, did not find out the any relationship between drug consumption of their partners and the sexual violence.

A cross-sectional study among 1,368 men using random sampling and face-to-face interview in Cape Town shows that men who currently drink alcohol committed sexual violence to their partner in a higher proportion than men who did not currently drink alcohol (over 60% compared with over 13% for men who did not currently drink alcohol and nearly 19% for those ever consumed alcohol in the past) (Abrahams et al., 2004). This finding states that alcohol drinking is associated with the sexual violence. For the drug use, the percentage of current drug user is nearly 20% among men who did sexual violence to their partners, while it is 10% for those not doing sexual violence to their partners. In this study, however, drug using is not strongly associated with the sexual violence. Although WHO (2002) suggests that alcohol and drug consumption are factors associated with committing sexual violence, like Chibber et al's study (2012), the study by Abraham et al. (2004) only finds sexual violence associated with the alcohol use but not with the drug use.

WHO (2013) mentioned that while alcohol drinking by men is the facilitating factor to become sexually violent, women taking alcohol can lead to violence by their intimate partners because men think women should not drink alcohol. The relationship between women's using alcohol and violence is also discussed in a review study on intimate partner violence suggesting that alcohol consumption of women is associated with the violence including sexual violence (Jewkes, 2002). So, the association between women' alcohol drinking and the occurrence of sexual violence should also be considered in the study on this topic.

2.6 Previous studies on early sexual experiences and intimate partner sexual violence

Many studies reported the forced sexual initiation among young women and men and that young women are more likely to experience forced sexual initiation than men (WHO, 2002). Some studies further found out that early sexual experiences and early forced sexual initiation are associated with the sexual violence. In Thailand, a study examines the experiences of sexual coercion by the intimate partners among reproductive-age, ever-partnered women in Bangkok and Nakornsawan province (Archavanitkul et al., 2005; Jejeebhoy et al., 2005). In that study, women with early sexual experiences in their adolescents are more likely to report about of forced sexual relationship by their intimate partners than women without early sexual experiences (Archavanitkul et al., 2005; Jejeebhoy et al., 2005). So, according to that study woman with early sexual experiences is associated with the sexual coercion by their intimate partners.

In a review study concerning sexual violence by intimate partners among adolescent and young married women in India by Santhya & Jejeebhoy (2005, cited in Jejeebhoy, 2005) reveals that about 6% to 13% of young married women experienced forced sexual relationship by their husbands. The study indicates that forced sexual initiation is associated with early marriage in adolescent age (Jejeebhoy et al., 2005). The authors suggest that this may be because of influencing factors such as imbalance gender role, economic dependency to husbands, cultural norms and lack of social support.

2.7 Previous studies on attitude towards accepting the intimate partner sexual violence

As mentioned earlier in the ecological model of sexual violence, attitude and beliefs that encourage sexual violence are among the influencing factors at the individual level (Centers for Disease Control and Prevention, 2004). The study reviews the analysis of psychological and sociological risk factors on sexual victimization with longitudinal research suggest that the individual characteristics of victims, the perpetrator's characteristics and social context are the factors influencing the chance of sexual victimization (Schwartz, 1997). The study also suggests that attitudes and beliefs towards the sexual and physical violence are included in both victims and perpetrators side.

A study using both qualitative and quantitative methods among adolescent males and females in Nigeria by Ajuwon, (cited in Jejeebhoy et al., 2005) to examine the attitudes, norms and experiences of sexual coercion finds that adolescents accept that if a girl agree as a girlfriend, she should be accept for the sex. Forced sex is acceptable if men spent a lot of money on their women (e.g. dowry), girls are usually the ones who encourage boys to coerce and girls do not have right to refuse to have sex by their partners or boyfriends. The study shows that young people's attitudes towards the sexual coercion are influenced by their community, gender inequality, norms and beliefs. So, according to the previous studies, attitude towards the sexual violence is important and has the effects on the occurrence of sexual violence. Therefore, gender norms, beliefs and community factors are also needed to consider when examining factors related to sexual violence.

2.8 Previous studies on social connection of women and intimate partner sexual violence

In the ecological framework of WHO, social relationship with family members, intimate partners and friends influence the chance of having intimate partner violence (Centers for Disease Control and Prevention, 2004; WHO, 2002). The social relationship can change the individual's behaviors and experiences which can lead to

becoming the victimization and perpetrator of the violence. A quantitative study which examines the intimate partner violence among 160 South Asian women who migrated to United States discussed that 40.8% of migrant women suffered any type of abuse and among them 18.8% had the experiences of sexual violence by their intimate partners. In that study, lower social support is significantly associated with the intimate partner sexual violence. The study also suggested the importance of social connection with the family on the intimate partner violence (Raj & Silverman, 2003).

A review on the intimate partner sexual violence causes and prevention by Jeweks (2002) also discussed the influence of social relationship on the intimate partner sexual violence. The conflict relationship between the partners can heighten the chance of violence by their partners. Conflict associated about the cultural norms, gender role and finance are more associated with the intimate partner violence. According to previous studies, social relationship with intimate partner, peers and family members, social support should be taken into account as the precipitating factors of intimate partner violence.

2.9 Conceptual framework

Synthesized from the ecological model together with previous literature, this study posits that migration of women is one among risk factors that put women vulnerable for intimate partner sexual violence. Being far away from family and their social support induces migrant women to fall into a position with low negotiating power with partners, thus they may be more likely to be a victim of intimate partner sexual violence. The effect of migration may affect sexual violence directly. It may also work through different socio-economic and demographic factors between migrant and non-migrant women such as age, marital status, educational level, occupation and income which in turn influence women's sexual violence by their intimate partners. Migration may also affect sexual violence through women's attitude towards sexual violence. In addition, migration may affect sexual violence by increasing the exposure to some health risk behaviors such as early sexual experience, increased chances of sexual initiation, multiple partners, and alcohol consumption. All of these may

increase the chance to sexual violence by their intimate partners among migrant women.

Based on the theoretical background and findings from literature review and data availability, the conceptual framework for this study is constructed as followed.

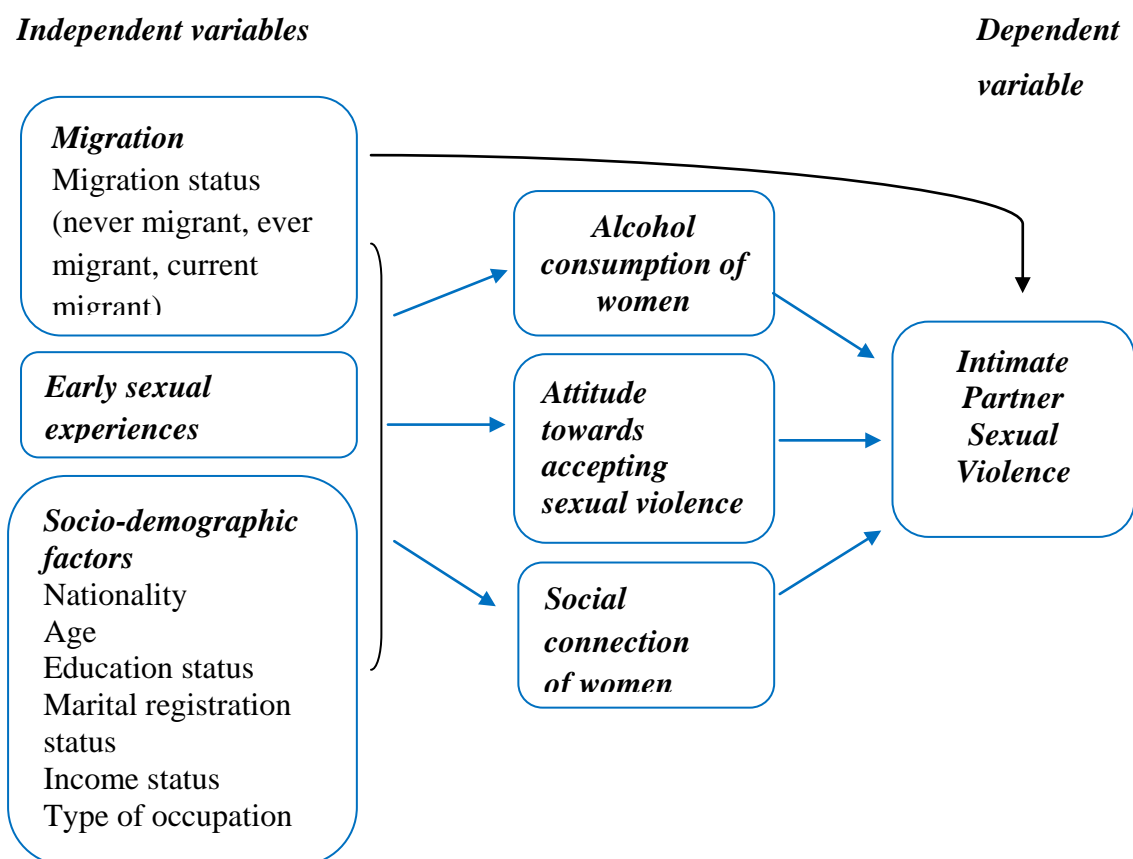


Figure 2.1: Conceptual Framework of the Study

2.10 Research Hypothesis

Based on the theoretical perspectives and previous research discuss earlier, this thesis hypothesizes that migrant women are more likely to be exposed to sexual violence by their intimate partner than non-migrant women.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Source of data

This study uses the third round data set of Migration and Health Project (2009) which was part of Kanchanaburi Demographic Surveillance Survey (KDSS). The KDSS is a longitudinal survey that had followed the same households and its individuals annually from 2000 to 2004 by Institute for Population and Social Research (IPSR), Mahidol University with the funding support of the Wellcome Trust, UK. The objective of Migration and Health Project was to study the changes in population and its health consequences. With the support from the National Institutes of Health of the United States, the Migration and Health Project was built upon the KDSS by following part of the KDSS study sample. Its first round was conducted in 2005, followed by the second round in 2007. The third round of the project was conducted in 2009 (Chamchan et al., 2014; Phuengsamran et al., 2014).

