Studying Domestic Violence: Perceptions of Women in Chiapas, Mexico

Namino Melissa Glantz and David C Halperin

In 1994, the Comitán Centre for Health Research and the College of the Southern Border in Chiapas, Mexico, launched an ethnographic study on sexual and reproductive health among Ladina women in the border region of Chiapas. Questions regarding alcohol abuse, violence and sexual coercion were included, because it was clear that these topics are closely intertwined. This paper presents some initial findings on the perceptions of 40 Ladina women regarding conjugal violence experienced by women in their community. When the women saw the victim's behaviour as the cause of the violence, they tended to suggest endurance as a strategy. When the cause was seen to be unrelated to the victim's behaviour, they tended to suggest resisting the violence or leaving the aggressor. Such violence often occurs in connection with pregnancy and delivery, and issues of fidelity and sexuality. It is a serious reproductive health problem, which undermines women's capacity to seek care for themselves and acts as a powerful deterrent to achieving gender equity in this society.

CHIAPAS, an impoverished state which suffers from the worst levels of health in a rapidly modernising Mexico, is home to approximately 3.2 million people.[1] In spite of the fact that Chiapas exports many crops, electricity, livestock, timber and labour to other states, the well-being of the population does not reflect this situation. Fifty-eight per cent of wage labourers earn less than a minimum wage.[2] Over half of Chiapanecos live in homes that lack running water and proper drainage and have dirt floors.

Chiapas has the lowest life expectancy at birth in Mexico and the highest infant, child and maternal mortality rates.[3] The principal causes of death and illness are the diseases of poverty such as tuberculosis, malnutrition, diarrhoea, and acute respiratory infections. The health of women as a group is significantly worse than that of men in Chiapas. Although women's life expectancy is greater, health services are less accessible for women and those who do seek care receive a poorer quality of care than men.[4]

Sexually transmitted diseases, complications of pregnancy and delivery and postpartum morbidity are widely prevalent and poorly cared for. Deaths from the complications of illegal abortion and from cervical cancer are well above the national average.[5]

Protesting such inequalities, an indigenous uprising in January 1994 brought Chiapas to the front pages of the world's newspapers. We considered it important that problems related to reproductive and sexual health and the disproportionate suffering of women be better understood, especially in this context, because the situation of political conflict and limited resources may not only exacerbate the frequency of reproductive health problems and domestic violence, but also limits the capacity to offer services to those affected.

Design and implementation of the study

One of our major concerns in this study was to identify obstacles and find strategies that would assist women to improve their reproductive health and to confront and prevent domestic and sexual violence. It was therefore

crucial to understand the perceptions of the women themselves, not only about different behaviours but also the women's interpretations of the meaning and function of those behaviours. These could best be learned through qualitative methods.

During pilot focus groups and interviews, we noted that women spoke openly about pregnancy, birth and childrearing, but they preferred to answer questions about their bodies, sexuality and marital relations in private conversations. This prompted us to use in-depth, ethnographic interviews instead of focus group discussions for gathering information. It also became clear that violence was a critical issue in the women's lives and was closely interrelated with other facets of reproductive lives. Consultants in ethnographic methodology, gender, sexuality and the status of women in rural Mexico assisted us in the elaboration of a theoretical framework, creation and revision of instruments, data collection and subsequent analysis.

The preliminary interview guide, used in four pilot interviews, covered 14 general topics, including health and illness, family structure and relations, sexual and reproductive history. Placing hypothetical characters in real-life situations seemed to make it easier for the women to discuss 'private' subjects, especially those related to conjugal violence. We therefore included several hypothetical narratives in the final interview, such as the following:

At the wedding of Laura and Joaquín, there was music, food, and wine. Joaquín drank a lot, as he often did. That night, Laura did not bleed. Joaquín got very angry and hit her, while she swore again and again that she had never had sexual relations with any other man, that it was the first time, and that she had only done it with him.

Why should Laura bleed?
What do you think happened to this couple?
What do people here think about men who get drunk a lot?
What do people here think about men who hit their wives?
What do women like Laura do when they are hit?

Frequently, Joaquín drank liquor and when he got home, he made Laura have sex with him. If she did not want to, he hit her.

What can happen to a woman who is forced to have sex?

Four *Ladina* women, two nurses, a doctor and a psychologist, between the ages of 25 and 35, carried out the interviews. All had prior experience in health work and in research in the region, and also received training specifically for this study. To find study participants, they knocked on doors and went into shops and talked about the study. Forty women who were willing to participate and who met the criteria of having ever been married (or in union) and having at least one child were included.

