

GENDER RELATIONS AND LOW BIRTH WEIGHT INFANTS



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Thesis
entitled

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GENDER RELATIONS AND LOW BIRTH WEIGHT INFANTS

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ABSTRACT

This study investigated gender role in families where the mothers had low birth weight infants applying the analytical concepts of gender analysis by a qualitative approach. In-depth interviews and observations were used in data collection among 13 cases.

It was found that the gender relations in the families of mothers with low birth weight infants were different and could be classified into 2 groups, i.e. 1) the mothers of low birth weight infants with sickness, and 2) the mothers of low birth weight infants without sickness.

The mothers of low birth weight infants with sickness levied in families where they were coerced to accept the superiority of the male role and had high family violence both during childhood and in their current family. The division of labor was very strict. Even though the economic situation drove the female to find employment, the male never shared household burdens. Most mothers were unable to control or access the family resources and benefits. Almost every case they did not want children and were unable to accept their pregnancy or attend to it properly. Some attempted to abort their pregnancy, which endangered both the mothers and the infants.

The mothers of the low birth weight infants without sickness was little different social construction from the first group, but encountered less family violence. Most was psychological violence and not significant. The division of labor was less strict. The male shared some household burdens where time could be fixed or with the laborsaving devices. The work hours of the mother were less than the previous group. Major decision-making was over-empowered by males while the females decided minor things within the homes. Few cases were found where the females shared decision-making with the males. Most mothers were able to access the family resources and benefits. Although some cases were helpless to control and to allocate the family resources and benefits, they were accessible because the husbands were responsible and supported by their families. Most mothers were not well-prepared for pregnancy and rejected having children. But finally they were able to accept pregnancy and became more attentive to it.

It was concluded that the inequity of gender roles in a family superiorized by the male affected the mother with low birth weight infants. The more the mother was oppressed by the male superiority in a family, the infant would be lower in weight and meet with more acute illness. The persons involved should encourage gender equity in families so that children will be healthy and become a force for further developing society

KEY WORDS: GENDER / INEQUITY / LOW BIRTH WEIGHT INFANTS / FAMILY

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บทบาทความสัมพันธ์หญิงชายในครอบครัวของมารดาที่คลอดทารกน้ำหนักน้อย (GENDER RELATIONS AND LOW BIRTH WEIGHT INFANTS)

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บทคัดย่อ

การวิจัยครั้งนี้ มีวัตถุประสงค์เพื่อศึกษาบทบาทความสัมพันธ์หญิงชายในครอบครัวของมารดาที่คลอดทารกน้ำหนักน้อย โดยใช้แนวความคิดการวิเคราะห์บทบาทหญิงชาย ด้วยวิธีการวิจัยเชิงคุณภาพ ซึ่งเก็บข้อมูลโดยการสัมภาษณ์ระดับลึกและการสังเกต จากกรณีศึกษาจำนวน 13 กรณี

ผลการศึกษา พบว่า บทบาทความสัมพันธ์หญิงชายในครอบครัวของมารดาที่คลอดทารกน้ำหนักน้อยมีความแตกต่างกัน แบ่งได้เป็น 2 กลุ่ม คือ 1) มารดาที่คลอดทารกน้ำหนักน้อยมากและทารกน้ำหนักน้อยซึ่งมีภาวะความเจ็บป่วย 2) มารดาที่คลอดทารกน้ำหนักน้อยซึ่งไม่มีภาวะความเจ็บป่วย กล่าวคือ

มารดาที่คลอดทารกน้ำหนักน้อยมากและทารกน้ำหนักน้อยซึ่งมีภาวะความเจ็บป่วย อยู่ในครอบครัวที่มีการขัดเกลาให้ยอมรับความมีอำนาจเหนือกว่าของชาย มีความรุนแรงในครอบครัวสูงทั้งจากครอบครัวในวัยเด็กและครอบครัวในปัจจุบัน การแบ่งงานระหว่างหญิงชายในครอบครัวเป็นไปอย่างเคร่งครัด ถึงแม้ว่าภาวะเศรษฐกิจจะผลักดันให้ผู้หญิงออกมาทำงานอาชีพเพิ่มขึ้นแต่ชายไม่ช่วยแบ่งเบาภาระงานบ้านเพิ่มขึ้นตาม มารดาส่วนใหญ่ไม่สามารถควบคุมและเข้าถึงทรัพยากรและผลประโยชน์ในครอบครัวได้ แทบทุกรายไม่ต้องการมีบุตรและไม่สามารถยอมรับการตั้งครรภ์ได้จึงทำให้ไม่สนใจเอาใจใส่ดูแลครรภ์ บางรายพยายามทำให้การตั้งครรภ์ยุติลงซึ่งเป็นอันตรายทั้งต่อมารดาและทารกในครรภ์

มารดาที่คลอดทารกน้ำหนักน้อยซึ่งไม่มีภาวะความเจ็บป่วย ได้รับการขัดเกลาบทบาทหญิงชายจากครอบครัวไม่แตกต่างจากกลุ่มแรก แต่ได้รับความรุนแรงในครอบครัวน้อยกว่าส่วนใหญ่เป็นความรุนแรงทางจิตใจที่เกิดขึ้นในบางช่วงของชีวิต มีการแบ่งงานระหว่างหญิงชายที่ไม่เคร่งครัดนัก ชายช่วยแบ่งเบาภาระงานบ้านบางอย่างซึ่งเป็นงานที่กำหนดเวลาการทำงานได้ หรือมีเครื่องทุ่นแรงช่วย โดยชั่วโมงการทำงานของมารดาน้อยกว่ากลุ่มแรกเล็กน้อย อำนาจการตัดสินใจหลักในครอบครัวส่วนใหญ่ชายมีอำนาจ หญิงมีอำนาจตัดสินใจเรื่องเล็ก ๆ น้อย ๆ ภายในบ้าน มีน้อยรายที่หญิงมีอำนาจตัดสินใจในเรื่องสำคัญร่วมกับชาย มารดาส่วนใหญ่สามารถเข้าถึงทรัพยากรและผลประโยชน์ในครอบครัว แม้บางรายจะไร้อำนาจไม่สามารถควบคุมและจัดสรรทรัพยากรและผลประโยชน์ในครอบครัวแต่สามารถเข้าถึงทรัพยากรและผลประโยชน์ในครอบครัวได้ เนื่องจากสามีมีความรับผิดชอบต่อครอบครัวและได้รับการสนับสนุนช่วยเหลือจากครอบครัวเดิม มารดาส่วนใหญ่ไม่พร้อมที่จะตั้งครรภ์และไม่ต้องการมีบุตร แต่ในที่สุดสามารถยอมรับการตั้งครรภ์ได้ทำให้สนใจเอาใจใส่ดูแลครรภ์เพิ่มขึ้น

ดังนั้น กล่าวได้ว่า บทบาทความสัมพันธ์หญิงชายที่ไม่เสมอภาคในครอบครัว โดยชายมีอำนาจเหนือหญิงมีผลทำให้มารดาคลอดทารกน้ำหนักน้อย ยิ่งมารดาได้รับการคดขี่จากอำนาจชายเป็นใหญ่ในครอบครัวมาก ทารกก็จะยิ่งมีน้ำหนักน้อยลงและมีภาวะความเจ็บป่วยที่รุนแรง ผู้ที่มีส่วนเกี่ยวข้องจึงควรส่งเสริมให้เกิดความเสมอภาคระหว่างหญิงชายในครอบครัว เพื่อให้เด็กที่จะเกิดมามีสุขภาพดี เป็นกำลังในการพัฒนาสังคมต่อไป

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CHAPTER 1

INTRODUCTION

1.1 Significance of the Problem

The low birth weight infants defined by WHO as weight at birth of less than 2500 grams by prenatal or before 37 weeks or common birth of 37- 42 weeks or by overdue of more than 42 weeks. Most low birth weight infants are prenatal. Its phenomenon is varied and differentiated by the maternal nutrition, economy, social and so on (Sarayut Suphaphannachart, 2001:42). The low birth weight infant is the indicator reflecting economic and social conditions and health of both the mother and the child. This phenomenon exists in every society. It is assumed that there are 14% or 18 million of the low birth weight infants worldwide and most are found in the developing countries in South Asia where there are more than half infant populations found with low birth weight compared to the world infant population, which is 25%. The second was in the Sub-Sahara, Africa by 12 %, the Middle East/North Africa by 11 %, the Latin America/Caribbean by 10 % and the East Asia/Pacific by 8 %, while 7% are found in the industrialized countries. (<http://www.childinfo.org/eddb/lbw/>). In Thailand, even it was decreasing but yet to reach the target of the Maternity and Child Health Project identified in the Plan 8 of the National Economic and Social Development (1997-2001) demanding not more 7% of low weigh infants. It had been found that during 1990-1996, it was gradually decreasing from 10.20% to 8.20%. Unfortunately, after the economic crisis the rate was escalating especially during 2000, it arose to 9.90% but decreased to 8.80% in 2001. (Office of Health Promotion, Department of Health, 2002)

Those low birth weight infants are the group with high morbidity and morality; the lower the high mortality. They were 40 times of the normal infants and if the weight were lower than 1,500 grams, the mortality reaches 200 times. (Wilai Ratreesawad and Soonthon Horphaophon, 1997: 69). The survived infant will be

found with acute complications both in short term and long term. In the short term, the acute complications are distress during labor, hypoglycemia, polycythemia, and pneumonia by amniotic fluid choke. In addition, the immune will be weakened and easily infected. In the long-term, they faces the growth and development and slower than common infants by 3 times and 10 times if the infants were less than 1,500 grams. (Somsak Suthatworrwuth and Khamhaeng Jaturkinda, 1987: 79). Generally, the more the infant has lower weight, the brain disorder or irregularity is risky high to 9-18% of the ordinary child or less than 1500 grams and likely strong acuteness. (Fitzhardinge, 1976: 503-516; Papile, 1983: 273-277). The reproductively of the lower weight infants or having relatives give birth to the lower weight ones, chance to give birth to lower weight infants is extraordinary high. (Wongkullphat Sanitwong Na Ayuddhya, 1987: 208). It requires two generations to infertile such heredity even best fostering and best attended by physicians. (Engendering adjustment, 1989 referred in KorSorSor., 1993: 70). In addition, the low birth weight infants face complications and required special treatment with endotracheal tube, intravenous fluid and nutrition. They have to face arousals around them and get emotional expressed by agitation, cries and depress. (Gorski PA, 1996: 85-88). These further trouble the child development.

Pathologically, what pursue them by oxygen treatment would distort their sight to blindness and prolong endotracheal tube would distort the lung to chronic lung disease. (Sarayut Suphapphannachart, 2001: 23). They have to be admitted in the hospital longer than ordinary infants for 2-30 times. After leaving the hospital, they might have to return with countless causes. It is found that about 40% of the low birth weight infants likely to continue hospitalized twice and for 16 days each by average while 19% of all the newborn low birth weight infants stay about 12.5 days and 8.7% of ordinary infants stay about 8 days in the hospital. (Somsak Suthatworrwuth and Khamhaeng Jaturkinda, 1987: 80). It costs high expenditures. The Nation Committee to Prevent Infant Mortality estimates the spending on caring the lower weight infant is about \$20,000-100,000 per head. In total expenses, it is \$ 1.5 billion a year (<http://trfn.clpgh.org/hspgh/infant%20%20low%20birth%20wight.htm/>). By above reasons, they are exposed to sheer risk of abandonment.

It becomes critical affecting individuals, families and societies. At the individual level, it causes sickness, disability, retards of IQ and developments, while on the family levels, they cost time and earning for attending, sorrow with sickness or loss of the family members. At the meantime, by social, it loses efficient human resources to be key in the social development and loss of budget and personnel to attend those sick or disable children abandoned by families.

Most healthy children with standard weight should be depended on the maternal health before and during pregnancy. It is the health of the pregnant. Had they been unhealthy, chance the children would have been low birth weight. (Jintana Uniphon, 1999: 15). Key factors identifying health and healthy reproductively are features of heredity, the economic and social surrounding where ones are born and abiding, personal behavior and the health service system. (Fathalla and Rosenfield, 1990: 13). Therefore, the health and the reproductive promotion should re-examine all the above influential factors for improvements. It required improving the economic, social and culture structures, readjusting sexual behavior, the reproductive health behavior, improving the health services, medical personnel and feminist status. (Fathalla and Rosenfield, 1990: 20). WHO has announced during the World Summit for Social Development in Copenhagen Denmark during March 6-12, 1995 that health is the heart of the social development. It is both the target and the guide to social development success. Health cannot be sliced into economy, social products or household affairs. (Who, 1995a). A core to develop healthiness and happy life is the gender and opportunity equity. (Who, 1995b)

Myntti and Cottingham link the gender relations and authoritative relation among gender affecting the reproductively by inadequacy of the socialization of families and societies. It differentiates femininity and masculinity in each societal culture. The gender relation appears both positively and negatively against the reproductive health. (Myntti and Cottingham, 2002: 87-93). For example, the ADB, which addresses the gender relation and development projecting the feminist health development in Pakistan to lead to the people health development at large. It has been reported that the feminist health in Pakistan is directly involved with the inferiority of the feminist social status. The mortality of 1-4 year girls is higher than the boys. Women and girls are more severely in scarcity of food the men and the boys.

Rationally, societies had no consciousness and interest to needs of feminist health. Women are not supported in education, coerced by social rules and discriminations. They meet inferiority complex and Health and affected the child health, the household products and GDP. (<http://www.adb.org/gender/practices/health/Pakistan001.asp>). Similarly, in India and by the report of the World Bank prepared by Meera Chatterjee in 1990 on the Indian feminist health conditions and the economic production. It has been reported that the Indian women were more critical than the men and high dead-rate till 35 years and it related to the economic and social status from the needs of the boy and discriminating the girl. Food sharing in the family the man and the boy take first and in during sickness the boy gains better opportunity to be admitted into the hospital than the girl. Girls not only give reproduction, attend household works, and workforce in the productions, their status would be better when they pass the reproductive duties and turn to be the motherhood of the husbandship and it relates to the decrease of the dead-rate. (http://www.worldbank.org/gender/projects_programs/esw109htm). With the inferiority complex, the woman sources violence to her body, mind and sex. By the concepts that women are the property of men and men overpowers them and by violence they meet deteriorating health, chronic sickness, headache, stress, valueless ness, and frustration. (Straus & Gelles, 1987 quoted in Clark, 1992: 1992: 901). Had they been hurt during pregnancy, it affects her child in the womb. Victimized pregnant tend to give prenatality by 2 times and 4 time riskier to give birth to the low birth weight infants than the normal cases. (UNICEF, 1995)

It is seen that the gender relations specified by societies can link effect to the feminist and her child health. Therefore, the researcher is interested to investigate the gender relations in family to what extent they affect the low birth weight infants for the purpose of being the guide to prevent the low birth weight infants. It can help produce quality human resource and the force to further develop societies.

1.2 Research Questions

1. Why do the mother gives birth to the low birth weight infant?
2. To what extent do the gender relations in family of the mother giving birth to the low birth weight infant affect the low birth weight infant?

1.3 Research Objectives

To study the gender relations in the family with the mother giving birth to the low birth weight infant in the dimensions of:-

1. Social construction on the gender relations in the family
2. The domestic violence
3. Sexual division of labor
4. Access and control resource and benefit
5. Needs of a motherhood

1.4 Definition of Terms

Gender is referred to roles and relation between woman and man socially constructed. It is the role formed by learning and endlessly changing. In addition, it changes by country and by culture. (World Bank)

Low Birth Weight Infants is referred to the newborn infant weighing less than 2,500 gram by prenatal or before 37 weeks or ordinary birth (37- 42 weeks) or by overdue (more than 42 weeks). (WHO 1980:197)

Division of Labor is referred to specifying the household duty and responsibility by the socialization identifying the female attends the household works, i.e. cleaning home, washing clothes, cooking, raising children and so on. They are socially counted the worthless jobs in economy while the male is responsible for occupation and earning income, which are counted the economic worth.

Control Access and Resource and Benefit is referred to authority on allocating household resources to maximize advantages. Resource is viable to daily life benefit and might be both tangible such as property, money and gold and it can be intangible such as time, workforce, knowledge, skills and so on. Benefit adds to the value of the existing resources i.e. investing the existing fund to maximize its growth pr lead to better social status. Resources and benefit in this investigation are food, rest, recreational activities, knowledge, news and medical services.

Domestic Violence is referred to physical, mental and sexual violence happened at home exerted by the family member and victimizing the mother in both during the childhood family and the existing one.

Maternal Needs on Children is referred to the maternal needs for the present child, pregnancy and its handling. These needs are either authentic or under the economic and social conditions.

1.5 Expectations

- 1.5.1 To expand a new body of knowledge in explaining the low birth weight infants
- 1.5.2 To be as guide for further related researches
- 1.5.3 To be as guide to set strategies in preventing the low birth weight infants for those related
- 1.5.4 To rouse all units both the government and the private sectors becoming aware on the rights and gender equity

CHAPTER 2

LITERATURE REVIEWS, THEORIES AND RELATED RESEARCHES

A study of the low birth weight infants is to find answers to the questions why mothers give birth to the low birth weight infant and to find what are the gender relations in the family of the mother giving low birth weight infant. Literature Reviews, Theories and Related Researches have been used in the investigation as follows:

2.1 Part 1: Causes of Low Birth Weight Infants

- 2.1.1. Biomedical Approach
- 2.1.2. Epidemiological Approach
- 2.1.3. Psychological Approach
- 2.1.4. Occupational Health Approach
- 2.1.5. Symbolic Interaction Approach
- 2.1.6. Cultural Approach

2.2 Part 2: Conceptual Framework for Studies

- 2.2.1. Gender Analysis
- 2.2.2. Concept of Sex, Gender Roles and Gender Relations
- 2.2.3. Concepts of Division of Labor
- 2.2.4. Concept of Access and Control Resource and Benefit
- 2.2.5. Concept of Domestic Violence

2.1 Part 1: Causes of Low Birth Weight Infants

The low birth weight infant defined by WHO is a newborn child weighing less than 2500 grams by prenatal or before 37 weeks or ordinary birth (37- 42 weeks) or by overdue (more than 42 weeks). (WHO 1980: 197)

The low birth weight infants attract many because high death rate and morbidity are found and it is accepted that the low birth weight infant is the indicator reflecting economic and social conditions and health of both the mother and the child. Many reports are found with the causes and problems of the low birth weight infants and they have been grouped as followed.

2.1.1 Biomedical Approach

This concept is to explain the pathology or the physical irregularity and deformity and the physiological mechanism of the human being. Most are scientific researches viewing that the low birth weight is caused by the mother or the infant is not healthy.

Butle finds that the consequence of the high blood pressure in the mother caused less circulation to the uterus creating slow growing of the baby in the womb and its low birth weight infant. (Butle 1974: 379-382). The heart disease leads to hemorrhage or the low birth weight infant because of the de-oxidation and increased the hematocrit. It were beyond 65%, it makes Abortion or otherwise with prolong de-oxidation it cause prenality. A patient with congenital heart impair but pregnant, 18% would give prenality, which is the cause of the low birth weight. In addition, even by normal birth the child would have low birth weight because of less blood circulation to he womb particularly with cyanosis. (Prayoon Salacheewin, 1982: 282). Acute nephritis and infected pelvis with medic complications popularly found during pregnancy. These diseases are 67% found during the 2nd.and the 3rd. three month and 8% found during labor and 19% found after giving birth. The mother with nephroses, disables the placenta especially with the case of chronic and unable to control the irregular high blood pressure. High risk then is found with hemorrhage, prenality, high mortality and uterusis. These are the indirect effects of the low birth weigh. (Alvarer, 1978: 881). Lowering and pre-decorticating placenta allows bleeding before labor and often contracted uterus allow less blood circulation to feed it. Part of the placenta will be mutated and died out and the rest is incapable to sustain function for oxidation and nutrition to feed the child for normal growing. In addition, it causes pang and prenatal affecting the low birth weight. (Mcshane et al. 1985: 176-82).

Concepts to find causes of the low birth weight is from the physiological pathology and deformity of human being but ignoring the human sensation discarding the social context, environment and culture.

2.1.2 Epidemiological Approach

The local or group epidemic in any periods required 3 groups, i.e. the host, the agent and the environment. (Khamnuan Ueng-choosak, 2001: 7-8) and describing the frequency or phenomenon in terms of place, person and time.

The host encompasses the mother, and her age, which Bjerre (1975: 605) finds that the age has relationship with the weight at birth. The mother with less than 19 years and more than 35 years gives high risk of the low birth weight infant. It was corresponded with Zlatnik and Bermeister (1977: 183-166 finding that the mother with less than 20 years is improper to have a baby. It is found from studies in Sukhothai Province that the height of the mother has relationship with the child's weight at birth. Meaning, the mother with 144 cms or less gives low birth weight at 22.8%, which is at risk to 4.86 times to the mother of 160 cms and more. With the less growing weight during pregnancy, the child at birth will have less weight compared to the mother with growing normal weight during pregnancy. (Thomson 1983: 117). Thomson further finds that the normal birth male child is heavier than the female one.

The agents are germs, chemical, stress, eating, smoking, drinking, addictive uses. Abrams B. and Newman V, (1990) studies the low birth weight infants and finds that the mother eating less than normal during pregnancy gives birth to the low birth weight infant by 10.7%. Similarly, Jariyawat Khompayak and Khomkai Nakkapat (1985: 68-70) find those mothers with less or equal food than normal during pregnancy are significantly at risk to give birth to low birth weight infants. Stress often found during pregnancy of the mothers has relationship with the low birth weight infants. (Pramuan Sunakorn, 1988: 42). Nelson and Ellenberg (1985: 1473-1479) find that smoking of the mother has relationship with the low birth weight infants and depended with number and frequency of cigarettes smoked in a day. (Arriya Sappalek, 1983: 70-72). The alcohol drinking during pregnancy by 30cc a day decreases the child weight to 160 grams (Little 1977: 1154).

The environments are what surround the host and have relationship and affect the low birth weight infants such as the social context, culture, economy, physical environments, and work climate. Hard working pregnant enduring to stand and walk the entire work hour has relationship with the low birth weight infants (Sangose et al. 1991: 428-31). In terms of the economic and social status; rate of giving the low birth weight infants is found among the mothers with low economic and social status. It is found with the marital status that the separated parents have the low birth weight infants by 1.9 times of the couples of co-stay. Education has negative relationship with the low birth weight infants (Pramuan Sunakorn, 1988: 28-49; Sujinda Phongmetha, 1989: 70-75). In addition, mothers living in highland above sea level such as the hill tribes are also at risk with the low birth weight infants. (Phimolrat Thaithammanont. 1993: 13-14)

It is concluded that the Epidemiological Approach is to investigate the spread of diseases, frequency phenomenon, community-oriented, but individual-based solution and promotion but discarding the emotional factors, sensation and visualizing the complicated problems of economy, social and culture but only concentrating to only a factor of the environments. It cannot evidently explain relationship of problems in depth and cannot link relation at the organizational levels.

2.1.3 Psychological Approach

2.1.3.1 The Psychoanalysis Approach – Sigmund Freud starts studying the human behaviors and personality by scientific approaches. His key concept is the subconsciousness and the personality structure. Freud is interested in the human subconsciousness and it is similar to a glacier floating in the ocean with a small part above the sea but still there is gigantic part under the ocean. The subconsciousness is similar to the part under the ocean accumulating countless psychological components. He explains that the subconsciousness contains many mental mechanisms such as motivation, the oppressed emotions, sensations, dreams, and memory. Its power influences the consciousness cautioning to behave in daily life. It motivates irrational behaving and deviance in countless expressions. The personality structure by Freud contains 3 force, i.e. Id, Ego and Superego. Had the childhood was unlikely fully developed, it created conflict. Had conflict been prior to

pregnancy or dispositions under the subconsciousness would emerge. The subconsciousness affects the pregnant as follows:

1) Sensation or unable to complete being the motherhood – it makes the mother feel herself imperfect to treat her child like other mothers and creates worries.

2) Negative sensation to one's mother – from rigidity, fussy emotion, etc, it makes the child dissatisfied and this sensation will return when being pregnant fearing that one would have acted like one's mother. So, she fears the child in the womb will be dissatisfying her. It is like the consequences of karma.

3) Oedipal Complex is not medicated so the pregnancy and the labor become a symbol. A girl at 4-5 years dreams to get married and to have a child with her father by snatching her father from her mother. Then during pregnancy, had her mental health is not firm, the subconsciousness will return. Either rivalry or separation from parent is counted against rules of morality and it created fear of sin and unhappiness.

4) Jealousy of the male organs – pregnancy reduces this jealousy because the child in the womb is symbolized the male the representative of power. After labor, it senses loss, powerlessness, creating anger and sorrow.

5) Dissatisfying one's organ – pregnancy indicates femininity and when being unhappy with being pregnant, it increases more dissatisfaction with one's sex.

6) Previous jealousy of sibling fearing her child be like her

7) Owing strong over-dependent needs particularly with the mother: upon being the motherhood, she has to only give but never contributes before, then it creates unhappiness.

8) The mother with many hemorrhage records or married so long but just pregnant, it creates worries to lose the child.

9) Even encounter hard labor and problems of child raising with worries after labor and the drastic changes of status to become a mother and takes responsibility to raise the child, no freedom, outlook changes and worries of unfaithful husband.

Worries of the pregnant are if there were high blood pressure during early pregnancy, there would have been allergic and vomiting, which affects health and the child weight in the womb. (Bua-ngarm Wiwattanakanjana, 1978:15-16)

Such concepts pay importance to the individual subconsciousness, which appears in to the individual sensation and personality. The forces of Id, Ego, Super Ego within an individual and meld into the personal behavior. They would be visually blurred that sensation, personality and behavior of human have relationship with environment, social and culture.

2.1.3.2 Cognitive Approach – It emphasizes thinking and perception believing that the internal such as thinking, imagination, memory, sensation, decision, emotion and perception were key in behaving. All behaving originates from the individual process of thinking. Therefore behavioral adjustment is formed by the changes of the individual thinking process. then the behavioral changes occur from the changes of thinking process. Many theories were applied to explain the preventive habit against diseases organized by Rosenstock Becker & Maiman, (1974 referred in Weena Sirisuk, 2534 : 74-78) the Health Belief Model is proposed to explain the preventive behavior and promotion. The person has been mentally ready to express the readiness to behave and it was exactly related to health and the health was identified by perception of risk or danger gained from personal condition. Each will have different perception whether one has plausible to get sick or infected. The person individually perceives one is infected or at high risk, would preventively behave. It is depended upon the individual estimation whether the disease or condition interfering health was on what level. Individuals would have viewed whether the disease or danger would lead to death or not or to what extent could the infection physically and mentally weaken the body function? Or, does the disease or danger lead the permanent disability? To preventively behave against either disease or danger, it depends on benefit assumption and weighing with limitations or expenses one has estimated or perceived. Had benefits perceived useful and viable to behave with less limitation, an individual would have selected the behaving. On the other hand, had the individual with low readiness and high limitations, these would block the preventive behavior to prevent either diseases or dangers.

Suda Phoothong (1986) conducts a comparative studies the characteristics of 630 pregnant signing up for the pre-natal and delivery at the Maternity and Child Health Center, Zone 9 Yala Province. She finds that the perception of complications in pregnancy, the perception of danger and violence of the complication during pregnancy, the usefulness of signing for pre-natal and the perception of the limitations in signing in for the pre-natal have relationship the service of the signing for the pre-natal and delivery by statistical a significance. It was corresponded with the studies of Suree Opassiriwit, 1989, Siriwit Limto-prasert, 1991 and Yupin Pianmongkol, 1994 who investigate relationship between the perception and self-care of the pregnant and find that the perception has positive relationship with the self-care.