3.2 Study area

Kanchanaburi is the third largest province in Thailand, located in the western part of the country and borders Myanmar. According to the 2010 Thailand population and housing census, total of 801,518 people, 398,176 males and 403,342 females live in Kanchanaburi province. Most of the population is of Thai nationality (94%) and adheres to Buddhism (97%). The province covers 19,483 kilometers squared with 13 districts, 98 sub-districts and 887 villages.

Many industries are present in Kanchanaburi and transportation between the provinces and Bangkok is convenient because of advanced roads and transportation system. Kanchanaburi is also one of the major tourist attraction places in Thailand because of natural forested areas, several waterfalls, and as one of the historic memorial places of WWII. Agriculture and its related activities are major

occupations in Kanchanaburi, which make the province a major producer of plantation crops. The province has an official immigration checkpoint along the Thailand and Myanmar border as well as some others illegal points. The province has many migrants mainly from Myanmar origin (Dechen, 2005).

The study area is divided into 5 strata, 1) urban/ semi-urban 2) rice producing 3) plantations 4) uplands 5) mixed economy. Urban/ semi urban areas have economic opportunities which attract the young population. Approximately 57%, 55%, 50%, 50% and 40% of in-migrants from the uplands, urban/ semi urban, rice, mixed economy and plantation strata respectively migrated within the Kanchanaburi (Guest & Punpuing, 2007). Males migrate more than females and most migrated at the age of 20-24 years old. The other portion of in-migrants comes from Central region and North or South regions. Out-migration also occurs in Kanchanaburi and the main destinations are Bangkok or other provinces in the Central region. According to the report of Kanchanaburi Project round five Census (2004), out-migration rate is higher than in-migration rate. Both in-migration and out-migration mainly occur at short distance within Kanchanaburi or between Kanchanaburi and other provinces in Central region or Bangkok (Guest & Punpuing, 2007).

3.3 Data collection method

This project collected the data from all households in 100 villages in KDSS areas. As mentioned earlier, the first round of the survey was conducted in 2005 interviewing all individuals of aged 15 to 29 year. The second and third rounds of the survey were conducted 2007 and 2009, respectively, by following up the all individuals included in the first round (2005) survey as well as respondents aged 15 years old at the time of survey. In the second and third rounds, individuals (aged 15 to 31 year in the second round and 15 to 33 years old in the third round) who remained in the KDSS areas were re-interviewed. For those who moved to Bangkok, Nakhon Pathom, and Kanchanaburi urban area were followed up and interviewed at the place of destinations.

The survey included a household questionnaire for all households in the village/block, and an individual questionnaire for all members aged 15 years and over

in the household. Main components in the survey consists of demographic profiles (that is, data on fertility, mortality and migration) and also includes questions on health status, behaviors and services, sexual behaviors, economic status and social connection (Chamchan et al., 2014). Self-administrative questionnaire are used for the individual sexual behaviors questions.

3.4 The study sample

In the third round of Migration and Health survey, the number of the population is 10,732. Among them, only 7,998 were interviewed and 7,995 completed the interview, 3,527 men and 4,468 women. The respondents consist of those aged 15 and 33 years old who live in Kanchanaburi rural areas (7,150) and who moved to Bangkok, Nakhon Pathom and Kanchaburi urban areas (845) at the survey time.

As this study is interested in sexual violence, the analytical sample includes only women who ever had sexual experiences, which accounts for 2,306 women (2,086 never migrants interviewed at home villages and 220 migrants interviewed at places of destination). In this study, women who did not have any sexual experiences in the life time are excluded from the study sample, while those who ever had sexual experiences in their life time regardless of their marital status were included. Note that, women who did not have sexual experiences in past 12 months but if they ever had sexual experiences were taken into this analysis.

3.5 Operational definitions

3.5.1 Dependent variable

Sexual violence by intimate partner is the dependent variable in this study. Intimate partner sexual violence is defined as woman's experience of being forced to have sex by spouse/partner (Watts & Zimmerman, 2002). In Migration and Health Survey, intimate partner sexual violence refers to the women's experience of being forced to have sex by spouse/partner and use the question from the individual questionnaire stating that '*during last 12 months, were you ever forced to have sex by*

your husband/partner that you did not want to?'. If the response is yes, had sexual violence, a given woman is categorized as 1, and if no, had not sexual violence, categorized as 0. This questionnaire was self-administered. Completed questionnaire of this section was individually sealed for privacy. Self-administered questionnaire is intended to create lower no-response rate especially in the context of sensitive questions as they can answer by themselves and not to face or interact with the interviewer. Yet, the data has high no response rate in this study. This may be due to the fact that self-administered questionnaire allows respondents to skip or not to give response to any question as they please without being re-emphasized about the confidentiality of the information given as could be done in the face-to-face interview.

In this study, the 'no answer' response of women was assumed as implying having experiences of intimate partner violence but they did not want to disclose their experiences because of sensitive nature of question.

This is based on a line of thought that if a woman did not have the experiences of sexual violence, they would have answered 'no' instead of no response. It is hard to find a reason of why a woman who had no sexual violence from partner would not want to respond. By contrast, it is likely those with intimate partner violence may not want to reveal the fact. This assumption is supported by Oppemeim (1992) cited in the study of Krosnick et al. (2002) which mentioned that some people response the 'do not know/ no response' answer because they want to avoid thinking or committing from the violence. Another study suggested that people answered 'don't know' because they wanted to hide or do not want to recognize the victimization (Kruttschnitt, Kalsbeek, & House, 2013). Therefore, in further analysis of this study, the "no answer" response is assumed as having experienced intimate partner sexual violence and was combined into 'yes' category.

3.5.2 Independent variables

The main independent variable is migration status of women. Women in the analytical sample were categorized into 3 groups, migrants, ever migrants, and never migrants. Migrants are women who at the survey time live in one of destinations (Bangkok, Nakhon Pathom, and Kanchanaburi urban areas). Ever migrants are women who live in the home village at the survey time but ever moved somewhere out of their

village for at least one month during their lifetime. Never migrants are women interviewed at the home village at the survey time and never moved to live elsewhere in their lifetime.

Refer to the conceptual framework of this study, attitude towards violence is considered as mediating factors through which migration experience might operate. Attitudes towards sexual violence refer to woman's opinion on 5 statements. The question asked whether a woman can refuse to have sex: 1) if wife does not want to have sex; 2) if husband gets drunk; 3) if wife is not healthy or ill; 4) if husband does bad thing to wife; and 5) if wife asks husband to use condom but husband does not use. The response category of each statement is 0) can refuse, and 1) cannot refuse. The analysis employs two ways of measuring the attitude variable. The first way is to add score of each question and come up with one attitude score, ranking from 0 to 5. The higher score indicates the more unfavorable attitude towards sexual violence. This interval scale of measurement is used in the first set of analysis. The other set of model also explores the effect of each attitude question by constructing a dummy variable for each question, 1 for "cannot refuse", and 0 for "can refuse category".

Alcohol consumption and social connection of women are also considered as mediating factors. Alcohol consumption of women refers to the alcohol consumption of women in the last month before the survey. The response category is 1 if yes, had alcohol, and 0 if no.

Social connection of women refers to whether a woman has social relationship with other people. Questions include 10 types of people: someone to listen to, someone give good advice, someone who show love & affection, someone who helps daily chores, someone who give emotional support, someone who can trust, someone who give financial support, someone who protects, someone whom you can depend on, and someone who take care of illness. The response category is 1 if yes, and 0 if no. Adding the score of each question into the continuous score, ranks from 0 to 10. The higher score indicates the more favorable social connection of women with other people. This interval scale is used in the multivariate analysis of the study.

The study also controls for selected socio-demographic factors including age, education, marital registration status, nationality, annual income and type of

occupation. Details of the measurement of each variable are presented in table in Section 3.6.

3.6 Description of variables

Table 3.1 Summary of operational definition and measurement of variables

Variables	Description	Scale of measurement
1. Dependent variable		
1.1 Intimate Partner Sexual Violence	Women's experience of being forced to have sex by spouse/partner during the last 12 months prior to the survey	Nominal scale <i>0=No</i> <i>1=Yes</i>
2. Independent variables		
2.1 Migration		
2.1.1 Migration status	Migration status of women	Nominal scale <i>0= never migrant</i> <i>1= ever migrant</i> <i>2= current migrant</i>
2.2 Socio demographic factors		
2.2.1 Nationality	Nationality of women	Nominal scale <i>0= Thai</i> <i>1= Others</i>
2.2.2 Age	Age of the women	Continuous scale
2.2.3 Early sexual experiences	Age at first sex of women	Nominal scale <i>0= younger than 18 yr & 18 yr old</i> <i>1= Older than 18yr</i> <i>2= No answer</i>
2.2.4 Marital registration status	Whether women registered their marriage	Nominal scale <i>0=married with registration</i> <i>1=married without registration including single</i>

Table 3.1 Summary of operational definition and measurement of variables (Cont.)

