

Tolerance of Domestic Violence as a Sexual Health Risk: Insights from Kazakhstan

Preliminary draft

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ABSTRACT

This paper utilizes data from the 1999 Demographic and Health Survey in Kazakhstan, in-depth interviews with health care providers, and abuse hotline reports in Almaty to examine the associations between male attitudes towards wife beating and their reported levels of sexual health knowledge, attitudes and practices. In the 1999 KDHS nearly one quarter of the 1,440 men questioned on acceptability of wife beating under 5 specific scenarios, supported abuse in one or more situations. Men accepting domestic violence in two or more scenarios are more likely to lack knowledge concerning HIV/AIDS than other men even when their sexual behaviors and number of partners are similar. Utilizing attitudes on wife beating as a proxy for power relationships, we highlight the association between perceptions of women's status and elevated sexual health risk for men and, therein, their partners.

Domestic violence is increasingly recognized as a prevalent and important global health issue, both due to its direct effect on victims through trauma and mental anguish and for its indirect effects on sexual practices, partner autonomy, and access to health related resources. More recently, domestic violence specifically and gender based violence specifically has emerged as a major issue in HIV research, coinciding with the feminization of the HIV pandemic and seeking to implicitly integrate issues of gender based power differentials into the analysis of HIV treatment and transmission. The centrality of gender power relations in the study of sexual health and HIV in specific is reflected in UNIFEM's contention that female empowerment is one of the most powerful HIV vaccines. Several studies have investigated the complex interaction between domestic violence and HIV/AIDs perceptions and prevalence, illustrating the elevated risk of domestic violence faced by HIV positive individuals (Gielsen et.al. 2002), the difficulty actors under threat of violence have in suggesting condom use (Jewkes et.al. 2003), and the negative effect implicit or explicit threats of violence have upon the discussion of HIV between partners (Gupta 2002). Understandably, the majority of studies have focused on the effects of female powerlessness as a significant HIV risk. Fewer studies have examined how tolerant attitudes towards violence against women might represent an aspect of male identity performance that coincides with poor sexual health knowledge and elevates sexual health risk.

This paper seeks to extend our understanding the complex relationship between domestic violence and sexual health by examining the association between attitudes towards wife beating, sexual practices and sexual health knowledge and attitudes among a large sample of men in the Republic of Kazakhstan. Are men tolerant of violence against spouses significantly different from men who report wife beating as unacceptable? Does the tolerance of wife beating among men coincide with different levels of sexual activity or sexual health knowledge? If tolerance of domestic violence is indicative of an overall set of conservative values toward the nuclear family, it may signify less premarital and extramarital sexual activity and be tied to decreased sexual

health risk. On the other hand, if tolerance of domestic violence is strongly linked to orientations towards patriarchy and male dominance, it may be associated with increased sexual activity and elevated sexual health risk. We contend that either orientation (conservative or patriarchal) will tend to decrease the perceived importance and awareness of sexual health issues for the individual, but that the overall importance of a patriarchal orientation presents a much more problematic issue in terms of community sexual health risks and HIV transmission.

Exploring these questions can clarify the importance of disempowering attitudes, rather than specific violent acts, in setting an atmosphere supporting risky sexual behavior. These questions also seek to clarify the ways in which perceptions of authority over women co-varies with misperceptions regarding sexual health issues among men, offering the opportunity to examine whether perceptions of dominance and risky sexual behavior constitute linked elements of male gender performance. (Butler 1993) Investigating this relationship in a titular Islamic country in the midst of serious economic instability, and identified as a high growth region for HIV infections over the next ten years provides a unique and important case for exploration.

To examine these questions we utilize data from the 1999 Demographic and Health Survey in Kazakhstan, interviews with health care providers, informal discussions with young men and women between 17 and 24, and abuse hotline summary reports from a women's hotline in Almaty. Findings indicate that attitudes towards the acceptability of abuse do provide an important proxy for perceptions of women and gendered power relations. While in terms of sexual behaviors and practices men more tolerant of abuse are not significantly different from men intolerant of abuse, they do exhibit lower levels of sexual health knowledge, putting themselves, and in turn their partners, at elevated risk.

