

Nonviolent communication concept and practice in social work for AEC 2015: case studies in women living with “unwanted pregnancies” and “tobacco-related diseases”¹

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ABSTRACT:

The emergence of ASEAN Economic Community in 2015 will come up with both positive and negative impacts. One of predictable negative impacts is the growth of health problems such as unwanted pregnancies and tobacco-related diseases which is from the no restriction on people and product transportation across the country members. Together with strengthening current model, social workers and social service providers have to find some new and alternative model to work for their clients which may be more based on AEC 2015. For women living with unwanted pregnancies and tobacco-related diseases, discrimination is still important issue to concern on while working with them. However, some difficulties such as language barrier may happen after the establishment on AEC 2015. Social workers have an opportunity to work with clients who may speak different languages. However, communication through interpreter may not be always possible and successful as long as the discrimination is still remaining. To deescalate the discrimination against women and language difficulties, nonviolent communication is recommended communication model social service providers and social workers can apply to their working principles for more effective assistance to their clients.

Key words: AEC, unwanted pregnancies, tobacco-related diseases, nonviolent communication, discrimination against women

BACKGROUND:

Discrimination against women becomes an important issue among feminists and human rights activists from working for women all over the world. However, historically, discrimination against women has been happening for a long time and it is practiced even now:

“In 400 BC, the Greek empire, a model of direct democracy, limited citizenship to men; women, children and slaves were not considered citizens. Therefore, discrimination had been in existence since the beginning of human society and was only rectified during the period of enlightenment. However, gender discrimination continued as women still could not publicly play a role. Women in the United States were not allowed to vote in the early years of its independence”. (Translation mine) - *Laddawarn Sinturak, director of the Center of Central Prosecutor for Juvenile and Family, Thailand, affirms*¹

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The effort to demolish discrimination against women has gradually been increasing after The Convention on the Elimination of All Forms of Discrimination Against Women [CEDAW] was adopted in 1979². Thailand and all countries in Southeast Asia has ratified the Convention; and drafting and/or amending law to comply with the Convention is next step every country members should do. However, the issue of discrimination against women in several aspects is still remaining in the region due to lack of law enforcement and knowledge of relevant professions³. In Thailand, women are excluded from some social activities such as political participation⁴. Like many countries in the world that the number of female politicians are less than male ones.

Basically, discrimination is considered to be stronger in high-context culture than low-context culture. People living in high-context culture will not speak out their frustration or real feeling while people in low-context culture seem to speak out more⁵. However, Discrimination against women has been an issue regardless high-context or low-context culture. Discrimination is usually together with social exclusion. Social exclusion can be defined as the “alienation or disenfranchisement of certain people within society.” Similarly, discrimination is the differential treatment of a group or groups within a population⁶. In high-context societies like ASEAN, the situation of social exclusion discrimination against women will be more violent for stigmatized women, such as women with “unwanted pregnancies” and “tobacco-related diseases”.

Moreover, problematic situations on unwanted pregnancies and tobacco-related diseases will be unsurprisingly escalated after ASEAN Economic Community [AEC] established in 2015. According to ASEAN blueprint, there is no restriction on harmful products like tobacco and AEC does not have any specific restriction or prohibition on such product as well⁷. With AEC establishment, the products can be easily imported and exported across the country members and it is predictable that the number of smokers and tobacco addicted will be increased too; particularly, woman who is an important target group of tobacco industry.

Aside from products, people living in ASEAN community can also move to other country members with declined immigration restriction. At that time, it is predictable that the relationship between people living in different countries will be grown and it may bring about more unwanted pregnancy cases across ASEAN. Therefore, the emergence of AEC is an important starting point for social workers and social service providers to prepare an appropriate service model to assist victimized people which will be increased more after AEC official establishment in 2015. For working with women living with stigmatized situations such as unwanted pregnancy and tobacco-related diseases, social service providers should concern more on avoiding discrimination against them. Additionally, nonviolent communication is a recommended concept that social service providers should apply to their counseling process to effectively support the clients.

OBJECTIVE:

Regardless of nation, anti-discrimination is one of important principles social workers should know and be able to apply to work with clients; especially ones living with social stigmas such as unwanted pregnancies and tobacco-related diseases. The current difficulties due to discrimination against women with unwanted pregnancies and tobacco-related diseases across ASEAN will be reviewed. Due to the attribution on language barrier devastation,

nonviolent communication will be recommended as alternative communication model social workers and social service providers can apply to their anti-discrimination and social work practices while working with clients; particularly ones speaking different languages.