Variables	Description	Scale of measurement
2.2.5 Education status	Completed educational level of the women	Ordinal scale <i>0=No education</i> <i>1 below secondary</i> <i>2=secondary and above</i> <i>3= unidentified¹</i>
2.2.6 Income status of women	Annual income of women (income in Baht from all work)	Ordinal scale <i>0=No income</i> <i>1=1-30,000</i> <i>2=30,000-60,000</i> <i>3=above 60,000</i>
2.2.7 Type of occupation	Main occupation of women	Ordinal scale <i>0=No occupation</i> <i>1=Low skilled</i> <i>2=Medium skilled</i> <i>3=High skilled</i>
2.3 Attitude towards accepting sexual violence	Whether a woman can refuse to have sex with her husband when: - woman does not want to have sex <i>or</i> - husband gets drunk <i>or</i> - when woman gets sick <i>or</i> - husband does something bad to wife <i>or</i> - woman wants the husband to use condom but he does not	Nominal scale <i>0= can refuse (not accept sexual violence)</i> <i>1=cannot refuse (accept sexual violence)</i>
2.4 Alcohol consumption of women	Whether a woman had alcohol in the last 1 month prior to the survey.	Nominal scale <i>0=No</i> <i>1=Yes</i>

¹This refers to educational level of non-Thai women who finished their education from their country of origin, mostly from Myanmar. Their educational level are recoded as unidentified because their complete educational level at their country did not match the Thailand's educational system level.

Table 3.1 Summary of operational definition and measurement of variables (Cont.)

Variables	Description	Scale of measurement
2.5 Social connection of women	Whether a woman have social relationship by having : - someone to listen - someone who gives good advice - someone who shows love & affection - someone who helps daily chores - someone who gives emotional support - someone who can trust - someone who gives financial support - someone who protects - someone who can depend - someone who takes care of illness	Interval scale

3.7 Methods of analysis

Data was analyzed by using STATA 14. Descriptive analysis was performed to describe the frequencies and percentage of variables. Next, the bivariate analysis between the dependent variable and each independent variable was conducted using a Chi-squared test. Finally, the multivariate binary logistic regression analysis was used to explore the relationship between migration and sexual violence, net of the control variables including socio-economic and demographic factors, alcohol use as well as attitude towards sexual violence.

3.8 Limitations of the study

This study could only emphasize women's characteristics at the individual level because of constraint on data availability. Their family history of violence, previous history of childhood abuse or witness, partner's information like socio-

economic characteristics, risk behaviors like alcohol and drug use, having multiple sexual partners, peer information, community and societal factors are also needed to be considered in order to provide a more complete study. Note that, women with no sexual experiences within the past 12 months of survey are included in 'no' response category of the experiences of intimate partner sexual violence during last 12 months of the survey time. Another important limitation is concerned with the dependent variable. This analysis includes the 'no answer' response into the 'yes' category, implying having the intimate partner sexual violence. So, interpretation of the findings should be made with cautions and with this assumption in mind.

CHAPTER IV

RESULTS

This chapter includes the results of descriptive, bivariate and multivariate analyses. Descriptive analysis shows frequency, percentage distribution, and mean (when applicable) of migration status and intimate partner sexual violence of women, socio-demographic and economic factors, early sexual experiences, attitude towards sexual violence, alcohol consumption and social connection of women. Bivariate analysis explores possible association between migration status and intimate partner sexual violence, and between other controlling factors and intimate partner sexual violence. At last, multivariate analysis presents the association between migration status and intimate partner sexual violence while controlling the other factors.

4.1 Descriptive analysis

The analytical sample consists of 2,306 women who ever had sexual experiences. Women aged between 15 to 33 year who lived in Bangkok, Nakhon Pathom, Kanchanaburi urban areas and villages at the time of survey were included.

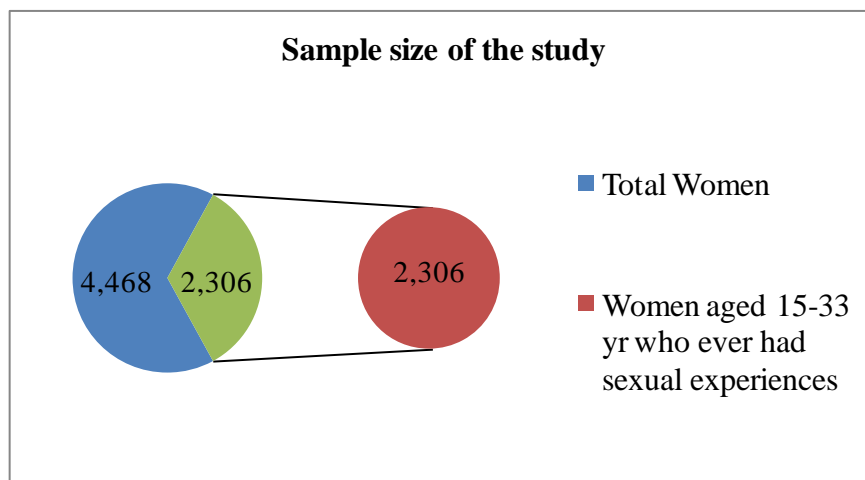


Figure1. Sample size of the study

4.1.1 Background characteristics of women who ever had sexual experiences

In this study, the mean age of the women is 25.9 years, ranging between 15 to 33 years. Among the 70.8% of the women who remembered their age of first sex, the mean age of first sex is 19 years with the range of 9 to 33 year. 37.4% of women had their first sexual experiences at before 18 yr of age and 33.4% had at after 18 yr of age. 29.2% of women did not give any answer about this.

Most of the women in this study were Thai nationality, i.e. 88.0%, and 12.0% is of other nationalities such as Laos, Myanmar and Cambodia.

Regarding the marital registration status of women, i.e. whether women registered their marriage or not, it is found that nearly 80% of them were married without registration and only 20.6% of women were married with registration. There are 79 women in the analytical sample who reported as being single but had sexual experiences. Due to the number is a few, these single women were included in the category of married without registration.

Educational level refers to women's highest level of education completed. Over half of the women finished either secondary or higher than secondary level of education, while about one third finished primary education. Women with no education account for about 9%. Educational level of a number of women cannot be identified as they were coded as finished their education at the place of origin, e.g. Myanmar. Their complete educational level at their country did not match the educational system level in Thailand. Therefore, they are recoded as unidentified in this analysis.

In this study, occupation status means the main occupation of the women. Women who reported no occupation account for 37% (house wives included) at the time of survey. Sixteen percent of women had low skilled occupation such as elementary occupation, e.g. cleaners, laborers. Over 35% of women work in medium-skilled occupation including clerks, service and sale workers, agricultural, forestry and fishery workers. Only 10% of women worked with high skilled occupation which includes professionals and manager level.

Income status of women refers to the annual income from all types of work of women. Nearly 60% of women in this study did not have income and only 14.7% had over 60,000 baht.

Table 4.1 Percentage distribution and frequency of women who ever had sexual experiences by background characteristics

Variables	Frequency	Percentage
Independent variables		
Median age = 26 years old	2,306 (Min=15, Max= 33)	100.0
Age of first sex		
Younger than 18years old and 18years old	863	37.4
Older than 18years old	770	33.4
No answer	673	29.2
Median age at first sex = 18 years old	1,633 (Min=9, Max=33)	100.0
Nationality		
Thai	2,029	88.0
Others	277	12.0
Marital registration status		
Married with registration	474	20.6
Married without registration (single included)	1,832	79.4
Educational level		
No education	206	8.9
Below secondary	716	31.1
Secondary & above	1,329	57.6
Unidentified	55	2.4

Table 4.1 Percentage distribution and frequency of women who ever had sexual experiences by background characteristics (Cont.)

Variables	Frequency	Percentage
Type of occupation		
No occupation	853	37.0
Low skilled occupation	376	16.3
Medium skilled occupation	845	36.6
High skilled occupation	232	10.1
Annual income status of women		
No income	1,351	58.6
1-30,000 Baht	244	10.6
30,001-60,000 Baht	371	16.1
above 60,000 Baht	340	14.7
TOTAL	2306	100.0

4.1.2 Migration status

Among 2,306 women, most of them, i.e. 85.2% (n=1,965) fall into ever migrants category, 9.5% (n=220) are currently a migrants at the survey time and only 5.3% (n=121) are those who reported never moved to anywhere or never-migrants.

Table 4.2 Percentage distribution and frequency of women by migration status

Migration status of women	Frequency	Percentage
Never migrant	121	5.3
Ever migrant	1,965	85.2
Current migrant	220	9.5
TOTAL	2306	100.0

4.1.3 Alcohol consumption status of the women

Sixty one percent (n=1,398) of 2,306 women consumed the alcohol more than 3 glasses during the past one month before the survey.

Table 4.3 Percentage distribution and frequency of women by alcohol consumption of the women in the past one month

Alcohol consumption of the women	Frequency	Percentage
No	1,398	60.6
Yes	908	39.4
TOTAL	2306	100.0

4.1.4 Attitude towards accepting the intimate partner sexual violence of the women

Regarding the attitude towards sexual violence, when asked whether wife can refuse to have sex under five situations (if wife doesn't want sex, husband gets drunk, wife gets sick, husband does something bad to wife, and wife wants to use condom and husband does not), the proportion reported can refuse ranges from 61% to 82%. The proportion of reporting cannot refuse, which reflects accepting sexual violence, is highest for the situation that when wife wants to use condom but husband does not. When scoring the attitude of each situation (1=cannot refuse, 0=can refuse), the mean score is 1.5 with the range of 0 to 5 reflecting that women refuse to have sex in those five situations more than accept (Table 4.4).