Gender Violence and HIV

The economic, political, social and cultural position of women relative to men has been shown to dramatically influence the formal and informal costs of treatment options, the cost of disclosing of HIV status, and the ability of women to make requests, such as encouraging condom

use, in the development of sexual encounters. Women's position is often contradictory, for even as norms regarding sexual rights, behaviors, and access minimize female agency, sexual disease and infection are seen as women's responsibility. Even in high prevalence settings such as Uganda, studies document that HIV positive women are often socially ostracized, subject to abandonment, and at increased risk of physical violence and emotional abuse from spouses and in some cases other household members. (Karanja 2003). These findings are supported by research results in Tanzania and South Africa. (Maman et.al. 2000, Jewkes et.al. 2003) When positive HIV status becomes known, the associated blaming can increase the opportunity for female victimization, raising serious challenges regarding norms of partner notification and treatment protocol. (McAfee 2001) Overall, findings to date highlight that domestic (primarily relating to partner or spousal abuse) and gender based violence (relating to violence outside the family network as well as overall social norms accepting of violence against women) significantly increases the costs of HIV positive status for women.

Recent research has incorporated issues of gender violence into models of sexual health risk, attempting to clarify the ways in which norms stressing male authority and dominance minimize women's ability to exert control in sexual decision making. (Turmen 2003) Male dominance can take be exerted in the realm of sexual access through various forms of rape (Dobash and Dobash 1998) nullifying women's ability to influence decision making. More subtly, perceptions of possible violence can significantly lessen the likelihood that women will engage in the discussion of sexual health issues with their partners. In several studies, perceived threats to violence have also been shown in many cases to significantly decrease the likelihood of women advocating condom use, or even initiating discussions of sexual health (Gupta 2002, Go et. al. 2003) Lastly, within a context advocating male authority and decision making in the sexual sphere, women may become disengaged from issues of sexual health and remain unaware of issues relating to transmission, identification, and treatment of sexually transmitted disease.

In evaluating the ways in which individual and social perceptions of male authority and control permeate and define both the context in which sexual behavior takes place and sexual behavior itself, much of the research to date has focused on the effect of violence on heterosexual women. While important studies focusing on issues of gender based violence among homosexual men and lesbian women have furthered our understanding of the nuanced nature of gender identity and the salience of male dominance (Lie and Gentlewarrier 1991, Schmidt and Nice 2002), less attention has been paid to the ways in which it relates to sexual behaviors and sexual health of men viewing dominance over women as a generalized social norm.

Domestic Violence: Risk factors and links to sexual health

Violence against women is a generalized global problem, occurring across cultures and levels of development. Several scholars in the area warn that focusing on individual characteristics of men who batter can be misleading, and minimize the overall social context promoting and enabling domestic violence across population sub groups. (Campbell 2001, Reprowatch 2000, Watts and Zimmerman 2002) While recognizing that domestic violence occurs across social groups and economic status, researchers have shown that exposure to abuse as a child (either as a victim or observer) can serve to normalize violent responses to domestic stress. (Garcia Moreno 2001, Hearn 1996) Investigations have shed light on the individual characteristics of men that may make them more susceptible to social messages concerning sexual aggression and overall stress leading to domestic violence. (Stets 1992, Gielen et.al. 2002). Characteristics such as age, race/ethnicity, educational level, community of residence have been shown to alter the likelihood of engaging in domestic violence in some cases, while other investigations stress that it the characteristics of women alone that are significant predictors. (Jewles et.al. 2002) Specifically men with high decision making authority within the household, economic stressors such as unemployment, large family size, and extended kin co-residence appear to exhibit higher rates of abusive behavior, but that religiosity serves to lessen the likelihood of violence for both men and women. (see Hidden and Adair 2002, Hafiz 2001)

Most theoretical approaches to the construction and performance of masculinity focus on the experience of western societies, but other cultures have been singled out in terms of gendered perceptions of authority and power. Even prior to the highly politicized post 9/11 period, numerous scholars cited the marginalized position of women within Muslim societies, charging that conditions of gender apartheid persisted throughout such societies, less due to religious doctrine or specific cultural beliefs, than to the dominance of conservative male elites. (Afkhami 2001) Obermeyer (1992) continues to stress the importance of political structures and elite control, arguing that the political climate in Arab countries exerts a very significant effect on conceptualizations of the family and gender relations. While perhaps political in nature, nonetheless Islamic societies are affected by very strong patriarchal influences and conceptualizations of masculinity, incorporating ideals of male dominance and authority within family systems. (See Shakhanova 1998) Studies have found that Islam is used by some men to justify domestic violence, even though literal Islamic law affords basic equity to women. (Macy 1999, Yahia al-hibri 2000)