OVERVIEW:

Recent Situation of “Unwanted Pregnancies”:

In ASEAN, pregnancy is generally one kind of social stigma even it is wanted pregnancy, women may be asked to quit working or decrease the salary due to their pregnancies⁸. For women with unwanted pregnancies, the discrimination against them is shaped like a circle which will always discourage them for the whole life. Women with unwanted pregnancies are somehow considered to have indiscriminate sexual intercourses and it becomes stigma in their mind either they decide to keep or terminate their pregnancies⁹.

According to Ministry of Public Health, Thai teenagers started having sexual intercourse since they are 15 years old and half of them deny using condom:

“From the report in 2011; about 17% or 131,400 of Thai female teenagers aging between 10 and 19 became teenage mothers or it was about 15 people per hour. Such statistics is the highest in Asia and in the world” (Translation mine) – *Wittaya Buranasiri, Minister, MoPH, Thailand*¹⁰

In the Philippines, the situation of unwanted pregnancy is similar to Thailand; the number of teenage mothers is growing up:

“A World Bank study revealed that the Philippines is among the top 10 countries with an escalating population of teenage mothers. Seven out of 10 Filipino mothers are adolescents ages 19 years old and below. As of 2010, there are at least four million young mothers in the Philippines and at least 10 mothers die during childbirth everyday based on statistics by the United Nations Family Planning Association (UNFPA).”¹¹

In Malaysia, although the amount of unwanted pregnancies is not as high as in Thailand and the Philippines, the society concerns on raising amount of young mothers with unplanned pregnancies and the government is requested to provide social welfare for support teenager mothers and preventing unwanted pregnancies¹².

Based on those three countries, unwanted pregnancy can be one of important social issues relevant government agencies and civil society need to provide social welfare to deescalate the situation and social workers can play an important role to support and implement the welfare system to women with unwanted pregnancies. Moreover, the situation on unwanted pregnancies may be increased after AEC 2015. According to the interview with social worker working in hospital located in suburb area of Bangkok, she stated that a number of women with unwanted pregnancies are migrants and they did not know how to protect themselves from pregnancies and the contraceptive pill and condom are too costly for them¹³. However, some social workers unintentionally have misleading mindset on women with unwanted pregnancies and it brings about indirect discrimination against them. For example, prohibition teenagers to well access condom and correct sex education, these regulations indirectly inform the society that sexual intercourse is not for young people and they will be

complaint, condemned, discriminated, stigmatized and excluded if they relate their life to unwanted pregnancies.

More importantly, religion and law can also be important factors creating discrimination against women with unwanted pregnancies. Currently, abortion is illegal in many countries and unwanted pregnancy which is closely related to abortion as a cause become stigmatized behavior. Unwanted pregnancy is criticized to be related to “premature sexual intercourses” and doing abortion is unethical and sinful in religious view too. However, every woman can become unwanted pregnant due to some reasons and it is not only indiscriminate sexual intercourse is able to cause unwanted pregnancies¹⁴. Although a number of religious institutes provide pro-choice treatment to women with unwanted pregnancies, religion is the first explanation many people including social work-related professions use for explaining and/or complaining unwanted pregnancies and women with unwanted pregnancies, respectively. Some attempt to link religious disciplines to deescalate unwanted pregnancies, such as the idea of virginity and morality. Nevertheless, it does not seem to be a right answer because the rate of unwanted pregnancies is regularly growing up¹⁵.

Asides from external factors, women with unwanted pregnancies even have internal stigma by considering themselves as deviant, immoral and unwanted members of society. By such idea, women with unwanted pregnancies limit to speak out their situation to others and they are afraid that they will hear something they do not want to if counseling with others including social workers. On the other hand, some social workers cannot avoid thinking that unwanted pregnancy is unsatisfied behavior and that can make them probably say something discouraging their clients. Generally, in high-context societies like ASEAN, social workers are supposed to be pro-life; they, therefore, recommended women to keep their pregnancies. However, without comprehensive and effective social welfare model for unwanted pregnancies, such recommendation may further create consequent problems to women. Finally, due to perspective of both parties, women with unwanted pregnancies will deny consulting with social workers and do something like unsafe abortion by their own decision.