Table 4.4 Percentage distribution and frequency of women by attitude towards accepting the intimate partner sexual violence

	Frequency	Percentage
<i>Attitude towards accepting sexual violence (whether wife can refuse to have sex if:)</i>		
Wife doesn't want sex		
Can refuse	1,686	73.1
Cannot refuse	620	26.9
Husband gets drunk		
Can refuse	1,506	65.3
Cannot refuse	800	34.7
Wife gets sick		
Can refuse	1,893	82.1
Cannot refuse	413	17.9
Husband does something bad to wife		
Can refuse	1,685	73.1
Cannot refuse	621	26.9
Wife wants to use condom but husband does not use		
Can refuse	1,401	60.8
Cannot refuse	905	39.3
Mean of attitude towards accepting sexual violence	2,306	100.0
(SD=1.8)	=1.5	Min= 0, Max= 5

4.1.5 Social connection of the women

According to the social connection of women with other people, the mean score is 9.6 with the range of 0 to 10 (the higher the number, the better social connection the women have). This indicates that most of the women, over 80%, have strong social relationship with other people and can get supports from them. The details are shown in the Table 4.5.

Table 4.5 Percentage distribution and frequency of women by social connection

	Frequency	Percentage
<i>Social connection</i>		
Having someone to listen		
Yes	2,247	97.4
Having someone give good advice		
Yes	2,256	97.8
Having someone who show love & affection		
Yes	2,272	98.5
Having someone who helps daily chores		
Yes	2,167	94.0
Having someone who give emotional support		
Yes	2,241	97.2
Having someone who can trust		
Yes	2,231	96.8
Having someone who give financial support		
Yes	2,140	92.8
Having someone who protects		
Yes	2,234	96.9
Having someone who can depend		
Yes	2,165	93.9
Having someone who take care while illness		
Yes	2,266	98.3
Mean score of social connection		
= 9.6(SD= 1.06)	2,306	100.0
	Min= 0, Max= 10	

4.1.6 Intimate partner sexual violence

Table 4.6 shows the intimate partner sexual violence of total 2,306 women who ever had sexual experiences in this study. Among them, 76.2% (n=1757) have never experienced sexual violence, 6.1% (n=140) reported having experiences of sexual violence by their intimate partners. Note that a substantial number of women

(17.7%, n=409) did not want to give any information. This may be due to the sensitive nature of question to give information (Kiss et al., 2015; Nguyen et al., 2012).

Table 4.6 Percentage distribution and frequency of women by intimate partner sexual violence

	Frequency	Percentage
Intimate partner sexual violence		
No	1,757	76.2
Yes	140	6.1
No answer	409	17.7
TOTAL	2306	100.0

After combing the “no answer” category with the “yes” category, as discussed in Chapter 3, the ‘yes’ experiences becomes 23.8% while the ‘no experience’ group accounts for 76.2%. This figure is not much different when comparing with the WHO report of intimate partner sexual violence of Thailand conducted in Bangkok and Nakornsawan province (WHO, 2005) which shows that 29% of women in rural areas and 30% of women in urban areas ever encountered intimate partner sexual violence. Thus, this study’s finding shows only a little lower than the WHO report. WHO study refers to the intimate partner sexual violence in a broader way than the Migration and Health Survey. According to WHO, intimate partner sexual violence is defined as “*being physically forced to have sexual intercourse against her will; or having sexual intercourse because she was afraid of what her partner might do; or being forced to do something sexual she found degrading or humiliating*”. In the Migration and Health survey, which is used in this study, the intimate partner sexual violence is defined as “*women who ever had forced to have sex by their husbands/ intimate partners*”. This may partly explain the higher prevalence of IPV found in WHO 2005 survey.

4.2 Bivariate analysis for intimate partner sexual violence

Chi-squared test is used for the bivariate analysis to find out possible associations between migration status, attitude towards sexual violence, alcohol consumption of women and social connection, and intimate partner sexual violence.

4.2.1 Background characteristics of migrant and non migrant women by socio-demographic factors

Before the bivariate analysis, background characteristics of women by migration status (never migrant, ever migrant, and current migrant) were presented. The details are shown in Table 4.7.

Table 4.7 Percentage distribution of women aged 15-33 by migration status according to socio-demographic factors

Socio-demographic factors	Migration status			TOTAL	
	Never migrants	Ever migrants	Current migrants	%	N
Age at first sex					
18 years old or younger	4.8	85.0	10.2	100.0	863
Older than 18 years old	3.5	87.8	8.7	100.0	770
No answer	7.9	82.5	9.7	100.0	673
Nationality					
Thai	5.8	83.8	10.4	100.0	2,029
Others	1.1	95.3	3.6	100.0	277
Marital registration status					
Married with registration	4.4	92.2	3.4	100.0	474
Married without registration	5.5	83.4	11.1	100.0	1,832
Educational level					
No education	1.9	94.2	3.9	100.0	206
Below secondary	4.8	90.4	4.8	100.0	716
Secondary and above	6.2	80.7	13.1	100.0	1,329
Unidentified	1.8	92.7	5.5	100.0	55

Table 4.7 Percentage distribution of women aged 15-33 by migration status according to socio-demographic factors (Cont.)

Socio-demographic factors	Migration status			TOTAL	
	Never migrants	Ever migrants	Current migrants	%	N
Type of occupation					
No occupation	5.3	83.6	11.1	100.0	853
Low skilled	3.7	87.5	8.8	100.0	376
Medium skilled	6.2	84.5	9.3	100.0	845
High skilled	4.3	90.1	5.6	100.0	232
Annual income					
No income	5.0	87.1	7.9	100.0	1,351
1-30,000	4.9	91.8	3.3	100.0	244
30,000-60,000	5.9	82.8	11.3	100.0	371
Above 60,000	5.9	75.6	18.5	100.0	340
Total (n)	5.3	85.2	9.5	100.0	2,306
	(121)	(1,965)	(220)		

4.2.2 Bivariate analysis for intimate partner sexual violence according to the migration status of women and background characteristics

Firstly, intimate partner sexual violence is categorized into 3 categories as 'Yes, No, and Not answered'. Women who did not give any information about the sexual violence were 17.7%. Data clearly shown that current migrants provided no answer in a much higher percentage compared to other groups (33.2% VS 15.6% for ever migrant and 23.1% for never migrant). The details are shown in the Table 4.8.

Table 4.8 Percentage distribution of women aged 15-33 by intimate partner sexual violence according to migration status

Migration status of women	Intimate partner sexual violence			TOTAL	
	No	Yes	No answered	%	N

Never migrant	73.6	3.3	23.1	100.0	121
Ever migrant	77.9	6.5	15.6	100.0	1965
Current migrant	62.7	4.1	33.2	100.0	220
Total (n)	76.2	6.1	17.7	100.0	2,306
	(1,757)	(140)	(409)		

Table 4.9 shows the frequency and percentage of women aged 15-33 who ever had sexual experiences by intimate partner sexual violence with two categories according to the migration status. First, we considered women who did not give any information about their experience on intimate partner sexual violence as having the experiences of intimate partner sexual violence (Krosnick et al., 2002; Kruttschnitt et al., 2013). The Chi-squared result describes that migration status of the women is significantly associated with the intimate partner sexual violence. Although most of the women did not have the intimate partner sexual violence, current migrants had experiences of intimate partner sexual violence in a higher percentage compared with never migrants and ever migrants (37.3%, 26.5%, and 22.1% respectively).

Table 4.9 Percentage distribution of women aged 15-33 by intimate partner sexual violence according to migration status

Migration status of women ***	Intimate partner sexual violence		TOTAL	
	No	Yes	%	N
Never migrant	73.6	26.4	100.0	121
Ever migrant	77.9	22.1	100.0	1965
Current migrant	62.7	37.3	100.0	220
Total (n)	76.2	23.8	100.0	2,306
	(1,757)	(549)		

* p<0.05, ** p <0.01, *** p<0.001

Table 4.10 shows the frequency and percentage of women aged 15-33 who ever had sexual experiences by intimate partner sexual violence according to the attitude towards sexual violence, alcohol consumption of women and social connection. The Chi-squared results describe that attitude towards sexual violence of women is significantly associated with intimate partner sexual violence. Each condition of the attitude towards sexual violence of women had significant association with the intimate partner sexual violence. For all conditions, results show that women who accept (cannot refuse) sexual violence reported a higher percentage of experiencing intimate partner sexual violence than women who do not accept the

violence. Regarding the alcohol consumption in the past one month is not associated with the intimate partner sexual violence.

Table 4.10 Percentage distribution of women aged 15-33 by intimate partner sexual violence according to the attitude towards sexual violence and alcohol consumption of women

	Intimate partner sexual violence		TOTAL	
	No	Yes	%	N
Attitude towards accepting the sexual violence (whether wife can refuse to have sex if :)				
Wife doesn't want sex ***				
Can refuse	83.2	16.8	100.0	1686
Cannot refuse	57.3	42.7	100.0	620
Husband gets drunk ***				
Can refuse	82.7	17.3	100.0	1506
Cannot refuse	63.9	36.1	100.0	800
Wife gets sick ***				
Can refuse	80.4	19.6	100.0	1893
Cannot refuse	56.9	43.1	100.0	413
Husband does something bad to wife ***				
Can refuse	82.1	17.9	100.0	1685
Cannot refuse	60.1	39.9	100.0	621
Wife wants to use condom but husband does not use ***				
Can refuse	83.1	16.9	100.0	1401
Cannot refuse	65.5	34.5	100.0	905
Alcohol consumption of woman				
No	77.0	23.0	100.0	1398
Yes	74.9	25.1	100.0	908
Total	76.2	23.8	100.0	2,306
	1,757	549		

* p<0.05, ** p <0.01, *** p<0.001

Table 4.11 describes the association between women background characteristics and intimate partner sexual violence. The results show that only age at first sex, nationality and education status of women had a significant association with the intimate partner sexual violence.