This concept prioritizes the individual thinking process related to estimating the low birth weight infant on to what extent will there be dangers. However, sometimes it is estimated to endanger the child even disable and life but still the mother still risky behaves to affect the low birth weight infant. For example, the mother who takes prolong standing or risky works with toxic substances endangering the infant but still enduring to work. This concept cannot explain because it needs analysis of the social structure on economy, politics, environment and culture identifying the mother has to take risk on delivery the low birth weight infant.

2.1.4 Occupational Health Approach

It emphasizes the host, environment and agent. It includes the gents or chemical as environment in working and calls them the threat to health and causing illness. There are 2 ways to control health threats, i.e. eradicating those threats and reducing them to unendangering point.

A study on the consequences of pregnant workers in an electronic factory finds that touching the disposal substance within the first 3 month pregnancy has relationship with self-hemorrhage or risk rate at 3.34 times. Working in the electronic assembly line has relationship with the low birth weight infant at risk rate of 5.38 times (Lipscomb et al 1991: 597). In addition, Mamelle et al (1984: 322) find that the pre-natal rate was critically high with mother working in such conditions, weekly workhour, repetitive works and prolong standing work or a fatigue job. Similarly, Klebanoff et al (1990: 162-72) study taking physical exercises during pregnancy and

the pre-natal and the child weight at birth. It is found that occupation with prolonged standing for more than 8 hours a day affects the pre-natal. Naeyer, and Peter (1982: 428) find that the working of the pregnant employees requiring to all time standing affect the child in the womb. Children born from mothers prolonged standing will have less weight than children born from the jobless mother. It is also found that the dead placenta is increased in the standing mothers who work till the last period of pregnancy. It was corresponded with the investigation of Sanjose et al (1991) finding that the pregnant that have to work hard with prolonged standing and walking jobs all the time had relationship with the low birth weight infants.

The Occupational Health Approach can respond the question of the low birth weight infants that it is by improper job for the pregnant other such as heat, loud noise, bad ventilation, improper work posture, shift work, and working with force. Knowledge how to preventively behave from endangering occupation during pregnancy cannot entirely explain the labor process that the employers speed the work and pressure the pregnant to temporary taking leave or reasons they have to tolerate the improper workplace even realizing the ill-effects to their children in their womb. But by the unforeseen health problems yet to happen, they are not more significance than the troubles of feeding themselves they are encountering.

2.1.5 Symbolic Interaction Approach

It views that societies are formed by interactions with the human symbols explaining the relationship between soul, self and social that human knows the surrounding because the soul is capable to use symbols, name and defining things. It is capable to comprehend on approaches what will be consequences by selecting proper alternative and ceases to improper behaving after the discretion process. Rationally, the soul will select behaving in order to promote collaboration for the societal survival. From the human mind, it creates the social context or self. Meade explains that “self “ is the interaction between “I” and “me”, which exist in themselves. The “I” is itself independent from society or instinct while the “me” is part of the self and analyzed from attitudes of other persons over themselves or part of individual under the social norm, which has been developed from symbolic interactions. Meaning, the “me” after being improved from attitudes of others over

themselves passing through different symbols by languages, expressions and the looking –glass self: a seeing through other persons. Such process begins since young till life. The process originating the soul and self is the interaction between human and society. The social relation is the constructed phenomena and human defines them. Truth is defined and interpreted before its own meaning emerges.

Looking at self-image of the pregnant is seeing through the social values defining feminist beauty that she should have shape, portion, and complex followed standardized beauty identified by society. The feminist values are based on virginity and pregnancy is socially stigmatized particularly the undesired pregnancy. Pornthip Patcharaphan (1981) studies the image of the pregnant and finds that they are satisfied with their images moderately to low level. It is corresponded with the studies of Pensri Pho-ubon, 1984; Wanphen Kullanaris, 1987 on pregnant youth. It was found that they had positive sense to the image and good adjustment to be the good mother. They express their thought on the changing body and their shapes such as growing womb, expanded breasts, melasma on the face, traces on the belly and the breast. Such changes make them shameful and disgust their bodies. The pregnant feel that their bodies have deformed ugly and lose attraction from the opposite sex. Some accuse the children in the wombs deforms their bodies and fear being bored by the husbands. They attempt to starve, and to eat less to keep their shapes. Such reaction affects the mother's health and the children in the wombs.

This approach can to some extent answer the question but not meet he complexity in the definition hidden the defined social context. For the benefit of such definition such as symbolizing the feminist beauty to achieve the economic end, needs to sell goods and products for health or to emphasize and to inherit on the thought of the feminist inferiority so than they will be struck in the dependency state.

2.1.6 Cultural Approach

It focuses on culture, belief, traditions inherited since generations to generations. There is acculturation or the cultural assimilation for which cultures will be proper to the societal course of lives in order to exist and to enculturate the new generations. It pays either positively or negative effects.

Beliefs affecting the low birth weight infants likely involve with eating and treating oneself during pregnancy. Siriphan and Krittiya study on the Kha-lam (Prohibition): the restrictions of the northeastern people. They find that the common restrictions were forbidden to rice more than food, and forbidden to eat the buffalo meat. During the body is irregular such as sick, it is allowed only to eat rice with salt or dried fish. The Kha0lam foods are beef, buffalo meat, pork, and egg. Such prohibition draws the northeastern people mal-nutrition because of need for protein and they over eat carbohydrate. During their sickness when the body needs food and energy to repair and compensate what has lost but they get only rice and salt, which will more weaken them particularly during pregnancy. It directly affects the child in the womb and causes low weight. In addition, there is a tradition and belief on practices for the pregnant. Paul-Lewis study and find that the Arkha pregnant had to work hard till labor believing to better delivery. (Research Fund, 1997: 10)

Such concept is selective for groups related to thoughts, beliefs and it is then improper to this investigation.

2.2 Part 2: Conceptual Framework for Studies

2.2.1 Gender Analysis

By gender and development, it is a process with multiple techniques to understand gender relation concerning the access to resources, the activities, and the constraints they face relative to each other. It pays information to comprehend the gender relation in relative to race, ethnic, culture, age, inferiority and status, which are keys to show differences in forms of involvement, behavior and gender relative to economy, social and politics.

The gender analysis helps generalizing overall economic and social systems because it gives information on the conditional differences both woman and man have to encounter with the effects differentiated from policy, and projects indispensable to what is gained to set strategies in developing proper policy and projects worth gender differences.(http://www.acdi-cida.gc.ca/cida_ind.nsf/8949395286e4d3a78525641300568b...)

There are 2 vital needs for women, i.e. first, the basic needs, which involve the existing key roles and likely are those improvements of living conditions, e.g. food, fresh water, shelter, earning jobs, safe sexual relation and the rest. Second, the structural needs are the imperatives imposed to societies so as to terminate and to change not to allow any gender differences, such as discriminations, accessibility and resource controls and shared-burdens of family and others.

Had both needs been met, it was certain that social status changes for women would have eventuated. Also, it included the equity of gender relations and finally leading to the lasting development.

The gender analysis illustrated diversities of woman, man, girl, and boy in families, communities and the economic and the political systems, and the policy structure. The gender perspectives focus on separation of responsibility and gains to achieve the gender equity rather than gender equality. ([http:// www.what%20is%20gender %20Analysis.htm](http://www.what%20is%20gender%20Analysis.htm))

Gaining the gender equity with different sex in its process means both woman and man gain from equal development. In many cases, opportunities are open for both sex but equal opportunities are unlikely equitable. This required measures to compensate disadvantages women encounter in order able to use opportunities and to equitably gain from them.

2.2.1.1 Scope of the Gender Analysis

Problems of gender equity are inexplicable on what areas. It helps visualize different problems of the gender inequity.

Realizing the source of inequity, to address it requires drives for analyses and to use them for development, and planning among the macro and micro societies beginning from the national levels. They are the government policies on economy, social, politics, education, and health by adopting gender issues as guide to identify and to proceed to the levels of communities, villages, and families. This is for women, men, girls, and boys of all statuses, classes, and ethnic to gain equitable opportunities and rights irrelative to beneficiary from the project, participants and determiners. There are 2 scopes for analyses, i.e.

- 1) 4 issues for gender analyses, i.e.
 - 1.1) What are the duties of woman and man and why they are so?
 - 1.2) Are woman and man equitably use resources? Who gains opportunity and who control resources?
 - 1.3) Are needs of woman and man different, how and why?
 - 1.4) Do social structures like economy, social and politics give opportunity or impose barriers to woman and man, how and why?
- 2) To plan development and different activities consciously to gender relation or its applications would have been viable, is after we have analyzed gender roles and find the authentic inequity. Then, it needs to plan for change or for readjustment the gender relation as if had been found from analyses. It leads to systematic solutions. Key tactic is to reduce discrimination and then to initiate opportunities for those not gaining equity. For examples, it is to encourage gender equity in employment, and wages to ascertain that women will legitimately use and share benefits from the economic and social development (Phimphawan Boonmongkol et al, 2002:23)

2.2.2 Concept of Sex, Gender Roles and Gender Relations

It required to clearly understanding on their definitions and basic concept of “sex” first then, it perfectly leads to analyze the “roles” and the “gender relations.”

A workshop conducted by the UNICEF on Gender, Population and Development in 1996 (The Population Council, 1996) distinguishes evident differences on definitions of Sex and Gender as follows:

Sex is referred to a natural organ identifying unchangeable biological state (except sex transformation, which is partly) designating individuals to be either female or male responsible for reproduction function with different personality e.g. only the female can be pregnant, and gives delivery while the male produces sperms to mix with the ovum to conceive a child.

Gender is referred to sex specified by societies or cultures to play the wither the female or the male roles. So, such identification can be changed overtimes and conditions. For example, female might burden what the male has fulfilled before or the male might handle household works, and fostering children, which are previously

fulfilled by the female. Even those roles have been actually designed by physiology but all these are learned since birth and implanted in individuals. The present gender roles are varied by societies and cultures. In addition, the identified roles involve each gender opportunity accessible to use and to control resources. Rationally, rights, power, and responsibility have been differently expected by societies. Significantly, the gender roles identified by societies dramatically affected the female and the male status in each society.

Gender Relation is similar to the gender roles and likely designated and controlled by social norms and values. Rationally, when the society designs roles and responsibilities to each gender, they are commonly accepted that what should be the forms of gender relations? But, what is found worldwide, women are designed to be inferior to men and it turns the gender relations difficult to gain gender equity (Passorn Limanont, 2001). Female is likely exploited. Barbara Marshall (2000) a comparative feminist notes this issues in her book the “Configuring Gender” (2000) that roles and differences of gender status are not asymmetric to gender but lasting equality constructed. The male gains far more valuable social resources than the female. In addition, many types of socialization and the institutionalization support and emphasize in all these equalities, i.e. linguistic systems, family structures, beliefs, religious institutions, mass media, local culture, sciences, medicine, economic structures and the government policies.

2.2.3 Concepts of Division of Labor

In the old days or the barbarians, the societal form is collective their relation is based on family relativeness. Their earning the living and division of labor is the male goes hunting while the female cooks vegetables collected by her at the daily diet rate of 60-80%. Even the meat is struggled for or dignified but the male cannot forever hunts for it. So the female feels her values and dignity. In addition, she can work alone and asks no permission to go out and collect food in any area needed no help from the male to fulfill her works. It is unlike the following age of agriculture when the male has to work and counted toilsome such as clearing woods, and constructing fences before female to begin (Reiter, 1975: 82-85).

Later, during the slavery era, societies start more complicated and marriage became the monogamy. This age begins the gender inequity as the double standard. Meaning, under this practice, it does not commit the male to have one wife but the female to have one husband. It tides the sexual relation to only the female. This societal evolution begins the gender inequity. Engels points out that the bondage societies develop economy and the social force of production. It changes the family structure and affects the relation in the family as well as oppression the male takes against the female has begun when the production arrives human knows how to efficiently hunt and plant for surplus production in societies. The male as the owner of production factor claims rights to control that surplus as personal property and the class inequality. The class was between the female and the male. The female is discriminated from the societal production involvement and the household works are peripherally set for individual while other activities are counted social peripheral. It so starts the lasting oppressions over female. (Waraporn Doungjan, 1987).

During feudal era, families and marriage have been inherited from slavery, so all powers are with the husbands. Single girls have their life dependency with their fathers and brothers, while the married ones with their husbands. High societal people not only are powerful in politics, administration and economic controls but also totalitarianism at home. Sexual values have been set the advantages, the rivalry of dignity and powers are measured by polygamy. During this feudal era, when men have been drafted, the women had to attend their homes and farms. Men worked by seasons allowing them time for rest and leisure, while women were preoccupied with year-round works (Boonyong Kestes, 1989).

During the capitalist era, the industrial revolution with processing goods to maximize profit for the capitalist, it requires more workforces. Women were drawn to involve as proletariats but encountering gender discrimination with lower wages than men. During the contacted economy, women not only are responsible the outside works but also the household ones committed to be the woman's works but counted worthless in economic values. Even the women in the high societies might not have to attend household works but their responsibility over them designates their femininity. Even they might not earn their living but the economic dependency conditions their loyalty to their husbands. The feminist status is under the power and influenced with

masculinist thoughts of their husbands. Values are set to believe that man is strong, the chief, the family leader and powerful over his wife even rights to beat them.

The more the economy becomes complicated the more the woman status is lowered, particularly in the capitalist patriarchy. Women face double burdens at home and outside by the strict gender labor divisions under the patriarchy, the wage exploitation under the capitalism, cheap labor, work risk, insecure job by being later selection but first layoff. They were conditioned such as forbidden to get neither pregnant nor marriage, and without allowance because powerless to bargain. All these things affect the woman health physically and mentally. Had they been pregnant, it certainly affected their children in their wombs.

2.2.3.1 Concepts of Division of Labor in a Family

Women in all societies worldwide are assigned to heavy household burdens by the division of labor under the sex differential applying biographical nature as criteria. Men are assigned with the provider role or responsibility over economy because stronger than women and convenient for movements. At the meantime time, women are responsible for household works because of pregnancy and reproduction and inconvenient to move. To be the provider role of women is then found within restrict areas (Ayer, 1982). Such criterions are the referential foundation of inequity (Kanjana Kaewthep, 1992).

Among the tribal societies, women need to be farming, harvesting, woodcutting, cooking, attending household works and children while men either go hunting or animal raising and entertain more leisure time than women. Similarly, in the industrial societies, women equally work like men over often even more, still they are called the housewife while men earn the family living (Yos Santasombat, 1994).

Edholm, Harris, Young, and Beneria comment that the division of labor is a special mechanism illustrating the gender power relation that keeps the inferiority of women even at and outside home. Women are tied with repetitive production turning them to be overlooked and worthless. Such system of the division of labor includes decentralization of resources and benefits similarly based on selective societal organizations. Such mechanism is dynamic and unrestricted within home but in the national and in the international levels. It accompanies the invasion

and the development of capitalism. This is the agenda of the societal structure at large leading the women less accessible to resources by dual dreadful burdens, less mobility and deserted in cheap labor. (Wanee Thitiprasert, 1990).

The industrialization under the capitalization devising machines turning human force unnecessary, then woman labor is indispensable to reduce cost using the gender discrimination existing in societies on submissiveness of lower wages than men (Saffioti 1978: 46-47). In addition, woman labor is more patient, humble, submissive and easily administrated and when the market situations are acutely volatile, they easily accept layoff better than men because they are not keys in family earning. (Phawadee Thong-urai, 1991).

However, even women joined more in outside works but the household responsibility is unlikely receded. The division of the household labor is still traditionally existing. Meaning, men work few household jobs, but most responsibilities are burdened by women regardless working outside too (Wanphen Wonpian, 1989)

Lopata (1971) studies housewives in Chicago and finds that few household jobs are fulfilled by men and their wives working together. The most common is shopping while other works are occasionally working, i.e. money business, big cleaning and gardening. At the meantime, no couples cook together. Westley and Epstein (1969) study parents of students in Montreal on child raising and find that most wives attend their children including waking at night when their children cry. In addition, the job more attended by husbands is playing games with their children. Co-working is driving children to and back from schools. The rest household works are almost handled by the wives. Actually, the wives working outside are more assisted by their husband than those not working outside (Hall and Schroeder, 1970; and Ybarra, 1982). However, wives are key to the household works. In addition, even in the industrialized societies like Sweden and Russia where gender equity is prevailing but the women need to work full-time outside still attend household works more than men (Haavio – Mannila (1975).

Surveys conducted on working and life-course in Sweden, and it is found that women fulfill household works more than men. Meaning, 62% of women fulfill three four time on household works compared to men who work only 2.9%. Also,

27.5% of these women faced stress of household works more than men, which is only 4.6% (Hall, 1992).

Wanphen Wonpian (1989) studies the division of labor by husbands among officials working in Ministry of Education and Ministry of Agriculture and Cooperative, who are the middle class. It is concluded that it was moderate followed by low and high levels respectively. At the meantime, the income of the wives and their concept of sex role in relative to sexual differential and sexual equity have negative relationship with the division of labor by husbands of the middle class among the sample couples. Even the findings show trends of change in the feminist role over the family but fact is the Thai societies maintain influences of the previous values.

Phimwan Boonmongkol (1999) studies systems of belief and behavior relating sexual and gender relations in families of a village in Shangri Province. She finds that women are key in the household works under the family context. They prepare cooking by purchasing food and cook but the northern men still help during the rush hours. IN some cases the husbands cook when their wives return late because of overtime works in the city or the wives was under the local delivery recuperation or sickness. The home cleaning such as brooming and clothes washing are woman jobs but some families help their wives on household works and clothes washing. Home repair is complete by men only.

Kannika Rongdej (1996) studies woman labor in the context of labor process, sexual roles and gender relation. She finds that women complete all household works, i.e. cooking, clothes washing, home cleaning, and child raising. All these are without facilitated devices while men occasionally help but still they are not their key job. Their jobs are outside home.

The change of agricultural society for sustainability into the industrialized society under capitalism with the production process for accumulating fund turns the woman role to work outside sharing more in family earning. But home burdens are on women's shoulders with repetitive works and under the patriarchal idealism. With changing roles but stoic values, it affects the woman health physically and mentally. Physically, it is caused by hard working and inadequacy of rest, which will lead to sickness while mentally, it creates stress and worries. The mental health affects the

physical health too. Had weak women been pregnant, it affects their children in the womb on being the low birth weight infants.

2.2.4 Concept of Access and Control Resource and Benefit

The authoritative rights are the power directly linking from the social norm. It is the referential power from the sexual norms prioritizing any sex as superior. In the patriarchal society, the social norm offers superiority or power to the husband where he is legally vested with the authoritative rights to make decision in the family. this is called the patriarchal idealism. Scanzoni (1979)

The patriarchy stemmed from the Sexual Division of Labor is specified by the potential nature of each sex. Men go hunting, and finding food while women raise children and cook. Sexual Division of Labor as such among the ancient societies is for survival because food found is for common and it is developed into gender relation where a gender is discriminated and overshadowed with exploitation claiming as acquired property. When societies have been developed coupled marriage, the man owns food acquired. It is different from the collective marriage where foods are for common. So, women are bound with burdens to attend infants, which is not the producer, then they are not the owners but consumers. The dependent relation is born turning women fall under the male controls because they need food owned by men. (Kobkul Inkkunanont, 1994)

Studies on power exercising among couples have been extensively attracting among the household sociologists. The first one who explains the theory of spouse power is Willard Waller (1951). His theory is called “The principle of least interest”. It is referred to individuals receive least from the spouse will be more powerful in decision-making. Rationally, the individuals feel least loss when separation. His theory is just the principle to explain the spouse interaction but applicable in investigating the spouse power in the family too.

Blood and Wolfe (1960) improve the power exercising among couples by investigating among American couples in Detroit to be as foundation to form a theory, which they called the “Resource Theory” postulating basic exercising of power that key to gain power among couples is the resource of each party. Their concept prioritizes the external resource each party brings into the family such as occupation,

income, and education and so on. In addition, comparison on involvement of the couple in other systems outside the family specifying power yielded in the relation system of the couple. So, they focus on resources yielded outside the family, which the spouse uses to link to each other, particularly the economic resources.

Blood and Wolf's work leads to extensive studies of using power among couples in different countries. By this research methodology, there are the studies of Lamouse (1969) and Lupri (1969) in Germany, Michel (1967) in France, Safilios-Rothschild (1967) in Greek, Kandel and Lesser (1971) in Denmark and USA, Buric and Zecvic (1967) in Yukoslavia, Blood (1967) in Japan, Weller (1968) in Puerto Rico Oppong (1970) in Ghana and findings are:

1. The husband power has positive relationship with the husband status in relative to occupation, income, and education.
2. The wife with occupation has more power than the wife without occupation are found in USA, France, Denmark, Yukoslavia, Japan, Puerto Rico, and Ghana. However, findings on measuring the power of decision-making among couples in relative to family activities are differences of some power of decision-making are not found with the wife with occupation and the wife without occupation. Most power found among the wife with occupation is about economic.
3. Wives responsible to feed family with their husbands; the husbands will be responsible with more family responsibility.
4. The wife with occupation has power in family planning.
5. Power among the couple id formed by comparison of the husband-wife status and the leading is the education. Comparison is also found with income, occupation and the societal organizational involvement.

However, the investigation of power among couples conducted in Greek, and Yukoslavia and findings are the relation between the husband status and the power exercising is negative. Meaning, selective survey by country cannot be perfectly theorized but the Resource Theory is analyzed during the cross-culture investigation.

Rodman (1974) concludes that power among couples in Japan, Germany, Belgium, Finland and France is corresponded with the works of Blood and Wolfe. It is found that the husband's social status has positive relationship with power exercised in the husband family and the wife's power is growing when she has occupation. The comparison on status between the husband and the wife influences the decentralization among the couples. It is counted that the Resource Theory is the good start for the investigation on power between the married couples. However, among the developing countries like Greek and Yukoslavia, it was found that occupation and the educational status pay different significance among groups in these countries.

Rodman (1974) explains those differences in relative to the cultural context allowing the developed countries are characterized differently from the low developed countries. Meaning, among the developed countries like Germany, France, Denmark and USA; had husbands occupation, income and high education, there would have been high average of exercising power. However, the occupation, income and education are not only factors creating power among couples but there are other factors too in the social structure creating power exercising among couples. Such factors are transferred to other individual by socialization. For examples, values of equity transferred would have drawn equity being applied among couples. Therefore, when Safilios-Rothschild (1967) conducts investigation in Greek and finds that had husband higher education, higher tendency of equity would be used among couples. Then, Center (1971) finds in this studies on both resources and culture that even the Resource Theory can be used in explaining power exercising among couples, but it requires to be conscious on the culture, which is the supportive factor. For example, the high-developed countries are found those influences of culture are not less important than resources of the couples. Center proves there are 3 cultural influences in those countries. First, couples in those countries are cultivated with values of equalitarian marital ethic. Second, values of flexibly exercising power cultivated and transferred allow better decentralization among couples. Finally, even education, occupation and income are counted resources among them, actually they are parts of culture in those countries used in determining the individual status.

Watchara Klaainathorn (1983) studies roles of feeding family and the power exercising of the couples in Bangkok. She finds that it creates differences in power exercising at large among them. Additionally, it is found that couples with the low social economic status, the feeding family has relationship with power exercising among the married couples with the high social economic status.

Phanee Boonya-uiakul (1991) studies participation in decision-making of the agricultural activities of the wife among the cotton planting families in Amphoe Sriwawat, Kanchanaburi Province. She finds that the strongest factor is the wife roles, the social norm, and the culture in relative to power exercising. The second is the resources of the wife and finally, it is the family attributes and the farm, respectively.

Jaroenphong In-khaai (1998) studies the power exercising on decision-making in the couple families among reporters. She finds that most couples co-exercising power in decision-making in all activities. At the meantime, in relative to the family expenses, the wives exercise more power while outside contacts is by the husband.

In the context of gender power relation under patriarchy, men have power to decide and to lead the women in many dimensions, either economically or socially or even sexually. Women need power to negotiate on sex in case of the sexual relation, had it been undesirable and unsafe or had there been negotiated, it might not be successful if there were no cooperation from the men. As it is proved in the Royal Gazette written by Chao Praya Phiparkwong Maha Kosa Dhibordi during King Rama IV. "The male is the king of sex action and the female just follows; had the male ignores, the female cannot do anything but motionless." (Sukanya Harntrakul, 1993). So, it is accepted in the Thai societies that the female role in sexual relation is determined, controlled and decided by the male. The female is just the follower and selected by the male (Naphaporn Hawanont, 1996).

From the past studies, it is found that under the patriarchy with repetitive production on idealist transferring and the resource proprietorship by capitalism-based affected the couple-power relation. Both systems support each other, exist in the dependency state, needs of negotiating power and inability to fully access indispensable resources for living. So, the couple-power relation should have affected the woman health and her child in the womb.

2.2.5 Concept of Domestic Violence

Definition

A family violence is the violence at home and most are the women victimized by either the existing or the previous husbands or lovers by torture. There are many forms counted from assaults, boxing and kicking, stampeding, smashing with hard object, injuring, and even murdering, as well as psychological oppression, berating and threatening, detaining, and economic and social coercing. Rejections of financial helps and condemnation are commonly found as violence worldwide among the developed societies where woman rights are prevailing and in the societies discarding woman status (Krittaya Ajwanijkul, 1998). The family violence is a social problem counted a violent crime, that it victimizes woman, life and woman health. (Mill, 1989)

Galtung (1969, in Krittaya Ajwanijkul, 1998: 497) divides violence into 2 kinds. 1) The direct violence or the personal violence – violence of assault and with doer, it is caused by either negligence or non-negligence. 2) The structural violence – it is caused by the gap between the human potential and the human reality linked by attitude and systems of the social valuations rooted by the social and the cultural discrimination against women.

Situations of the Family Violence

Pornphen Petchsuksiri (1988) surveys the situations of the family violence from newspapers and finds that most are violence against the spouse by 41.4%. Among these, most are violence against the wife or 69.2%. Such statistics is believed that, it was dramatically less than reality. Rationally, assaulting the spouse might have been more under off-records and the culture of the Thai families reflects and believes that brawling or assaulting each other among couples is the personal affairs or within the family, which members should address it. Also, such affairs are shameful, defaming the family and should not be realized by others. This turns assaulting spouses are covered to outsiders. It is plausible that assaulting the spouse found is far less than reality.