The 40 study participants were all *Ladinas*, from 11 municipalities in the border region of Chiapas.[6,7] They ranged in age from 19 to 62, with a median of 32. Most (82 per cent) were currently married or in union. They had an average of five children, with a range of one to 12. Forty-five per cent had not finished primary school; 33 per cent had finished primary school but not secondary school; and 22 per cent had finished secondary school. Almost all the women were poor.[8]

The interviews were from one to four hours in duration. The majority took place in the homes of the women, and were tape-recorded with the women's consent. Great efforts were made to conduct the interviews in privacy but in fact 14 of the 40 interviews took place in the presence of another adult or child.[9]

VIOLENT EVENTS DESCRIBED BY THE WOMEN

The principal focus of this paper is violence carried out by men against their women partners, as the predominant form of violence experienced by the women. We have included only events in which the man caused or threatened to cause physical harm to the woman. Forced sexual relations were included, but sexual relations characterised by lack of pleasure were not.

We did not ask the women about intimidation, humiliation, ridicule, or lack of freedom to move beyond the house or community, though these are critically important issues in the lives of women in Chiapas, and are often associated with the threat of physical violence.[10]

Physical violence was often mentioned when

the women spoke of the pre-marital advice they themselves had been given or would give to others. When asked to define a good or bad husband or wife, the women often incorporated the presence and absence of violence in their definitions.

We identified 115 events of actual or threatened physical and sexual violence in the interviews. Of these 35 per cent were described spontaneously, before violence was introduced by the interviewer as a subject. For example, when the women were asked how everyone got along in their parents' household or in their own households, some women said that there had been violence in their parents' relationship or in their relationship with their partner. The rest of the events were described in response to narratives and questions which were specifically about violence.

The statements made about the events fell into four main categories: 1) characteristics of the event, 2) perceived causes, 3) perceived consequences, and 4) perceived strategies for dealing with the violence.

Characteristics of the events

Each violent event was characterised according to the nature of the violence, who experienced it and who inflicted it. The nature of the violence included punching, kicking, pulling hair and shouting in the case of 74 of the 115 events described, forced sexual relations in 35 events, and threats to do any of these in the remaining 6 events. Some of the women described violent episodes during pregnancy, delivery or the postpartum period.

Fourteen of the 115 events were experienced by the women personally, and another 14 were experienced by their parents, relatives, friends and neighbours. The remaining 87 events described were about the hypothetical characters or people or women in general. Because we were interested in women's perceptions of violence rather than just their actual experiences, we did not separate hypothetical situations, reported situations and personal experiences in this analysis.

The violence was inflicted by the current husband or partner of the woman experiencing the violence in all but two per cent of the events described.

'I have seen a marriage in which... the husband arrives good and drunk... to hit her, pull her hair, and even throw her out of the house. He kicks her.'

'My husband comes home to do ugly things, scold and kick everything around.'

Perceived causes

The women spoke about both the causes of violent behaviour in general and about what they thought had incited each specific violent event. Causes were mentioned in relation to 64 of the 115 events. Where causes were described, more than one was often mentioned.

Most often, the causes were to do with a woman's supposed offences or transgressions of her role as a woman (29 of 64 events):

'If a woman has committed some offence, her husband has a right to hit her... because the food isn't ready, or because he comes home from work and the fire isn't ready.'

'The midwife succeeded in getting the baby out, but it was already dead. So my husband said: "You've already killed it, before it was even born!"... Then he was hitting me.'

Other transgressions included disobedience on the part of the woman and infidelity, whether actual or imagined. Consumption of alcohol, which was often followed by a violent event, was as frequently cited as a cause of violence as transgressions were. A number of the women explained that alcohol causes men to feel superior and to display their superiority through physical violence.

Many of the women ascribed men's violent behaviour to *machismo* (19 of 64 events), that is, they thought men were violent simply because they were men. One woman explained that men used violence to ensure that things get done their way. According to another, men just like to hit. Or, sometimes pressure from other people can incite a man to violence.

'The man has a lover who tells him: "Leave your wife, or go home and hit her so that she leaves you and then you can marry me."'

Gossip is a strong form of social pressure in this region. Women reported that gossip about someone else's wife's infidelity could make a man suspect his wife of similar behaviour and hit her. Jealousy too often provokes violent behaviour:

'There are very crude men.... What they do is hit the woman. More than anything there is a lot of jealousy.... Jealousy is a sickness....'

Three women mentioned that violence may result from lack of understanding within the relationship. Another talked about irresponsibility as a cause and thought that:

'Husbands are abusive because they don't know how to support their families...'