Table 4.11 Percentage distribution of women aged 15-33 by intimate partner sexual violence according to the back ground characteristics

	Intimate partner sexual violence		TOTAL	
	No	Yes	%	N
Age at first sex ***				
Younger than 18 years old and 18 years old	80.5	19.5	100.0	863
Older than 18 years old	85.8	14.2	100.0	770
No answer	59.6	40.4	100.0	673
Nationality ***				
Thai	74.5	25.5	100.0	2029
Others	88.5	11.5	100.0	277
Marital registration status				
Married with registration	78.9	21.1	100.0	474
Married without registration	75.5	24.5	100.0	1832
Educational level***				
No education	90.8	9.2	100.0	206
Below secondary	74.0	26.0	100.0	716
Secondary and above	74.6	25.4	100.0	1329
Unidentified	87.3	12.7	100.0	55
Type of occupation				
No occupation	75.4	24.6	100.0	853
Low skilled	75.3	24.7	100.0	376
Medium skilled	77.4	22.6	100.0	845
High skilled	76.2	23.8	100.0	232

Table 4.11 Percentage distribution of women aged 15-33 by intimate partner sexual violence according to the back ground characteristics (Cont.)

	Intimate partner sexual violence		TOTAL	
	No	Yes	%	N
Annual income				
No income	75.9	24.1	100.0	1351
1-30,000	72.9	27.1	100.0	244
30,000-60,000	80.3	19.7	100.0	371
Above 60,000	75.3	24.7	100.0	340
Total	76.2	23.8	100.0	2,306
	1,757	549		

* p<0.05, ** p <0.01, *** p<0.001

4.3 Multivariate analysis

Logistic Regression Analysis (LRA) was performed to explore the relationship between the migration and the probabilities of intimate partner sexual violence, controlling for the other intermediate and independent variables.

Before running the LRA, the multi-collinearity was measured with correlation matrix whether there is any high correlation among the independent variables. According to the test, the variables included in the LRA were no high correlation among them ($r < 0.65$) so all variables are considered and included in the model.

Three logistic regression models are performed in the multivariate analysis to explore the association between migration experience and intimate partner sexual violence with and without controlling for the other variables. Through different three models, the analysis also examines possible changes in magnitude of association between intermediate variables, i.e. the attitude towards accepting sexual violence, alcohol drinking and social connection of women, and the intimate partner sexual violence with and without controlling for the socio-economic factors. The first model includes migration status of women as the main independent variable for intimate

partner sexual violence (No=0, Yes=1). The second model adds in intermediate variables including the attitude towards sexual violence of women, social connection of women with other people, and alcohol drinking of women in the past one month. Then, the last model adds in other characteristics of women, i.e. age, age at first sex (early sexual experiences), marital registration status, educational status, occupation and income status of women.

The first model shows that current migrants had a significant association with the intimate partner sexual violence with the significant level of $p < 0.005$. The odds of having intimate partner sexual violence among current migrant women are 1.65 times (OR= 1.65, $p < 0.05$) higher than never migrant women. However, for the ever-migrant women, their likelihood of experiencing intimate partner sexual violence is not different from never-migrant women.

In the second model, migration status of the women is still significantly associated with intimate partner sexual violence while controlling for the attitude towards accepting sexual violence, alcohol drinking and social relationship of women. Current migrants are more likely to have the intimate partner sexual violence (OR=1.67, $p < 0.05$).

Regarding the attitude towards accepting sexual violence, the women with higher score (more accepting the sexual violence) are statistically associated with higher likelihood of experiencing the sexual violence by intimate partner (OR=1.41, $p < 0.001$). It means that as one unit of attitude score of accepting the sexual violence increases, the odds of having sexual violence increases by 41%. On the other hand, the findings showed that the likelihood of having intimate sexual violence has no statistically significant with alcohol consumption and social connection.

The third model confirms that migration status of women is still significantly associated with intimate partner sexual violence when the women's background characteristics are added in the model (as well as the attitude score). Moreover, the odds of experiencing the sexual violence among current migrant has increased (OR= 2.08) with a statistical significance at $p < 0.01$; while the ever-migrant has no significant effect throughout the three models. Therefore, the findings consistently point out that current women are more likely to have sexual violence in this study.

Attitude towards sexual violence is still significantly associated with the intimate partner sexual violence (OR=1.36, $p<0.001$). And as in Models 1 and 2, the alcohol consumption and social connection have no impact on sexual violence in Model 3. Given the Asian culture, this result is not a surprise as it is common for people to have a close relationship with family members and neighbors. The questions used to measure social connection are asked in a general sense and did not emphasize on help or support in particular topics such as if they experience of violence. Thus, it should be kept in mind that this measure of social connection may not truly reflect women's support when they really need help on a sensitive issues like sexual violence.

Regarding the women background characteristics, the older women are less likely to have sexual violence (OR=0.96), significantly associated at $p<0.01$ level. A one year of women's age increased, the chance of having intimate sexual violence is 5% reduced, statistically significant at $p<0.01$. For the age of first sexual experiences, the women who gave no answer are 2.56 times more likely to have sexual violence than women who have sex at age younger than 18 years, while women who had first sexual experiences at age older than 18years old how no statistical significance with sexual violence.

Additionally, nationality and martial registration status of the women are not associated with intimate partner sexual violence. Regarding education status of women, results show that it is significantly associated with intimate partner sexual violence. Women with education status of primary level and above are more likely to have sexual violence than uneducated women and it is significant at $p <0.05$ level.

In this study, occupation status and annual income status of women are not statistically associated with intimate partner sexual violence. The details are shown in Table 4.12.

Note that additional analyses of effects of attitudes towards intimate partner violence using each condition was also explored and results are shown in the Appendix A. Results show that the conditions which are significantly associated with intimate partner violence are when 'wife doesn't want sex' and 'when husband does something bad to wife'. Effects of other variables remain the same as when score of attitude variables is used.

A further note is that the analysis also explores the dependent variable of experiencing intimate partner violence in three groups (yes, no, and no answer) using multinomial logistic regression. Results, shown in the Appendix B as well, point to the direction that current migrants are more likely to be those women who did not share their experience of intimate partner violence.

Table 4.12 Odds ratios (OR) from logistic regression analysis for assessing the association between migration and other background characteristics and intimate partner sexual violence

	Model 1		Model 2		Model 3	
	Odds Ratio	S.E	Odds Ratio	S.E	Odds Ratio	S.E
Migration status of women (<i>ref: Never migrants</i>)						
Ever migrants	0.79	0.17	0.81	0.18	1.12	0.26
Current migrants	1.65*	0.41	1.67*	0.44	2.08**	0.57
Score of attitude towards accepting sexual violence			1.41***	0.04	1.36***	0.04
Having alcohol consumption in past 1 month			1.16	0.12	1.11	0.13
Social connection of women			0.96	0.04	0.92	0.05
Age					0.96**	0.01
Age at first sex (<i>ref: Younger than 18 years old & 18 years</i>)						
Older than 18 years old					0.78	.12
No answer					2.56***	0.33
Non Thai					0.61	0.18
Unregistered marriage					0.99	0.15
Education status of women (<i>ref: No education</i>)						
Below secondary					2.08*	0.69
Secondary and above					2.08 *	0.71
Unidentified					1.78	0.87

Table 4.12 Odds ratios (OR) from logistic regression analysis for assessing the association between migration and other background characteristics and intimate partner sexual violence (Cont.)

	Model 1		Model 2		Model 3	
	Odds Ratio	S.E	Odds Ratio	S.E	Odds Ratio	S.E
<i>Type of occupation of women (ref: No occupation)</i>						
Low skilled					1.09	0.23
Medium skilled					1.08	0.17
High skilled					1.28	0.29
<i>Annual income status (ref: No income)</i>						
1-30,000					1.20	0.24
30,000-60,000					0.73	0.14
Above 60,000					0.87	0.17
Number of observation		2,306		2,306		2,306
Log likelihood		-1253.97		-1168.86		-1089.99
Pseudo R2		0.0092		0.0765		0.1388

* p<0.05, ** p <0.01, *** p<0.001

CHAPTER V

CONCLUSION AND RECOMMENDATIONS

This chapter provides a summary of the study and discusses the relationship between migration and the intimate partner sexual violence. Also the recommendations for the policy and future research are included in this chapter.

5.1 Summary of the study

The objective of the study is to examine the relationship between migration and intimate partner sexual violence against women when taking into account of women's socio-demographic factors, alcohol consumption, attitude towards accepting sexual violence and early sexual experiences and social relationship of women. The study hypothesizes that migrant women are more likely to be exposed to sexual violence by their intimate partner than non-migrant women. The study used the secondary data from Kanchanaburi Demographic Surveillance Survey, Migration and Health project, 2009. The total of 2,306 women aged 15-33 years old who ever had sexual experiences were include in the study's analysis. Binary logistic regression analysis was done to explore the relationship between migration and intimate partner sexual violence while controlling for the other variables.

Bivariate analysis shows that migration is significantly associated with intimate partner sexual violence. Attitude towards accepting the sexual violence, women age, age at their first sexual experiences, nationality and education status of women were associated with the intimate partner sexual violence. The binary logistic regression was further performed and results confirm that migration is significantly associated with the intimate partner sexual violence net of other variables controlled in the multivariate analysis. Therefore, this study affirmed the hypothesis that the current

migrant women are more likely to have the sexual violence by intimate partner than non-migrant women.

The findings also indicate that younger women and attitude towards accepting sexual violence are significant risk factors of intimate partner sexual violence. Another interesting, and perhaps intriguing, finding of this study is educated women are more likely to have the intimate partner sexual violence than uneducated women.