Assaulting the wife is historically made valid for oppression, overshadowing and controlling women in the family context of patriarchy. (Marx, 1974; De Beauvoir, 1976; Engels, 1972; Pizzey, 1974, Martin, 1978; Walker, 1978; Dobash, 1981; McKinnon, 1982)

Women turned to be properties and under the power and coercion by men are likely happened amid the patriarchal families. It is developed into culture admitting the husbandry mistreatment. Causes justifying such relation by social ethics are the supports of the social institutions, i.e. the administrative institutions, the institutions, the thoughts and beliefs such as the religious beliefs in relative to social. These lower the spouse status and allow husbands to commit violence against their wives, particularly in relative to economic affairs and interiting it as truly linking with assaulting wives. (Dobash 1981)

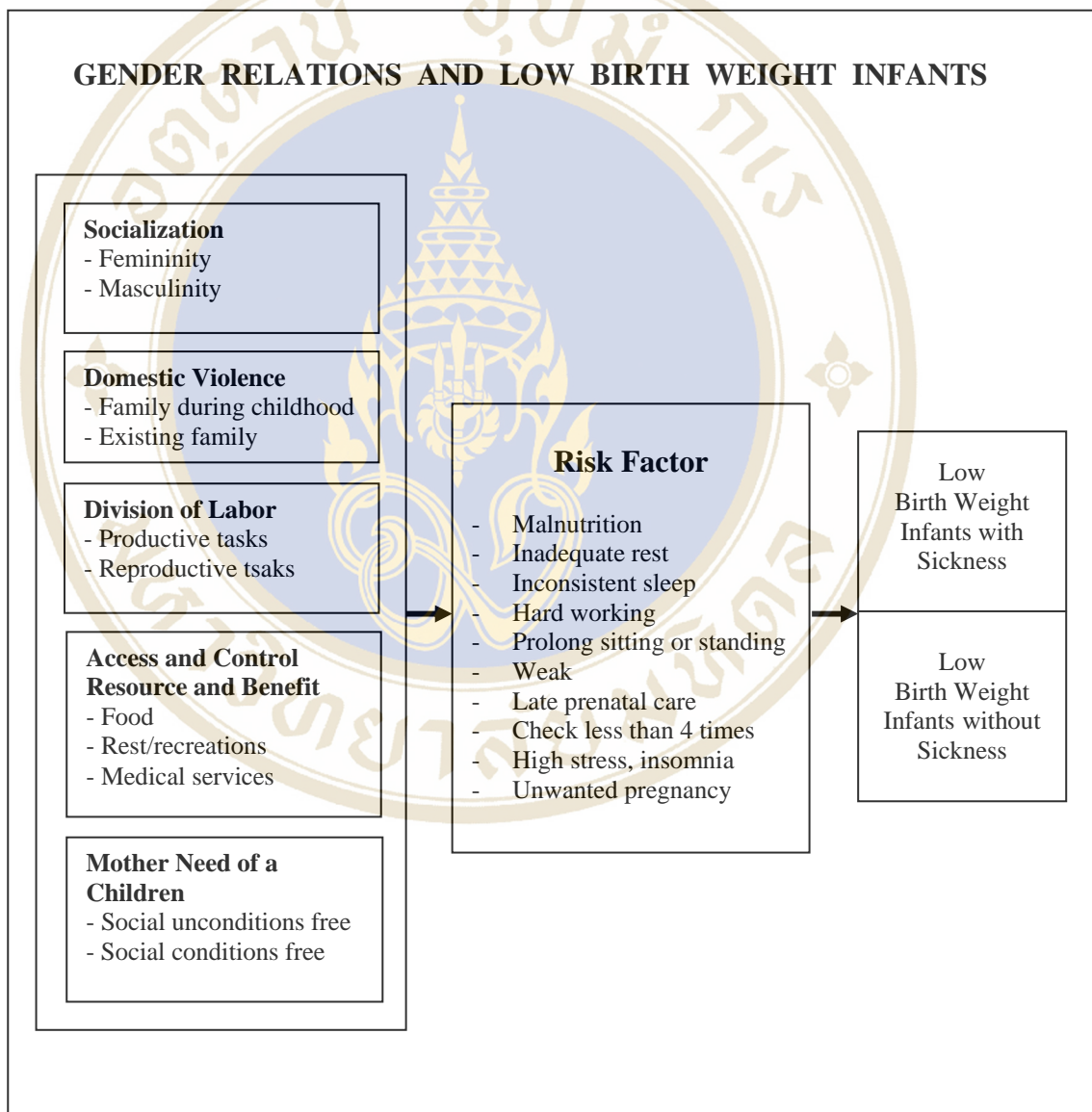
Violence against woman is rooted from the power relation between gender. The feminine is adhered with the cultural, social and political context. Under the structure of man-dependency in economy and mind, socially systematizing inferiority of woman roles to man's, and the extensive power of man thus become conditioning justification for man to refer when man violates the woman rights and assault her. Models of violence against woman are far more than assaults but mental torture, threats, vengeance, exploitation, discrimination and coercion. (Krittaya Ajwanijkul, 1998)

Violences are found worldwide even in the developed countries like Japan where wives are assaulted at 59% among couples and 66% among wives mentally tortured by husbands (Heise, et al., 1994). Horrifiedly, it is found 60% of pregnant wives are beaten, tortured and the critical level of violence, i.e. kicking, beating, cuts by knives or guns. (Gelles, 1988) 68% of Malaysian women are beaten during pregnancy (Rashidas, et al., 1994 in Data on gender-based violence,1995)

Donnaya Thana-udom (1996) studies the family violence in Thailand by investigating the women admit for pre-natal and delivery in the Maternity and Child Hospital, Center of the Health Promotion, Zone 1. There are 12.0% on assaults, and 22.50 % on mental torture. Factors relating to assaults and mental tortures among the pregnant are education, income, occupation, alcoholic uses, addictive uses, gambling,

number of children, marital status, type of family, relation between the wife and the husband, coping with stress, and perception of gender roles on pregnancy.

2.3 Conceptual Framework



CHAPTER 3

RESEARCH METHODOLOGY

3.1 Methodology

A quantitative research was used by case study and the data collection was conducted with multiple method. The life his history was investigated with in-depth interviews and retrospective study. The content analyses were employed to analyze data to find the cause of the low birth weight infant and the gender relation in the family in relative to the social construction, family violence, the division of labor, the access and control resource and benefit including the maternal needs of a child. So, it was indispensable to holistically understand in order to gain the factual data, which were emotionally sensitive because the mother with the low birth weight infant might need to be confidential. The investigation conducted required building intimate relation and trust form the cases to access the reliable data. A qualitative approach by in-depth interview was therefore viable method to gain information in relative to the factual behavioral background perceived by the cases.

3.2 Study Site

It was a purposive sampling in a public hospital in Bangkok where many low birth weight infants were attended. Being a large hospital well-prepared with specialists and modern devices, many diversified cases could validly represent population in general.

3.3 Population and Samples

Population was the mothers with low birth weight infants of less than 2500 grams medicated in a large public hospital in Bangkok.

A purposive sampling was used for investigation and 13 interviewees were selected by being based on theoretical sampling. Qualifications of the samples were the mother aged 18-35 years, a single conception with the 2nd, 3rd and 4th womb free from 3 time abortion. The weight before pregnancy was more than 45 Kg. with height of not less than 145 centimeters. Both mother and child were neither deformed nor under complications such as diabetes, heart trouble, and nephroses and willing to be interviewed and counted eligible to give the in-depth information best serving the research objectives.

3.4 The Research Instrumentation

Instruments for this investigation contained

1. The interview guideline – it was an open-ended questionnaire for seeks information in details. It engulfed the life history in relative to the socialization, the gender roles, the past experiences of the family violence with current family life, the division of labor, power of decision-making in the family, the access and control resources and benefit, marriage life violence, the maternal needs of a child. The in-depth interviews were formulated from reviewing texts, concepts and related researches covering the research objectives and the conceptual framework. The instrument was checked its linguistics, clarity, content validity by the thesis advisors as well as test of reliability by a try-out conducted with 5 similar cases for its improvements before applications of the real data collection.

2. A tape-recorder to record during the in-depth interviews permitted by the interviewees; had it been rejected the noting were applied. Complete notes were immediately fulfilled after the interviews.

3. The Record Format – it is a form used during daily taking notes after interview for data collection, checking details and clarity and relatively analyzing for preparing issues in the following interviews.

4. Data Files – they are archives for grouping data functionally useful to analyses and writing reports.

3.5 Method of Data Compilation

The researcher personally collected data for 4 months compiling the family historical records from the past till present and spent another 2 months to collect additional data by following procedures.

1. Request of the Official Approval – the researcher pledged recommendation letters from the Faculty of Social Science and Humanity, Mahidol University to the director of the target hospital for data collection. The researcher met the Child Ward and personnel introducing herself and explain details of the research, its objectives, procedures, methodology, time and expected benefits of the investigations. Confidentiality-based was adhered with respects of human rights and dignity of the interviewees both during and after the interviews.

2. Accessing Interviewees – the researcher introduced herself and built close relation with smile and greeting, inviting and opposite seating during interviews so as to gain full flows of feeling both the interviewer and the interviewees as well as familiar and natural expressions rather than encountering. Research objectives were informed and explaining that dialogues would be on life-history, to the socialization, the gender roles, the past experiences of the family violence with current family life, the division of labor, power of decision-making in the family, the access and control resources and benefit, marriage life violence, needs of the maternal needs of a child, pregnancy, and the maternal handling of pregnancy. The researcher ensured the interviewees that all would be kept confidential and by the honor of the researcher itself by either real name or any clues to reach each case would not be exposed. Data gained were only for studies and pseudonym and all would imperatively not be published by any forms for trades, on air, televising or in any media. Later, interviewees were allowed to question on suspicion and their willingness to collaborate. They were informed on their right to liberally decide in their interview either before or during the process. Decision would not affect their service sought. Appointment for interviews would be organized upon the cases agreed for their convenience.

3. In-depth Interviews – After friendly greeting the researcher took the informal approach on daily life, travelling, and worries on infants for 5-10 minutes. Then it would follow with personal records, the previous living following the interview guidelines as well as seeking approval for recording or otherwise reclined by taking notes but complete the full text immediately after interviews. All were aware on emotion, sensation, rights and dignity of the interviewees. Had some questions been affecting the mood and mind of the interviewees by sobbing or silence, the researcher would not proceed or press to gain answer but drift away or drop interview for a while so that the cases again were ready. Then interviews would be resumed but with more cautions. During interviews, adjustment of wording would have been applied to meet the nature of each case. By 30 minutes and after observing non-verbal expressions, the case would be asked whether she would like to resume being interviewed or taking a break or to the rest room or drinking water before proceeding. Had there been someone entered the area, the interviews would be halted with the in-depth question but generalizing the topic or lowering the tone till the person left the area so that the interviewee would feel comfortable on her privacy. Duration spent with each case was 40-60 minutes. Had any cases would prefer longer period, the researcher resume for another 15-20 minutes on critical and interested issues.

4. Data Compilation – all were recorded in details by formats prepared. Records from the recorder were read word by word. If they were short-notes, they were completed immediately after the interviews for their precision to prevent leaving behind some key information. Filing was set for the primary data analyses, checking their completion and time comparison of each interview whether the different period of time by the same question would draw either similar or different answer. In addition, information was crosschecked on differences and compared form the close resources or related to the case such as the husband, the relatives, or the acquainted. Primary analyses were conducted to conclude whether they served the research objectives by checking and comparisons. Any ambiguity or additional information was required, the questions were raised in the second in-depth interviews. Number of times taken was depended on completion of data following the interview guidelines and findings.

5. Observations were used in data collection along the interviews such as their facial expressions, gestures, tone, emotion, sensation, residential surrounding, living styles and relations in the family.

3.6 Data Analyses

A Content Analysis was used to explain the low birth weight infants and their relationship by objective-based approach. They were compared and linked to find relationship among information and to find common characters in order to seek key information conceptualizing the cause of the low birth weight infants.

Analysis method was as follows:

1. Preparing information for analyses – all information and its analyses were resumed through out the research process each day after data collection. Details were noted after each interview along with classification and grouping information for the primary analyses in order to facilitate the final stage of analyses.

2. Establish files – it was to gather the collected information and to distinguish descriptive information gained from interviews. This helped facilitate searching, analyzing and reporting. They were classified into 3 types, i.e.

2.1 Mundane and Background File was used to note person, place, organization and related documents.

2.2 Analytical File was used after interviews each day to compare information and to collect its type and each attributes. They needed to compare and to link in order to find their meaning and relationship including finding whether additional information was required to meet the research objectives.

2.3 Field File was used to record procedures, method of data compilation, process, problems and solutions.

3. Typifying and grouping information to facilitate analyses, the researcher read all the file to re-typify and re-group them in order to analyze the following dimensions, i.e. the socialization, the division of labor, the family violence, the access and control resources and benefit, the maternal needs of a child, pregnancy, and the maternal handling of pregnancy and other factors beyond expectations find factors related to the low birth weight infants.

4. This was the objective-based analyses for the purpose of interpreting gained fact using differently proposed concepts to link the data analyses and for the purpose of explaining the causes of the low birth weight infants, and finally analyzing their relationship.



CHAPTER 4

THE LOW BIRTH WEIGHT INFANTS AND THEIR MOTHERS

This chapter is contributed to the low birth weight infants and their mothers on the child physiology, sickness, complications and their effects as well as expenses on medication and days admitted in the hospital. There are 13 cases in this investigation with the birth weight of 860-2, 480 grams, 28-40 weeks of pregnancy and divided into 2 groups by health conditions. 9 cases of low weight with sickness just born and needed special medication and 4 low weight infants without sickness at birth viable to return home with their mothers. Their mothers were investigated on age, education, occupation, economic status, and family relation of the mother since childhood and present. Those 2 groups were divided as follows:

4.1 Group 1: The Low Birth Weight Infants with Sickness

4.1.1 Common Nature of the Low Birth Weight Infants with Sickness

These 9 cases were divided into 2 groups, 1) 5 cases with least weight with less than 1,800 grams the pre-natal with acute sickness with almost all cases, and 2) 4 cases of 1,801-2, 499 grams with 1 case of pre-natal and 3 case of common natal and without acute sickness

The physiology of the pre-natal child was ever somnolent, slow movement, light cries, red skin, easily seeing arteries, and down through out the body particularly on shoulders and the face, swollen hands and feet, large head compared to the trunk, short and rough hair but wadding split at tips, soft ear and even, the flat breast, early nail not reach the finger tips, small testicles might be in either the abdominal cavity, or the pubic while the girls her labia majora cannot cover the minora, weal muscles and stretched limb sleep or slightly bending.

The low birth weight infants without pre-natal were skinny, dry, long trunk, flat abdomen, less fat, small and dried umbilical cord, large head, light hair, wide forehead, less muscles and alert.

Sickness – most were found the blood system infection, followed by labored breathing and jaundice respectively. Disabilities were one was found with eyesight. Due to their sickness, they were separated for intensive care. medication and devices were limitations for maternal caressing. They needed fondling from their mothers at birth. Some case spent over a month to take the child from glass box to caress. These infants were easily irritating, weeping and difficult to feed. In addition, the separation of the mother and the child at birth did not help arousing the milking because of the often sucking and made some mothers unable to further milk their children.

These infants needed prolong attention in the hospital. Admission was by 7-76 days with costly expenses or around 3,800 – 320,000 Baht per head.

Most low birth weight infants with sickness were pre-natal and considerably low weight and by pre-natal and least weight, the more acute of sickness they would meet as well as their disabilities. Times were consumed with expensive cost for care. They affected families and societies on needs of quality resource and force for the national development.

4.1.2 Common Nature of the Mothers Having Low Birth Weight Infants with Sickness

They were 18-33 years with 5 cases having the second pregnancy, 2 cases for the third ones and 2 cases for the fourth one. 4 mother had first pregnancy with the age less than 18 years and never admitted for pre-natal and deliver or medical check before labor. 1 case took medical check for less than 4 times, 5 case took medical check more than 5 times but irregularly. 2 cases admitted the pre-natal and delivery during less than 3 month pregnancy but taking the medical check for more than 4 time only a case.

The Mothers' Education – the range was from uneducated to bachelor degree. A case was uneducated, 2 cases acquired junior primary level, 2 cases earned senior primary level, 2 case acquired junior secondary level, 1 case earned senior secondary level and 1 case graduated in bachelor degree.

The Family Relation of the Mother – it was unlikely since childhood and present one. Most mother came from broken home of separated parents or regular quarrels in the family. Relation with the present spouse was neither smooth with often quarrels unto violence.

The Mother's Marital Status - most mothers (8 cases) stayed with husbands with unprepared and almost half of the mothers (4 cases) had ever married with children and separated from the previous husbands to stay with the present one. 2 case burdened to feed 2 children from the previous husbands; another 2 cases left the children under care of their relatives. Only a case with the husband with wife and children and still not separated. Most mother (6 cases) separated from their families to stay with their husbands and one own a home, while others were residing in the rented house but 2 cases stayed with the husband's home another case stayed in a rented home with her friend.

The Mother's Occupation and Economic Status – most mothers were labor with uncertain wages and depended on jib quantity and without welfare. 4 cases earned 1,000-5,000 Baht a month, 2 cases earned no salary, 2 cases owned groceries and earned 7,000-8,000 Baht a month, and sold lei and earned 3,000-4,000 Baht a month, and a case was an employee with the social security earned 8,000 Bath a month.

In summary, most mothers having low birth weight infants with sickness owned low economic and social status. The family relation was unlikely during childhood and at present. There was no family planning when stay with the husbands and having children at young age. Some mothers stay with polygamy husbands. In addition, most mother acquired low education on primary level, low income, insecure, no allowance, late admission for pre-natal and delivery and irregular for womb-check.

Samples of Mothers Having Low Birth Weight Infants (LBWIs) with Sickness

Case 1: Mrs. Jintana

Backgrounds of the Mother and the Child

She was 20 years-old K.6 and being general labor staying with her husband for 2 years. The elder child was 2 years and the existing one was 4 months. She had attempted to stop pregnancy since it was 2-3 months old but unsuccessful. Then she began to admit her pre-natal and delivery when the womb arrived at 5-6 months and had twice medical check before pre-natal at 32 weeks.

At birth the child was 860 grams with labored breathing and it was separated for the mother for life rescue with the respirator. In addition, it was found the blood system infection and irregularity of the cardioplegia with cardiovascular and needed the endotracheal tube for 3 weeks so that the child could breathe by itself and the mother could caress her child at week 4, spending 68 days in the hospital and left the hospital with still the cardioplegia with cardiovascular needed to pursue for Medicare. Cost of Medicare was 312,000 Baht using her rights of 30 Baht on medical allowance. The surcharge paying by herself was 3,200 Baht. However, the mother had not enough money, she then plead concerns on Medicare and child supports 6 cans of milk from the Department of social Welfare. After leaving home, the physician had made the appointment medical check but the mother could afford sometimes. She told the researcher that she was boring to feed the weeping and difficult child with often sickness. She could not milk her child since 2 months after delivery because she had not time to massage her breast and squeezed her milk to keep for her baby as being advised by the nurses because she had to attend another young child. The youngest one was weeping and emotional. Always crying and needed to fondle for sometimes to pacify it. During sleep, it needed side pillow and if struggling with pillow were not there it would startle and cry and need caress till it continued sleeping. In addition, she had no refrigerator to keep milk then some had to be disposed otherwise spoiled. Her child would have been often sick and she had to ask for leave to attend them, which made her lost income to support her family. Often, she had to borrow money

from some acquainted to buy milk for her child and sometime she thought to commit homicide her own child and herself to flee problems.

“...Life is so tough, turning to anyone but found none for help... as if I am alone...I sympathize with my children...ever thought to take poison with my children...so not to torture living with sufferings...”

The Life History of the Mother

Childhood

She was born in the skirt of Bangkok in the industrial area. Her mother was a rural coming to Bangkok for working in a factory and knew her father in the same area. Both knew each other and later she gave her birth. Upon knowing her mother was pregnant, her father fled. Her mother fear to return home fearing villagers defaming her of pregnancy with out husband. She endeavored to live in Bangkok under the economic pressure, isolated and no relatives.

After giving birth to her not so long, she had a new widow husband with a son with relative age to her. Her mother had 2 new children the new husband. Both regularly quarrel particularly when her stepfather was drunk and assaulted her mother. He was evilly jealous fearing her mother to commit adultery even started fighting with some worker in her mother's workplace. Her mother had many times resigned from job and without income and had to live upon the dependency of the stepfather.

She has often quarrel with the stepfather's son such as avoidance of work and peeping during her taking bath. Sometimes, it was unbearable for her and strongly retaliated but she met with reaction by boxing and beating. Once she was kicked at the abdomen and getting jaundice and got medical check. She unable to seek any help and her mother was ever weak to protect her.

She was unlikely talk, diligent and helped her mother to feed another 2 younger brothers born from her stepfather and her mother. She finished only K.6 and worked as a dishwasher to support the family and other petty jobs around her home so as to feed her mother and the 2 younger sibling. She worked any job even construction; packing with the entire day stand and even dirty job like cleaning animal hides so as to support the family.

Love Life and New Family

She knew her future husband being introduced by her friend in a workplace and work around the same industrial estate. After work both always meet but she also associated with 2-3 men for selections. After 4 months of association with shopping and watching cinema during holidays, her future husband invited her to annual fair in the industrial estate and that night she was raped and after that her rapist pursued her and acted to own her. All other men stopped associated with her so she decided to live with her rapist thinking none would marry such a scandal girl like her.

“...A non-immaculate is valueless and none would marry even when the man knew later that one is not a virgin other will be disgusted and having the affairs by the one it is better to stick to him...”

She decided to inform her mother of the affairs and live with him since then without objections from both elders but without marriage ceremony since being poor for both sides only the blessing from the mother to survive a good marriage life.

Couple Life and Family Relation

Both separate from families and rented their home but never contact their family. Her husband drank and gambles never took responsibility over the family. What he got, he spent on drinking and gambling. She quarreled with him on inadequate money for family spending but she was regularly assaulted. When her husband got drunken he had hot tempered when being dissatisfied she would be assaulted particularly when he wanted to find money to play gambling, when would threaten her to tell the hidden safe for the family expenses or otherwise he would inhumanely search and broke objects.

Her husband never helped household works excusing of never did before and naïve to them such as cloth washing, cleaning, dishwashing, feeding baby and all had to be attended by her alone.

Case 2: Mrs. Nitaya

Backgrounds of the Mother and the Child

She was 33 years graduated pre-bachelor degree and separated from her previous husband and stayed with existing one for 2 years. She had 2 children with the previous husband and his family attended them. She had 2 children with her new husband. The oldest one was a year and six months with pre-natal weak and slow development. The existing one was 3 months with pre-natal. She was a housewife without income and her husband was a construction supervisor earning 20,000 Baht a month. Both did not want to have any children because the first was still young and helpless. Her admission for pre-natal and delivery was during at the 2-6 month pregnancy and visit hospital more than 4 times for medical checking but it got pre-natal at the 28th week.

The child was 920 grams at birth with difficult breathing because the lung was unable to produce substance to lubricate bag and the doctor had to use endotracheal tube to primarily save its life. Water and food were supplied by arteries and got infected. Then the child had low immune by the manual rescue such as blood test, navel arterial tube, endotracheal tube in the mouth, which exposed the child, many channels to germs leading to acute infection and drug resistance and needed strong antibiotic. In addition, it was found jaundice with infection and ineffective liver for excretion risky to fat mixing with brain and not only deadly to the brain but also to life, which required immediate blood change and glass box care. After well attended for recovery, it was found that the child met problem with sight with prolonged giving oxygen while hearing after test was normal. It took 76 days admission in the hospital with 320,000 Baht expenditures.

The Life History of the Mother

Childhood

Nitaya was born from a small family from upcountry and her father was the public teacher. Her mother was a housewife and an affordable family staying in the government house. She was the only child of the family without sibling but never felt lonely because there were many friends at the same age. Her parents were kind, so,

many friends came to play in her house. During holidays, her parents took her for tripping or sometimes visited their grand parents in another district.

Her father was responsible to his family giving her mother money for spending and never ran short. He concerned his family and cared to attend her travelling with never reprimanded or blasted to anyone. Her father drank with friends for associations but never be philanderer to hurt her mother, who was so nice and attending good, care for household works. Quarrel was not found but twice or thrice misunderstanding each other a year but not many hours they settled the matter.

Being the only child, Nitaya was well loved and attended from parents. Her father satisfied her everything while her mother neither asked to help the household jobs, nor to clean home, nor to iron clothes. She did all things to her even Nitaya's underwear. When problems arose, her father was the best advisor in all things.

Love Life and New Family

After finished her studies, she was employed and free to her privacy of travelling. This led her to know a rich handsome man but philandered. With her naïve to the world she lost her virginity and had to get married to stay in the husband's home an extensive Chinese family.

Her marriage life was full of problems by her husband philandering and countless women enter his life. Sometimes he went away for 2-3 days and when returning home they started quarreling. Her mother-in-law never stop complaints of laziness, late rising, and when the children were unwell, she would blame her of inexperience of raising children. So, the mother-in-law attended them and excluded her from feeding them. She could not endure her philandering husband and the intervention of her mother-in-law, so she separate with him and allowed both sons to be under her mother-in-law.

She was lonely after separation, then she came to know her present husband who was 3 year younger. At first she did not think to stay with him but after pregnancy they decide to live together.

Couple Life and Family Relation

Nitaya separated to stay with her husband by their own but still got in contact and gained financial supports from the previous family till the mother-in-law died and the father-in-law married a new wife, all supports were ceased. Her new husband family was dissatisfied with her as the daughter-in-law because she was ever married. So, when her husband visited his family, he never took her. She then followed her new husband to many construction sites till she gave birth to the low birth weight child and needed to attend it in Bangkok. Both moved to work in Bangkok stayed in the company row-home modified from containers. Her husband asked her to leave her job so as to attend their child who was often sick and slow development. So, she had no opportunity to return to work and unlikely associated with her neighbor because her husband disliked such. In addition, he was over disciplinary and easily irritating. Sometimes, she was preoccupied with the child and the residence was disordered, he would be agitating and throwing things over with complaints of disorderliness and neatness to dishearten her. Sometimes, she sought advice for family affairs and their child, he returned her with reprimands of brainless and no initiatives as if irritating him but if she decided on the affairs, he would be dissatisfied.

All home expenses were under the husband care and left her 1,000-2,000 Baht for personal spending. Her new husband sometimes helped household works.

Case 3: Mrs. Pornthip

Backgrounds of the Mother and the Child

She was 24 years graduated with bachelor degree working as a clerk in a private company earning 5,000 Baht a month. Her husband had a registered wife and she got 5,000 Baht for her living supports in a rented house with her child. Her husband visited her 2-3 times a month and 1-2 day each. Both had often quarrels but not serious to harassment. She was pregnant when she was 22 years and her elder child was 2 years. The existing was the second child. She thought of abortion and her husband did not object but feared harmfulness. She was admitted for pre-natal and delivery at 4-5 months pregnancy and visited 3 time before giving birth at the 34th. week.

The child was 1,340 grams at birth and the nurse showed it before hurried back to the glass box because of cool state followed by glycolopenia and blood system infection and after giving antibiotic for a week and with blood test, it was found with infection of anti-drug symptom. So, the child was treated with stronger antibiotic for another week. She could caress her child a week after delivery and another week later she could milk her child. She could return home 3 days after delivery and visited her child once a week because she had to attend the elder child and needed transported by her husband. She met problem of lactation and needed instant baby milk because she did not milk her child to arouse lactation at birth. The child was hospitalized for 26 days with 130,000 Baht expenses. She used the 30 Baht rights of medical treatment with extra payment of 2,350 Baht. After medication, she took her child home but for a week she had to admit her child on diarrhea and spent 5 days in the hospital.

The Life History of the Mother

Childhood

Mrs. Pornthip was born in Bangkok. Her father was rich with profit business and also an official. Her grand parents were rich by real estate business. Her mother had ever worked in a private company but after marriage she resigned to be housewife. Her mother's family was moderate. Pornthip had an elder brother and he was dear to every family member because he could inherit all the family business. Pornthip was hurt with the status differences between herself and her brother. So, she isolated and reserved herself to all other members.

Her mother was stubborn and finally she had to separate from her father. After both had split and re-married, Pornthip live with her mother while her brother stayed with her father. Her mother new husband was divorced and all his children were with his previous wife. Her mother had two children with the new husband. Her stepfather took good care of the family and supported her till she was graduated a bachelor degree.

Pornthip was differently treated from the stepchildren. She was assigned to household works while her stepsister sometimes helped and if she did not, and none would dare to blame. Her stepbrother did nothing. If there were any conflict among

them, Pornthip would suffer because her mother fear to remarked them and feared her stepfather.