Recent observations concerning the slow growth of HIV within Muslim societies coincide with a probable link between ideals of male power and conservative orientations towards religion and extra marital relations. (Gray 2003) While the compromised position of women within Islamic societies may place them at risk, norms and sanctions regarding sexual behavior and fidelity are argued to lessen the likelihood of HIV transmission. Such assurances however provide little consolation to the over 300,000 HIV positive individuals in North Africa and the Middle East, and have prompted some Muslim groups to call for increased educational efforts regarding HIV. (HIV, AIDS, and Islam 2004) Among Muslims in Kazakhstan, where religiosity is generally believed to be rather low and religious identification is more closely tied to ethnic identity than religious practices (Rolich 2003), evidence points to the incorporation of ideals regarding male dominance and the rise of domestic violence both as a correlate of economic hardship and an indicators of the increasing social marginalization of women. (Herrick and

Sapieva 1997, Poliakov 1992). In a recent small scale survey, 23% of ethnic Russians (presumably Orthodox) women reported being beaten by their husbands, but among Kazakhs and other Central Asian ethnicities (presumably Muslim), 35% of women reported physical violence from a spouse. (Global Health Network 2003)

Whether socio demographic or religious, do the correlates of domestic violence risk among men also influence their sexual activity? Whether views towards domestic violence itself somehow alter behaviors such as age at first intercourse, number of partners, marital fidelity is not, to date, a central area of research. This may well reflect both the general focus on women's health within the domestic violence literature and the diversity of theoretical framing utilized in assessing male violence against women. In studies emphasizing the need for control and authority among men engaging in domestic violence, an underlying thread of gender primordialism, stressing the historical importance of women's subservient place within the nuclear family and justifying male dominance often emerges. (Anderson 1997, Stets 2001, Hearn 1996) Under such frameworks, males might hold to conservative perceptions of acceptable behavior, for themselves and their partners. The "performance" of male heterosexual activity may take on protective and exclusive elements, conforming to perceptions of traditional devotion to normative nuclear family roles. Alternatively, framing domestic violence in terms of the exploitation of women and reflective of a lack of respect for women as independent social actors leads to a different interpretive space. Men viewing women as objects for abuse and the release of stress may foster ideas of male performance encouraging sexual conquest, internalizing norms stressing the centrality of sexual activity and leading to promiscuous sexual behavior. (Kimmel and Messner 1995) While consensus on the precise mechanism linking orientations towards domestic violence and sexual behavior has not emerged, the connection is supported by research indicating a link between wife beating and male "sexual fears and inadequacies". (Verma, R. and M. Collenbein 2003)

The relationship between male orientations toward domestic violence and their level of sexual health knowledge is similarly complex. While all men (and women) benefit from increased awareness towards and knowledge of sexual health issues, some studies have documented a troubling correlation between low levels of sexual health knowledge and harmful attitudes towards domestic abuse and rape. (Duncan et. al. 2000) Feminist theoretical approaches to issues of male dominance and aggression highlight the tendency to frame sexual activity as a means of domination. (Dobash and Dobash 1998, Adler 1992) Such approaches distance issues of sexual behavior from health and well being, by focusing on power and the performance of male gender identity. This may decrease the perceived need or relevance of sexual health education. Many scholars highlight the tendency for exaggeration and misinformation among young men regarding sexual health issues, perhaps linked to the need for bravado and the maintenance of a male image centered on sexual competence. (Jewitt 1997)

Attitudes or Action: Tolerance of Violence

Studies to date have tended to focus on victim self-reports as an indicators of domestic violence, concentrating on the occurrence of violence rather than overall perceptions and normative acceptance of violence against women. Victim self reports are viewed skeptically, as such figures are known underestimate the prevalence of violence. (Babakulov 2001, Ellsberg et.al. 2001 Reprowatch 2000). Emphasizing reports of violence assists in focusing upon the effects of violence on victim health, but in terms of understanding the ways in which perceptions of power and the performance of masculinity might influence sexual behavior and sexual health knowledge among men, generalized attitudes towards domestic violence may provide more insight into the link between domestic violence and issues of sexual health. Adler (1992) argues that among men domestic violence is the product of possessiveness and jealousy; men's sense of the right to punish 'their' women; their belief that violence is a legitimate form of punishment; expectations regarding women's domestic work; and the importance for men of maintaining and

exercising status and authority over women. (p 269) In measuring tolerance towards domestic violence, the underlying beliefs and expectations may be more precisely captured.