In this study, it should be noted that a remarkable number of the study sample (17%) provided 'no answer' when asked if they had experienced of sexual violence by their husbands/partners. This high no-response may be considered as common given the sensitive nature of the question, thus people want to keep it privacy. Therefore, this study assumed that the women who chose 'no answer' response to the questionnaire are actually those who had experienced sexual violence but did not want to share their experience. For this reason, all the respondents who gave 'no answer' response in experience of intimate partner sexual violence are included into 'Yes' category; with the assumption of having experienced of intimate partner sexual violence. This may be a limitation of this study; therefore, in interpreting the relationship of migration and intimate partner sexual violence as this study shows, one would need to do with careful consideration and with this assumption in mind.

5.2 Effect of migration on intimate partner sexual violence

It is evident in this study that currently-migrant women are significantly more likely to experience intimate partner sexual violence, regardless of their attitude or socio-demographic and economic background. This implies that migration may be one of the risk factors of intimate partner sexual violence. The findings in the study are consistent with the findings from previous studies conducted in many other contexts including Morocco, Thailand, United States, and Canada. In Morocco, a study found that migrant women are vulnerable and 90% of migrant women in that study had sexual violence (Keygnaert et al., 2014). In Thailand, when compared with non-migrants, migrants had more sexual violence (Jirapramukpitak et al., 2011). In addition, studies in the United States (Parrado et al., 2005) and Canada (Goldenberg et

al., 2014) indicate that migrant women had lower negotiation power with their partners and had higher experiences of intimate partner sexual violence.

Several reasons may be used to explain the relationship between migration and intimate partner sexual violence. The vulnerability of migrant women may be due to their living conditions which is far away from their families and social network presumably can protect women from the violence. The ecological model of UNWOMEN mentioned that migration experience is one of the risk factors of having violence against women (UNWOMEN, 2011). As Manopaiboon et al. (2003) suggest in their study that living away from the family is one of the factors related to the sexual victimization of the violence.

Other possible reason may be related to lower social relationship and social support at the place of destination, lower knowledge of social support services and decision making power of migrant women compared to non-migrants. As discussed in the previous study of Parrado et al. (2005) that migrant women were not empowered enough to negotiate with their partners to avoid the sexual violence. According to them, the underlying factors of the weak empowerment of migrant women are the lower social relationship with the friends and lower social support at places of destination. The risk of being exposed to intimate partner sexual violence of migrant women thus increased due to lower accessibility to the social support at their place of destination (Goldenberg et al., 2014; Fulu & Miedema, 2015; Raj & Silverman, 2003). In addition to lower social support, Fulu & Miedema (2015) also point to the importance of decision making skill of women and conflict relationship with the partners as important factors in consideration to violence against women. The importance of lower awareness on services of intimate partner violence at the place of destination was also mentioned in some previous studies (e.g. Raj & Silverman, 2003). Therefore, the present study calls for policy makers to protect the migrant women from intimate partner violence by implementing interventions taking into account the risk factors, developing social support and accessibility to the services, as well as empowering women.

5.3 Effect of attitude on intimate partner sexual violence

In addition to migration, this study strongly finds evidence that women's acceptance of the sexual violence is significantly associated with experiencing intimate partner sexual violence. Women with the attitude on acceptance of sexual violence by their partners had higher chance of having sexual violence than women who did not accept the sexual violence. This finding is similar to previous studies (e.g. Jejeebhoy et al., 2005; Schwartz, 1997; Centers for Disease Control and Prevention, 2004) which discussed that women attitude towards the violence influenced the occurrence of intimate partner violence and also their partners' attitude and beliefs are significantly associated. The Ajuwon study (2005, cited in Jejeebhoy et al., 2005) and Schwartz study (1997) also discussed that attitude of women may be influenced by the cultural, societal norms and beliefs, imbalance gender role and norms. So, this study highlights the important role of community norms and belief, gender norms in the prevention of intimate partner violence. The effective interventions focusing on the empowerment of women and the changing the attitude of accepting the intimate partner violence are needed.

Even though this study cannot identify factors associated with the attitude of women and why women with acceptance attitude of sexual violence have a higher chance to experiences violence than their counterparts, the previous studies (e.g. Speizer, 2010; Uthman, Lawoko, & Moradi, 2009) provide some insights. The other influencing factors like socio-economic status, education level, empowerment of women should be considered for attitude towards the intimate partner violence. The Uthman, Lawoko, & Moradi (2009) study discussed women wealth status, education attainment, decision making power are important and they are influenced the attitude on the acceptance of intimate partner violence of women. Additionally, the Speizer study (2010) also discussed that women who live in rural area are more likely to accept the intimate partner violence. Meanwhile, witnessing intimate partner violence during childhood also influence the attitude of accepting the violence. Therefore, more studies are needed to reveal the influencing factors on the attitude towards the sexual violence of women.

The relationship between attitude that accepts IPV and experiencing IPV may also works the other way around. Accepting attitude not only leads to

experiencing sexual violence, but also experienced sexual violence can lead to accepting attitude. Women who have experienced sexual violence from partner may have eventually developed the attitude of accepting the intimate partner violence. This finding is supported by the Santhya & Jejeebhoy (2005, cited in Jejeebhoy, 2005), mentioned that women who had forced sex by their husband/ partner become passively acceptance the partner violence and grow a habit. To understand this relationship in full range, more in-depth information are needed and further studies should find out the factors influencing the attitude on intimate partner violence.

5.4 Effect of alcohol consumption of women on intimate partner sexual violence

Previous studies suggest alcohol drinking of women as one the precipitating factor of having sexual violence by the partner (WHO, 2002; Jewkes, 2002) as well as alcohol drinking of men (Abrahams et al., 2004; Chibber et al., 2012) as associated with the sexual violence to their partners. WHO (2013) also mentioned that alcohol drinking of women can lead to get the intimate partner sexual violence. However, in this study, alcohol drinking of women is not associated with the intimate partner sexual violence and different from the findings of previous studies as mentioned above. It may be because of small number of women who drink alcohol in this study. Studies may also need to explore in more details about the alcohol drinking such as duration and amount of alcohol, partners and community belief on women alcohol drinking. So, future studies are recommended to explore more details on the alcohol drinking of women and intimate partner sexual violence.

5.5 Effect of social connection on intimate partner sexual violence

Relationship with families, peers and partners had effect on the sexual violence (WHO, 2002). It may be possible that good social support can prevent the violence. A study in United States (Raj & Silverman, 2003) discussed that living with family members and having social support are significantly associated with sexual

violence. Migrant women who did not have family members in destination thus having lower social support are more likely to have intimate partner violence than women with family members and higher social support.

Finding of this study is different from the previous studies. Social connection of women with the other people are not associated with the intimate partner sexual violence. It may be due to community acceptance of the violence against women, or women private the violence as family matters or their partners influenced the relationship with the other people. Another fact to consider is the measurement of social connection of women in this study. The questions used to measure the social connection are related to general conditions and did not focus on the specific circumstances such as if they experienced intimate partner violence. Thus, the measurement of social connection in this study may not indicate social support on sexual violence by the intimate partners. Therefore, further studies should employ the measurements that better reflect the social connection of women and relationship with their partners and family members.

5.6 Effect of background characteristics of women on intimate partner sexual violence

Age is significantly associated with the intimate partner sexual violence. Younger women are more likely to have intimate partner sexual violence than older women. This finding is consistent with the WHO's statement (2002) that being young is one of the precipitating factors of having sexual violence in women. Being young may be associated with lower socio economic status, partner's particular characteristics, poor relationship with partners, economic dependency to their partners, early marriage, and imbalance gender role. One of the studies in Bangladesh mentioned that age of the women is associated with the sexual violence and women aged under 30 years old are more likely to experience violence than women aged over 30 years old (Koenig et al., 2003). In one of the studies in India, young married women are vulnerable to sexual violence by their partners (Jejeebhoy et al., 2005). Researchers pointed out that the underlying factors are cultural norms and imbalance gender role, lack of social support (Jejeebhoy et al., 2005). In Thailand, Archavanitkul

et al. (2005) discussed that although younger women had high education status and better relationship with the family, women with younger age, i.e. 15-24 years old, had a higher percentage of experiencing sexual violence than the other age group of women. This study highlights the preventive measures to focus on the younger women, early marriage and suggests for further studies to examine the partner's characteristics and relationship with the partners.

With regards to the early sexual experiences, some studies described that early sexual experiences is associated with the sexual violence by the intimate partners (Archavanitkul et al., 2005; Jejeebhoy et al., 2005). This study found that women who did not give any information with early sexual experiences are more likely to have sexual violence from their partners than women who had the early sexual experiences at 18 years old and before. Women did not want to answer this kind of question may be due to the sensitive nature of the question and they did not want to share their experiences of early sexual experiences. This finding implies the importance of underreporting cases and further studies should be conducted in depth understanding with qualitative approach and follow up questions. And also the policy makers are suggested to give attention and evaluate the hidden cases and implement interventions for them.

Regarding nationality, most of the previous studies did not mention about the nationality on the intimate partner sexual violence (Goldenberg et al., 2014; Jeweks, 2002; Parrado et al., 2005). This study found that nationality of the women is not associated with the intimate partner sexual violence after controlling the other factors. So, it can be assumed that intimate partner violence can occur in any type of nationality of women. Further studies are suggested to explore more detail about the nationality and intimate partner sexual violence.