Recent Situation of “Tobacco-Related Diseases”:

Another case study relating to discrimination against women is tobacco-related diseases which are predicted to be increased after the establishment of AEC 2015 due to declined import and export restriction. The perspective on people living with tobacco-related diseases is closely related to the tobacco control strategies. In the past several years, smoking stigmatization was an important tactic tobacco control and anti-smoking groups used it for convincing people to quit smoking or avoid smoking. Smoking was decided to be evil behavior damaging health of smokers themselves and their loved ones¹⁶. By many ways anti-smoking groups trying to help smokers get out of smoking; however, without adequately careful implementation, such cheering effort can become a catalyst factor to increase cigarette use¹⁷. In 2012, Tobacco Industry Denormalization is a theme declared on World No Tobacco Day and ASEAN region has been working to implement some activities relating to such campaign¹⁸.

For years, tobacco industry denormalization has been the ultimate goal of tobacco control movement, smoking prevalence will be declined if people are aware that tobacco industry is

making use of them. Tobacco industry denormalization is one of national tobacco control strategies¹⁹. Therefore, smokers are seen as victims rather than wrong-doers. Recently, there is an effort to change the social perception on smokers from selfish persons to vulnerable persons. Cigarette is addictive product; people cannot stop smoking after the first try. In addition, tobacco industry is providing misleading message to people, such as alluring that flavored cigarette is less harmful than other tobacco products²⁰. Moreover, tobacco industry is enormously campaigning Corporate Social Responsibility [CSR] activities to make good image and reputation in the society²¹.

According to World Health Organization, tobacco use is the single-most preventable causes of death in the world today:

“Tobacco use is a serious public health concerns in the region [Southeast Asia - SEAR] where about 1 million tobacco-related death occur every year...Four countries of SEAR: Bangladesh, India, Indonesia and Thailand— are among the top 20 tobacco-producing countries in the world, The Region also has some of the highest tobacco consuming countries in the world — India and Indonesia are among the top ten tobacco consuming countries in the world” – *WHO, 2011*²²

The preventability of tobacco use becomes a main reason many people including social welfare providers use to discriminate against people living with tobacco-related diseases. Recently, in Thai popular online forum, the issue of social welfare for people living with tobacco-related diseases was raised and about half of respondents disagreed to provide free social welfare; such as medical treatment and medicine to people who are sick due to tobacco use²³. Smokers with strong tobacco use will not only end up with diseases but also economic crisis because the price of cigarette is relatively growing up from tobacco tax increase.

Also, some companies and organizations such as WHO plan to no employ smokers. For non-smokers, the smell of cigarette smoking and smokers' body are unsatisfied. Eventually, to decline the smoking prevalence, although the civil society is trying to focus on tobacco industry rather than smokers, the stigmatization and discrimination against smokers still remain. Sick smokers should not be received social welfare which is basically from taxation of the whole society and they deceive to be sick due to their bad behavior in the past.

However, the discriminatory situation on female smokers and women living with tobacco-related diseases is more serious. The total amount of female smokers is much less than male smokers but it is still huge. More than 40% of female smokers recognize that their behavior is social unacceptable but 54% of them do not think about smoking cessation. Finding of Tobacco Control Research and Knowledge Management Center [TRC], Thailand reveals that more young women in entertainment business become smokers than others²⁴.

Such result is in line with the attitude of many people in Thailand that female smokers are not good persons and they may be related to indiscriminate sexual intercourses, drugs and alcohol drinking²⁵. Hence, smoking is not stand alone issue for women but it is significantly related to several issues that can altogether discriminate against them and it can come up with ineffective consultation and treatment from some social service providers; especially, while they are suffering from tobacco-related diseases.

No woman is secure against violence and discrimination and women living with some condition such as unwanted pregnancy and tobacco-related diseases will suffer more from the discrimination^{26 27}. However, it is challenge to reform the mindset of some social service providers and social workers to support women clients in an expected way.

Nonviolent Communication:

There are a number of disciplines social workers and social service providers can practice; however, the treatment may not be achieved without effective and active communication. What basically makes ineffective and failed communication between clients and welfare providers is violent and discriminatory conversation. In addition, once AEC officially found in 2015, the collaboration will not be limited only in economic sector but social sector. The collaboration among social workers to work with the clients will be further increased and some difficulties may happen such as language barrier among social service providers and clients. Language difference can bring about the misunderstanding among people and it may then make other conflicts.