Her father helped her occasionally and during great festival, her would pick her for dinner or bought her birthday and New Year gift. Her grand parents and her father's family expressed hatred or sarcasm to her mother. This made her unhappy and hated to associate with them. She tried to avoid their socialization and often her father admonished her of misbehaving.

During unhappy hours, Pornthip reserved her words or helps but if necessary, she would tell her mother who would help by the consent of her stepfather.

Love Life and New Family

After graduated she worked in a private company as a clerk and came to know her husband who was the supervisor and used to help her in many affairs. So, she trusted him without knowing he had a wife till she had sex with him. When she was pregnant, she realized that he had his family but she could not separate with him and thought she had to stay with him till his rejection and stopped his supports.

"...drifted an had affairs...it is difficult to return...deciding to have affairs means we decide to surrender all to him..."

She then surrender being the minor wife and decided to separate from her family to stay alone by having her husband 2-3 times visiting and 1-2 day stay each time.

Couple Life and Family Relation

Pornthip live in a small apartment with her 2 children rented by her husband. He visited them 2-3 times visiting and 1-2 day stay each time because he had his previous family. She told about her suffers being a minor wife ignorant of her husband having a wife before till pregnancy. She did not know what to do only hurts and shames and never thought to be in such state. Fearing to take abortion and to keep the child but not courageous enough to separate with him taking him as husband and surrender everything to him. So, she suffered the sate as a minor home so that her

child would have a father. She endeavored not to find inferiority to her child but she failed.

The major wife often shamed her in public that she had to resign and looked for new job but still she never surrendered. She never retaliated to save the face of her husband and her children.

She met countless life difficulties unable to publicly go out with her husband fearing other to know and reach the major wife. This suffered her. They would select the place new to others and often time she felt uneasy to answer their children question of where was their father.

Case 4: Mrs. Parichat

Backgrounds of the Mother and the Child

She was 18 years and finished her K.4 with being a part-time worker and uncertain wages. Her husband was 19 years and did not even finish the junior secondary level because of being gangster. He left school to help his home trading used objects, which was the family business. She lived with her husband's family and her first pregnancy was when she was 16 years. This was the second one. They did not want this child and attempted abortion but no money for the expenses. She admitted pre-natal and delivery at 6-7 month womb but 4 times irregularly took medical check before labor at the 37th. week.

The child was 2,100 grams at birth with labored breathing because of amniotic fluid choke and blemished by ash substance caused by stress. The child needed endotracheal tube for 6 weeks. In addition, it had the blood system infection needed antibiotic treatment affecting jaundice and needed lighting. Maternal caresses could be made in day 7th and milking in day 10th. The mother met difficult lactation and had to spent 14 days in the hospital with 8,000 Baht expenses. After taking the baby home, it met respiratory effects and had to return to the hospital twice but not admitted. Medication was by doses.

The Life History of the Mother

Childhood

Parichat was born in a slum in the city center. Her parents separated since she was 8 years. She had a younger brother. Before separation, her parents enter serious quarrel and beating and after quarrels they release to their children by shouting and beating them. After their separation, they had their new family abandoned her and her brother. They had to live with their grand parents in a forlorn rented row house. Her grand father was a construction worker while her grandmother collected garbage to sell and selling the food donation from monk. They all suffered the hard life of feeding and even eaten by her grandmother after she quarrel with the grandfather. Her brother was not beaten because he roved around with friends. The family relation was bad with life struggles. After finished her K.4, she had to leave school to help her grandmother collecting garbage and being hired for small household jobs.

Love Life and New Family

She was hired for household job at her husband shop for trading used objects. Her husband was the eldest son and rascal, rove and associated with friends ignoring studies. He left school during studying in K8. After working in her husband's home for sometimes, she was sexually harassed while she was just 14 years and she was ever since harassed with 100-200 Baht pays for almost 2 years till she got pregnancy. Knowing this, her grandmother was furious and chased her out beating. She knew to place to go so she pleaded to stay with him but his parents were dissatisfied still allowed to stay without pay but to be free labor of household works. For almost a year, when her grandmother stopped fury, she was able to return home.

Couple Life and Family Relation

Parichat traveled on and off between her husband's home and her grandmother's home helping her husband's shop with some minor jobs without pay. Her father-in-law paid her when he got a mood from gambling. Her husband often conflicted with his father because of rascality, irresponsibility on income by drinking, choking drugs and gambling, which led him being scolded, beaten, and kicked by his

father. Her husband had a sister about her age and still studying but she was nice under the father's instruction. She was free from being scolded or assaulted like her husband. Her father-in-law regularly drank and gambled. He was in good mood when won the game and tipped all at home but if he hose he would be irritating and breaking home objects which made her child often startled.

She and her husband often quarreled because he spent money on drinking, drugging and no money to feed their child. When she ask for it, she would be blasted, and beaten. He usually woke up late and when the child played with him, he would scold her not attending the child. When both quarrel, her father-in-law and her sister-in-law reserved to interfere. Relationship with her sister-in-law was sometime contrasted because of TV channel conflicts and she was forever defeated.

She had to look for additional income by looking for household jobs which preoccupied her to help the shop and brought dissatisfaction to her father-in-law and her husband who usually uttered sarcasm of useless feeding. Sometime she found no supper at the shop. During daytime, she helped the shop or worked on hired household job and returned for supper and watching TV while at night she returned to sleep at her grandmother's home which was in the same lane. Her husband left to drug with friends and returned after midnight ask sexually harassed her even near to labor.

4.2 Group 2: The Low Birth Weight Infants (LBWIs) without Sickness

4.2.1 Common Nature of the Low Birth Weight Infants without Sickness

There were 4 cases with unlikely lower than the criteria weight or 2,320-2,480 grams. All were labored at full womb-age and found no sickness during hospitalization. Children of this group could be delivered to their mothers after 6-8 hours and spent 3-4 days in the hospital with 800-2,000 Baht expenses. All mothers could milk their children.

4.2.2 Common Nature of the Mothers Having LBWIs without Sickness

The Mothers Having LBWIs without Sickness were 19-28 years. 3 cases had the second pregnancy while a case was the first one and only a case admitted her pre-natal and delivery. 3 cases had 4 irregular medical checks before labor and a case

admitted her pre-natal and delivery with less than 3-month pregnancy and regularly had medical checks before labor.

Their education was ranged from the primary level to the senior secondary level. A case finished K.6, 2 cases finished K.9, and a case finished K.12.

Their marital status was both staying with their husband with planning and without planning by relatively 2 cases each. 2 cases had ever married before but separated and stayed with the present husband and both left the children born by the previous husband under the responsibility of their relatives.

Their families were single and 2 cases separated and a case stay in a rented house with her husbands while another one stayed in the government allowance home. A case stayed with the husband's family while another one stayed with the wife's family.

The mother's economy and status – 2 cases earned no income, a case was a housewife and earned income by sewing cheap clothes and a case was an employee in a department store. All families were moderately affordable with different rate of debts to handle.

LBWIs without Sickness had less weight by criteria but labored upon complete womb-life and able to return to the mother after 8 hours of labor. 2-3 days were spent in the hospital with 800-2,000 Baht expenses. All could milk their children and most and no sickness to return for medication.

However, even the children met no sickness at birth but risk of illness in higher than normal weight child. In addition the LBWIs were risky to slower development than common children. So, for better health, there should be the LBWIs prevention.

Samples of Mothers Having Low Birth Weight Infants (LBWIs) without Sickness

Case 1: Mrs. Wassana

Backgrounds of the Mother and the Child

She was 27 years finished her K.6 with the first pregnancy at the age of 20 years and sewing cheap clothes for living but with uncertain wages. She then had 2 children with 7 years and 13 years. Her husband was a public hired motorcyclist and part-time plumber. Incomes served a day and had to illegally loan for living. This was the 3rd. pregnancy. Both wished to have no child because they had 2 already. Her first admission for pre-natal and delivery was at 5-6 month pregnancy with 4 irregular medical checks and labored at the 39th. week of the womb-life.

Her child at birth was 2,480 grams and healthy after labor but less weight than the criteria, which required for observations at the infant care ward. After 6 hours of observations, irregularities were not found, the child was then returned to the mother. The mother had active lactation and spent 3 days in the hospital before returned home. Expenses were 920 Baht. Hospitalized sickness was unfound later, and the 3-month lactation was positive.

The Life History of the Mother

Childhood

Mrs. Wassana was born in an orchard plantation in the north in an extensive family-locating house within the same compound of the paternal grandparents. Their grandfather as head was affordable and unlikely struggling. He was empowered to share income and allocate the family resources when the products were harvested. Wassana's father gained larger sum than other sibling because he was the eldest and led the works. Major work of men in the family was to work in the orchard while women work at home, cooking, feeding children and later joined the orchard work. Men when being free from routine works they repair orchard devices.

All her sibling finished the compulsory education and help the orchard works and none continued higher education.

Seniority was a practice in the family and helpful to each other in earning and if running short of money they all can borrow from each other. When they were not at home, it could be ask for helps in attending. Her father and mother had good relation and never quarrel but had any, the grandparents or the village chief would interfere and reconcile. Her mother was diligent and humble so she was loved by all. Her father was key to decide the family affairs. Home and routine expenses were under her mother's supervisions. Extra money the children had to ask from the father and by his permission, the mother would pay. Distant travelling had to be permitted by the father.

All adhered to the Buddhist practices. Villagers respected her father because he was the leader of the temple affairs. Her mother never missed to give Buddhist alms every morning. Every Buddhist day, parents brought all members to he temple never failed. The male by age for religious rite would enter monkhood, which gave pride to her mother. When Wassana got problem she could seek advice from all in the extensive family members, grandparents, parents and relatives.

Love Life and New Family

Wassana left home to sew in Bangkok but came to know her husband during plumbing in her workplace in a factory. After a year of association, they decide enter marriage under the consent of both parental parties.

Couple Life and Family Relation

After marriage she moved to stay with her husband but still work in a factory till resigned t feed her child and subcontracting to the factory job. Her parents-in-law loved her because she was diligent, helpful to the household works and her minor stroke father-in-law without disgust. All her husband sibling separated to stay with their own families but 1-2 visits was taken. Upon their visits, Wassana attended them well and all admired her.

Her husband was self-centered and had 1-2 quarrels a month mostly upon the child feeding and home expenses. The husband used to surrender to their children by buying expensive toys unnecessarily even she objected but he was stubborn. This led her wild and started to quarrel but never serious on assaulting. When problems arisen,

she stepped first to settled by preparing tasty food and well wording and sometimes her mother-in-law reconciled them.

Her husband was responsible and all incomes were given her to collect and for the home spending but if to buy expensive things or sending money home she would consult him and only by his consent. Her husband drank 1-2 times a month but mostly at home with 2-3 friends. She dislike his drinks but never reprimanded and counted as common among men by positive thinking. Drinking at home was better than womanizing outside when she had to get hurt. She contacted her own family without failed and sought advice when problems arisen.

Case 2: Mrs. Maneeya

Backgrounds of the Mother and the Child

She was 19 years not complete K.8 and had to leave school because of pregnancy. She lived with her mother who earned the living by ironing clothes. Her husband was 21 years a labor with uncertain wages and had to plead supports from her family. She had a 5-year child with her previous husband. Her first pregnancy was at 14 years. While on pregnant she thought of abortion but changed her mind to admitting pre-natal and delivery at the 4-5 month womb-life but never followed the appointment. She had 4-time medical check and gave birth at the 38th week.

The child was 2,320 grams at birth, healthy but slow lactation. It was observed in the infant intensive care unit for 8 hours and delivered to the mother for milking. The lactation was only first 1-2 days and had to stay for 4 days in the hospital with 2,000 Baht expenses. After returning home there was no problems with lactation but infected on respiratory system and had to return for medication on dosing.

The Life History of the Mother

Childhood

She was 6-7 months in her mother womb and her father separated to find a new family without caring her. She lived with her mother and her grandmother in a shabby shelter built in a factory where her grandmother worked as a housemaid. She had an elder sister but unlikely harmonious. Her mother used to compare both

performances and what her sister did she approved. She was better in learning, and in household works except her grandmother loved and cared for her. Her mother was fussy and beating if being dissatisfied. She separated from her husband and re-married many husbands but not lasting because of regular family quarrels and beating. After her grandmother died, she started associating with friends, truancy, and night roving till she got pregnant and had to leave the school. After she labored she left her child with her mother and her sister and returned to associated with her friends till got arrested charging on drug uses and drug possession. She was admitted for rehabilitation and later returned home.

Love Life and New Family

After rehabilitation, she stayed home with her mother feed her child and not so long she knew her new husband during his employment near her shelter. Associating for r3-4 moth both had affairs without her mother knowledge till she got pregnant while her new husband had left to work in upcountry. She wore tight trousers with lose shirt to cover the secrecy and thought about solutions till her pregnancy betrayed her and she discuss with her husband. Finally her boy friend agreed to take responsibility and both live together ever since.

Couple Life and Family Relation

She and her husband lived with her mother and share the rent of 1,000-2,000 Baht a month. Later her husband spent time in drinking and less sharing the rent which led to dissatisfaction of her mother and her sister and started quarrelling. They separted to rent their home alone an dhwn she was 7-8 moth pregannt an dithe th esuffering life becauae her husband involved in roving drinking , abandoning and quarreling but harming, she returned to stay with her mother and her husband followed her promising to well attend her wife. After the birth, her husband attended her and the child well but still regularly drank.

Case 3: Mrs. Suparuek**Backgrounds of the Mother and the Child**

She was 28 years finished her K.9 and worked as sales person in a department store earning 7,000-8,000 Baht a month. Her husband was 33 years a widow separated from his previous wife and earned a bachelor degree working in a marketing department in a private company earning 10,000 – 20,000 Baht a month. She had a 7-year child by being raped. Her husband was a womanizer but not lasting and discarding family responsibility. She wanted a child to bind him and to stop womanizing. She admitted her pre-natal and delivery at 2-3 month womb-life and had 4 times medical check before delivery at the 38th week.

The child was 2,320 grams at birth, healthy but slow lactation. It was observed in the infant intensive care unit for 6 hours and delivered to the mother for milking. She stayed for 3 days in the hospital with 800 Baht expenses. After returning home, the child got diarrhea often and had to visit the doctor but never be serious for hospitalization.

The Life History of the Mother**Childhood**

Suparuek was born farmer from the northeast owning her own farmland inherited by maternal party and they separated to build their own house but still contacted with paternal parties. Supports were helpful when she asked for.

She was the eldest daughter with a brother. Her parents were never seriously quarreling and not short period of anger. Both were diligent at works for earning and responsible to the family. During free time for farmland, her father was employed on construction works, digging wells, searching for fresh water life for sells. Her mother was employed to collect chili in a farm, looming mats and clothes. Her father was not talkative, kind, generous, and helpful to the village affairs. Villagers sought his help to construct restrooms in a Buddhist temple and repair the school roof and her mother was pious to the village temple and neighborhood ones by bringing all her children with her.

Home affairs were attended by the mother but the serious ones her father would decide such as to buy a plow machine and selecting the paddy seeds each year. Those who were free would help the household works without discrimination. Her

father loved cooking, sweeping and cleaning home but when others visited her mother would attend to it, she did not want her father ashamed of grapevine on being under the wife skirt.

Her relation with her brother was occasionally problematic. Her mother used to instruct her to care and sacrifice for him. When she got problems she would turn to her mother reasoning that the woman better understood the woman.

She finished her K.9 and did not continue her higher education because she had to travel to the city and the school was too far and inconvenient to travel. Her father asked her to leave school to help her mother fearing her to distantly travel and her security but her brother was supported for higher education.

Love Life and New Family

She was jovial, enjoying and smart in talking. During her youth many young men flocked her. She associated but never decided. Her parents gave her freedom of choice but only guiding. One day, she happened to travel to the city buying something and she visited her boy friend at his residence. Unfortunately, he was not there only his friend who insisted to enter the room. With trust she agreed and took the meal together. Her boy friend's friend persuaded her to have affairs but she disagreed, she was then assaulted and raped. With being ashamed, she feared to tell any one. After that she was raped many times by the same person till got pregnant and fled to stay with her relative in Bangkok to find job without contact her boy-friend and his friend any longer till she labored and sent her child home to her parents. She then never returned home ever since.

She worked as a salesperson in a department store, being polished, smiling, impressive presentation, many men flocked her again but she never covered her nightmare to these people whom she wanted to spend her life with thinking that it should not create problems later. None accepted such a woman with a child except a widow who accepted her and never failed to associate. She then decided to spend her life with him with a small simple local marriage of the northeast.

Couple Life and Family Relation

She lived with her husband in an apartment where she rented and later her husband joined her. Her husband paid for the rent about 7,000-8,000 Baht for 1-2 years. When her husband bought a car, he stopped helping but to pay the installment. When he had money problem, she ask her home to support him and when he got problem on working she gave advice but he was a womanizer and after got caught he would leave but find a new one and she had to hunt him. Her husband helped some minor household jobs.



CHAPTER 5

LOW BIRTH WEIGHT INFANTS GENDER RELATIONS IN FAMILY

This Chapter will be contributed to the gender relations in a family of the mother having the low birth weight infant (LBWI) in the dimension of the gender socialization conceived by the mother during her childhood and the present family, the division of labor, the power and control on expenses and leading power of decision-making in family, accessing resource and benefit of the family. They were food, rest, recreation activities and the medical service. Details of the gender relations in a family is divided into 2 groups according to the groups of the low birth weight infants as follows:

5.1 The Gender Relations in a Family of the Mother Having the Low Birth Weight Infants (LBWI) with Sickness

It was an inequality relation. Meaning, man has more power over woman. By the inequality socialization, the man is recognized to have better status in a family than the woman because he is born to play major roles and duties e.g. the family leader, earning living for the family, the inheritor, and the one who will lead parents to heaven during their death. Therefore, man should be honored, respected, and recognized as key in a family.

In addition, man owns more rights and benefits in a family than woman in relative to educational supports, needs no responsibility over the household works, free life, more opportunity of self-potential development.

At the meantime, the woman roles in a family are supporting the man to fulfill duty and fully recognizing him as key. She burdens the household works, child feeding, and attending family members to be happy. These jobs were recognized as worthless because of economic unproductiveness. The feminine status in a family is

then inferior to the masculine status, powerless, uncontrollable, and inaccessible to the family resources and benefits. The mother cannot plan her pregnancy and with unready for it. The inequity of the gender relation is divided into 5 issues as follows:

5.1.1 Gender Socialization in a Family

It characterizes feminine and masculine grown in the family institution, which is the first one to implant the concepts and idealism of the gender relation within the mother. The gender socialization is likely created by characterizing biological differences as determinants. Details are following.

5.1.1.1 Feminist Socialization

Most women are physically soft, fragile, weak and are mostly trained to be tender, reserved, beauty-oriented and fair-lady, pliable, yielding, obeying, and complying. Having the uterus, she has to be pregnant, and laboring. She is destined to feed children, to household works, attending family members, the motherhood sacrificing for the family. Being victimized in pregnancy by the irresponsible man, she is trained to be cautious on sex, reserved, shameful on sex, never travel far, staying and guarding home as following socialization.

“A woman must be refined, a fair-lady and yielding.”

All mothers in this group have been instructed by their family to behave as the fair-lady, well mannered, and yielding as following instructions.

“...a woman must have a refined manner...no stumping during walking...courteous in speaking...no harsh word and in soft tone...”

Nitaya

“... sitting on the floor, mom will tell us to composedly sit but the boy by cross-legged...mom says siting cross-legged like boy is not a fair-lady...”

Kusumas

“... a girl must obey parent and complying not self-centered like a boy...”

Vibhavadee

A beauty-oriented

More than half of the mothers is instructed to care for beautification from elders in their families. They need to be meticulous and ever beautiful dressing. Beauty is vital to them. In addition, beauty leads to upgrading the feminist status as following instructions.

“... mom always emphasizes a girls needs to attend her hair, clean clothes even born not so attracting but dressing helps and countless men will be attracted...if it were lucky, it will take short-cut to be “Lady of the Lord”...”

Siriwan

“...mom says with refined dressing and neat attracts men ...”

Pornthip

“...Grandma is strict, and demanding in dressing and to public it requires to dress well...clean clothes, well ironed, powdering, well-combed...She says dress well is the woman charm ...”

Karuna

A woman is weak and not using force

Parents usually perceive their daughter as weak, cherished and feeding is different from male. Countless mother are forbidden to play or to hard works, as following examples.

“...mom forbids to risky plays, boxing with boys even bigger otherwise by accident the bone will be broken...”

Nitaya

“...works are divided at home...men use force and energy while woman attends light job, cooking, washing and ironing clothes... and by heavy jobs, they transit the uterus ...”

Vibhavadee

A woman must glorify the man

Most mothers are socialized to respect and glorify the man because he is blessed and has to enter monkhood to lead parents to heaven by the religious belief. The woman needs to attend him with respect, never touch or hold his head ever being senior because it is sinful and the next life the girl then will not be born male. This makes the woman cannot enter monkhood to accumulate blessings for parents and herself as following instructions.

“...mom will admonish to slap or push the head of my brother...she says he is male and not so long he will enter monkhood and study...He must not be disrespected because it will be sinful...those commit many sins in the next life no chance to be male, entering monkhood to accumulate blessings for parents leading them to heaven and for oneself...”

Vibhavadee

Some family grow masculine powers creating the belief of “ **some devices of the woman are ill-fated and mean**” such as tube skirt, and underwear are counted mean, dirty and never mix with the man for washing. Never dry tube skirts or woman underwear in the high places and men are forbidden to walk under the drying rod of clothes because it is ill fated as following instructions.

“...at home, men are forbidden to wash the tube skirt or woman underwear, mom says it is bad and sinful ...”

Kusumas

“...mom demands separating tube skirt, skirts and pants... she says woman’s are dirtier and have to wash later and not drying in the high places ...”

Vibhavadee

In addition, there are instructions on household living that the wife needs to honor her husband as follows:

A good wife never cows her husband

Most mothers are socialized to accept the husband's power with respect and honor because he is the leader and family chief. It is witnessed from the family instruction that a good wife should not overshadow man by her better performance as following instructions.

“...mom says, a wife must not cow her husband but to honor as family leader...even having higher education, better job otherwise the marriage life is not lasting...sweet speech, honor him, give him consultation, recommending rather than demanding.....”

Nitaya

Truthful to husband and unadulterated

All mothers are socialized to be truthful to their husband and the married ones must be unadulterated as well as honor their husband by not associating or familiarizing other men. Good girl is a monogamist.

“... Mom emphasizes a wife is truthful to one husband and associating with other man even no affairs but over acting of familiarity, she will be condemned as adulterous and dishonoring her husband” ...”

Siriwan

“...Woman is unlike man, a polygamist man is an attractive but the woman will be called prostitute so she must be a monogamist and unadulterated....”

Kusumas

Self-possessed

All mothers were restricted in sexual behaving and they were instructed to adhere to the regulated customs, cautiousness, self-control, resistance to sex because if she is ever having affairs she is stigmatized, discarded, and valueless as following examples.

“...Mom emphasize to resist against sex affairs till marriage. A stigmatized girl is devaluing and cannot charge high dowry...”

Vibhavadee

“...even a lover but not married, it is improper to hold hands...woman must be self-possessed ...”

Siriwan

“...Grandma is strict of associating with man...never travelling alone with each other...she says, woman is stigmatized if being raped an she must be self-possessed ”

Karuna

Silent to sexuality

All mother are instructed that its is shameful and must be silent to sexuality or never express sensuality with man first, needs to suppress sensuality and needs, never persuades or start sensuality and love affairs should not be extraordinary. If she shows sexual expertise, she will be stigmatized as bad, and adulterous as following instructions.

“...mom says, woman must have shamefulness, emotional and sensual suppression, never be starter of love affairs, responding with modest, and normal otherwise the man will think we are expert and experience before ”

Nitaya

“...Woman never say love to man first otherwise she is worldly and flirtatious...”

Pornthip

Staying and Guarding Home

Woman is easily blemished and most mothers are socialized to frame areas in living, never travel far and taking overnight stay even in either the relative or friends' houses. If she does not follow she get gossips from other.

“...Grandma never allow to take overnight sty at my friends' home even the girl friend...a girl at all cost is blemished and other will gossip.. ”

Karuna

“...asking mom to work in Bangkok but she refuses. She does not want me to work far from home... so I escaped and it takes many year to gain her forgiveness...”

Kusumas

“...mom never allow any distant trip. She says woman is always blemished, and gossiping. So it is better to stay at home...”

Jintana

A Fair Mistress

All mothers are socialized to be the fair mistress in cooking, neat household works and attending family members to be happy. So they were instructed and trained to the jobs of clothe washing and ironing, cooking, and feeding in order to be the mistress as following:

“...Mom demands me and my elder sister to help household works, and feeding the younger sibling. She says a girl should practice to be a fair mistress...”

Kusumas

“...Mom trains me cooking since young. It is the attraction and key for a woman. A woman must know how to attend children and husband for good living...”

Siriwan

Key Job of Woman is Housework

Most mothers are socialized by families that woman needs taking responsible to household works even some families, women needs to work outside home to support the family earning but still household works are key jobs as following samples.

“...Mom demands daughters to help household works, washing and ironing clothes and cooking while sons are unlikely except daughters were truly occupied sons will be asked. Mom says they are woman’s jobs...”

Vibhavadee

“...washing and ironing clothes, and cooking are completed be mom and me while dad and my brother will help when mom and me work OT ...”

Siriwan

Sacrifice and Responsibility toward Family

Many mothers are instructed to sacrifice and responsible towards families as following samples.

“...After K.9, mom asks me to quit and help her work to support our brother. She tells me to sacrifice because I am the eldest...”

Siriwan

“...Working in Bangkok and sending back money to my mom never fail...it is the duty of a daughter even my elder brother is paid more, he sometimes sends. As it be, a man not only eats but plays. ”

Kusumas

Feminist attributes socialized for this mother group is similar. They are refinement, softness, tenderness, being fair-lady, yielding, cautious in dressing, shamefulness, silence on sexuality, self-reservedness, family-woman, fair-mistress a key person for responsible to the household works, sacrifice and responsible to family.

5.1.1.2. Masculinist Socialization

The socialization informed by many mothers are similar that man is instructed to be strong, patient, brave, the guard, the leader, honored, and bold to express. Also, man will not be pregnant, he is then socialized to earning living for the family, liberty in living and sex as following examples.

Strong, Patient and a Leader

Masculinity needs to be solid, strong, patient, loud voice, clear, autarchic, daring to decide, rational, prudent, and discreet as following samples.

“...Man mist be smart, solid, wrapped shoulders, pressed legs, and swing buttock, otherwise it is not deserving masculinity and when sit, he sits in cross-legged unlike woman... ”

Kusumas

“ Man must speak loud and clear, soprano tone and not sharp tone, or in an affected way ”

Jintana

“ Man must be Solid, rational, leadership, keeping words, solving problems not by emotion, sound and prudent”

Pornthip

“ Man must be patient, tough to climates, hardship, never grumbles and no one see his tears..”

Parrichat

Honor and Dignity

Honor and dignity is vital and showed masculinity. None could not condemn and fight and never yields and rejects helps from other particularly from female.

“ ..Man is fearless to any, none can condemn, even my brother is small, he fights and neighbor dare not mistreat him. Grandma says he is great and deserves to be man..”

Parrichat

“ ...Man must stand on his own leg, with dignity, no pleading, no request from anyone...never accept helps especially for woman.”

Pornthip

Oneselfness and Dislike Coercion

Parents allow freedom of thought and decision of the son rather than the daughter. The son can argue had he not wished to follow the needs of parents. It is seen natural for a man as following examples.