It would appear that in the end, violence is justified or explained in many ways. Men were violent because there was money or because there was not, because they were drunk, because women did not do their duty as wives or in producing children or because they were not obedient, or men were violent simply because they were men.

CONSEQUENCES OF VIOLENCE

The women identified multiple physical and psychological consequences of violence in relation to 55 of the 115 events. The most frequently mentioned psychological consequences were feeling angry, ill at ease, suffering, repulsion towards the violent man and lack of sexual pleasure. Other psychological consequences referred to in decreasing order of frequency were sadness, fear, mental trauma, nervousness and anxiety, disappointment, worry, despair, and regret.

'I went through this with my husband and we later separated because he made me so mad and I was always sad. I cried every day, every single day.'

'The victim becomes traumatised; she is scared that the husband is going to arrive and that he is going to oblige her to have sex and that he is going to hit her.'

'A woman who is obliged to have sexual relations will never be sexually satisfied. She will always feel used as an object....'

Illness and infections, bruises and lesions, followed by unwanted pregnancy, sexually transmitted diseases, a tumour/cancer, and death were the physical consequences of violent events mentioned.

'They go around without teeth... their arms are all black and blue.'

'She becomes demoralised.... She thinks that the man doesn't love her.... She can get pregnant against her will....'

'I know someone whose husband... would come home drunk and hit her and who knows what else.... A man like that doesn't think about what he's doing, and he can cause problems in the woman's womb.'

'Maybe she will become pregnant and the child will be born with something wrong with it.'

There were two cases where women believed that being hit badly could eventually cause tumours and cancer and in two events women pointed out that the violence could result in the death of the woman victim.

'Doctors determined that my neighbour had been hit in her lower stomach.... Where she was hit turned into cancer... and she died.'

The consequences of violence for other family members was discussed by many of the women. For example, a woman who had observed physical violence between her parents said:

'When you see your own mother beaten... you feel resentment against your father.'

STRATEGIES FOR DEALING WITH VIOLENCE

Study participants spoke of various strategies to deal with violence, all of which may be classified as one of the following:

- leave the aggressor
- put up with the violence
- defend yourself.

One or more of these three strategies were

mentioned in relation to 63 of the 115 events, and in more or less equal proportions. The choice of strategy depended on the perceived cause of the violence, whether or not the woman loved the violent partner, whether or not she had children, whether or not she was economically dependent on him, her marital status, and the extent of her support network, including support from her parents.

'Before, women put up with it and they always did what the man told them to do.... Now women have to make their own decision.... Sometimes they get divorced... sometimes they go back to the home of their parents.'

'Sometimes they abandon their children; they leave them with the husband because they are unable to support them. Other women don't leave their husbands if they have children.'

Women choose to endure violence for various reasons:

'If she has committed an offence, the woman should stay at home and wait for the husband and do whatever he wants.'

'They hit us because we are at fault; we should obey.'

'If a woman loves her husband, even if he's giving it to her, she puts up with the violence.'

'Some just have to be strong because they are already married; they cannot return home.'

The third possibility, defending herself or resisting the violence without leaving the man, can take a variety of forms, from running and hiding to physically defending herself. Seeking the support of parents and other family members, or legal intervention, were other forms of self-defence mentioned:

'She returns home... and tells her mother why she is there, and sometimes the mother or the family helps her.... They talk to the man and sometimes he swears he is not going to do it any more....'

'After the third time a man hits her, a woman can report him so that they come and arrest him and put him in jail; then the magistrate orders him not to hit her anymore, and lets him go free.'

Synthesis

We then attempted to relate the perceived causes of violent events to the strategies suggested by the women to deal with these. The causes were classified as: those perceived as related to the woman's own behaviour, such as transgression, offence or fault; and those perceived as external, such as alcohol consumption, jealousy, *machismo*, social pressure or irresponsibility.

The perceived strategies were classified as overt resistant action, such as defending herself, resisting or leaving the aggressor, versus no overt resistant action, ie. enduring the situation. When the woman's own behaviour was seen as the cause of the violence, endurance was more often suggested as the strategy. When the woman's behaviour was seen as unrelated to the cause, the tendency was to suggest resisting or leaving the violent partner. (*Table 1*)

Table 1.
Causes and Strategies

	No overt resistant action	Overt resistant action
Victim seen as part of cause	10 events (23%)	7 events (16%)
Victim not seen as part of cause	11 events (26%)	15 events (35%)

Conclusions

A methodology and analytic strategies which allow us to learn the perceptions of women experiencing violence are crucial to the development of interventions which can help them to confront and prevent domestic and sexual violence more successfully.