Marital registration status of the women is also not associated with the intimate partner sexual violence in this study. Married with registration or without registration are not different to intimate partner sexual violence. This finding is supported by Jeweks, 2002 which discussed that marriage is not directly associated with intimate partner sexual violence. It is dependent on the various settings of the countries and premarital or extramarital sexual relationship. So, this suggestion should

be considered in the future studies and in preventive interventions of intimate partner violence.

Educational status of women is associated with the intimate partner sexual violence, though in an unexpected direction. It is quite intriguing to find that educated women are more likely to get exposed to sexual violence by intimate partners than non-educated women. This finding is different with WHO and other studies which discussed that lower education is a risk factor of violence and women with lower education are more likely to have the intimate partner violence (Chibber et al., 2012; WHO, 2002). It is possible that education can empower women in a way that women had challenged the community norms and beliefs, so, empowerment leads to the increase risk of intimate partner violence. Studies should also consider their partners' characteristics and relationship with their partners. In fact, this finding is consistent with studies by Archavanitkul et al. (2005) and Jeweks (2002) which suggest that educated women had a higher chance to have intimate partner sexual violence, compared with not educated women. It is discussed that in some conditions, e.g. in male dominant community and community that is used to violence against women, educated women are more likely to have sexual violence by their partners. Education can empower the women to confront against the traditional gender roles and community norms, and it may increase their risk to experience violence.

Another speculation is that less-educated women may be less sensitive to the intimate partner sexual violence than educated women. Less-educated women may accept and disregard some acts as sexual violence as educated women would. This finding is supported by the Nigeria study, which is discussed that less-educated women are more tolerant to the violence when compared with educated women (Antai & Antai, 2008). In addition, lower education level is linked to lower socio-economic status and higher acceptance of violence of women.

Particular this study, it is also possible that, given how this analysis treats the dependent variable (i.e. includes the "no" answer into the "yes" answer), educated women are more likely to keep their experiences of intimate partner violence private, thus fall into the 'no answer' response (which later combined with the "yes" category) than the less educated women. A cross-tabulation between women's education and the dependent variable is shown in Appendix B (Table B2), which confirms that educated

women are more likely than less-educated women to give no answer. This study highlights the important finding regarding the education status of women to the future studies and preventive interventions.

Effects of women's employment are not conclusive in previous studies. Some suggest that women unemployment and lack of income, lower socio-economic status are the precipitating factors for sexual violence against women (UNWOMEN, 2011; WHO, 2002). Others, on the other hand, for example, Archavanitkul et al.(2005) state that working women are in fact more likely to have sexual violence than not-working women. In this study, employment status of women is not significantly associated with intimate partner sexual violence, implying that working women or non-working women alike have a similar chance to experience sexual violence. This finding is in line with the Jeweks (2002) study which discussed that economically empowerment of women are not directly associated with intimate partner violence.

This study does not show an association between women's annual income and intimate partner sexual violence as suggested in some previous literature either (Chibber et al., 2012). However, a review study on the intimate partner sexual violence by Jeweks (2002) discussed that economic empowerment of women is not directly associated with reducing intimate partner sexual violence. The socio-economic findings of this study suggested further explore the relationship between sexual violence and partners' characteristics and family members, of which this study could not explore.

5.7 Recommendations for policy implication and further research

This study shows some of the risk factors for intimate partner sexual violence in Thailand context. Based on the findings of this study, it is recommended that the policy makers should implement the effective interventions in reducing the intimate partner sexual violence against women by reducing the risk factors.

5.7.1 Recommendations for policy implication

- This study points out that there is a relationship between current migration and intimate partner sexual violence, so interventions is called to protect the violence against women emphasizing on all migrant women by providing awareness raising on intimate partner sexual violence and services; interventions that reduces the barriers to access the services and protection measures; providing the environment which protect them from intimate partner violence; and enhancing law and policies to protect them.
- The effective interventions are needed to empower women positions in all educational levels and economic statuses by enhancing their social support.
- Interventions focusing the awareness raising on the risk factors of intimate partner sexual violence is required as preventive measures for both women and men.
- Community awareness raising programs are also need to change the attitude of accepting and use to the intimate partner violence and gender equality.

5.7.2 Recommendations for further research

- Further study should include more detailed information about migration and migration history thus can explain more about mechanisms through which migration affects the likelihood of experiencing intimate partner violence. This may include duration of migration, reason for migration, relationship with partner and family members, family history of violence and household information.
- Further study should employ a qualitative approach to explain the relationship between the attitude and intimate partner sexual violence, as the attitude of migrant women is related with their beliefs on community norms, imbalance gender roles and cultural practices by male dominance society.
- Further analysis on intimate partner violence should be more inclusive of taking all-level variables into consideration. This study could only identify the variables of individual effect and relationship level effect that determined the intimate partner sexual violence and did not consider the community level effect and society level effect of ecological model stated in literature review.

- Further study should conduct more of qualitative studies emphasizing in-depth understanding of their experiences of the sexual violence by intimate partners and their attitude and beliefs on the violence against women should be conducted.
- Further study should address background characteristics of men, alcohol and drug use, socio-economic status and attitude and beliefs on the intimate partner sexual violence.

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APPENDICES

APPENDIX A

Table A1: Odds ratios (OR) from logistic regression analysis for assessing the association between migration and other background characteristics and intimate partner sexual violence (when attitude variables are separated by each condition)

	Model 1		Model 2		Model 3	
	Odds Ratio	S.E	Odds Ratio	S.E	Odds Ratio	S.E
Migration status of women (ref: Never migrants)						
Ever migrants	0.79	0.17	0.79	0.18	1.09	0.26
Current migrants	1.65*	0.41	1.63	0.43	2.00**	0.55
Women accept and don't want to refuse while:						
Wife doesn't want sex			2.37***	0.35	2.48***	0.39
Husband gets drunk			1.22	0.17	1.12	0.17
Wife gets sick			1.03	0.18	0.89	0.16
Husband dos something bad to wife			1.46*	0.23	1.42*	0.24
Wife wants to use condom but husband do not use			1.24	0.17	1.26	0.18
Having alcohol consumption in past 1 month			1.19	0.13	1.14	0.13
Above the mean score of social connection			0.95	0.12	0.74	0.10
Background characteristics of women						
Age					0.95***	0.01
Age at first sex (ref: Younger than 18 year and 18 year old)						
Older than 18 year old					0.79	0.12
No answer					2.67***	0.34
Non Thai					0.59	0.18
Unregistered marriage					0.98	0.14

Table A1: Odds ratios (OR) from logistic regression analysis for assessing the association between migration and other background characteristics and intimate partner sexual violence (Cont.)

	Model 1		Model 2		Model 3	
	Odds Ratio	S.E	Odds Ratio	S.E	Odds Ratio	S.E
<i>Education status of women (ref: No education)</i>						
Below secondary					2.11*	0.71
Secondary and above					2.10*	0.72
Unidentified					1.84	0.90
<i>Type of occupation of women (ref: No occupation)</i>						
Low skilled					1.08	0.23
Medium skilled					1.10	0.17
High skilled					1.29	0.29
<i>Annual income status of women(ref: No income)</i>						
1-30,000					1.17	0.24
30,000-60,000					0.72	0.14
Above 60,000					0.86	0.16
Number of observation	2306		2306		2306	
Log likelihood	-1253.97		-1162.23		-1080.33	
Pseudo R2	0.0092		0.0817		0.1464	

* p<0.05, ** p <0.01, *** p<0.001

APPENDIX B

TABLES FOR MULTINOMIAL LOGISTIC REGRESSION

Table B1: Percentage distribution of women aged 15-33 by intimate partner sexual violence according to the attitude towards sexual violence, alcohol consumption, and social connection

	Intimate partner sexual violence			Total	
	No	Yes	No answer	%	N
Attitude towards sexual violence (<i>whether wife can refuse to have sex if :</i>)					
Wife doesn't want sex ***					
Can refuse	83.2	5.4	11.4	100.0	1686
Cannot refuse	57.3	7.7	35.0	100.0	620
Husband gets drunk ***					
Can refuse	82.7	5.8	11.5	100.0	1506
Cannot refuse	63.8	6.6	29.5	100.0	800
Wife gets sick ***					
Can refuse	80.4	6.3	13.3	100.0	1893
Cannot refuse	56.9	4.8	38.3	100.0	413
Husband does something bad to wife ***					
Can refuse	82.1	6.0	11.9	100.0	1685
Cannot refuse	60.1	6.3	33.7	100.0	621
Wife wants to use condom but husband does not use ***					
Can refuse	83.1	5.4	11.5	100.0	1401
Cannot refuse	65.5	7.1	27.4	100.0	905
Alcohol drinking of women					
No	77.1	5.9	17.0	100.0	1398
Yes	74.9	6.3	18.8	100.0	908
Total	76.2	6.1	17.7	100.0	2,306
	1,757	140	409		

* p<0.05, ** p <0.01, *** p<0.001

Table B2: Percentage distribution of women aged 15-33 by intimate partner sexual violence according to the back ground characteristics

	Intimate partner sexual violence			Total	
	No	Yes	No answer	%	N
Age at first sex ***					
Younger than 18 year & 18 year old	80.5	8.5	11.0	100.0	863
Older than 18 year old	85.8	5.2	9.0	100.0	770
No answer	59.6	4.0	36.4	100.0	673
Nationality ***					
Thai	74.5	6.1	19.4	100.0	2029
Others	88.5	6.1	5.4	100.0	277
Marital registration status of women					
Married with registration	78.9	6.5	14.6	100.0	474
Married without registration	75.5	5.9	18.6	100.0	1832
Education status of women ***					
No education	90.8	6.3	2.9	100.0	206
Below secondary	74.0	6.2	19.8	100.0	716
Secondary and above	74.7	5.9	19.4	100.0	1329
Unidentified	87.3	7.3	5.4	100.0	55
Type of occupation of women					
No occupation	75.4	6.2	18.4	100.0	853
Low skilled	75.3	6.4	18.3	100.0	376
Medium skilled	77.4	5.4	17.2	100.0	845
High skilled	76.3	7.3	16.4	100.0	232
Income status of women					
No income	75.9	6.1	18.0	100.0	1351
1-30,000	73.0	8.6	18.4	100.0	244
30,000-60,000	80.3	5.1	14.6	100.0	371
Above 60,000	75.3	5.0	19.7	100.0	340
Total	76.2	6.1	17.7	100.0	2,306
	1,757	140	409		