“...Mom says it is natural to man in thinking and deciding by himself, and dislike fussiness. Upon decision, if it were forbidden, it seemed driving and left them to seek their experiences. So, mom never coerces their thought to do why here and thee...”

Siriwan

Key Earning for Family Supports

Man is socialized to earn living for family, which is critical and as the family leader. It is witnessed that a daughter is instructed to find diligent husband with good work position and earns living for the happiness of the family. The son is prepared to work for family supporting him high education rather than the daughter.

“...Mom supports her son rather than her daughter in higher education because he is key to earning living for his wife and children so higher education is required...”

Kusumas

“ ... Mom is unlikely strict to my brother. She says his job is to center on education and job placement to feed his family...”

Pornthip

Man is not Tarnished.

Man is free and believed that he is not tarnished. He can live freely non-restricted and sex freedom.

“...Mom is rigid with her daughter rather than her son. Wherever she goes she needs approval except the son. His drunken roving brings him nothing ...”

Vibhavadee

“...If man can make hid family happy to be a polygamist is not blemished...”

Orn-uma

“...Mom blames the son nothing if he brings his girl to sleep at home. She says, he is blameless. Man smart in sex attracting girls even if the girls even allow at home and he is naïve, he loses his credit....”

Vibhavadee

Man is easily hyper-sexualized if driven

“...sexy dressing, short skirts, one strip and shapy dressing call unsafety and endanger the persons because only a glimpse it arouse male sexuality...”

Kusumas

“a man with sensuality, he will attempt and those having husbands must stand it's natural”

Parrichat

Man socialized in this group is similar in every family and the mothers are instructed that man must be strong, patient, leader, honor, dignity, earning for family and freedom god living because it is natural and not damaging.

It is found that the gender socialization of the mother with LBWIs with sickness has the gender inequity in a family by build norms that the man is superior to the woman. This allows man claims more rights and freedom, more opportunity of education able to develop potentials, leadership, power to think and to decide for the family, controlling woman to be the follower and the hind legs sacrificing for family by ideally attending household works and family members, to be the air mistress. This is to overshadow woman to accept inferiority and surrender to the sub-class, being controlled, and oppressed without voice to its life struggles. This turns woman health is unattended affecting the mother and child to be born.

5.1.2. Domestic Violence

It happens at home by insiders. In this investigation, it is focused on the families of the mothers having LBWIs both during their childhood and the couple marriage life.

These mother groups live in the high rate of domestic violence since childhood and the present one. There are many dimensions in relative to physiology, psychology and sexuality. They are divided into 2 phases, i.e.

Violence during Childhood

It is the violence their mother got from the family members, i.e. the father, the mother, the grandfathers, the grandmothers, relatives and other persons living with the mothers. Violence affecting the mother is characterized as follows:

1. Abandoned, Uninterested, and Unattended

Most are found in the broken homes by the fathers abandons and leave the mother under the care of the mothers' family and some even during pregnancy such as

the case of Parrichat who has been left under the care of her grandmother since infancy.

“My father and my mother abandon me to my grandmother since infancy and never return or asking about me. If we meet, I cannot remember them by now...”

Parrichat

Parrichat’s parent love drinking, gambling and quarrelling with beating and assaulting as a routine till both separate and find their new families abandoning her and her brother with her grandmother. Never both of them return to visit or to message her and her brother.

The case of Siriwan abandoned by her father and leaves her with her mother

“Dad leaves us to stay with his new wife, uninterested on how much we suffer.....”

Siriwan

Her father left her since she was in K7 to stay with a wealthier wife. Later there were no concerns leaving her and her brother to live with their mother and not long she has new husband with 2 new children.

2. Irresponsible on Nurturing

There are no financial supports for daily living and education to develop the mother’s potential for better income and honored in future. It likely happens with the families with drunken, gambling, womanizing and the polygamist father.

The case of Kusumas with a drunken and gambling father.

“Dad drinks and gambles and leaves no money for home expenses, We have to struggle and sometime he coerced money from us....”

Kusumas

Kusumas has 11 sibling and her father and mother are employed to work in an orchard. Her father is addicted with drinking and gambling and irresponsible to the family. Major income is from her mother but insufficient for the family spending. All children have to quit schooling to help working especially the girls quit after K.6

because educational fund is not found like the boys who use Buddhist novices to help free education.

The case of Siriwan, her father promises to support her and her brother before separation but fails.

“ first few years he supports but none later mom has to work for our living....”

Kusumas

Before separation, Siriwan's father promises to support livings every month but not so long he fails the promise and when her mother pursues he scarcely gives. Finally, she never pursues and he stops supports. Siriwan then studies only K9 and quit the school to work for family supports and to support her brother education.

3. Disheartening and Shaming

A verbal violence her mother gets from her father or the family members by disheartening and shaming for those who cannot reach the social expectation, such as

The case of Karuna, who is left with her grandmother and she is often disheartened by the words, “Bad like the Father” and when she associates with man or goes night-life she will meet, “flirt like the mother.”

4. Suffering Other Rage

They always suffer rage, and hatred of the family members because of weakness and incapability easily to be mistreated for other. For examples, the case of Parrichat, who always suffers her grandmother's rage but her brother is outside with friends and able to better avoid. When she quarrel with grandfather or not enough for spending she is tempered and blasts about her parents. Sometimes, her grandmother suffers her by asserting, beating, and throwing things at her.

“When grandma get angry, she blasts at me about my parents, hwy they suffer her to support her and her brother...what is near her she will throw and sometimes assaults me...”

Parrichat

It is similar with the case of Vibhavadee who always suffers her mother's tempers. She is the eldest and has to quit school for selling and doing housework. So that her brothers would have a opportunity to study. Her life was closed to the outsiders and commits to a narrow world in a house associating with none and outsiders.

"...When mom quarrels with dad, they all turn to me, scolding, blaming and bad-tempered in what so ever dissatisfied them. Other members were not suffering because none is at home. They go to school or association with friends and I am the only one stick at home..."

Vibhavadee

The case of Pornthip was condemned by her father's relatives especially her grandmother who is always sarcastic because she dislike her mother, which also affects her.

"...Grandma hates mom and also then me, what I do they cross their eyes..."

Pornthip

Pornthip tells us that her parents separated because her grandmother dislikes the stubborn and non-yielding. The grandmother then misleads her son and creates misunderstanding between her father and her mother till both have to separate. Pornthip lives with her mother and occasionally supported by her father. Sometimes, he takes her for dining during festivals. She is isolating herself and unlikely associating with her father's relatives fearing blaming her mother and she often get scolded by her father of not associating with his relatives.

5. Exploitation and Discrimination

Discrimination was found in families and being a daughter she cannot inherit the family name. So she is not supported to maintain the fame of the families. A daughter adhering to the mother has no economic roles and to decide for the family especially the worst discriminated like Pornthip the discarded and the unfairly treated.

“...Grandpa and grandma support their nephew rather than nieces because the man never change the lastname and if famous, it honors the family. Grandma says the woman not long after marriage she will sue other lastname...”

Pornthip

Pornthip informs that her family supports the son more than the daughter because he can inherit the family name and became famous for the family rather than the daughter. After separation, her elder brother has been supported by them and leave her to her mother who depended upon the new husband earning the living. She has been discriminated compared to her new sister and brother born from her stepfather. When there is quarrel she is often blamed by her mother but she feared to blame the younger fearing her new husband.

In addition, daughters are discriminated in housework. Parents expect daughter to fulfil housework rather than the son such the case of Vibhavadee.

“...Mom never blames if the son leaves to play over the unfinished job but to the daughter is the contrary...”

Vibhavadee

Vibhavadee and her sister have to complete housework before allow playing outside but with the son her mother says nothing even over the unfinished job because she never expects the housework from the son. She believes that marriage the daughter has to fulfill housework and attends the family members. So, the son is expected on education to earn living for the family or enters the monkhood so as to lead parent to heaven.

6. Witnessing the Domestic Violence

All mothers witness domestic violence or family quarrels, assaults and most are the men assault the women caused by quarrels and hurt each other because of economic problems, unaffordable of the expenses, womanizing, or many mixed problems. All happen when the family leader drinks, gambles are irresponsible to the family, e.g.

The case of Parrichat who witnesses the quarrel of her grandfather and grandmother and often hurt each other because her grandfather love drinking and gambling then no money for the family spending. Her grandmother is furious and blamed her grandfather the both seriously argue and even beating each other sometime both get hurt but the grandmother suffers more and not hospitalizing.

“...Grandma and grandpa often quarrel on his drinking and gambling leaving no money to grandma. Sometimes, both seriously quarrel to assault and grandma suffers injury more..”

Parrichat

The case of Jintana, who witnesses her stepfather, hurt her mother because of jealousy. He is beastly angry and lost temper if drunken and suspects her mother to commit adultery and beating her mother often.

“...The stepfather is jealousy, suspicious and when drunken he becomes beast. If he sees mom speak to a man he will charge at her hurting or pressing her by cigarette. Sometime he uses a rope or clothes necking her. Mother has ever been unconscious from beating..”

Jintana

7. Assault

Direct harassment cause d in families by assaulting, beating and smashing caused both injuries and non-injuries. With the belief of women are weak and the property of the family while the men are stronger and over-power and can hurt all such as

Protecting her mother hurts Siriwan. She tells that a day her stepfather is drunken and seeks quarrels and beating her mother. My mother fears the consequences of fights. She cannot bear and plead her stepfather she is then hurt too.

“...When the stepfather hurt mom, I interfere and sometimes by accident I am hurt. I know I cannot trench it but do not want to witness mom is beaten..”

Siriwan

Similarly, Kusumas is often hurt by her drunken father or after loss in gambling. He will return to coerce for money from her and family members to play back and if he is not given all will be harmed.

“Father loves drinking, gambling, and he is unlucky after his returns all family member suffer if no money to buy alcohol or money to play back. All will be blasted to. He will overturns things to find money or value things to sell. Children who are near him will be kicked, smashing the head, pushed. I am at rage but do not know what to do, he is my father”

Kusumas

Jintana’s case: she was hurt and hospitalized by her brother and the stepfather. Her tolerance runs short on avoidance behavior on housework and stanches her radio the first reward of her work to sell. She blasts at them and she is kicked at the abdomen. 3daays later she gets jaundice, and pang. The doctor says the liver and the abdomen muscles are corrupted and she was hospitalized for 2 days.

“I sit washing clothes with mom. The son of my stepfather gave me 200 Baht shares of selling my radio. He sells to pay debt for his friend and the rest he will pay me later. I got rage and shout at him the coward...suckers. He gets furious and turns to kick me and stamps on me many times...”

Jintana

8. Being Molested and Sexually Abused

The mothers were sexually abused twice from the family members, i.e. the case of Jintana, who was being peeped by the son of the stepfather that she has to take tube skirt for bathing and uncomfortable to clean herself.

“ The bathroom is made of zinc plate and he uses to make hole for peeping when I take bath. I try to cover the holes but he makes a new one. So I bathe with the tube skirt uneasily to clean myself...”

Jintana

The case of Orn-uma that she was abused by her stepfather since she does not have the menstruation.

“ When mom is not at home while watching TV and snapping, the stepfather rubs my breast, leg and buttock. And when I awake, he excuses on searching the remote. I have ever informed mom but she fears of being abandoned and no one supports. She just cautions me to keep aloof from him and do not stay alone with him. The longer the stepfather is pleased even dares to do at the presence of mom. So I leaves home to stay with my friend fearing to be raped any days...”

Orn-uma

Mothers in this group have faced the domestic violence since childhood at level of seriousness. More than half of the group lives in the quarrel home. Some hurt each other. In addition, they are exploited and discriminated being a daughter and unable to inherit the family name. So, they are not supported, and attended like the son. The state of a daughter with a powerless mother in economy and family societies, it lower the mother status in a family. The mothers are usually the resort of rage relief by disheartening words, assaults, hurting and some cases by the stepfather or sexually abused by the family members.

Couple Life Violence

Violence the mothers meet with both the previous and the present couple.

1. Abandoned with Irresponsible to the Child

Violence the mother faces from being induced or willing to have sex till being pregnant and the male swims away, abandons, take no interest, no attending and irresponsibility over the pregnancy. This is often found during youth life of the mothers when they lack affection quarrels, and the mother needs to seek love from outsiders, which leads to be easily trapped in sexuality to gain love and concerns. For example, in the case of Orn-uma who seeks outside love and warmth from her lover to replace from home. She was thrice abandoned after being pregnant.

“ I want sincere one to concern about me and help me during suffering, securing in his arms but I find only the selfish. When I am pregnant they all flee...”

Orn-uma

2. Dishonoring and De-recognizing

Violence caused by the husbands or other family members paying worthless and valueless by gestures and expressions or rejection of notions. It is found among mothers with social inferiority, from poor family, uneducated or impure with previous husband or rejection by elders on their marriage. Such as

The case of Nitaya how tells that she is dishonored from he husband and surrounding people hating that she has husband and child before. Her husband took her to visit his family in the province once and his family express rejection. Her mother-in-law prepares the family ring to all the daughter-in-law except her. Sometime disheartens her by words that she lowers the advancement of her husband. He should have pure wife like her. Her husband dislike to take her around with him having older wife than he is and impure having family before.

“ A woman ever married though best one does, she is rejected, dishonored, de-recognized incompatible to a wife of purity..... ”

Nitaya

Similarly with the family of Karuna, her husband's family rejects and de-recognizes her as legal daughter-in-law. Sometime her husband disgusts her because she came from a broken home and experiences the rotten life of youth, associating with roving friends, pregnancy during studies. This is diffenret from her husband, which is wealthy and recognized. She tells that when a family trip is arranged for the workplace workers can bring their family but her father-in-law discriminates her fearing to introduce her his son's wife. She is barred from home party and whether husband dissatisfied he condemns her saying, “*You are lucky to have a husband like me.*”

3. Not Supporting

More than half of the mothers were not supported by their husbands because they were addicts to drinking or narcotics and some cases play gambling losing gall money to support the family such as

The case of Parrichat, her husband drinks, drugs and gambles irresponsible to the family. She then goes outside for employment around the neighborhood to support her living and the child.

“ Recently, he drinks, drugs and gambling and no money left, to buy milk for her child. So, I struggle to find job...”

Parrichat

The case of Kusumas with a husband drunken during work and being fire from the sewing factory to sew cheap clothes. It is affordable but no saving for home spending.

“ .He works at home but none to control he drinks more. Only me cannot afford the home expenses and school fees for children. I am lucky, my sister helps when I am in needy.”

Kusumas

The case of Jintana when her husband spends his wages in drinking and when he is drunken he feats his friends and leaves none to the children and wife. She has to take loans allowance from the factory and her salary is then deducted for the loan, which makes the following month runs shirt and escalating debt.

4. Threatening and Intimidating

It fears them of assumed endangering on persons and property. The case of Vibhavadee separating from her husband but not totally legal because her husband is the womanizer. After 2-3 years, she associates with new man and stays with him but her previous husband does not register divorce. If so, she has to give him the shop where she earns living t support her child and even her husband during criticality. Her husband threatens her to burn down the shop, to harm the new husband or to abduct the child. So she give him money what she has at the moment to him buying her freedom.

The case of Porthip being threatened, and intimidated by the legal wife of her husband. She tells that the legal wife pursues her and publicly defames her with vulgar words. So, she has to move from the same workplace of her husband to work in a new place. Still she was threatened by phones to harm her and her child. Often she has to take leave to attend her child fearing the threatening danger.

The case of Siriwan when her jealous husband suspecting her adultery and pursuing her threatening that if he can catch she commits adultery he will harm her at the workplace to shame and kill her with her new lover. This makes her fear to talk to other man fearing troubling others.

5. Untruthfulness, Womanizing and Adultery

Violence found most in the couple life. Most mother find that adultery to other women deeply hurt them but they have to bear because of dependency and fear divorce such as the case of Karuna. She tells that she knows that her husband associates with many girls but silence or stops him because she is jobless, no income and dependent to him and she finds none to support.

“ He is a womanizer and many women are attracted to his life. When we know he goes with others, we deeply hurt but do not know what to do. I have to be sightless and control myself. It is difficult to do and sometimes I need valium to forget all. If I shout, all will suffer. If he gets angry how can I afford the home spending. His relatives reject us, and to seek for job, I do not know what to do. I finish only K9, none will accept me. ”

Karuna

The case of Nitaya who separates from her husband unbearable to his womanizing and stays with present one. Sometime, her husband has affairs with others about still he supports us. She suffers and hard to accept fearing the second separation and for the peaceful home but deep inside her she hurt.

“ We, women hate to share our husband but for the peacefulness at home sometimes we have to surrender if he still supports. Some men they may, least is found truthful to his wife. Failing once in life, I fear the second time. Such thing it stigmatized women... ”

Nitaya

The case of Porthip with her husband ‘s legal wife before having affairs with her till she was pregnant she finds fact. She suffers being a minor wife to have the father for her child and she cannot separate from him. She believes that surrender her body to him means she has to be hones to him.

“ Suffering today is for my child, fearing no father for them. Another thing, surrendering her body to him makes commitments of non-separation. We women wish not to share the husband with the. If it is so, so be it , it is our previous fate ”

Nitaya

Most mothers suffer and are worried to witness the husband having affairs with other woman r even it is secrecy or without supports.

6. Assaulting

Most mother have ever been assaulted by their husbands some are suing pregnancy. Causes are from quarrels with the husband on economic of inaffordability, jealousy, drunkenness of the husband and assaulted the wife such as the case of Kusumas beaten by her husband regularly.

“ My husband is drunken, with no interest at home. If I get angry and complain, he will be angry and start quarreling and fall under his assaults, slapping, beating, and kicking, I fear to fight, it will increase. When we quarrel, none at home will interfere they count as husband-wife affairs. If it goes too far his sister will interfere.”

Nitaya

The case of Siriwan who is hurt by her husband upon jealousy

“ He I shot tempered, jealous and if talking with other man, he is impulsive and straight to assault, slap an beat. This fears me to talk with others..”

Siriwan

The case of Vibhavadee who was hurt by drunkenness and shameful being scolded at the presence of his friend

“ When a time he drinks and roving with friends. So I scolded him before his friends. He might be shameful and drunken. He push me down clash my buttock. If he is not drunk, he is not bold enough. After that, when I wan tot complain I shall wait till he is not drunken an avoid admonish him before his friends.”

Vibhavadee

7. Unwilling Sex Affairs

More than half admits that having affairs with the couples emotionlessly because there are many reasons, as follows:

Fearing Husband Hates

“ Someday, exhausted by work or with menstruation and dislike to sleep with him but fearing he will not come, I surrender.”

Pornthip

Porthip fear to retaliate the affairs because he visits 2-3 time a month and 1-2 days a time. Sometime, she was exhausted by work and having menstruation which makes he dislike the affairs but she yields fearing he will not love and will not often visit her.

Fearing Untruthfulness

“ .Sex is vital of a couple life, if we do not allow him, he will be untruthful”

Karuna

Karuna consent with what her husband requires fearing his untruthfulness. She believes that it is the male nature of being hypersexual and needs release. Had it not been responded, he would seek others who could respond to his needs.

Fearing Being Blamed of Untruthfulness

“ Woman does not have often-sexual mood like man. Sometime tired and sleepy, we lose the appeal. He gets angry if I refuse and claims my untruthfulness. To stop trouble, I surrender.”

Siriwan

Siriwan fear to refuse having affairs on charges of untruthfulness because every time she refuses, he suspects her untruthfulness.

Fearing Assaults to Her and her Beloved

“ He gets drunk and arrives at one or two after mid night and ask for the affairs. Otherwise he makes noises. So I fear my child will be awaken and weeps and even 6-7 month pregnancy I have to surrender...”

Parrichat

Parrichat fear to reject the affairs with her husband during after midnight fearing her child will be awaken and weeps and she will find no time to rest.

The case of Kusumas: she was raped when her husband was drunk.

“ If he is drunk, I rejects because of alcohol but I cannot bear his strength...I more I react the more he will press and I am painful...”

Kusumas

Most mothers fear to refuse the affairs with their husbands being instructed that woman after marriage is the property of her husband. He leads sex followed by the wife and responding his desire. With the inferiority of the wife and his economic dependency and physiology, the mother are helpless to refuse the affairs.

8. Sex Transmitted Infection

Two mothers are infected by having sex with their couples. One is found during pregnancy. Orn-uma tells that she gets gonorrhoea and treated by 3 injections to hip it is painful for many days. During labor, the doctor takes blood test and still have the infection but no medical treatment and the doctor makes appointment for blood test another time.

All mothers of this group suffer violence from their own husbands at serious level. Violence is abandonment, irresponsible to pregnancy, dishonor, de-recognition, non-supports, threat, intimidation, untruthfulness, womanizing, adultery, assault, force sex and infection from sex.

It is witnessed from the domestic violence both in the past and in the present. All are rooted from the inequality gender relations. By socialization allowing man to over-power woman is more critical than the wife respecting, and honoring the husband. This is long rooted in societies turning women to yield to the inferiority. In addition, dependency of man earning for living and lack of economic power turn woman with no power of negation and unable to protect oneself from domestic violence. Drinking and addictions of the men in families are another causes spurring the domestic violence.

5.1.3 Divisions of Labor in Family

This is the model of family responsibility between the mothers and her husbands including hours of works during the pregnancy of the first child till the present one.

It was divided into 2 types of labor, i.e. first, the **productive tasks (PTs)**, which are reproduction of the raw material into goods or valued services. They might be made in the family or in the factory, shop, and company. Most are tasks gaining income. Societies assign such tasks to man. The second is the **reproductive tasks (RTs)**, which are the housework, i.e. house cleaning, cooking, and feeding children and so on. Such jobs give no pays and likely worthless by occupation. Most societies assign this job to woman.

Models on Task Responsibility of the Mother and the Husband

The mothers and the husband among the group of LBWIs with sickness have 2 divisions of labor as follows:

1. The Husband Never Shares the RTs (10 cases)– the mothers are responsible to the housework while the husbands are responsible to the PTs or the mothers take responsibility of both and the husbands never share the RTs. There are 6 cases, i.e. Jintana, who tells that her husband never helps her and tells her that the RTs is the task of the wife.

“ My husband never helps me on housework. He says it is my task of the woman. If the man mops the floor, washes dishes and washing clothes, they are not matched. Even taking meal he calls me to serve him...”

Jintana

The case of Kusumas, her husband never helps her because he is naïve to it.

“ Sweeping and mopping the floor, and washing clothes are all mine, my husband never touches. When I am away, his sister attends to them. He never does it since young...”

Kusumas

2. The Husband Shares the RTs – there are 2 groups, i.e.

The Husband attends PTs and helps RTs when his wife is sick or occupied (1 case). This is the case of Nitaya that all RTs are hers but when is sick her husband will replace her.

“ Our child of gets sick, so, my husband asks me to quit the work to be the housewife to attend it. All RTs are mine but during I get pregnant effect, or when our child is sick he busily helps me in cooking, washing plates, ordering the house...”

Nitaya

The Husband attends PTs and helps RTs as Routine (2 cases). This is the case of Vibhavadee when she starts her grocery and she has to go market at 4 a.m. and open the shop till 9 p.m. Her husband is a mechanic and not working far away from home. Her husband never fails the RTs.

“ My husband helps some RTs before leaving to his job. He helps ordering the house, arranging the shop, sending children to school and in the evening he help closing the shop. Timely he goes to drink with his friends and forgets to help me closing the shop ...”

Vibhavadee

Siriwan has her husband helps attending the child in the evening and RTs while she has to work night shift.

“ He helps in the evening and attending our children. After their taking bath he takes them for walking and brings them to bed. Someday, I work night shift, he helps bathing, feeding, washing clothes and milking bottles ...”

Siriwan

It is seen that even the husband attends RTs but burdens are partially shared compared to the mother and the responsibility is unlikely.

Divisions of labor in this group are most husbands are responsible to PTs without RTs while most mothers attend both and least case the husbands help RTs. His burden sharing is little compared RTs the mothers have to handle. Some husbands are irresponsible in many times.

The Tasks of the Mothers

It is attended before the LBWI mothers taking labor as follows:

1. Multi Responsible Tasks (MRTs) – this mother group attends both PTs and RTs during pregnancy while the husbands attend only PTs and never share the RTs. It is in the case of Pornthip working as a clerk and messenger living with her 1 year and 6 month child and her husband visited her 2-3 times a month and 1-2 days stay. Her husband never touches the RTs. So, she burdens both PTs and RTs.

“ He never helps, I do it all and he does not stay her even during his visit he does nothing. Early in the morning, I have to hurry to bring my child to the nursery and to work. My workplace is far and I have to get up early. If I am late the company will deduct my salary it is the clock-in/clock-out system and I cannot be late. They calculate by seconds and in details. When I am pregnant , it is exhausted and often late to work..”

Nitaya

2. Compulsory Continuing Prolong Tasks (CCPTs) – time is fixed but at convenience, i.e. RTs which begins since awaking till going to bed. For example the case of Nitaya, she tells that each day time is consumed by RTs and feeding my child without privacy particularly during pregnancy and the changing of the body when she finds uneasiness with working.

“ Some days, I have no time to eat, after tasks other follow. Sometimes I start my meal but my child cries on extrication. I have to attend it first. RTs are forever from awakes to bed. At night, if my child is sick and cries I have to attend it, night through. When I get mature pregnancy and hold another child, it pains my back. It is inconvenient to finish other RTs. My husband is exhausted from work and fast sleeper. If not attending who will do it, We are only two here.”

Nitaya

3. Insecure, Low Income and Non Allowance (ILINA) – PTs of this mother group are insecure, low income and no allowance. Like the case of Jintana, she has to change her work often. During her pregnancy, she changes her works for 3 times. First she works in a bakery near her residence, then changing to take motorcycle and transits to the public bus. When her pregnancy is near maturity, it is inconvenient to her. So, she quit the job and applies in a shoe factory near her residence. But not long she has to quit because unbearable smell of the glue causing her giddiness and vomiting. Lately, she works as a waitress in a small restaurant and her income is decreasing.

“..Low education like me earns small amount. If our performance is low, they will layoff. I have worked many places even during pregnancy I have changed my job for 3 times. It ‘s unbearable. Sometimes, we have to accept the low pay.”

Jintana

Similar with the case of Orn-uma who sells lei. She has to often borrow money from friends since her earnings do not cover the home expenses.

“..Buddhist days helps raising her income but not other days. Some days, I earn almost nothing especially during the price of jasmine increasing. Income never covers expenses, then I have to often burrow .”

Orn-uma

4. A Repetitive Job with the Same Position (RJSP) – It is in Kususmas case who is an employee of a sewing shop and has to sit sewing for 46 hours daily. The chair is a stool and during sewing both hands to help supplying clothes to the perfect position. This cramps her both hands all the time.

“..Stretch stitching and no time to stand except to the toilet or break for meal. If I left the seat often, I would be charged o f laziness.”

Kusumas

Siriwan works with taping trademark labels by assembly line, as she has to stand for 3-4 hours without break.

“..Standing is required during work to tape the trademark label on the box side running through the line. Sitting is during meal for an hour and in night shift, we are allocated to sleep during 3-4 a.m.”

Siriwan

5. Additional Tasks from Routine (ATR) – like Kususmas, she has to work OT till 8 p.m. particularly during the end of the month when there are overflow of jobs.

“..Actually, I wouldn't need to. I am exhausted by 8 hours work and need to rest and to attend my child particularly during my pregnancy..”

Kusumas

Siriwan has to work nightshift when the body needs rest during pregnancy.

“..I work nightshift, If I hire replacement, I feel the loss of income. If I can endure I shall do it. The factory regulates to take leave of pregnancy only a month before labor. But I get pre-natal and delivers just a week after my nightshift changes..”