Nonviolent Communication [NVC] is one of sciences in Peace Studies used in conflict management and peacebuilding. It can be implemented in either micro level such as family, spouses and, friends or macro level such as community and State. The unique of NVC is no language barrier. Asides from talking, everybody can express their feeling, needs and requests through word cards, pictures and gestures. Without interpreter, social service providers and clients can communicate and work together to solve the problems. In this paper, the used sample is based on talking method.

Nonviolent Communication is created by Marshall B. Rosenberg [PhD]. It is a popular concept used for dispute mediation as well. Basically, NVC consists of four components: *observation, feeling(s), need(s), and request(s)*. Based on NVC, people should connect with others by observation and then try to guess what their feeling and need are and what they will request for²⁸. The first step of NVC is Observation without evaluation. People will speak from the bottom of their heart whenever they feel that listeners do not try to evaluate what they said. For example; in NVC, social workers should not try to evaluate clients by their knowledge and experience, the NVC statement social workers may use in the case of women with unwanted pregnancies is *“you have sexual intercourses with men without using condom”* rather *“you have unsafe sexual intercourses with men”* and for female smokers is *“you are concerning on what you please to do and it is smoking”* rather *“you are not concerning on the others who are non-smokers”*.

For Feeling, in NVC, people are encouraged to inform others their pure feeling without interpretation. By expressing real feeling, the social welfare providers will know better how to support clients to get out of their difficulties and clients will also understand their real feeling. With unwanted pregnant women and female smokers, the NVC statement for them should be *“you are hurt”* rather *“you are ignored”*. “Ignored” is interpreted word that can enormously discourage them by making they are unwanted while “hurt” is merely focusing on their real feeling, because they are ignore that is why they feel hurt. Without interpretation, people will better understand themselves and their environment. The origin of difficulties will be little-by-little emerged.

Next step of NVC is acknowledgment of our and others' Needs. Social workers should encourage clients to know how to express their need coming from feeling to others and it will be much better if clients also know how to express needs of others. Basically, when people receive negative statement from others, they may blame either others or themselves which both are not recommended in NVC. Female smokers can express their feeling and need such as *"Smoking makes me feel good, because I want to relax from busy work."* From such message, busy work is the root of their smoking behavior and it can indicate social workers how to deescalate clients' difficulty on smoking. Sometimes, in conflict management, expression others' feeling and needs is necessary. Women with unwanted pregnancies may talk to their parents *"I feel sad after knowing this [pregnancy] and I think you feel disappointed in me and my behavior"* By saying such sentences, listeners' mind will be opened and it is a chance to explain and altogether figure out appropriate solution.

The last step of NVC is Request; this stage encourages clients to listen and be honest with their feeling and needs by clearly expressing their request. The request should be clear and straightforward because it will make listeners consider it as important. Vague request such as *"I want you to understand me more"* is not workable while *"I want you to listen to my reason why I become smoker"* is. The request should be expressed by positive language as well because it will not make listeners feel it is an order or complaint. As social workers, it is essential to support clients to understand NVC and practice it with their family and surrounding people. Firstly, social workers can use NVC to open clients' heart which will further create active communication between two parties. In addition, clients and people involved with their condition, such as parents, spouse or cousins should be trained NVC. One way NVC practicing is less effective than two ways NVC.

CONCLUSION AND RECOMMENDATION

Due to all information provided above, Nonviolent Communication is recommended concept for developing social work and social welfare in Thailand and ASEAN after AEC 2015. NVC is appropriate method to seek for real feelings, needs and requests from discriminated and stigmatized women who may not easily express those to others; particularly, ones speaking different languages. Combination between recognizing real request from clients and social work disciplines, social workers can more effectively analyze for further assistance and support. In addition, NVC is an effective way to discover real problems of people living in high-context cultures which frankly and clearly speaking is not recommended like ASEAN. NVC is a concept for everybody; therefore, social workers and social service providers are also encouraged to practice for enriching their life.

REFERENCES:

- ¹ Sintuluk L., 2008, Prosecutors with the Protection for Women and Children in case of Domestic Violence. <http://www.thaidxc.org/ago.pdf>
- ² CEDAW, About CEDAW, <http://www.cedaw2012.org/index.php/about-cedaw>
- ³ UN Women, 2012, Do Our Laws Promote Gender Equality?: A Handbook for CEDAW-based Legal Review, 3rd edition, http://cedaw-seasia.org/docs/FINAL_CEDAW_Handbook.pdf
- ⁴ One Women, Women's Rights Situation in Thailand, <http://www.onlinewomeninpolitics.org/womensit/thai.pdf>
- ⁵ The Conference Board of Canada, Communication across Cultures, http://higherred.mcgraw-hill.com/sites/dl/free/0070958262/462504/loc958262_module03.pdf