Many of the violent events discussed above involved not only hitting and kicking but also forced sex, causing serious physical and mental trauma. The fact that in almost all these events the aggressor was the woman's husband or partner indicates that she cannot count on him – her partner in the act of reproduction – to care for or respect her reproductive health. In many

instances, a woman's sense of guilt for causing a violent event impedes her from seeking help, defending herself or resisting the violence. The strategies that the women suggest for dealing with violent events often reveal a lack of initiative, a lack of control and the absence of a support network which could help them to leave a situation hazardous to their health and well-being.

Domestic and sexual violence affect reproductive health in a number of critical ways. Reproductive health may be defined as all of those health-related issues which rest on gender for their definition. Because such violence often occurs in connection with pregnancy and delivery, fidelity and sexuality, domestic and sexual violence are clearly reproductive health problems. Further, violence and the threat of violence provide a powerful substratum which undermines women's capacity to seek care for themselves and strengthens the control men exert over them. In fact, physical and sexual violence and the potential for such violence are the most powerful deterrents to achieving gender equity in our society.

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6. *Mestizas* (members of the non-indigenous population) are commonly referred to in Chiapas as *Ladinas*.
7. Utilising the same interview guide, a male interviewer conducted interviews with ten men in the same region. However, it became clear that a study designed especially for men would be necessary to adequately explore reproductive health from the men's perspective. Therefore, the data presented in this article are limited to our experience with women only.
8. Piloting of the study within indigenous communities proved our instruments to be inappropriate, not only due to the difficulty of translating into Tojolabal and Tzeltal (the two Mayan languages spoken in the region), but also because the Mayan cosmovision provides very different models of health and well-being than that of the *Ladino* population. A study specific to this Mayan population began in July 1995.
9. The presence of others during the interview did not seem to inhibit discussion of violence, as seven of the 14 women interviewed in the presence of non-infant children and/or adults mentioned physical and sexual violence spontaneously; 11 of the 14 responded to the interview questions on violence; and two discussed their own personal experiences as victims of such violence.
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RÉSUMÉ

En 1994, le Centre Comitan de Recherche sur la Santé et le Collège de la Frontière Sud du Chiapas, au Mexique, ont entrepris une étude ethnographique sur la santé sexuelle et génésique chez les femmes "ladinas" (métisses) de la région frontalière du Chiapas. L'étude comportait des questions sur l'abus d'alcool, la violence et la coercition sexuelle, ces problèmes étant de toute évidence étroitement liés. L'article analyse certains résultats préliminaires et montre comment 40 "ladinas" perçoivent la violence conjugale dans leur communauté. Elles ont tendance à conseiller de supporter le mal si, à leur avis, c'est le comportement de la victime qui est la cause de la violence, mais dans le cas contraire, elles encouragent plutôt à résister ou à abandonner l'agresseur. La violence conjugale intervient souvent au moment de la grossesse et de l'accouchement, ou pour des questions de fidélité et de sexualité. C'est un grave problème de santé génésique, qui sape la capacité des femmes de demander des soins, et c'est un obstacle sérieux à la réalisation de l'égalité entre hommes et femmes dans la société.

RESUMEN

En 1994, el Centro Comitán para la Investigación de la Salud y el Colegio de la Frontera Sur de Chiapas, México, emprendieron un estudio etnográfico sobre la salud sexual y reproductiva entre las ladinas (mestizas) en la región fronteriza de Chiapas. El estudio incluyó preguntas sobre el abuso del alcohol, la violencia y la actividad sexual bajo coacción, pues resultaba claro que dichos tópicos están estrechamente entrelazados. Este ensayo presenta algunas de las conclusiones iniciales sobre las percepciones de 40 ladinas en relación a la violencia conyugal experimentada por las mujeres de su comunidad. Cuando las mujeres percibían que la causa de la violencia era la conducta de la víctima, tendían a sugerir como estrategia la capacidad de aguante, mientras que si no se establecía una relación entre la causa de la violencia y la conducta de la mujer, tendían a sugerir el resistirse a la misma o abandonar al agresor. Dicha violencia con frecuencia ocurre en relación al embarazo y parto, la fidelidad y la sexualidad. La misma constituye un grave problema de salud reproductiva, socava la capacidad de la mujer de buscar atención y cuidados por sí misma, y actúa como un poderoso elemento disuasivo en lo referente a alcanzar la igualdad a nivel de género en esa sociedad.