Siriwan

Workhour of the Mothers and the Husbands

Total workhours of the mothers are 7-15 hours a day. Most work for 14 hours on RTs (Reproductive Tasks) and PTs (Productive Tasks): 6 hours for RTs and 8 hours for PTs. The husbands work be average 4.30-11 hours and mostly is PTs without helping the RTs. The PTs are 11 hours as following Table

Table 1: Timetable of Daily Workhours for the Mothers and the Husbands (LBWIs with Sickness)

Activity Cases	RTs		PTs		Total	
	Wife	Husband	Wife	Husband	Wife	Husband
1. Parrichat	3.3	0	7.3	4.3	11	4.3
2. Jintana	4	0	10.0	10.3	14	10.3
3. Nitaya	13.3	0	0	11	13.3	11
4. Karuna	7	0	0	6.3	7	6.3
5. Siriwan	7.3	1.3	7.3	10	15	11.3
6. Pornthip	4.3	0	10.3	10	14.45	10
7. Orn-uma*	6.3		8		14.3	
8. Vibhavadee	5	2	8.15	9	13.15	11
9. Kusumas	5.15	0	9.15	6	14.30	6

**separated*

Examples reflect workhours in details of the mothers and the husbands in each family of the LBWIs with sickness.

1. Nitaya

She is a housewife and her husband is a construction supervisor of a private company living with her husband in the company home allowance. Her eldest child is 2 years affected by retardness.

Table 2: Timetable of Nitaya and her Husband

Hours	Wife's Tasks	Times	Husband's Tasks
05-05.30	Bathing and dressing	05.30-06.30	Bathing and dressing
05.30-06.00	Ordering the truck, prepare coffee for her husband and cleaning the milking bottles	06.30-07.30	Driving to work
06.00-07.00	Home cleaning	07.30-9.30	Construction supervising
07.00-08.00	Child's bathing and feeding	9.30-10.00	Breakfast
08.00-09.00	Breakfast	10.00-12.00	Ordering construction materials
09.00-13.00	Hand-Washing husband's work suits, children's and herself but other husband suits are by washing machine	12.00-13.30	Visit and take lunch with customers
13.00-13.30	Lunch	13.30-18.30	Supervising
13.30-16.00	Keeping clothes, feeding and watching TV	18.30-19.30	Driving home
16.00-17.00	Ordering home	19.30-20.30	Bathing and supper
17.00-18.00	Out buying foods	20.30-22.30	Watching TV
18.00-19.00	Supper and feeding children	22.30-05.30	Bed-time
19.00-19.30	Bathing and dressing		
19.30-20.30	Taking children to bed		
20.30-22.30	Ironing clothes /watching TV		
22.30-03.00	Bed-time		
03.00-03.30	Awaking to attend children		
03.30-05.00	sleep		

Table 3: Daily Activity Timetable (Nitaya and her Husband)

Activities	Wife	Husband
1. RTs	13.3	0
2. PTs	0	11
Total	13.3	11
3. Private	3.3	3
4. Rest	1	3
5. Sleeping hours	6	7
Grand total	24	24

In the case of Nitaya, the mother burdens most RTs while the husband attends PTs. It is observed that workhours of the mother is greater than husband also the rest hours of the mother is less than the husband's while the private hours are unlikely different.

2. Jintana

She is employed in a bakery, while her husband is a messenger of a private company. Both rent a small apartment with a 2-year child and employs a neighbor to attend their child during their working.

Table 4: Timetable of Jintana and her Husband

Hours	Wife's Tasks	Hours	Husband's Tasks
04.30-05.00	Awaking and preparing feeding	05.30-6.00	Bathing
05.00-05.30	Bathing and dressing	06.00-07.00	Driving motorcycle to work
05.30-06.30	Taking the husband's motorcycle and transit to the public bus to work	07.00-08.30	Arriving office to pick up delivery document
06.30-07.00	Buying breakfast in front of workplace	08.30-10.00	Document delivery
07.00-11.00	Working	10.00-10.30	Breakfast
11.00-12.00	Lunch	10.30-14.30	Document delivery
12.00-16.00	Working	14.30-15.30	Return to office
16.00-17.00	Taking public bus home	15.30-16.00	Submit delivered order
17.0-18.00	Buying food for cooking	16.00-17.00	Drinking with friends
18.00-19.00	Child bathing and feeding	17.00-18.00	Return home

Table 4: Timetable of Jintana and her Husband (Continued)

Hours	Wife's Tasks	Hours	Husband's Tasks
19.00-20.00	Supper with husband	18.00-19.00	Watching TV
20.00-21.00	Ordering home and dish washing	19.00-20.00	Supper
21.00-21.30	Bathing and dressing	20.00-21.00	Watching TV
21.30-02.30	Bedtime	21.00-21.30	Bathing and dressing
02.30-03.00	Taking the child to toilet	21.30-05.30	Bedtime
03.00-04.30	Sleep		

Table 5: Daily Activity Timetable (Jintana and her Husband)

Activities	Wife	Husband
1. RTs	4	0
2. PTs	10	10.3
Total	14	10.3
3. Private	3.3	2.3
4. Rest	0	3
5. Sleeping hours	6.3	8
Grand total	24	24

The case of Jintana where she has to burden both RTs and PTs. The PTs of both the mother and the husband was unlikely different while the husband never helps RTs. Therefore the workhours of the mother are greater than the husband. This leads her to less rest and sleeping hours.

3. Siriwan

She and her husband work in factories, which are located not far from each other. Siriwan works in packaging while her husband works as an electronic. Both have a 1-year child.

Table 6: Timetable of Siriwan and her Husband

Hours	Wife's Tasks	Hours	Husband's Tasks
05.30-06.00	Bathing and dressing	06.00-06.30	Bathing and dressing
06.00-07.00	Preparing things for the child	06.30-07.00	Coffee and TV
07.00-07.30	Sending the child to the baby sitter	07.00-07.30	Sending the child to the baby sitter
07.30-08.30	Travel to work with her husband's motorcycle	07.30-09.00	Travel to work with motorcycle and the wife
08.30-10.00	Working in the packaging	09.00-12.00	Working
10.00-10.15	Breakfast	12.00-13.00	Lunch
10.15-12.15	Working	13.00-17.00	Working
12.15-13.00	Lunch	17.00-18.30	Motorcycling home
13.00-16.30	Working	18.30-19.30	TV and help attending the child
16.30-17.30	Return home and buying foods	19.30-20.30	Supper
17.30-18.00	Pick up the child	20.30-23.00	TV and help attending the child
18.00-19.00	Feeding the child	23.00-06.00	Bedtime
19.00-19.30	Bathing and dressing		
19.30-20.30	Supper		
20.30-22.30	Ordering home, washing dishes and clothes		
22.30-23.00	Preparing milk and milking, freezing another milk bottle		
23.00-2.00	Bedtime		
02.00-02.30	Warm the milk and Feeding the child		
02.30-05.30	Sleeping		

Table 7: Daily Activity Timetable (Siriwan and her Husband)

Activities	Wife	Husband
1. RTs	7.3	1.3
2. PTs	7.3	10
Total	15	11.3
3. Private	3	2.3
4. Rest	0	3
5. Sleeping hours	6	7
Grand total	24	24

Siriwan burdens both RTs and PTs while her husband help some parts still the mother's workhours are still greater than the husband. This leads her to less rest and sleeping hours.

The study shows that the mother's workhours are greater than the husband both among the mothers concentrates on only RTs and the mothers burdens both RTs and PTs. The husband attends most PTs without helping RTs. Even some husbands likely help RTs but still less compared to the mothers. Had the husband helped more the mother would have more time to rest and attends their health and it will be beneficial to their body and mind and the child in the womb.

5.1.4 Control and Access Resource and Benefit

It is the exercise of power among the mother and the husband in controlling expenses upon decision-making, devices in order to respond the needs of the family members such as food, dresses, residence, TV, refrigerator, washing machine, health service, rest and leisure and so on. It includes decision to allow another party to do or not to do such as to work or to quit the work, decision to go hospital or not when being sick.

Accessing resources is to gain something beneficial to each daily living. I might have been in the form of property, money, gold or intangible things such as time, workforce, knowledge, skills and expertise and so on.

It is also the added values of the existing resources such as the capitalizing to increase funds and to lead to better social status.

The mothers of this group are mostly powerless to control and to access resource and benefits of the family. Few are able to control the home expenses and to decide critical thing at home but also unable to access resources and benefit in the family as following details.

Exercising Power between the Mother and the Husband

By information from the mothers and from observation, it is found that exercising power between the mother and the husband contains 3 models, i.e. 1) 4 husbands control expenses and decide for the family, 2) 4 husbands control expenses

and critical matters, and 3) a mother and the husband are liberal in expenses and co-decision making. Details are as follows:

1. Husband Controlling Expenses and Deciding for the Family

Mothers in this group are unable to freely use the money and cannot think or decide anything without the consent of the husbands. The cases are Nitaya, whom her husband decides all home expenses and controls thinking, deciding home affairs and privacy regardless quitting works or association with neighbors.

“ All home affairs are decided by my husband. I just feed the children, and housework. All home expenses he attends to. He gave me 100 B for pocket money. Extra things like clothes, bags, shoes, and new cosmetic, I can ask him but usually I never get them. He says they are unnecessary. If I want them I have to collect the money myself. I feel uncomfortable, on ever having spending in what I want but now it is restricted. When my first child was 5-6 month, I counseled him for a baby-sitter and find a job but he disagreed..”

Nitaya

Associating with neighbors and the acquainted is rejected by her husband. He expressed dissatisfaction if she did not follow. Appointment to interview her has to be when her husband is working and does not stay at home. Had he been back from work during interviews she would have asked for another appointment.

“ He loses his mood when seeing me taking the children and talk with other neighbors or if I take long discussion during phoning. He increases TV volumes. Sometimes, I got angry but I don't know; what to do but to endure for my children. To feed my children alone, it is impossible. I am too old to find a good office job especially for those who have family...”

Nitaya

The case of Parrichat, she has to hide the money from her sweat for her food and children's expenses. Sometimes he has to seek small jobs such as cutting grass, collecting woods around the construction sites to buy foods or belongings as the hirer wishes. Her husband dissatisfied when she goes out to work.

“ ..Working a get paid I have to lie him yet to be paid. Or to hide him. If he knows, he will coerce to buy drugs and drinks. Sometimes, I leave home to work, he will follow and blasts at me that I am stupid working without pay rather than help him in the shop.”

Parrichat

2. Husband Controlling Expenses and Deciding Critical Matters for the Family

The mothers can freely use money for the home expenses such as buying food and additional expenses such as buying expensive things like TV, refrigerator, washing machine, deciding on the child, deciding to choose the place for health service when members get sick, residence, or critical affairs when the mother fears to decide. The case likes Siriwan whom her husband decides on the child and buying expensive things.

“ I buy eatables at home. He selects to buy detergent, soap, toothpaste, milk, electrical devices such as TV, refrigerator, and washing machine... HE decides on the child when getting sick where to meet the doctor and the hospital”

Siriwan

The case of Karuna who lives in her husband home and without income. He gives her a monthly expense and she can freely use. But where she will go or what she will do, she has to inform her husband and ask for approval. If he rejects and she does not believe, he will get angry without paying her for personal expenses.

“ My husband gives me 3-4 thousand Baht a month. I can buy what I want to buy but if I wan to go somewhere I have to inform him and if I reject his disagreement, he will get angry and gives me nothing. I have ever escaped to travel with my friends and when he knows later, he really gets angry and does not support me for many months. To give someone loan, he dislikes it. I have to do because when I was in troubles they help me...”

Karuna

3. The Mother and the Husband are Liberal in Expenses and Co-decision-making

Liberal uses of money are the case of Vibhavadee, who earns from selling while her husband is a mechanic and each one is free to use the money on what one can find as following information.

“ Me and my husband has each personal pocket money. Whatever one wants to buy, one can buy. Most home belongings are my expenses. My husband pays for the car installment and left almost none on his salary and likes to spend on modifying the car. Some months I have to help the gas expenses...”

Vibhavadee

Decision on other things will be in common discussion such as the center for pre-natal and delivery, repairing and maintaining residence.

“ ...What we discuss on what we are going to do such as admission for pre-natal and delivery, where to go, which route is convenient, cost, doctor, or to expand the kitchen, building a room for or children its coast and so on..”

Vibhavadee

Accessing Resource and Benefit of the Mother's Family

Resource and benefit of the family in this investigation are food, rest, creation activity, and medical services. More than half of the mother in this group cannot access all and cover all the aspects of the resources and benefits as following details.

1. Accessing Food

It is referred the mother can have adequate food with 3 meals and select by preferences.

More than half of the mothers cannot eat 3 meals and by preferences caused by the family status. Examples are:

The case of Parrichat, who has been abandoned by her parents and left her with her poor grandparents living by trash seekers/Foods for her living is the food

from monks. When she is growing enough to find job she attends the housework with the reused shop. Not long, she was raped by the son of the shop when she was only 14 years and has been abuse for over 2 years till she is pregnant and move to live with her rapist husband but as a dishonored and not respected daughter in-law from her husband's family. Her economic status is worsened but she still works in her husband's home without pay. She tells the suffering period of starving living.

“ There is no breakfast because all the family members get up late while her husband's sister takes breakfast in the school. Lunch is by oneself. The father gives money to her daughter to buy food or buy thongs for cooking. My child and me take supper at my husband's home. My breakfast is with my grand mother where she was given from the monks. If there is little alms, we will starve just only for breakfast and starve for lunch. I buy when it is unbearable because I have to save for my child's milk...”

Parrichat

The case of Parrichat, she cannot find 3 meals from being powerless of the mother, no cares from her husband and his family. She is exploited by physical advantages and being the employer to sexually harass her. In addition, the idealism of a fir-mistress is exploited not to pay her wage counted her as a wife who must attend housework, her husband and family members. These make her income decrease to starving and helplessness as well as decreasing her power of bargaining.

Some mothers cannot take adequate meal as preferences by being preoccupied with hardships of RTs (reproductive tasks) and PTs (productive tasks). Such the case of Nitaya who has to complete all trifle housework what she has to stop her meals to finish the more critical jobs and later she cannot continue her meals.

“ During eating, it is not comfortable. Our children are growing and hyperactive. They are diligent to find jobs for us. Sometimes, they dirty all things while I am eating and I have to clean them first which made me also tired of eating...”

Nitaya

Some mothers have to compete with time and stress. So they lose appetites such the case of Pornthip moving from the previous job to work in a distant workplace after being caught by the legal wife of her husband. She has to get up early to reach the workplace and unable to take breakfast. But in during supper when she has plenty of time when oceans of thoughts about herself, her husband, and her family disturb her. She is in the labyrinth, which dishearten her and make her lose appetites.

“ I am in haste in the morning to reach my workplace fearing traffic jam and breakfast is out of question. I look for lunch. But in the easy supper, my head flashbacks my life. It returns and unsolved and disheartening, which make me lose appetites...”

Pornthip

☉ In summary, causes dragged mothers unable to fill 3 meals and with preferences are poverty, husband dependency, self-efficiency to find food, powerlessness of bargaining. Being assigned to prolong endless houseworks with unavailability and incremental family supports sending the mothers no time for meals or by exhaustion and appetite loss. In addition, the stress drags them inapposite.

2. Accessing Rest and Recreation Activity

It is referred to the rest of body and mind by uninterrupted 8 hours sleep and an hour for preferential activity.

Most mothers are unable to take full rest with not reaching 8 hours. Some are unable to take uninterrupted sleep and few can take preferential activity as following case.

Pornthip as a clerk in a private company and has to get up early from residence to work in a distant workplace and returns at dark to attend her child with the bay sitters. She attends all RTs and no time to rest.

“ I have to get up at four in the morning and return home at dark, spending not more than 6 hours sleep. I awake at night to milk my child. After lunch, I have time to sit for 10 minutes and my job needs walking for signatures and copying.. ... ”

Pornthip

In addition, she encounters stress and no time to rest or any recreation activity.

“ Long as many years, I have chance to meditate or visit temple, watching movies, listening to music. Many life events drag to non-enjoying ”

Pornthip

Siriwan works in shift and no fix time for bedtime.

“ During my pregnancy, I skip night shift but concerns about friends. To hire the shift, I fear losing money. If I can I shall afford it. ”

Siriwan

The case of Nitaya who attends weak and difficult children while she has to tidy housework because her husband was neat man but never help her. This makes her unable to take full rest and recreation activity.

“ The eldest child is good in weeping and has to carry him walking. He is on e and a half-year with 12 kilograms. He loves holding and walking before his sleep. During pregnancy I have to hold him and when he wakes he disorganizes all things and I have to follow him to tidy things because my husband is disciplinary neat. If the house is messy he gets moody and I have to tidy it before he returns...It exhausts me...no time to do favorite thing...to dress my hair and day nails is out of question... ”

Nitaya

The case of Jintana, she is restless because her husband uses to knock at the door and increases her burden and sometimes both enters quarrels and makes her sleepless.

“ He get drunk and knock the door late at night. I fear my children wake and neighbor blaming. Sometimes he vomits and I have to clean it otherwise of its stench over the house. The next sleep is out of question even I get rage and enter quarrel and unable to sleep till morning... ”

Jintana

The case of Parrichat, her husband drinks and drugs with friends and returns late at night with asking for affairs with her.

“ He arrives her one or two in the morning and ask for the affairs. Even pregnancy maturity, he has no exception otherwise he will yell if being dissatisfied. I fear my child wake so I yield otherwise if my child wakes the entire night is without sleep... ”

Parrichat

In addition, she cannot select recreation activities to her preference. She tells that she has no TV at home and has to watch at her husband 's home where she cannot find the preferential programs. On account of her father-in-law prefers boxing, the sister-in-law prefers game shows but she like TV plays. Saturdays and Sundays are monopolized by the father-in-law on boxing. She can watch the plays when the sister-in-law changes the channel to the game shows and advertising.

The case of LBWIs mothers with sickness is unable to take adequate rest during their pregnancy and unable to select the preferential activities for their recreation because of the RTs. Even the economic oppression drives mother to working to support their families still there is no change in the RTs but the husbands are naïve to help. The husband will help only when the mothers are sick or occupied. In addition, with inferiority of the mothers allows them powerlessness for bargaining or fulfilling their favorite activities.

3. Accessing Medical Services

Most mothers cannot access the medical services because of economic difficulties and overloaded with burdens, which allow them to discard their health. Jintana tells that each day she thinks only how to survive living for her and for her

child and forgets all other things. Even hospitalized, she still does not visit the hospital. It is similar with the case of Orn-uma who never admits for pre-natal till delivery because no transportation fees to the hospital.

Least cases can access information and the medical services such as the case Karuna even she is powerless in the family but she can access the medical services because she is in a wealthy family.

“ Most health information is from newspaper, and magazines at my husband’s home subscribes many issues and I have free time to read... ”

Karuna

More than half the LBWIs mothers with sickness cannot access resources and benefit, which are food, rest, recreation activity and medical service to cover all aspect. Rationally, poverty and inferior status in the mothers’ families, the mothers lose power to control expenses and decision-making in the families. In addition, overloaded burdens of the mothers on RTs and PTs make the mothers no time to take meals or unfixed time for meals. It makes them malnutrition with restlessness or no recreation activities or even accessing the medical service. The mother is less healthy to give birth to the healthy children.

5.1.5 Maternal Needs on Children

Here will be discussed upon the maternal needs for the present child, pregnancy and its handling. These needs are either authentic or under the economic and social conditions. Most mothers authentically need children but there are some conditions turned them not to have children. Conditions are as follows:

Difficulties of Child Raising – by poverty and privation with many burdens and unable to raise the child, they are the cases of Parrichat has low income earned from hiring housework, drunken and addicted husband, no support and she has used contraceptive injection after the first child but failed to take another injection by the doctor appointment because of having no time and to visit the hospital each time consuming her time to survive her child and her living. She thinks that while a child is

still under milking the new conception will not be possible. She does not want to have another child but if she has fund to support her child she would have another child.

“ If I have money to raise them, I would have. I want them good living, high education, good job and having money to support parents. Here to find even 3 meals is scourging. My husband spends each day with drinking, drugging and never takes interest on his wife and children. A good child raising is in the dark..”

Parrichat

When she knows on pregnancy, she visits the hospital for abortion but the doctor declines and admonishes her. She visits her acquainted experiencing the illegal abortion but needed large amount of money. She fails the medical appointments but only if she feels unwell or the child irregularly struggles. She is admonished every time visiting the hospital where she does not want to go except in serious condition.

“ Checking and found pregnancy and I tell them I want none. The doctor scolds me of not knowing how to prevent and refuse to give abortion. I go to see a neighbor who has got illegal abortion. She tells me if first 3 months the charges are 5,000 Baht. The additional months are 2000 Baht each. During that time I get almost 5 months or almost ten thousand. I have no money. Later I never follow the medical appointment. But by having hemorrhaging without the baby struggling, I go to meet the doctor. The doctor admonishes me not to follow the appointment, irresponsible, this makes me hate the hospital until delivery..”

Parrichat

Jintana is similar. Her husband is drunken and irresponsible to the family and turns her and her children into difficult situation. If her husband were responsible, and diligent, she would love to have another child.

“ All wants children and a perfect family will every member presence. If my husband is ever diligent like other people, we could afford. But, he is just soaked with

liquor. What he earns he dumps into drinking leaving his family starving and no money to pay for medical treatment when we are sick .”

Jintana

Knowing pregnancy, she tries to abort and takes hot foods but unsuccessful. After 5-6 month she admits for the pre-natal and delivery and never attempt abortion again.

“ During early pregnancy, I try to abort and eat hot food like ginger and hot Indian mulberry salad, to get abortion but it doesn’t...After the child starts moving, I stop but take tonic.”

Jintana

© The case of Nitaya, she rejects to have a child because she has to attend a weak and retard child by pre-natal and low birth weight infant (LBWI). She wants to sterilize since the first child because she gives birth to 3 children. 2 from the previous husband and at present under his supports but her new husband wants another child by waiting till the elder child can help himself. Her husband suggests her to take contraceptive pills but by overloaded RTs (reproductive tasks), she often forget taking the pills and fears to tell her husband to use condom and by fearing reprimands of irresponsibility and sarcasm from her husband, which he uses to express very often that she is incapable even in minor things.

“ To attend only a child makes me restless. My husband is naïve to it. To have another one, it might send me no time to eat and to sleep”

Nitaya

After pregnancy, she tries to look after health more but by exhaustion from RTs, it makes her de-appetizing. Sometimes, she is unable to meet the medical appointment if her husband is occupied with his work.

“ Knowing about new pregnancy, I begin to better look after myself taking healthy food but sometimes I am completely exhausted. It de-appetites me. Especially, when the elder one cries. This make me understand bad mood of a mother to kill her child...Sometime I get the mood but I use TV and music to pacify me...I try to follow the medical appointment but sometimes my husband is preoccupies with his work and unable to meet the appointment. ”

Nitaya

The case of Orn-uma, who has 2 children before and under her previous husband supports. After separation and having a new husband, she has a child but not long both separated and she has to attend the child alone. Later she gets pregnant upon drunken and has affairs with the unknown man and later never met him again. Upon knowing being pregnant, she attempts all possible ways to gain abortion such as taking pills, hard working, heavy exercises such as carry heavy objects, running, and string jumping but fails. During pregnancy, she never appears for medical checks and admits for pre-natal and delivery because of no money and no time.

“ Knowing pregnancy, I am frustrated. I don't want. Only this starving us. I do all possible thing not make it born. All doses of abortion, it never works. My friends suggest working, heavy exercising, running, string jumping, heavy works, heavy lifting and all possible thing and still I fail. So, I Leave it and never admit for pre-natal and delivery. Once visiting, I have to spend the entire day. If ever so, I need not earn my living. We are a day survivor, no work, no pay. ”

Orn-uma

Accepting Stepchild and Other Persons – it much affects the maternal needs of having a child. In the case of Pornthip she has association and affairs with her supervisor unknowing that he has legal wife and children. A when she has a child, she realized the matter but accept the condition of being a minor wife being considerably supported. She does not wish to have another child fearing inferiority to her children so she takes birth control by contraceptive pills but she often forgets and asks her

husband to use condom and exterior orgasm. Later, he rarely uses the condom because of slow orgasm and makes her pain during the affairs so she gets pregnancy.

“ I pity my children and born with inferiority. Now the elder one is suspecting why dad does not stay every day. I cannot find answers. Pity me, I do not want them to admit our problems. I have tried but failed.”

Pornthip

Being certain of pregnancy, she visits a clinic for abortion with consent of the husband but finally she fears its dangers and after 5 months she forget abortion and admits pre-natal and delivery., Later, she occasionally visits the clinic for medical check fearing to take a leave from work except upon irregularity.

“ I think to take abortion during 2-3 months. I counsel with him and he says noting till my friend brought me to clinic but fearing hemorrhage I dare not. When the child moves, I forget to take abortion but admit pre-natal and delivery but occasionally meet the appointment. If it is not irregular, I wouldn't I fear often asking for a leave.”

Pornthip

Cases on Needing a Child – it is not authentic needs but under the following conditions.

Paternal Needs of a Child - it is the case of Karuna who needs this child because her man wants it with the condition to support her and the child. Actually, she never wishes to have another child because pregnancy deforms her.

“ When the doctor announce pregnancy, first flash is abortion the longer the more difficulties. All of the fears... deformity, bulginess, ungorgeousness and so on. My man never tells me, if I abort, he would not support so I keep the child and admit for pre-natal and delivery and never miss medical appointment but eating less fearing fatness ”

Karuna

Family Stability – it is the case of Vibhavadee, she has got a child with a previous husband and tells us that she has serious pregnant sickness and fear pregnancy but her new husband needs. So, she gets pregnancy hoping that her husband will be more responsible and diligent.

“ I have a child so I do not want another. I fear the pregnant sickness. It horrifies me but my husband wants and I have to Follow. He might want his so that he will be more responsible in saving to build a better home and more diligent”

Vibhavadee

It is found from the investigation that most mothers need children, had they are affordable with the support of the husband, adequate food and educational supports to find good job and support the family, dependable to parents when they grow old and good medical service when they get sick, healthy, social acceptance and dignity. But by the economic and social conditions, they are unaffordable and decline to have baby.

In addition, most mothers cannot destine their pregnancy because they are without power of sex bargaining with their husbands. They cannot design model or family planning turning them pregnant without being well prepared. Many mothers seek approaches to abort by risky measures for both mother and child but most fail and leave the pregnancy to reach maturity. This makes admission of pre-natal late and the child is maltreated since early conception when it needs special care. Some never show till delivery and most cases are unaffordable to attend pregnancy because of poverty, privation and overloaded of burdens.

Some mothers reject pregnancy because of deformity, and ugliness and some get serious pregnant sickness. But the mothers believe that having a child helps the husbands become more responsible, more family stability and binding the husband to support raising the child. In the case of the husband wants it , which conditions the mother to have a child even unwanted, this turns the mothers inattentive to the pregnancy and make the child unhealthy after birth.

Had the pregnancy can be destined, accepted by both the husband and the family sharing responsibility and supporting the mothers during pregnancy, the mothers would be attentive and caring better. It positively affects the child to be born with health and strong.

5.2 Gender Relation in the Mother's Family Having LBWIs (Low Birth Weight Infants) without Sickness

It is the state of inequality where man overpowers woman. In relative to socialization, most mothers are from the rural societies, strict to customs and traditions and adhering to the moral practices and the socialization follows by customs and traditions. Man leads the family with liberty of life-course under the religious principles.

Most mothers' childhood lives amid mutual supports and therefore less domestic violence but spiritual violence is found. The violence of the couple life is moderate. There are minor domestic violence not even hurting each other because the strong support from family. Building new family follows customs and traditions and well preparedness is found before having the couple life.