Data

The 1999 Kazakhstan Demographic and Health Survey included 5844 households containing 20, 213 individuals. In all households women of reproductive age (15 to 49) were interviewed (N=4800) and in one third of selected households men (15-49) were interviewed (N=1440). In addition to questions concerning household structure and social practices, respondents were asked detailed questions regarding perceptions of family planning, sexual health practices, and sexual and reproductive health knowledge. Both men and women were asked questions focused on gender roles and the division of labor between men and women concerning child care and household provision in addition to five questions focusing on the permissibility of wife beating. Respondents were asked if it was permissible for a husband to beat a wife if she 1) neglected the children, 2) argued with her husband, 3) went out of the home without permission, 4) refused sexual relations, or 5) burned food. We focus upon men who advocated beating (responding yes, it is permissible) in two or more scenarios in comparison to those unsure or against violence (responding don't know/depends and no).

In addition to questions concerning the acceptability of beating a wife, the 1999 Kazakh DHS contains information on basic socio-demographic characteristic, religious identification, sexual behavior (onset, number of recent partners, condom use), and sexual health knowledge (signs of HIV/AIDS, effective prevention strategies, perceptions of people with HIV/AIDS, and route of transmission). These data enable us to assess the overall tolerance for domestic violence among this sample of men in Kazakhstan and test whether those tolerant of violence tend to be either more sexually active or more sexually conservative than men who do not accept violence. Secondly, it enable us to examine whether men more tolerant of violence tend to be less well informed regarding sexual health issues than men who do not advocate wife beating.

Insight into the mechanisms through which the tolerance for violence influences sexual behavior and health are provided by a series of semi-structured interviews based on an availability sample of health care providers, domestic hotline workers, and young adult men in the capital city of Almaty. These interviews were conducted by the senior author (in Russian) during the summer of 2002 and 2003. Respondents included ethnic Kazakhs and Russians, individuals who felt domestic violence was not a problem in Kazakhstan and individuals who felt it was the largest health problem in the country, and married and unmarried men between 17 and 24 in a working class neighborhood of the capital city (with a Kazakh speaker facilitating) and at Kazakh National University. A total of 16 interviews inform these analyses.

Findings

“I heard about a placard in America, ‘you can’t beat a women’. Well that would not be understood here. Too many people think a good husband is one who beats his wife, and don’t think it is just in the rural areas or just the uneducated. Beating a wife is common. Women are afraid to tell you, but the men brag about it..... It is the stress, the lack of money, yes but it is really the belief that women carry everything on their backs”

*Women’s Clinic Doctor
Russian aged 35
July 2002*

Figure One displays the percent of men indicating wife beating as permissible in the Kazakhstan DHS. While no scenario is deemed permissible by the majority of men, more than one in five (over 20%) deem beating permissible if children are neglected, and nearly one in 10 (nearly 10%) accept wife beating if she goes out without permission or argues. Figure Two indicates that while one in four Kazakh men surveyed tolerate domestic violence in at least one of the five scenarios (25.4%) and that over 12% find wife beating acceptable in at least two of the offered situations. Among a substantial percentage of the men surveyed, wife beating appears to be an acceptable response to the transgression of perceived gender norms. Figure Three displays the composition of acceptable scenarios by the number deemed acceptable as a motivation for beating, the most important centering on motherhood, control over movement, and acceptance of authority.

Figure One.