- ⁶ Social Exclusion, Discrimination, and Health Disparities, http://www.amsa.org/AMSA/Libraries/Initiative_Docs/2011_Social_Exclusion_and_Discrimination.sflb.ashx
- ⁷ Ratanachena S., 2012, The AEC's Impact on Tobacco Tax in ASEAN and its Threat to Public Health. SEATCA <http://www.icird.org/2012/files/papers/Sophapan%20Ratanachena.pdf>
- ⁸ U.S. Equal Employment Opportunity Commission, Pregnancy Discrimination, <http://www.eeoc.gov/laws/types/pregnancy.cfm>
- ⁹ ¹³ ¹⁵ ²⁷ Kalyanamitra W., 2010, Assessing the viability of legalizing abortion as a safety-net for women enduring unwanted pregnancy, Department of International Peace Studies, University for Peace, Costa Rica
- ¹⁰ Unwanted pregnancy rate 15 people per hour: MoPH is providing sex education manual to schools and hospitals, 2012, <http://www.ryt9.com/s/tpd/1447537>
- ¹¹ Unplanned pregnancies on the rise, 2011, <http://www.mb.com.ph/articles/344045/unplanned-pregnancies-rise>
- ¹² Kath Jones, 2010, In Malaysia, Unwanted Teenage Pregnancies Rising Alarmingly, <http://www.medindia.net/news/In-Malaysia-Unwanted-Teenage-Pregnancies-Rising-Alarmingly-70577-1.htm>
- ¹⁴ The Royal Women's Hospital, Abortion: the Myths, <http://www.thewomens.org.au/Abortionthemyths>
- ¹⁶ Chapman S. and Freeman B., 2008, Markers of the denormalisation of smoking and the Tobacco Industry, <http://tobacco.health.usyd.edu.au/assets/pdfs/publications/markers-of-denorm.pdf>
- ¹⁷ Burgess D. et al, 2009, Potential Unintended Consequences of Tobacco-Control Policies on Mother Who Smoke: A Review of the Literature, http://cancercontrol.cancer.gov/TCRB/trend/low_ses_ii/docs/BurgessFuvanRynAJPM2009.pdf
- ¹⁸ SEATCA, 2012, WNTD 2012 Publication from Corporate Accountability International; Vietnam: Advocacy for TC law and Responding to World No Tobacco Day 2012; Cambodia WNTD 2012 activities; Thailand: Banning Tobacco Industry CSR activities, <http://www.seatca.org>
- ¹⁹ Bureau of Tobacco Control, Department of Diseases Control, Ministry of Health, National Strategic Plan on Tobacco Control 2010 – 2014, http://www.thaiantitobacco.com/cms/uploads/files/TC/StrategyTobaccoControl_Complete.pdf
- ²⁰ U.S. Food and Drug Administration, 2009, Flavored Tobacco Products: *What you need to know*, <http://www.fda.gov/downloads/TobaccoProducts/ProtectingKidsfromTobacco/FlavoredTobacco/UCM183262.pdf>
- ²¹ SEATCA, 2012, End Tobacco Corporate Giving: An Overview of CSR in Southeast Asia, http://www.seatca.org/dmddocuments/CSR%20Handout_2012_Fina.pdf
- ²² WHO, Noncommunicable Diseases in the South-East Asia Region: 2011 Situation and Response, http://203.90.70.117/PDS_DOCS/B4793.pdf
- ²³ Do you think if people living with tobacco-related diseases should access free social and medical welfare?, October 2012, <http://www.pantip.com/cafe/php/topicvote.php?id=12837291>
- ²⁴ Tobacco Control Research and Knowledge Management Center, 2009, Thai female teenagers and smoking, TOR 51-01-01 TOR 53-01-10
- ²⁵ Kengkampanich T., 2010, Women: Tobacco Industry's Victims, <http://info.thaihealth.or.th/library/hot/12985#8>
- ²⁶ Nussbaum M.C., 2005, Women Bodies: Violence, Security, Capabilities, http://biblioteca.hegoa.ehu.es/system/ebooks/15358/original/Women_s_Bodies_Violence_Security_Capabilities.pdf
- ²⁸ Rosenberg M.B., 2003, Nonviolent Communication: a Language of Life. 2nd Edition. PuddlePress: CA.