Introduction

It is widely accepted that alcohol consumption displays different patterns relative to gender and culture. An international concern is that alcohol consumption increases in line with economic growth and changes in gender roles. A major health worry is that increased drinking among women might have severe mental, physical, and social consequences for newborn babies [1]. In 2012, approximately 3.3 million deaths were estimated to have been caused by alcohol consumption worldwide, which corresponds to 5.9% or one in 20 of all deaths (7.6% for men and 4.0% for women) [1].

In Thailand, similar to worldwide prevalence, men tend to have a higher prevalence of and more serious alcohol problems than women. However, a change in the pattern between the sexes has been demonstrated in recent years, with increased heavy drinking among women, particularly young women [2,3]. The risk of major depressive and anxiety disorders is greater among individuals who experience alcohol addiction, and this risk increases particularly among women, whose risks are four times greater than those of men [4].

In this article, we describe lived experience of women with alcohol addiction in Thai culture. We believe that understanding women’s experiences of alcohol addiction and their access to treatment is important for health-care professionals especially in developing countries. In this context, the gender-based double standard is a serious concern in providing care for women experiencing alcohol addiction. Thus, we investigated women who suffer from alcohol addiction as a means of examining gender-related issues that involve both health-care issues as well as social welfare.

The concept of “doing gender” was developed in accordance with West and Zimmerman [5] to study how the relation between the individual and the organization in practice affects gender accountability and displays of dominance and power. Although applied here to alcohol addiction, this concept provides evidence of
how gender differences are maintained in society, organizations, and institutions as well as families.

Historically, alcohol consumption has been viewed as a gendered interest of males. Women have been excluded in this understanding, and the belief that drinking is generally impossible to relate to feminine behavior persists [6]. According to Raine [6], a gender-related double standard appears at every stage of social and economic change. However, despite the increasing economic and social independence of some women, women who experience alcohol addiction continue to be individually and politically marginalized [6,7]. Because women are vital to maintaining human reproduction, society expects them to avoid unhealthy behavior, such as taking drugs and excessive alcohol consumption. These social norms and expectations do not exist for men [7]. The repressive social double standard regarding women is exerted through public control by society and the family [8].

Traditionally, alcohol consumption by women has been taboo and regarded as immoral. Women drinkers might be condemned and told that they are neglecting their role as wives and mothers [8,9]. There are also gendered ideas regarding drinking and sex, according to which women are viewed as available for sex if they deviate from the women norm of abstaining from alcohol [9]. However, Selminie et al [10] observed that in contemporary society, women’s drinking during early midlife presents a way of “taking time out” from traditional women roles, such as caring for children and elderly relatives. However, research has found that specific feminist groups urge young women to violate norms of femininity and morality, and responsible for household duties [12]. Drinking and continue drinking despite physical or mental problems to a larger extent than men [14]. There are reasons to believe that Thai women who experience alcohol problems and addiction may not answer honestly when asked about their drinking habits due to a fear of stigmatization [13]. However, in line with gender equity having increased in Thai work life, drinking at work has become accepted and engaged in by both men and women [13,15]. In addition, demonstrating the ability to act as men has been used as an explanation for the changed drinking habits of young Thai women, who use alcohol to feel confident, reduce stress, and keep themselves energetic at work [13]. A study on factory women demonstrated that women in modern Thai society have different identity perceptions compared with women of the past with respect to newly emerging roles of womanhood, including independence, equity, and equal sexual rights [16].

Women's alcohol-related problems have often been described as a symptom of personal and family problems stemming from being in a state of dependence. That is, alcohol consumption is a form of self-medication to escape negative aspects of life [17]. Factors that encourage women to seek alcohol treatment are awareness of ill health and physical and mental trauma, i.e., violence and accidents [6,18]. Women who experience alcohol problems are often motivated to seek treatment by perceived pressure from someone significant to them [19]. However, the women in one of the refereed studies perceived alcohol consumption as acting “inappropriately” for women, and this view made them sensitive about disclosing their problem to others, which could be a barrier to seeking treatment [19].

In addition, barriers to treatment for women experiencing addiction include the fear of losing custody of children, fear of losing a partner (or that the partner will react antagonistically regarding treatment), the experience of shame and stigmatization, and the fear of having to reveal experiences of physical and sexual abuse during treatment [18,20].

Studies have suggested that health-care services for women who experience alcohol addiction must be developed to ensure support, respect, and dignity based on group work and that strengthens the women's social networks. Additionally, there is a need to establish a comprehensive system of care (health and social welfare) [7]. Feminist phenomenology developed by Young [22] is explained based on women's mobility in a patriarchal society in which the mind and the body are inseparable. This feminist phenomenology defines women as physically restricted, confined, positioned, and objectified by men and by their own perceptions of reality. Research on women's perspective of alcohol addiction is essential to reduce gender discrimination and stereotyping based on male perspectives. In addition, developing a deeper level of knowledge based on women's perspectives can promote nursing practice in caring and in treatment of women with alcohol addiction. Moreover, few studies have been performed regarding women's experiences with regard to alcohol addiction, particularly in Buddhist countries such as Thailand. The research questions are “What are the essential aspects of alcohol addiction according to the experiences of Thai women?” and “How do women interpret and understand the phenomena of alcohol addiction?” This study endeavors to explore the ‘lived experiences' of Thai women in relation to alcohol addiction.

Methods

Study design

The study was conducted using a phenomenological descriptive approach to locate the essential aspects [23] of Thai women's subjective experiences of alcohol addiction. According to Dahlgren et al [23] phenomenology seeks to understand the meaning of human experiences. A phenomenological approach is useful in empirical research when exploring the meaning of a phenomenon that is less studied or poorly understood. Moreover, collecting subjective experiences of a certain phenomenon can provide more understanding of the perception of the informants. The feminist theory of the lived body is used to more deeply understand women's lived experiences.

Setting and sample

The women were recruited using purposive snowball sampling technique focusing on a cyclical process between the enrollment of new informants and the emerging patterns and themes in the collected data. The inclusion criteria were having an alcohol abuse
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