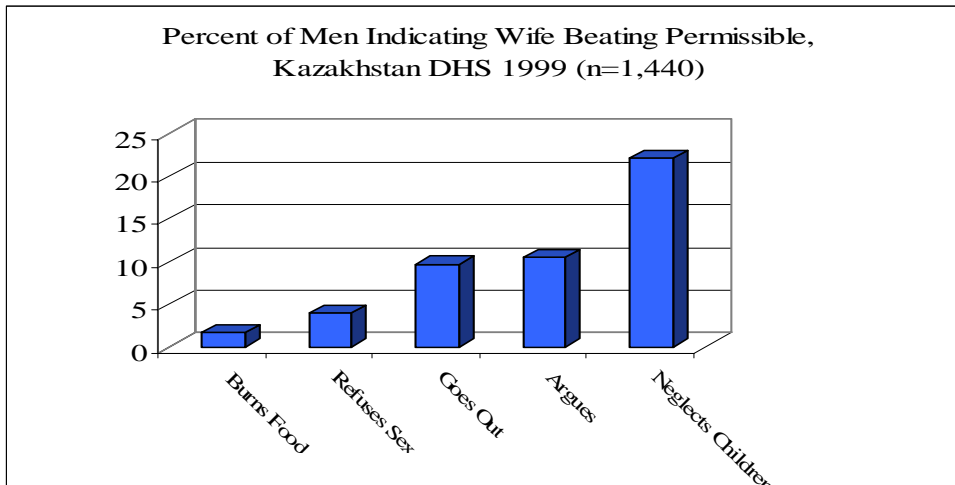


Figure Two

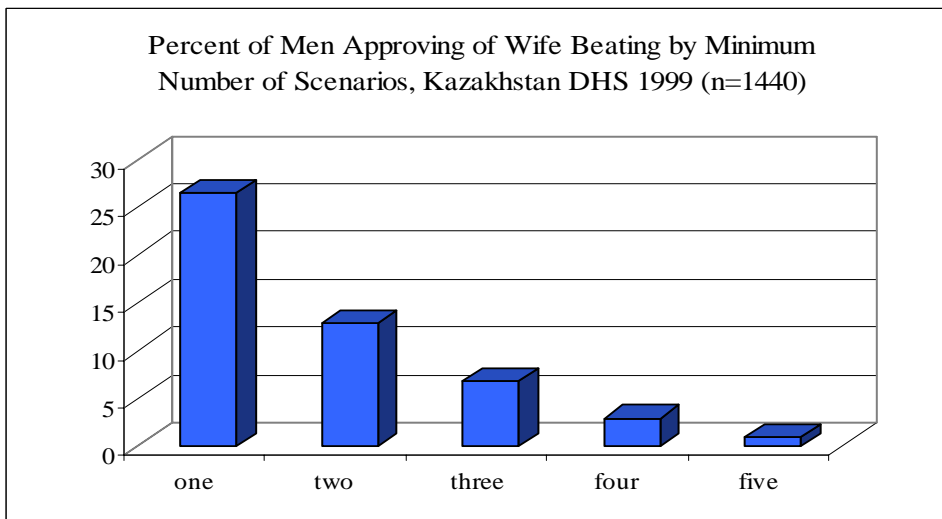
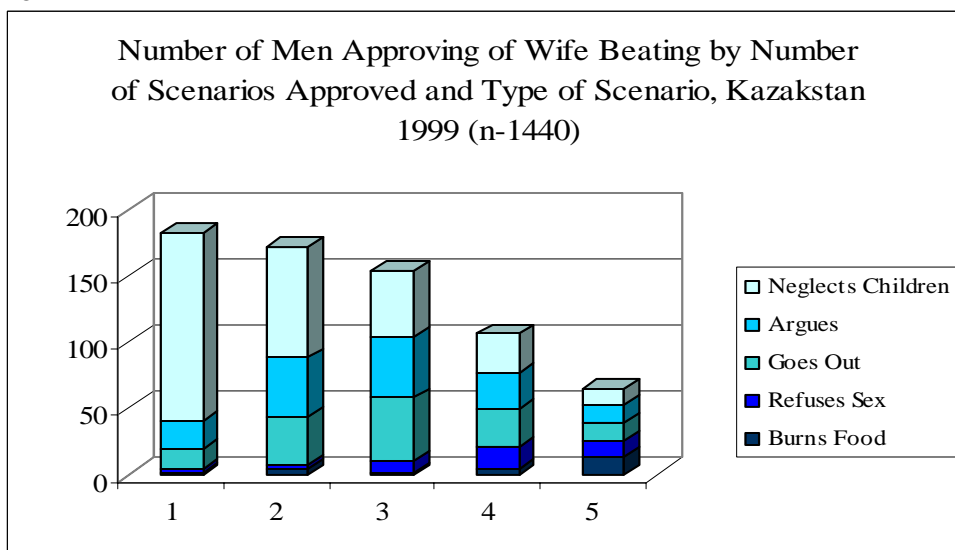