* p<0.05, ** p <0.01, *** p<0.001

Table B3(a): Odds ratios (OR) from multinomial logistic regression analysis for assessing the association between migration and other background characteristics and intimate partner sexual violence

Intimate partner sexual violence (no experiences of IPSV is base outcome)	Yes VS No		No information Vs No		No information Vs Yes	
	Odds Ratio	S.E	Odds Ratio	S.E	Odds Ratio	S.E
Migration status of women (ref: Never migrants)						
Ever migrants	1.89	0.99	1.00	0.26	0.53	0.30
Current migrants	1.47	0.91	2.42**	0.73	1.65	1.10
Attitude towards accepting sexual violence	1.15**	0.06	1.44***	0.05	1.25***	0.07
Having alcohol consumption in past 1month	1.17	0.22	1.08	0.14	0.92	0.20
Social connection of women	0.66*	0.14	0.77	0.13	1.16	0.29
Age	0.98	0.02	0.95***	0.01	0.97	0.02
Age at first sex (ref: Younger than 18 year and 18 year old)						
Older than 18 year old	0.60**	0.13	0.93	0.17	1.54	0.43
No answer	0.65	0.16	4.3***	0.66	6.65***	1.77
Non Thai	0.73	0.33	0.49	0.18	0.67	0.38
Unregistered marriage	0.86	0.2	1.07	0.18	1.25	0.34
Education status of women (ref: No education)						
Below secondary	1.03	0.48	4.23**	2.12	4.17**	2.73
Secondary and above	1.10	0.53	4.15**	2.11	3.78**	2.53
Unidentified	1.30	0.79	2.71	2.04	2.08	1.94
Type of occupation of women (ref: No occupation)						
Low skilled	0.98	0.33	1.15	0.28	1.18	0.47
Medium skilled	0.97	0.25	1.14	0.21	1.18	0.35
High skilled	1.38	0.50	1.22	0.33	0.89	0.37

Table B3(a): Odds ratios (OR) from multinomial logistic regression analysis for assessing the association between migration and other background characteristics and intimate partner sexual violence (Cont.)

Intimate partner sexual violence (no experiences of IPSV is base outcome)	Yes VS No		No information Vs No		No information Vs Yes	
	Odds Ratio	S.E	Odds Ratio	S.E	Odds Ratio	S.E
Annual income status of women (ref: No income)						
1-30,000	1.46	0.46	1.05	0.26	0.72	0.27
30,000-60,000	0.75	0.24	0.74	0.16	0.98	0.36
Above 60,000	0.82	0.27	0.88	0.19	1.07	0.40
Number of observation	2306					
Log likelihood	-1335.99					
Pseudo R2	0.1530					

* p<0.05, ** p <0.01, *** p<0.001

Table B3(b): Odds ratios (OR) from multinomial logistic regression analysis for assessing the association between migration and other background characteristics and intimate partner sexual violence (when attitude variables are separated by each condition

Intimate partner sexual violence (no experiences of IPSV is base outcome)	Yes Vs No		No information Vs No		No information Vs Yes	
	Odds Ratio	S.E	Odds Ratio	S.E	Odds Ratio	S.E
Migration status of women (ref: Never migrants)						
Ever migrants	1.89	0.99	0.96	0.25	0.51	0.29
Current migrants	1.42	0.89	2.32**	0.70	1.63	1.01
Women accept the sexual violence and don't want to refuse while:						
Wife doesn't want sex	2.28***	0.56	2.57***	0.46	1.13	0.32
Husband gets drunk	1.05	0.25	1.16	0.20	1.10	0.31
Wife gets sick	0.48*	0.15	1.06	0.22	2.19*	0.79
Husband does something bad to wife	1.08	0.30	1.57*	0.30	1.44	0.45
Wife wants to use condom but husband do not use	1.35	0.31	1.22	0.21	0.91	0.24
Having alcohol consumption in past 1month	1.21	0.23	1.11	0.15	0.91	0.20
Social connection of women	0.68	0.15	0.78	0.13	1.14	0.29
Age	0.98	0.02	0.95***	0.01	0.97	0.02
Age at first sex (ref: Younger than 18 year and 18 year old)						
Older than 18 year old	0.62*	0.14	0.93	0.18	1.51	0.42
No answer	0.68	0.16	4.39***	0.67	6.45***	1.72
Non Thai	0.71	0.33	0.49	0.18	0.69	0.39

Table B3(b): Odds ratios (OR) from multinomial logistic regression analysis for assessing the association between migration and other background characteristics and intimate partner sexual violence (when attitude variables are separated by each condition (Cont.))

Intimate partner sexual violence (no experiences of IPSV is base outcome)	Yes Vs No		No information Vs No		No information Vs Yes	
	Odds Ratio	S.E	Odds Ratio	S.E	Odds Ratio	S.E
Unregistered marriage	0.83	0.20	1.04	0.18	1.26	0.35
Education status of women (ref: No education)						
Below secondary	1.03	0.48	4.37**	2.17	4.26*	2.81
Secondary and above	1.05	0.52	4.22**	2.13	4.00*	2.7**
Unidentified	1.33	0.81	2.81	2.12	2.12	1.98
Type of occupation of women (ref: No occupation)						
Low skilled	0.99	0.34	1.13	0.28	1.14	0.46
Medium skilled	0.97	0.25	1.16	0.21	1.19	0.35
High skilled	1.40	0.50	1.23	0.33	0.88	0.37
Annual income status of women (ref: No income)						
1-30,000	1.44	0.46	1.04	0.26	0.72	0.27
30,000-60,000	0.72	0.23	0.73	0.16	1.01	0.37
Above 60,000	0.82	0.27	0.86	0.19	1.05	0.40
Number of observation	2306					
Log likelihood	-1324.91					
Pseudo R2	0.1600					

*p<0.05, **p<0.01, ***p<0.001

APPENDIX C

Table C1: Correlation matrix of the variables

	Migration status of women	Attitude towards accepting the sexual violence	Alcohol consumption of women	Social connection of women	Age of women	Early sexual experience	Nationality	Marital status of women	Education status of women	Type of occupation of women	Income status of women
Migration status of women	1										
Attitude towards accepting the sexual violence	0.0106	1									
Alcohol consumption of women	0.0813	-0.0507	1								
Social connection of women	0.0006	-0.0943	0.0434	1							
Age of women	-0.095	-0.1022	0.0085	-0.0575	1						
Early sexual experiences	-0.0375	0.1134	-0.0089	0.0621	0.123	1					

Table C1: Correlation matrix of the variables (Cont.)

Nationality	-0.0171	0.0056	-0.1968	-0.1586	0.0121	-0.0989	1					
Marital registration status of women	0.0712	0.0654	-0.0799	-0.0143	-0.3102	-0.0595	0.1681	1				
Education status of women	0.066	-0.0592	0.065	0.1489	-0.1558	0.0741	-0.3872	-0.1036	1			
Type of occupation of women	-0.0396	-0.0491	0.0198	0.0553	0.2418	0.0543	-0.1396	-0.1169	0.1015	1		
Income status of women	0.0779	-0.0454	0.1384	0.033	0.1584	0.0508	-0.1741	-0.1146	0.1377	0.5383	1	

Table C2: Correlation matrix of the variables (when attitude variables are separated by each condition)

	Migration status of women	Wife don't want sex	Husband gets drunk	Wife gets sick	Husband do something bad to wife	Wife want to use condom but husband don't use	Alcohol consumption of women	Social connection of women	Age of women	Early sexual experiences	Nationality	Marital registration status of women	Education status of women	Type of occupation of women	Income status of women
Migration status of women	1														
Wife don't want sex	0.0189	1													
Husband gets drunk	0.0016	0.5752	1												
Wife gets sick	-0.0051	0.607	0.5411	1											
Husband something do bad to wife	0.006	0.5557	0.5701	0.6521	1										
Wife want to use condom but husband does not use	0.0189	0.5141	0.5076	0.5001	0.5792	1									
Alcohol consumption of women	0.0813	0.0743	-0.0448	0.0338	-0.0251	0.0261	1								
Social connection of women	0.0006	0.0934	-0.0844	0.0527	-0.0727	0.0724	0.0434	1							
Age of women	-0.095	0.0649	-0.1131	0.0668	-0.0785	-0.083	0.0085	0.0575	1						
Early sexual experiences	-0.0375	0.0965	0.074	0.1393	0.1013	0.0564	-0.0089	0.0621	0.123	1					
Nationality	-0.0171	0.0226	-0.0059	0.0048	0.0102	0.0074	-0.1968	0.1586	0.0121	0.0989	1				
Marital registration status of women	0.0712	0.0761	0.0438	0.0501	0.0403	0.0528	-0.0799	0.0143	0.3102	0.0595	0.1681	1			
Education status of women	0.066	0.0688	-0.0102	0.0735	-0.0582	0.0347	0.065	0.1489	0.1558	0.0741	-0.3872	0.1036	1		

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