



Individual Advanced Research Opportunities Program

Family, Violence and Health in the Kyrgyz Republic

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Research Topic

This research examines local understandings of family relationships, including violent relationships, and how they may be related to health knowledge, belief and outcomes. Through in-depth interviews and focus groups, I explored gender dynamics within families, local definitions of domestic violence, and health issues.

Scholarly Impact

This research contributes to a larger body of knowledge on the relationship between domestic violence and health outcomes. The direct effects of domestic violence include injuries such as broken bones, bruises, and even death. Indirectly, domestic violence is linked to such outcomes as depression and increased risk for sexually transmitted infections, among others. This research provides preliminary information on the connections between domestic violence and health, especially reproductive health outcomes such as domestic violence, in the context of Kyrgyzstan. Prior research has predominantly examined these associations in the context of developed nations, with some research in sub-Saharan Africa and other developing contexts. The effects of the unique conditions of the former Soviet Union, which include some factors theorized to be protective against domestic violence and others which may increase risk, have not been thoroughly studied.

More broadly, this study provides information on local understandings and definitions of gendered dynamics within the family, domestic violence, and health concern. Interviews and focus groups probed for information on what types of interactions are appropriate within the family as well as what types might be defined as violent. Focus groups provided information on the health topics of most concern to rural women, which may not always be in sync with what urban "experts" defined as the most pressing concerns. Such knowledge may be locally specific and not generalizable from research in other settings.

Policy Impact

Grounded knowledge regarding family and gender norms, domestic violence and health in Kyrgyzstan is not of interest only to scholars but also to members of the policy community. Such information can help with evaluation of existing programs and creation of locally appropriate and useful future health and gender programs and policies.

Summary

I utilized both in-depth semi-structured interviews and focus groups for this research project. I conducted interviews in Russian with local and international NGO leaders, academics, medical personnel and government representatives. These interviews took place in Bishkek, the capital and cosmopolitan hub of Kyrgyzstan and Osh, the second-largest city and major urban center of southern Kyrgyzstan. The very large regional differences between northern and southern Kyrgyzstan prompted research sites in both the North and South.

In addition to these expert interviews, I conducted eight focus groups with the assistance of a local moderator. These focus groups were split between Chuy Oblast, where Bishkek is located, and Osh Oblast, the province of which Osh city is the capital. Two focus groups were held in villages in Jaiyl Raion and one in the city of Tokmok in Chuy. Three took place in the small city of Gulcho and two in Aravan Raion in Osh Oblast. I chose Aravan specifically for the large proportion of ethnic Uzbeks living there, to provide some ethnic variation in respondents.

Approximately one half of interview respondents agreed to be recorded, and all focus group participants gave consent. Interviews were transcribed in Russian and focus groups were translated from Kyrgyz to English. In total, I interviewed 25 individuals and conducted 8 focus groups with over 50 participants. Analysis of these transcripts is a lengthy process and currently ongoing.

In addition to interviews and focus groups, detailed notes were kept on observations of local conditions and gendered interactions.

Preliminary Findings

All conclusions are preliminary and contingent in nature, as analysis of data is ongoing.

One initial conclusion both from actual interviews and focus groups as well as the interest casual conversations on my research topic provoked is that the topic is of major interest both to those working in the area of gender through their employment and to the general population. The discourse surrounding gender, violence, and health, however, varies greatly by social position.

The experts interviewed largely spoke in an internationalized discourse of gender. Their definitions of gender issues and domestic violence often reflected the definitions and priorities of international humanitarian aid organizations. A great deal of programming focused on gender training and gender education exists to inform the population about gender issues, including specific health programming. I was repeatedly assured that while the term “gender” was earlier associated only with women, it is now understood to encompass issues of concern to both men and women. While NGO leaders (the primary category of my interview respondents) almost universally spoke in the language of gender, when asked about the general population’s reaction to this term (an English cognate in Russian) most admitted that it does not have much resonance for the population overall.

When discussing family relationships with local women and men, several interesting themes appeared. For most women, domestic violence means violence committed by husbands

against their wives. This definition held even after probing about inter-generational and other family relationships.