Divisions of labor in most families are not evident. The husbands share RTs (reproductive tasks) but they are main works of the mother.

Power to decide the family expense and critical case of the family are mostly under the husbands' and the less to the mothers', who are less accessing the family resources and benefits. Some mothers are not ready to be pregnant but never endanger the child. Details of inequality amid gender relation are divided into 6 factors as follows.

5.2.1 Gender Socialization

The gender socialization in a family is a social and cultural process emerged in a family by training, instructing, prohibiting, cautioning and role modeling of the father, the mother, parents, elder relatives molding girls and boys to be feminist and masculinist defined by society.

5.2.1.1 The Feminist Socialization

The feminine has fragile physiology compared to the masculine. So, it is assumed that the female is socialized to be the follower, dependent and to accept overpowering of the male. The supporter to facilitate the male as leader. The female is the sex of pregnancy, she has to attend the child raising and RTs (reproductive tasks). She will be socialized as follows:

The Fair Mistress: the Fair Thai Lady

Females are trained to be the "fair mistress" requiring to be polite, and reserved. Her gesture has to be sweet, graceful, sweet wording as following maternal instructions.

" Mom uses to instruct that a girl must be gentle unlike the steed, not open-legged sitting like the boy. It is impolite and mean. "

Maneeya

" Speaking must not be loud or rouge and without end-toned. Walking must not like parted pacing or lifted shoulders like the gangsters. "

Somjai

Beautifying

Beauty and girl go together. They are taught to take interest in beauty and dressing. Beauty is not only telling feminism but also a value added to change the social status. As a saying, " a lady has shape as property." Many families train their daughters to care their beauty as following samples.

" Beauty pairs with girls so they must be attentive to their beauty. Mom is so strict with her daughters to take bathe, tooth brushing and dress cleanliness more than sons. Mom says, a beautiful girl attract all but the girl looks at the ability of the boy. "

Somjai

" Girls must dress well, neat and ironed not wrinkled "

Maneeya

Self-deservedness

On account of virginity counts for societies, families were strict to instruct their daughters to behave well, cautious, and not dressing to show their flesh, self-control, unyielding of have affairs. If a girl lost her virginity once she were stigmatized, unwanted, valueless as following instructions.

“ Mom hate her daughter indecent dressing even at home with short sleeves or shorts unto the thigh. She says, the male is easily impulsive on sex and it is unsafe to oneself.”

Vassana

“ Girl must take cautions not allowing the man to touch unnecessarily. If leave it for easily touching, the male thinks the girl is inviting and yielding”

Somjai

Family –woman

Girls are forbidden to appear in the public places but home peripheral. They must be under the parents' sights and never be afar.

“ Asking for trip, dad never permits except my brother. He says, a girl must be a family-woman ”

Supparuek

Weak and Requiring Dependency

Girl is weak and undependable which requires parental care till marriage to have her husband attending. Therefore, the girl has to get married and to have her family at appropriate time so that parent would cease worries. She has her husband to attend and support and having children to support them when they grew aged. Older girls are difficult to find husbands and if being single till aged, they will suffer of no one to take care.

“ Mom is so worry and needs her daughter get married, attended, fostering and counseling. Mom says how can a girl stay alone and when getting old she will be suffering. If she is wooed, she has to haste deciding. Older she is, more difficult to find a man and finally a spinster. ”

Supparuek

Pliant, Obedient and Unstubborn

Parents usually expect their daughters are obedient, unstubborn, under instruction and so the daughters never fail to hear instructions, teaching, and cautions from their parents.

“ Don’t be stubborn ,be obedient and irrationally arguing”

Supparuek

Good Wife a Fair Mistress

Idealism of a “Fair Mistress” is raised in feminist socialization in RTs and to serve the husband, children and family members to be happy. Also, it is instruct to save, to economize, and to secure what the husband has earned. Even the economic drives women to work outside more but TRS are under their responsibility as following socialization.

“ Even a good girl has to be a fair mistress, tidy home for good living, serving family members to be happy while the husband leaves for working to tiredly earning the living. Don’t leave him worries on housework ”

Vassana

“ Housewife, or a mistress must know hoe to spend, no vanity and what the husband earns, she must know how to save. ”

Somjai

“ Mom says, regardless male or female all must earn the living. Today, the girl must not reserve on earning for living and no to leave only to her husband. Woman must be tough with both inside and outside works ”

Maneeya

Responsible to Attend Parents during Infirmary

During aged or infirmity daughters play major roles to attend them as a saying “complete dependency”

“ Mom is the only daughter even so occupied, she will attend grandparents when they are sick. It is to return their gratitude. Parents have daughter in order to gain complete dependency.”

Vassana

5.2.1.2 The Maculinist Socialization

It is likely related to the male physiology being strong and endeavoring. They will be trained to be tough, enduring and a leader. By its agility, they are fit and trained for outside works and earning for the family. They have more liberal life than the women, freedom of travelling, inattentive to manners and the good man must be responsible to the family with gentlemanness and able to protect the family members as following details.

Strong, Solid and Enduring

By the stature, man is socialized to be solid and enduring as following instructions.

“ A son must be strong, solid and square shoulder during walking, agility, and industriousness as a man .”

Supparuek

Emotion is an expression of strength and industriousness. Man is socialize on its emotion ,never shows excitement or fear as a saying, *“Man must be mighty, industrious, tearless to no one.”*. Crying shows weakness or womanlike. Therefore, a son must not shed tears in front of other even with fear and worries, it must be indifferent otherwise, they will be disgusted of not being a man.

In addition to gestures and emotional controls, the solidity of a man is socialized through the thinking process of working. The man must be strong and endures hardship more than woman.; endurance to hard works, rains and sunshine as following information.

“ Hard works are for the man such as carrying, orchard works and they are stronger, more enduring and under rains and sunshine with unlikely sickness.”

Vassana

Leader, Well-informed, Absolute, Dare to Think and to Decide

Man is entrusted to be the family leader in both thinking, and deciding believing that he is intermitted that better in controlling emotion, rational, absolute,

daring to think and to decide, cognition and having more experience than woman as following information from the mothers.

“ Mom says man better controls emotion than woman, prudence, carefulness, definiteness, and daring to decide. He is born to lead. Woman is emotional and uncertain and drifted.”

Somjai

“ Man is more prudent than woman because he loves to learn more. His knowledge is broad, dare to seek new experience. He is likely to better be the leader than woman”

Suppharuek

Honor, Dignity and Unyielding

Dignity comes first for a man. He must keep it and allows none to mistreat or to condemn. Surrendering is not the man's dignity and will be aped as *“ the chicken-hearted (coward)”*. Therefore man is trained to fight to sustain masculine dignity as following example.

“ Dad says it is common for a son to fight which shows manliness and truly cool. Know not to fight and allow mistreating, he is a chicken-hearted. ”

Vassana

A Protector and Guard

Man is solid and strong and is trained for safeguarding life and property of the family. The father safeguards otherwise it is his son.

“ A son must safeguard his mother and the younger for his father. ”

Vassana

“ Daughter are not allow to travel alone at night but with the son otherwise no permission ”

Suppharuek

“ A house with only women, no one fears. There must be a man there and others fear to mistreat ”

Maneeya

Earning to Support Family

Man is usually trained to lead the role of earning to support the family by his stature of more agile than woman, no pregnancy and delivery, but fully working.

“ Woman must be pregnant and attend the child uncomforted to work outside and fully deserving. Says, during I am pregnant I cannot stand hard work. Man must earn living to support the family ”

Somjai

Man must be responsible to his family, adheres to the religious principles, diligent in earning, never mistreats the weaker, not drinking, not addicting and not involving immorality, never practices polygamy as following gender socialization.

“ Dad is pious, diligent, never drinks, never gambles and a good role model for his children. Since birth we never see him hurt mom. HE says hurting others especially the weaker is sinful. ”

Vassana

“ Dad is not a womanizer. He says either man or a woman womanizing is evil and immoral. ”

Suppharuek

This mother group is socialized that man is trained to be a leader, solid, enduring, manly, stable emotion, definite, daring to decide, well-informed. His main duty is earning to support his family, safeguarding, never hurts the weaker, responsible to the family. At the meantime, the woman is trained to be the follower, yielding, unstubborn, reserved, neat, mild-mannered, gentle, ashamed, fair lady, beauty-oriented, with major duties to attend housework, and training children. Woman is controlled to behave under the social context rather than the man. Most mothers of this group are raised in the rural societies and their socialization is influenced by customs and traditions and the religious principles They are their spiritual attachment by not mistreating each other, no drinking, no association of addiction and immoralities, and

never practicing polygamy. They control gender behaving and unite family members, reduce conflicts and domestic violence.

5.2.2 Domestic Violence

It is low level during their childhood but most are psychological and rare with less than twice a month. Only a case has daily conflict but never hurts each other. The domestic violence in their couple life is moderate and being divided into 2 phase as follows:

Domestic Violence during Childhood – it is characterized as follows:

1. Abandonment, Uninterested, and Inattentiveness

Most are found with separated parents and the father abandoned the mother leaving them to stay with the mother's family and never care, like in the case of Maneeya, who is abandoned by her father since she is in the womb.

“Dad leaves mom since I am in the womb ever then I never see his face even once”

Maneeya

Her father is a womanizer wherever he goes to work he will have a wife. Once he goes to work in another province and has new girl never returns for a month. Maneeya's mother has to carry the womb to find him but he hurts her at the presence of the new wife. Her mother separates with him ever since. He never visits her mother and her elder sister anymore. Her mother has many new husbands but with short period because of domestic conflict and ends in separation.

2. Irresponsibility of Family Supports

There are no financial and material supports for living and education for the children for better earning career with honor and affordability in future. This is found in the family with the father likes drinking, gambling, womanizing and polygamist such in the case of Maneeya, who is never supported by her father since conception.

“Even a coin never comes since I grow with my sister”

Maneeya

Her father leaves her mother and finds a new wife. Since then both Maneeya and her elder sister never receive any support from him but her mother and her grandmother.

3. Disheartening and Shaming by Words

Wording violence is what has been encountered from parents and most use is the misbehaving of the mother against the social norm. Such the case of Maneeya is often reprimanded at the presence of others on her stubbornness, never yielding, impolite wording, untidy, and never taking interest on housework, which her mother expects that a daughter should be well-mannered, non-arguing but taking interested in the housework.

“ Mom humiliates me in public on untidiness, stubbornness, arguing, ,not a fair-lady like my elder sister”

Maneeya

4. Exploitation and Discrimination

The mother is ill-treated in the family because parents care the son rather than the daughter. He is born freer but the daughter is expected to fulfill housework by duty while the son earns living to support the family. His duty is to study to get good job and turns families prestigious such the case of Suppharuek.

“ My brother ‘s duty is to learn and never helps housework but not me who has to finish the housework before working on lessons and reading”

Suppharuek

Somjai is exploited and discriminated by being a stepdaughter on economy, and the family decision. Her father died since she was young and her mother remarried having 2 children with her new husband. She is the housewife without income. The stepfather owns a private business and supports the family. She tells she is often discriminated by the family.

“ I have conflict with my brothers (born from the stepfather). Sometimes, mom buys things for them but not for me and if quarreling ,I will be charged the one who is the wrong-doer”

Somjai

5. Presence in the Domestic Violence

Most mothers witness the domestic violence but with indifference, arguing, and quarrelling but not hurting each other. It does not often happen such in the case of Somjai that her parents once in a time get conflict. When her parents enter conflict both express indifference to each other that sends her uneasiness.

“ Once in a time my parents enter conflict. They act indifferently to each other, never talk to each other, act as aliens and messages are middlemen. When they conflict, I feel uneasy to stay at home.”

Somjai

Vassana tells that her family rarely arguing because she stay in a harmonious family, adhering to the Buddhist principles. So, quarrelling is unlikely and if there were, the elders will compromise.

“ My parents are pious. Once in a blue moon they will argue. IF there were, elders will suppress and use the head rather than the mood to talk to avoid violence”

Vassana

Violence of Couple Life

Most mothers are psychologically affected in various forms as follows

1. Abandonment and Irresponsibility of Conception

The mothers are affected with distancing oneself, abandonment, disregard, inattentiveness and irresponsibility of the conception. This happens during the early youth when being lack of warmth, quarrels and need affection from outsiders easily being lead to have affairs with lover to gain love and concern as compensation.

Such the case of Maneeya, who has a man since she has been studying the secondary level. Not long after associations she has affairs and gets pregnant and when her man knows it he distances from her and finally abandoned wit irresponsible to the conception. She suffers the punishment from her mother and quit the school.

“ Boring and whenever I meet mom she scolds me even I do nothing. I long for someone to love me and care for me. I see friends with fans and I also need one and very childish dream.. utopia...Before realization, it's too late, I get pregnant and he leaves me never contact again”

Maneeya

2. Dishonor and Disesteem

Violence received from husband and others is disesteem and valuelessness. Such the case of Somjai, after she finishes her K.12 she has to married to return gratitude to the family of her husband helping her family during the time when hr father was dead. Her husband is many years older than she is but responsible well to the family. He is self-centered because he is the only son and has been born free since birth. She tells that her husband decides all things at home never listens to her and sometimes disheartens her to lose self-confidence. Once, she conflict with him that their child is still small and while she is free she want to teach her child rather than sending him to the kindergarten. Her husband rejects and objects her recommendation out of ignorance with low education. t child needs good school for good foundation of education. It made her fear to comment to her husband.

“ What I propose he never accepts. He always thinks I am a child, low educated and my thoroughness cannot compete him. Sometimes, it disheartens me”

Somjai

Her husband never brings her with him and makes her feels dishonored and disesteemed from him.

“ Wherever he goes he never takes me even when I ask. He says, it is formal function, he fears my awkwardness and defames him”

Somjai

3. Irresponsibility over the Family

In this group, there is only one case that the husband is irresponsible by over drinking, and smoking. It is the case of Maneeya and her husband earns on weekly wages. After payment, he gave her only 4-500 Baht the rest he spent on drinking and when he goes to work he will ask 200 Baht a trip. Maneeya's mother tells that

“He love drinking and never saves. What he earns go to liquors and cigarettes the rest 400-500 Baht is give to his wife but travelling to work he asks 100-200 Baht a trip”

Maneeya

4. Untruthfulness, Womanizer, Having Affairs with Other Woman

Another mental violence is seen as common that man can associate with other woman without esteem or supports. It is counted valid. Suppharuek tells that hr husband having affairs with other woman often even her says he never esteems or support but she dissatisfies. It is unbearable for her to see her husband has another woman while she still alive. She always checks him observing his changes or checking his diary or telephone numbers. If she catch the thing she will blast at both of them till they disassociate. But her husband still associates new woman for her to hunt him.

“I can tolerate in any thing except to share my husband. It humiliates me. If he want a new woman, it is better to separate”

Suppharuek

The case of Somjai, she usually receives the new of her husband having a new woman. She indirectly asks her and he use to express irritation. This drives her deep worries but to keep a peace home. Sometimes, she relieve with her mother what she get is it is common if the he still supports the family well, it needs patience and to win evil by goodness.

“He is handsome, sweet mouth and attracts many girls. When I know with feel unhappy but fear to talk or directly question him. When I am unhappy I will meet

my mom. But most of the time she ask me to tolerate if he still support the family, thinking of the children, always doing good things, and never fail on housework ”

Somjai

The case of Maneeya, who has a husband like to visit whorehouse during her pregnancy.

“He likes roving, drinking with friends and straight to the massage parlor or to find prostitutes especially during my pregnancy. HE never listen to my objection and when I talk we start quarrel.”

Maneeya

5. Unwilling Sexual Affairs

This group of mothers fear to object having affairs with husbands because it is another duty of a housewife and having the affairs shows loyalty and love for the husband.

Like the case of Vassana, she never refuses to have the affairs with her husband even exhausted from work because it is her duty.

“Responding the sexual crave of the husband is a duty of a wife. Deciding to stay as husband and wife means to agree to had the affairs with him.”

Vassana

Somjai believes that pleading sexual affairs from her husband shows the love he still has. So, she unlikely refuses even sometimes she never reaches its happiness.

“Coupling is fragile and the husband wants to have sex with is he still loves and concerns. As wife sometimes is not enjoying with him. ”

Somjai

Few mothers have bargaining power or can refuse having sex with their husband when they do not wish to. Their status should likely be wealthy, earn their own living and self-dependency. Such the case is Suppharuek who can directly inform her husband that she is exhausted and has no mood.

“If I am exhausted and having no mood, I tell him frankly and he understands but no often otherwise he takes as excuses to rove or finds other ones. ”

Suppharuek

Most mother in this group meet only moderate psychological domestic violence. It is not the level of assault. What helps decrease violence are their strong and helpful parental families, earning their own income to support the families and traditionally legible marriage. They are then well prepared to have their marriage life. Levels of violence are less than the mothers of LBWIs (low birth weight infants) with sickness.

5.2.3 Divisions of Labor in Family

Most are not evident. Husbands help their wives in housework either by routine and continuing or by necessity. However, most housework helping their wives are minor ones and not continuing, e.g. transporting children to school, attending children in a short period, and using devices such as washing clothes with machine.

Responsible Task of the Mother and the Husband

The husbands of this group share some housework such as when the wives are unwell or preoccupied, e.g. Maneeya’s husband help her washing clothes, home cleaning when she is sick or whenever he wants to and helps transporting their children to school.

1. The husband is key for occupation and sometimes helps housework.

The husbands in this group sometimes help housework such as during their wives were unwell or busy or when they want to. The case is Maneeya’s husband who helps her washing clothes and home cleaning when she is sick or when he wants as well as transporting the children to school.

“During my pregnancy an sitting to wash clothes, he helps me, and even sometimes helps he cleaning home, transporting our children to school but mostly me and mom will alternately d o the task. ”

Maneeya

2. The husband is key for occupation and helps housework as routine.

This husband group helps housework as routine and continuing but it was not consuming time and using devices. Such the case of

Somjai's husband helps transport their children to school and attending them when she is preoccupied with other housework.

"My husband transports our children to school everyday. During I was busy with cooking he help bathing, dressing and attending them. "

Somjai

The case of Suppharuek, her husband helps her washing clothes with washing machine.

"I am responsible for ironing and home cleaning. My husband helps washing clothes using machine. But I wash all underwear by hands. "

Suppharuek

The Tasks of the Mother

1. Helping family business without pay – it helps increase family income without pay but the family members view that it is not helpful to raise the family income. Example is the case of Maneeya who is living with her mother who is the launder and she tells that her mother is pleased with her elder sister because she earns salary to give her.

"I get nothing from mom and everything she keeps all for my elder sister. She says she earns income for home and I do nothing like parasite even I help her works everyday. "

Maneeya

2. Multi responsible tasks- they are housework and occupational jobs. By economic pressure, it drives the mother to earn living for the family while housework is still major task imposed on the mother. The case is Vassana who attends her 2 children while her father-in-law is paralyzed as well as doing sewing job to help family income.

“ I hurry to finish housework and afternoon I can sew while at night after our children sleep I continue sewing to raise some income for my child spending. ”

Vassana

3. Overtime Work – it is an extra and unavoidable job for the mother. The case is Suppharuek who is the salesperson in a department store. She works 6 days a week from 10.00 - 18.00 hours with overtime works 2 days a week from 18.00 - 22.00 hours. If she doesn't help OT she would have miss annual bonus at year-end.

“ I work six days a week and almost not time to rest. Still I have to work OT twice a week, which makes me almost crawl home. Id I reject I will miss bonus at year-end.”

Suppharuek

4. Repetitive Task or Prolong Aching Position – it is the case of Vassana, who sews clothes and has to sit in the same position for 3-4 hours without changing it fearing that when her children awake she will be unable to fully continue her works.

“ The youngest guy sleeping gives me 3-4 hours sewing but sitting so long makes my back pains then I take some break. If my children awake I cannot finish my job. ”

Vassana

The case of Suppharuek as a salesperson has to stand and facilitates customers selecting goods. She almost finds no time to sit.

“ We have to greet customers. It is a service job. Disinteresting them is forbidden. If one can sell more one gains more commission. Seat is out of question each day when I get pregnant I use low heel shoes, they help.”

Suppharuek

Workhouse of the Mothers and the Husbands

Their workhouse is around 10-15 hours while the husband's is 6.3-11.3 hours. Most mothers handles housework and occupational jobs while the husbands handles only the occupation and some housework as following tables

Table 8: Daily Activity Timetable of the Mother and the Husband (LBWIs without Sickness)

Activity Cases	RTs		PTs		Total	
	Wife	Husband	Wife	Husband	Wife	Husband
1. Maneeya	5.3	0	5.3	10	11	10
2. Vassana	8.45	1.3	5.3	10	14.15	11.3
3. Somjai	10	2	0	4.3	10	6.3
4. Suppharuek	2	0.3	13	10.3	15	11

It reflects workhorse of the mother and the husband in each family of LBWIs without sickness in details.

Somjai

She got married after finishing her K.12 and separated to stay with her husband in the state home with her husband and a 4-year child.

Table 9: Timetable of Somjai and her Husband

Hours	Wife's Tasks	Hours	Husband's Tasks
05.30-06.30	Preparing meals for children and husband	05.30-06.30	Physical exercises
06.30-07.30	Waking children, bathing ,dressing and feeding	6.30-07.00	Bathing and dressing
07.30-08.30	Home cleaning	07.00-07.30	Breakfast
08.30-09.00	Breakfast	07.30-08.30	Drive for children to school
09.00-11.00	Dish washing, and clothes washing	08.30-10.00	Free time/ reading newspapers
11.00-12.00	TV	10.00-12.00	Teaching
12.00-13.00	Lunch with husband	12.00-13.00	Lunch at home by buying ready made food

Table 9: Timetable of Somjai and her Husband (Continued)

Hours	Wife's Tasks	Hours	Husband's Tasks
13.00-14.00	TV and leisure	13.00-14.00	Meeting
14.00-16.30	Tidy clothes and ironing	14.00-15.30	Teaching
16.30-17.00	Coffee-break	15.30-16.30	Pick children from school
17.00-19.00	Prepare supper, cleaning fridge and kitchen	16.30-17.00	Coffee-break
19.00-20.00	Supper with children	17.00-18.00	TV and enjoy children
20.00-20.30	Dish washing	18.00-18.30	Bathing and dressing
20.30-21.00	Bathing and dressing	18.30-22.30	Socialized party
21.00-05.00	Bedtime	22.30-23.00	Bathing after return
		23.00-05.30	Bedtime

Table 10: Daily Activity Timetable (Somjai and her Husband)

Activities	Wife	Husband
1. RTs	10	2
2. PTs	0	4.3
Total	10	6.3
3. Private	4	3.3
4. Rest	2	7.3
5. Sleeping hours	8	6.3
Grand total	24	24

Somjai handles housework only while her husband attends occupational jobs and few housework, which makes her have some rest or attend some creation activities. However, she has more workhour than her husband.

Suppharuek

She is a salesperson in a department store and her husband is a maketeer in a private company. Her eldest child is in upcountry. She and her husband rent an apartment only for two.

Table 11: Timetable of Suppharuek and her Husband

Hours	Wife's Tasks	Hours	Husband's Tasks
07.00-08.00	Waking and home cleaning	05.00-05.30	Waking and bathing
08.00-8.30	Bathing and dressing	05.00-06.00	Drive to work
08.30-09.30	Take bus to work	06.00-07.30	Breakfast, reading newspaper and chatting
09.30-10.00	Fast food and face dressing	07.30-11.30	Working
10.00-14.00	Front salesperson	11.30-12.30	Lunch
14.00-15.00	Lunch	12.30-16.30	Working
15.00-18.00	Working	16.30-18.00	Driving home
18.00-22.00	OT	18.00-19.00	Bathing and dressing
22.00-23.00	Return home	19.00-20.00	Supper
23.00-24.00	Bathing and super	20.00-20.30	Machine clothes washing
24.00-01.00	Ironing clothes	20.30-22.00	Reading and TV
01.00-07.00	Bedtime	22.00-05.00	Bedtime

Table 12: Daily Activity Timetable (Suppharuek and her Husband)

Activities	Wife	Husband
1. RTs	2	.30
2. PTs	13	10.30
Total	15	11
3. Private	3	3.30
4. Rest	0	2.30
5. Sleeping hours	6	7
Grand total	24	24

Suppharuek handles both housework and occupation while her husband handles just only the occupation with little housework because she has to attend OT job unlikely to have free time for recreation activities and rest.

Vassana

She is a housewife and sewing clothes while her husband is a public motorcycle driver as well as a plumber. She lives with her husband's family with a paralyzed father-in-law. Her mother-in-law work as a cook in a food-shop. She has 2 children one is 7 years while the young one is 2 years.

Table 13: Timetable of Vassana and her Husband

Hours	Wife's Tasks	Hours	Husband's Tasks
04.30-05.00	Bathing and dressing	05.00-05.30	Bathing and dressing
05.00-06.00	Helping mother-in-law preparing food	05.30-07.30	Public motorcycle driving
06.00-06.15	Food alms to monks (Tak Batr)	07.30-08.00	Driving children to school
06.15-07.00	Wake the eldest child for bathing, dressing and meal	08.00-08.30	Breakfast at home
07.00-08.00	Bathing and dressing the second child and feeding	08.30-09.00	To work
08.00-09.00	Breakfast and attending father-in-law for breakfast	09.00-12.00	Plumbing
9.00-12.30	Clothes washing, home cleaning, dish washing and attending children	12.00-13.00	Lunch
12.30-13.00	Attending lunch for the second child	13.00-15.30	Plumbing
13.00-13.30	Lunch	15.30-16.00	Pick the child form school
13.30-17.00	Sewing	16.00-18.00	Public motorcycle driving
17.00-18.00	Bathing the second child	18.00-18.30	Supper
18.00-18.30	Supper with the eldest child, mother-in-law and attending the second child	18.30-19.00	Bathing and dressing
18.30-19.30	Dish washing	19.00-21.00	TV and conversing
19.30-20.00	Bathing and dressing	21.00-21.30	Bedtime with children
20.00-20.30	Enjoying children	21.30-05.00	Sleeping
20.30-23.00	Sewing and TV		
23.00-04.30	Bedtime		
02.00-02.30	Milking the child		

Table 14: Daily Activity Timetable (Vassana and her Husband)

Activities	Wife	Husband
1. RTs	8.45	1.3
2. PTs	5.30	10
Total	14.15	11.3
3. Private	2.30	3
4. Rest	1.15	2
5. Sleeping hours	5.30	7.30
Grand total	24	24

Vassana handles mostly housework and attends her 2 children and a paralyzed father-in-law. She also works to raise the family income with sewing. So, she has more workhour with less rest and recreation houses even her husband help some housework.

Division of labor among the mother and the husband is not evident. The husbands help some housework but little to allow the mother free time for rest and their own health. Had the mother shared more occupational job the husband needs to equally help more housework.

5.2.4 Control and Access Resource and Benefit

This involves expense controls and major decision while resources and benefits are referred to food, rest, sleep, and recreation and health services.

Power Exercising between the Mother and the Husband

Most mothers co-decide with their husbands (1), shared comments by the husband is the key decider (2).

1. The mother is empowered to control expenses and shared decision – making in family affairs

The mother has the economic power and owns property, the key of production process or the owner of the resource and key of the process. In addition, she has the social power by building a new family abided y the social tradition and

supported by a strong family. It is also part to support matriarchy, socializing, traditionalizing and culturalizing thoughts and beliefs.

The following investigation shows power relationship of a family having the mother and the husband sharing power, i.e. the case of Suppharuek

Suppharuek works as a salesperson in a department store and earns extra income by selling clothes in the weekend market. Her husband works in a marketing promotion division in a company selling electric appliances. After deciding to live together, her husband moves to live with her in her rented apartment. Most home devices belong to her, e.g. TV, fridge, bed, washing machine and she tells about the power relationship between her and her husband as follows:

“ We counsel all. For examples, when my man has problems with workplace, he tells me and we help each other to crack them and recommend him. Or if he is in trouble we seek help such as running short of the money for the car installment, I borrow my parents or my friends to settle it. We discuss on private affairs what we like and dislike we and tune to each other.”

Suppharuek

She comments on a family life that both husband and wife should honor each other and the wife should respect the husband as the family leader but the husband should honor her wife by hearing her comments.

“ Spouses staying together must honor each other. The wife should not govern her husband but recognizes him as the family leader but the husband must hear her comments.”

Suppharuek

With case of Suppharuek, she equally shares the decision-making power with her husband. Her matriarchal supports are

- 1) Owner of properties, i.e. rented apartment, and home devices
- 2) Supporting family income on expenses and not just the husband-dependency

- 3) Sales experience and can recommend her husband
- 4) Social supports from parents, and friends
- 5) Both have unlikely different gender relation.

2. The mother share decision – making but the husband is key.

The mother holds little power on the family affairs while the outside and major decision is patriarchal and such the case is Vassana.

Vassana is a housewife earning little income by sewing and her husband drives the public motorcycle and a plumber. After their marriage, and by both family consent, she lives with her husband's family. The relation with the new family and the previous one is reciprocal. She tells her power relation with her husband that

“ I have full authority in any home expenses. My man never interferes. What we earn we save but to buy big things such as TV, and fridge we discuss. House repairs are his such as loans and designs, painting, construction. Sometimes having conflict ideas, I seek to discuss when he is in good mood. ”

Vassana

Vassana is matriarchal in home but in minor things. But key is her husband. Her matriarchal supports are

- 1) Sharing earning family income,
- 2) Previous family is strong,
- 3) Honor and dignity of traditionalized family and acceptance of the husband's family
- 4) Inequality of thinking system on power.

The case of Somjai, she finishes K.6 and gets married by the consent of both elders and lives with her husband in the government home. She is a housewife, earns no income and her husband leaves her 5000 Baht for the home expenses. Her husband never interferes her spending and if the money is insufficient she can ask from her husband but depends on his decision. What the children want or where they will study, he would ask for her comments but he makes decision.

Somjai controls spending under unrestricted control from her husband while other decision-making is under her husband shared by her or by her comments.

Accessing Resource and Benefit in Family

Most mothers in this group can access resources and benefit at least in 1 dimension. But none is found accessible to the resources and benefit in all aspects. Most mothers are empower on home affairs some own power on spending and decision-making in minor things but they can access resources and benefits of the family because the husbands are responsible for the family, and support the family members.

Accessing Food

This mother group can adequately access food by need but unable to take adequate food by needs. The case is Suppharuek that both divide obvious home expenses that she has to handle home devices, utility bills while her husband handles the car installment and the apartment renting fees. She tells that the power of food choice is freedom of cooking and by supports from her husband.

“Food is mostly by each preference from buying at each workplace. What I want to eat is unlimited especially when I get pregnant ad milking my child. Whatever suggestions, I eat them all and even my man bought them from his office. ”

Suppharuek

Somjai can have enough food by want and able to eat as she wishes but sometimes she is stressful when her husband does not talk to her or shows indifferences, which de-appetites her.

“My man pays 5000 Baht a month. I can pay whatever I want and he never interferes. What I prepare for he can take. I never take beef so no beef for cooking. WE prepare breakfast and supper at home while he buys lunch for us all such as noodles noodle spread and I can call for my favorite and he will see to it. Some mother I can save money for my personal use. Never not enough. ”

“My man is self-centered and what makes him displeased he shows indifference, no conversing, not caring, which makes me uneasy. I am sensitive to this thing. It de-appetites me.”

Somjai

The case that cannot access resources and benefit is Vassana. By her endless housework and idealism of the fair mistress to serve the husband and family members of their happiness, this makes her sacrifice for the family and unfixed time for food. Many times, she is so preoccupied to forget her meals.

“I finish my housework late morning and take meal, bathing and feeding my child, my father-in-law who is paralyzed. My turn to eat is near noon. We are the mistresses we must attend other first. So lunch move to late afternoon. Sometimes, I am preoccupied with sewing forgetting my meals while suppers move away to night”

Vassana

Accessing Rest and Receptions

Most mothers in this group are viable to rest and recreation by the assistance of their husband to share housework such as attending children, clothes washing, and home cleaning which gives time for the mothers to take rest and additional recreation. Implementing the laborsaving devices such as washing machine or hiring housework are another sources allowing the mother free time to rest and recreations. The case is Somjai.

The mother with less time to rest and to recreation is the one who is responsible for both housework and occupation, living with her husband's family and having many children. The case is Vassana who has 2 children and after her marriage, she moves to stay with her husband's family and attends all housework with supporting the home expenses because so many expenses with many children and also attending the paralyzed father-in-law. Her husband helps some minor housework such as transporting their children to school and attends them during she is working.

“I have to hurry and in the afternoon I can sew. When I was pregnant, I had no time to rest. Whatever I can do, I do, The day of exhaustion, I would stop but not

quite because we have many to feed. My man helps some such as transporting children to school or help housework when he is free. I never stop working and no time for siesta even during watching TV I work.”

Vassana

Accessing Medial Service

The mothers can access the health information through many resources by reading form newsstands in the market, listening radio, watching TV and relaying message from husbands, family members, friends and the acquainted as Suppharuek tells.

“Knowledge of selfcare and child care is gained form reading and buying from newsstands like magazines of the Mother and Child, and the Mother Diary. If there are things interested I bought it. Sometimes I talk with friends who have babies but most are colleagues, we share our knowledge.”

Suppharuek

Somjai gains her knowledge of selfcare mostly through her husband and Sometimes from TV.

“My man loves reading and shares what he reads, I gain knowledge form him and sometimes from TV.”

Somjai

The case of Maneeya who dislike reading but gain knowledge mostly from her mother’s experiences as she tells

“Mom recommends during pregnancy what to eat, how to behave and all childcare is guided by her. To what state to got to hospital if the children are sick. I dislike reading and better ask from mom.”

Maneeya

The medical services are provided when arriving at the hospital and most mothers will show there only by serious case. Rationally, taking a leave to the hospital

affects her bonus at year-end. Suppharuek tells that she never wishes to often taking leaves except serious sickness since often leaves affects her bonus at year-end.

While Maneeya reasons that time consumes in waiting and much expense.

“ Each visit to the hospital consumes my time. If I have not enough 100 Baht, I will not go even with my 30 Baht allowance rights. I pay for transport, meals and extra beyond rights”

Maneeya

The mothers are likely accessing medial information because of economic inadequacy and poverty with no saving for healthcare and rights coverage. With loaded burdens, it blocks their search for knowledge of selfcare. In addition, the mothers are socialized by dependency fearing to take decision, so, they inadequately access the medical service information.

5.2.5 Maternal Needs on Children

Needs or not of the mothers are all under the economic and social conditions counting from the needs imposed on the husband, the family and the society. There are difficulties of child raising because the mothers encounter overloaded burdens, poverty, powerlessness, inadequacy of resources to raise the children and various beliefs socialized by the families. Most mothers in this group need no child under the following conditions.

Difficulties of Child Raising – with overloaded of burdens and inadequacy of income to cover family expenses like Vassana who has 2 children and her husband needs no more children because she has to attend 2 children and the paralyzed father-in-law when she cannot help earning income for the family. Her husband is the only key. Sometimes expenses are inadequate and has to borrow from neighbors and the acquainted. She tells she never wish to have more children but fears sterile operations while her husband believed that after operations she can not handle hard works. In addition she fears injection so she decides to take contraceptive pill but with overloaded of burdens she often forgets taking it and gets pregnancy.

“ Knowing getting pregnant, both of us get stress. Another child increases another r expenses. Now, we are deadly unaffordable. At home, only my husband is key to earn income. I cannot fully go out to work because no one to handle housework. Sometimes we run short and we have to burrow other. The doctor recommends taking sterile but I fear it. I fear drug allergy and never recover and what will happen to my children while my husband has to work hard fearing that after taking sterile he cannot do hard work ”

Vassana

After pregnancy, she endeavors to keep good health as she can by nutrition, medical checking since conception but fails some appointment. She has 4 time medical checking but still she works hard to save for the expenses during and after her labor when she is unable to do hard work.

◎ **Accepting Stepchild and Family** - the mother needs children in case the husband and the family accept, i.e. the case of Maneeya who tells that at first she fears whether her husband will take responsible over her pregnancy. So, she needs no more children. If he accepts and allows she needs to have her child with him to start a new life because she has a child already because her man has left her after knowing she was pregnant. This makes her quit the school to raise her child at home under the care of her mother, her reprimands and her assaults. Later, she gets pregnant with the existing husband and fears his irresponsibility and if her mother knows she will beat her again. So, she endeavors all possible ways to take abortion as optionalization in cases her husband is truly irresponsible. Finally, when her womb becomes mature she decides to discuss with him before her mother knows. Finally, her husband accepts the child so she tells her mother and keeps the child.

“ At first conception and fearing to tell anyone, confusing, and fearing my mother to know and uncertain whether my husband will accept or not, fearing for medical check because mom will know. At first, I put the tight pants cover with big shirt so that mom will not notice. During which, I ask friends who experience how abortion is done so that I can take. When it is mature, I decide to discuss with my husband so to find options...to keep or not to keep... because if mom knows, she will

rage and beat me to death. If she accepts I will keep and start our new life having a good family. ”

Maneeya

After informing her mother to spend her life with her husband she admits the pre-natal and delivery after 5-6 month pregnancy but fail some appointment because of no money for travel and medical fees.

The Cases of Needs for Child – their conditions are as follows:

Family Satiability – many mothers believe that children tie husbands the commitment to the family to separate to a new one and turn them more responsible to the families. Like the case of Suppharuek a salesperson in a department store while her husband is a marketer in a private company. Both stay with the consent of leaders from both parties without birth control and still do not have any child. Her husband is a womanizer and travel often to upcountry, and luxurious. She tells she actually does not want to have children because she is overloaded of burdens. Having a child increases her exhaustion but she wants it expecting that having a child will build bond in the family and her husband and makes him more responsible to the family.

“ Having a child make use more exhausted but man without a child is not chained, roving away from home. If there is a child he will be worry it and the home and will not ravel so far. Whenever, he mistracks, he will think of his child and fear to do and also saves for his child rather than superfluously spends ”

Suppharuek

After knowing being pregnant, she endeavor to keep good health and nutrition not putting on high heel to work and never fail the medical appointment but still fails because of wishing no leave from her works except irregularity. She takes more than 4 time medical check before delivery. Her husband is likely disinterested her sending her sometime disheartening of his indifferences to her needs.

Ability to Fulfill Feminist Duties

Mothers need children on the basis being instructed to be proud of the motherhood. Additionally, they are certain their children to better secure her families. Like in the case of Somjai, a housewife and stays with her husband for 5 years with a

4-year child studying in a kindergarten. She tells that after her first child she takes contraceptive pills and when her husband is ready to have a child she stops the pills and gets pregnant. Both want another child to have a friend for the elder. She is proud to complete her femininity. In addition, having a child better secures her family status.

“ Having another child makes me complete duties of a wife and a mother. He wants another child to be a playmate to the elder. He loves his child and separation is out of question. ”

Somjai

After her pregnancy, both her and her husband nurture the womb well by admitting the pre-natal and delivery and never fail for the medical appointment.

It is found from the study that either needs or not; it is conditioned under economy and social. Most mothers need children if their husband and family accept and believing that having children is to fulfill the feminist duties and strengthen their families. Some conditions drive the mother to reject pregnancy because of the child raising. Some were not accepted by their husband and families. Unready to have a child is unprepared to raise it therefore, it is covered or even to seek abortion. This endangers the child in the womb. Finally, all mothers in this group accept their children and attentively care their children more. But with overloaded with burdens and inadequacy and destitution, the mothers are likely in capable to nurture them. Only a case needs a child and attend it well because she is ready to raise it and her husband and the family accept it.

Responsibility over pregnancy is still the feminist duty without assistance from the man. It is believed that pregnancy and child raising are the woman's duties. This makes pregnancy when the mother is not ready. Had such values in the man been changed to be more responsible, and the woman has more power of bargaining on sex, they could determine pregnancy and allow the mothers readiness to attend the children. From the investigation, many mothers lack knowledge and unable to access the birth control service and the family planning, which should be encouraged the mother to be well-informed and accessible to the medical services for better maternity and child health.

CHAPTER 6

CONCLUSIONS, DISCUSSIONS AND RECOMMENDATIONS

This study investigated the gender role in families of mothers with low birth weight infants (LBWIs) based a qualitative approach to analyze gender relations. Data collection is by in-depth interview and the LBWIs mothers with children of less than 2,500 grams at birth in a large hospital located in Bangkok. 13 Case are studies and conclusions are as follows:

6.1 Conclusions

There are differences among LBWIs mothers and divided into 2 groups, i.e. 1) 9 LBWIs mothers with sickness and the children's weight is less than 1,800 grams prenatal with 5 case facing sickness. The rest 4 cases are 1,801-2,499 grams with sickness at birth. A child is prenatal while the rest 3 are normal. They spend 7-76 days in the hospital spending 3,800-320,000 Baht per case treatment . 2) LBWIs mothers without sickness and 4 cases are not sick during admitted in the hospital and the children with unlikely less than 2,500 grams or 2,320-2,480 grams. All children are normal period of delivery able to return children to their mother within 4-6 hours an spending 3-4 days in the hospital with 800-2,000 expenses.

Reflecting the gender role in each group, it is found that mothers have inferior status in families. The LBWIs mothers with sickness have more inferiority than the LBWIs mothers without sickness as following details.

Gender Socialization

Both LBWIs mothers with sick children and without sock children had no differences of socialization. The man is socialized to be the leader, fearless to think and to decide, handling family earning, freedom of living and sex. The womanizer is recognized as attractive. Having sex with other woman rather than his wife by consent

and unbound with responsibility is not immoral. At the meantime, the woman is socialized to be tender, a fair –mistress, housework tending and feeding children, attending family members, unfree to live, limit at home-stay, self-reservedness, and monogamy. Building gender roles is unequal by the home empower the man stronger than the woman. This leads the eligibility to expertise power of the man and the woman has to surrender by inferiority without argument and suspicion. It builds inequality among gender in a family allowing the mother lacks rights and opportunity for a good life.

Socializing the man leadership, the family leader who has power in major family decision-making. The woman is not free to control the family spending in order to acquire consumption material for living, i.e. nutrition, and facilitating devices for working such as washing machine, electric rice cooking pot, fridge, microwave oven, vacuum and so on. These are the laborsaving devices for the mothers and allowing them more free time for rest and recreation. It decreases exhaustion to the mothers raises their health and mind ready to give birth to the healthy child rather than drinking, gambling, roving and buying car by the wishes of the husbands.

In addition, accepting the patriarchy over the wife's body allows assaults or unwilling sex with wife, which is commonly found in the family and the woman has to suffer the condition because it is common in the marriage life and no people care to help even help from members of the same family or from the government agencies. It weakens the woman both mind and body leading to ill prepared for delivering a healthy child.

The gender socialization send man to earn the family living while the woman attends housework, feeds children and inferiorizes her status. Woman cannot control and access resources and benefit of the family because the housework is counted the valueless reproductive tasks like the productive task of the man. So, power to control spending and resources and benefits of the family is then subject to the man. Socializing the woman to be responsible for housework is to curtain opportunity for her to share controlling and allocating resources and benefits of the family. Accessing resources and benefit is subject to the man. Had any families lacked responsibility by spending time with drinking, and gambling, to accessing resources and benefit of the

mother is unlikely. So, the mother is helpless to dispense the family resource for her health and the child in the womb. This allows the mother with LBWIs.

Even the economic and social situation is changed and woman can share family earning the living but the idealism, and the fair-mistress is still imprinted never changed. This turns woman overloaded with burdens. She faces more hours of housework, unending and prolonging. She find less time to rest and to recreation even her meals are hazardous or eating while working such as attending the child while eating. Some mothers find no time for breakfast because their offices are distant and fearing to be late. In addition, work stress turn the mother insomnia and de-appetizing. All these call for mal-nutrition to the body, less rest and no recreation to what is pleased, fails to show for medical check for the growth of the child, which leads to being the mother with LBWIs.

Additionally, by socialized double standards in gender affects the mother with LBWIs.. Allowing freedom for man on sex send him irresponsible for pregnancy. The birth control is pushed to the woman without help from man. Upon pregnancy with ill-prepared the woman has to suffer it alone. Pregnancy with irresponsible man is shameful in society, so the mother tries to cover and seek for abortion helpless to find assistance from her family or the government agency. It makes her late for admitting pre-natal and delivery. All measures used in abortion endangers her life itself and the child by hemorrhage, prenatality, low birth weight, infirmity and deformity.

Valuing virginity is another idealism subject woman to suffer the life with the man assaulting her body, mind and sex repetitively without thinking to separate. Woman is influenced by monogamy and after being impure by any man she has to suffer marriage life with him till death. An impure woman or ever has a child and has to live in a new family, she is devalued, hurt, disheartened by her husband and surrounding people.

Emphasizing feminist beautification, fragility, dependency, and sacrifice for the family turns woman not to struggle for her better living. She accepts to suffer to win the husband's heart even he behaves womanizing. This is to secure the family status. Such idealist cultivating is the illusion created in societies to subject woman under man's power. Had body of knowledge been reconstructed for gender to self-

development, with equality and accessing resources and benefits of the family, the problems of the LBWI mothers would have been creased.

Domestic Violence

It affects LBWIs. The mothers of LBWIs with sickness are in the families of the high rate violence. They encounters endless violence since childhood and till present. there are many dimensions in relative to body, mind, and sex. During childhood they encounter abandonment, no supports witnessing family violence of scolding, and assaulting. Most are violence man victimizes woman, hurting by words, releasing rage, exploiting and discriminating, assaulting and some are sexually molested by the family members. The violence during the marriage life is also high similar to her childhood. They are the abandonment of irresponsibility on pregnancy, no supports, threat, and defaming, womanizing, assaulting, unwilling sexual affairs and infection cause from having sex. The mother living in a family with high violence during childhood tends to face high rate violence in the marriage life because the weakness of the previous family to protect the mother from being assaulted in the present family. In addition, drinking, gambling and immorality of the husband drive to create family violence more.

Most mothers of LBWIs without sickness live in moderate rate of violence in families. Most meet less violence during childhood such as no hurting words for shamefulness. By misbehaving by the social expectation, and witnessing family violence on quarreling of not so violent against the body, being exploited and discriminated. There is only a case lives in a family with assaulted quarrels and ever been assaulted from the family member since childhood. In the marriage life, most face psychological violence. With the womanizing husband, defaming, abandoning for the pregnancy, unwilling sex with the husband and there is only a case with the irresponsible, drunken, and gambling husband but no assaults because of economic helps from her family.

Violence encountering by the mothers affects their health directly and indirectly by injuring the mother, stress, headache, insomnia, de-appetite leading the mother malnutrition and sufficient rest and affecting the infant's growth standards. Had the mother been assaulted during pregnancy, it affects her pregnancy and

contracts the uterus and leading to prenatality with low eight. Earlier prenatality and less weight leads acuteness to the child.

Divisions of Labor

Most mothers of LBWIs with sickness live in families of evident division of labor, the husband attends occupation without helping the housework. Most mothers of LBWIs without sickness live in families of unclear division of labor and the husbands share housework by time such as transpiration children to school or attending children while the mother is attending the housework and job with laborsaving devices such as clothes washing and so on.

Comparing workhour of the mother, it is found out that the two groups of mothers have dramatically different workhours. The mothers of LBWIs without sickness have less work than the other group.

Working model of both groups are not different. Work by pregnant mothers is continuing, prolonging and uncontrollable time. They are the home responsibility alone and endless and feeding the child even during taking meal when the mothers have to leave dinning table to handle the weeping child. It makes the mother less meals, and little rest. In addition, the mother's work is unstable, low income, no allowance and most are hired job and free lance such as sewing, and different employment. Most mothers rely on the husband income, powerless for bargaining to control and access resources and benefits of the family. Had the husband been irresponsible, drinking, and gambling and not supporting the wife, she would have been in destitution and unable to care the child in the womb to be healthy. The work with prolong and mono position such as a factory line workers, sitting sewing, and standing to sell in the department store obstructs the blood circulation feed the child in the womb leading immature womb and the prenatality. OT and shift works turn the mother less rest, unfixed hours of rest and most mothers are overloaded with home burden and occupation jobs without assistance form the husband for the housework or some helps when the mothers are preoccupied and stressful form workplace. Some mothers sleep only 5-6 hours and discontinuing rest, no time to rest during daytime. All these affect the maternal and child health leading to be the mothers of LBWIs.

Had women been allowed for additional education, no discriminated employment and value changes by gender discrimination, erasing thought of housework is for woman and reproductive tasks, allowing both sexes to attend housework and occupation equally, the woman status in the family will be upgraded and self-dependency. Woman will have equal power to control and to access resource and benefits of the family. Woman will be able to care herself and the child with healthiness.

Control and Access Resources and Benefit in Family

Mothers of least LBWIs and little LBWIs with sickness living in the husbands' families are empowered to control and decide all the family expenses but excluded for comments or least share comments but major family affairs are finalized by the husband. Most mothers of LBWIs without sickness live in family where the mother can share opinions but major family affairs are finalized by the husband. It is concluded that husbands empowered major family affairs of both groups having mothers of LBWIs without sickness share opinion and their husband listen to them more than the other group. By reason, the mothers share earning income for the family and their previous families are strong and support as well as traditionally build their families.

Accessing resources and benefits of the family, the mothers of least LBWIs and little LBWIs with sickness can less do it than the other group because being included to share decision-making and supported by the previous families or sometimes, by the husbands' families with supplying nutrition, financial supports to share burdens and giving consultations upon encountering problems. In some families, even the wives are excluded in decision-making or controlling resources and benefits but they can access them because their husbands are responsible for their families and support the mothers with nutrition, more time to rest. On the contrary, the mothers of least LBWIs and little LBWIs with sickness have not only no any supports but also they are irresponsible, drinking, gambling and no feeding, This makes the mothers of least LBWIs and little LBWIs with sickness cannot nurture their wombs like the mothers of LBWIs without sickness. So, they deliver LBWIs with sickness.

Had mothers been supported to equally and fairly share economic activities in the families by supporting women opportunity to be educated, and trained to upgrade their knowledge and ability, fair employment system, eliminating prejudice against women in rejecting their ability, discriminating employment, women can then control and access resources and benefits equally and fairly. They are enable to make uses of them for nurturing their health to be ready for give birth to healthy children.

Maternal Needs on Children

Both group are under the economic and social conditions, which are the suffering in feeding the child, needs of child of the husband and the family, the belief instructed, i.e. pride of the motherhood, having a child makes the husband more responsible to the family, and having a child makes the husband bind with the family and stabilizing the family. The mother cannot determine her pregnancy because she is assigned for birth control but no bargaining power on sex with her husband. So, the birth control fails and when there is pregnancy, the woman has to be responsible to attend her womb without any responsibility or least responsibility from the husband. It is the belief that caring the womb is the feminist affairs and pregnancy with ill preparedness turns the mother helpless to likely take good care of the womb.

In the case of pregnancy before marriage, it is counted shameful for woman and needed wearing big shirt to cover the womb while the case of pregnancy with the polygamist husband wants not birth of the child fearing its inferiority. The case of suffering in raising, the mother rejects to have the child fearing it will suffer hardship and the family as well. Many mothers seek abortion and most are not correct by medical principles and endangering both the mothers and the children. When it fails, they allow the pregnant maturity. Some well attend the wombs but some not during the period of pregnancy. All these affect the mothers and the children's health leading to the delivering the infirm children especially among the group of mothers of least LBWIs and little LBWIs with sickness. Some never attend their wombs. Some attend the wombs but unlikely because of loaded burdens, poverty, destitution, and powerlessness. At the meantime, all mothers of LBWIs without sickness and need no children accept pregnancy and care for it more during the last period when the pregnancy is accepted because their husbands are more responsible to the families than

the other group. In addition, the families are affordable for full meals required in a day.

Most mothers need children if they are affordable and accepted by the husbands, families, society, able to respond to the basic needs of the children, able to educate them, employment to support oneself and the family, and dependable to parents when aged. Had the mother needed a child, well attended her health and the child in the womb, then the child will be healthy upon birth. So, the mother should be encouraged on the bargaining power on sex, changing prejudice of patriarchy over the body of the mother, supporting gender responsibility over pregnancy, gaining precise knowledge on birth control and the family planning. Then the mother will be able to determine pregnancy and has a child when she wants and is well prepared.

The LBWIs born in the families with the mother inferiorized in status cannot grow to be the qualified citizen of the society because it is not well nurtured by the mother. With her malnutrition, less rest, high stress and inability to care her breast turn the mother without milk for feeding and unable to adequately furnish expensive milk for the child. This includes the mothers helpless to bring the children for medical check out of poverty, destitution, and powerlessness, which allow children weak, often sick and to become the qualified citizen of the society.

6.2 Recommendations for Policy

This investigation demonstrates the inequality of the gender. Not only it becomes the social problems but also the health problems affecting the health of the mother and the child who is growing to be the development force of the society at large. It is the emergence that all social mechanisms should be conscious on its criticality. It is proposed that

6.2.1. The government and the office involved should reconstruct the body of thought, and the acceptance of gender equality values by changing incorrect values among people in society with campaigns for constructive fairness in levels of family, community, and society, e.g. campaigns for parents to change raising child values, that boys must be responsible, non-coercion, and not imposing violence over the weak and reject woman as man's property.

6.2.2. Encouraging gender equality in society by supporting both to be educated, fully developed their potentials and opportunity of fair employment, seriously controlled by the government and law enforcement on wages, amending unfair law against woman, termination of some rules and regulation discriminating opportunity for women's occupations.

6.2.3. The government should announce policy to strengthen families by cessation of domestic violence through learning process and mass media to counter domestic violence in all forms as well as publicize concept for all and monitor it to eradicate the domestic violence.

6.2.4. Revise the abortion laws to meet the existing problems and organize counseling offices to help the undesired pregnancy

6.2.5. Campaign men to share in the home burdens through mass media both in the central and in the regions

6.2.6. Improve the health service to aggressively treat the female health for the disadvantageous groups particularly the pregnant ones, i.e. organizing the project of preparing for labor for the mother, encouraging husbands to participate the project in order to be conscious of sharing attending the maternal and the child health on not to commit violence against the mother and the child

6.3 Recommendations for Further Studies

6.3.1. This investigation has not been found anywhere on gender roles of the mothers with low birth weight infants and with purposive samples based on the qualitative approach. In-depth interview is used in data collection and it might restrict the explanation. So, the following researches should be broader views with greater number of samples by a quantitative approach to picture the gender roles among the mothers with low birth weight infants.

6.3.2. Gender roles among husbands of the mothers with low birth weight infants should be relatively studied to gain data for analysis and for wider coverage.

6.3.3. Ethnicity, religion and cultures should be studied to compare differences of the gender roles affecting low birth weight infants in order to gain diversity.

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 เพศและความสัมพันธ์หญิงชายในครอบครัว: นัยยะและกลวิธีในระดับชุมชนเพื่อ
 การป้องกันโรคติดต่อทางเพศสัมพันธ์และโรคเอดส์ในหญิงชนบทที่แต่งงานแล้ว.
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