Perhaps not surprisingly, men expressed quite different views on the topic of violence than did women. Male focus group participants claimed that women often provoked violence through incessant talking or nagging (their “long tongues”). A director of an NGO providing services to rural populations discussed the dominant nature of Kyrgyz women and how this can lead to their attempts to dictate to and control their husbands, leading to potential problems. The head of a southern anti-AIDS NGO serving commercial sex workers said that when clients complain about customer violence, he urges them to treat the clients kindly and give them what they want to avoid violence. These opinions may point to an underlying view that domestic violence is provoked and that women are at least partially responsible for violence in the home.

Domestic violence as a topic is still fairly new in Kyrgyzstan. As the leader of an NGO dedicated to domestic violence told me, there was no discussion of the topic under the Soviet Union. It is difficult to know, therefore, whether rates of domestic violence have increased, decreased, or remained stable during the tumultuous economic, social and political changes of Kyrgyzstan’s recent history. A victim of domestic violence repeatedly expressed that open discussion of experience of domestic violence remains taboo in Kyrgyz society. A sense of shame prevents women from talking about their experiences with others and, in this respondents’ opinion, contributes to greater psychological distress.

While NGO leaders and other experts tended to make direct links between domestic violence and health issues, the connections were not so explicit for the general population. Women in focus groups repeatedly brought up health problems, such as anemia, that they considered to be of greater import in their lives than domestic violence or sexual health issues.

Despite this, in focus group discussions issues of sexual ignorance and potentially harmful sexual practices were raised. For example, one woman discussed becoming ill after bathing in frigid water after intercourse due to norms surrounding hygiene, husbands’ rights to decide the timing of sexual relations, and crowded living conditions. While urban women, especially youth, appear to have access to sexual health information, this does not appear to be the case for rural women.

Religion is a topic of much greater interest in southern rather than northern Kyrgyzstan. This may be linked to the ethnic distribution in the south, which is heavily Uzbek, but not enough ethnic variation was included in interview and focus group respondents to test this. A typical response by Bishkek respondents to questions on religion included references to an ombudsman who attempted to outlaw social abortion and to the fashionable status of hijab.

The responses to questions on religious identification and practices were much lengthier and more detailed, on average, among southern women. NGO leaders appear to have a primarily negative view of the impact of Islam, as discussions of growing polygamy, non-registered religious marriages, and lower autonomy for women were frequent. Information on the potentially positive benefits of religious involvement was limited and should be further explored in follow-up research.

Bride-kidnapping is an issue of special concern in Kyrgyzstan. In discourse, this practice is largely referred to as a Kyrgyz tradition, though the little information available indicates that this practice grew during Soviet times and has continued to increase during the post-Soviet period. Opinions on bride-kidnapping varied widely by respondent, though in general, it seems to be very common. Some described it as primarily a staged abduction between dating couples, who wish to honor traditions, please their parents, or marry without parental consent. Others described how the men who kidnap are often drunk and the social coercion applied to

kidnapped women, generally by female relatives of the kidnapper, to remain and marry their kidnapper. Bride-kidnapping and growth in Islam in the region both have important implications for the status of women, female autonomy and decision-making, risk for domestic violence, and health outcomes, which should be further explored in future research.

In sum, these interviews and focus groups provided a wealth of preliminary information on the different ways domestic violence and health are conceptualized in Kyrgyzstan, as well as on the roles of region, urban/rural residence, religion, and traditional practices. Future research will need to expand on these topics and probe deeper for fuller understanding and knowledge of the connections among issues.

Suggestions for Future Research

This research was exploratory in nature. Further research should include testable hypotheses on the relationship between family structures and relationships (including violent relationships) and health outcomes. Future research should also more extensively test for differences by gender, ethnicity, class, and other social statuses. This project did not have the time or the resources to choose respondents by ethnicity, but this may provide important information in the future. Research that is longer range (this project was limited to eight weeks) may be able to provide deeper and richer understandings of topics raised here. Overall, this project provided insight into the issues that are important to different populations within Kyrgyzstan, setting the stage for more specifically bounded future research.

Recommendations for the US Policy Community

International NGOs should use data from the general population to determine funding priorities, as definitions of what issues constitute the major problems may not be the same in Kyrgyzstan as in other contexts. A mismatch between NGO programming and community needs represents a missed opportunity. Some of the most salient features predicting access to health information and attitudes toward gender and domestic violence include age, rural/urban residence and north/south residence. These factors should be considered for programming. The roles of religion and bride-kidnapping are important but difficult to accurately determine. These issues should be considered when formulating policies and programs.