Figure Three



As one single, unemployed Kazakh man (aged 23) commented, “Men have responsibilities and women have responsibility, and men must see these are respected. This is a lot of pressure on men...I know older people believe, a woman who knows she can be beaten will behave better”. (March 2003) The reported tolerance of wife beating lends insight into the perceptions of women’s responsibilities, and reflects the importance of child rearing and child care in Kazakhstan. In order to better focus on how domestic violence tolerance is linked to ideas of male more performance, we focus only on men tolerant of domestic violence in two or more scenarios in order to compensate for the complexity of possible motivations linked with child care.

Who is tolerant of wife beating?

“We see far more cases now, women have broken bones and serious problems. These aren’t simple slaps. I am afraid of what I do not see, but I can tell you, you would be surprised by the men. You can’t always tell who beats

Hotline volunteer
Kazakh woman, divorced age 44
(March 2003)

Who beats their wife?- You know- the old “muzhik” the older, rural, uneducated man, especially those who drink. You can’t seriously believe that men my age would think it is acceptable to beat their wives. We could never get girlfriends let alone wives”

College student, single
Russian, male age 19
(March 2003)

You see you can’t always tell, boys my age don’t advocate such aggressive attitudes towards women, but they have them. My girlfriends who are married find their husbands aggressive and even violent after marriage, as if they have to prove they are a man”

College Student, single
Russian, female, age 18
(March 2003)

Are there discernable risk factors for domestic violence among the male respondents in the Kazakh DHS? How well do these risk factors reflect trends indicated in previous studies? We investigate the importance of Islamic identification, age (over 45), rural residency, of they are currently married or living with a partner, economic status (sufficient earnings) and drinking

behavior in predicting the acceptability of domestic violence. Ethnicity and language are excluded due to very high (over .9) correlations with Muslim affiliation, but the independent variables retained in the model have no inter correlations over .2. Table One presents basic logistic regression models assessing the importance of specific individual characteristics in predicting the likelihood of domestic violence tolerance.

Table One
Logistic Regression Analysis Results Concerning Tolerance of Domestic Violence, Males
KDHS99

Variable	Odds Ratio	Standard Error
Muslim	4.612***	.228
Over 45	1.026	.233
Rural Resident	1.867***	.178
No Wife or Ptner	1.448*	.183
Higher Education	.453*	.310
Earning Sufficient	1.018	.280
Witness Father hit Mother	3.201***	.188
Drinking more than 5 times in past month	.957	.197
Constant	.025	.263
Model Chi square (Nagelkerke)	.172	*=.05, **=.01, ***=.001

These preliminary analyses do indicate that domestic violence tolerance is not random throughout the male population. Individuals identifying as Muslim do indicate a significantly elevated risk of approving more than two scenarios of wife beating, and are approximately 4.5 times more likely to approve than non Muslims. Rural residence and observing domestic violence as a child also elevate the likelihood that an individual will view wife beating as acceptable. The former may be linked to issues of social control and transitional views of gender relations dominating in rural areas, while the later confirms previous studies in other cultures indicating the normalizing effect of observing violence as a child. Men with higher education are less likely to approve of wife beating, while individuals without a current wife or co-resident partner are more likely to approve of at least 2 scenarios for beating, but the results are significantly only at the .05 level.

These findings indicate that while some standard risk factors, such as religion, observing violence as a child, rural residence and education do influence the likelihood of tolerating domestic violence, other standard explanations such as drinking behavior, economic stress, and age do not appear to explain variation among men. Local respondents reacted to these patterns as perfectly understandable in the Kazakhstan case:

Accepting a man beating his wife is an aspect of transitional culture, and you should not think it is only ethnic Kazakhs, you know, Muslims. For everyone in villages in the south or the north, men are expected to be the masters, to keep their women in line. You don't wait until you are drunk or poor, you must show your wife, and the rest of the village that you have the strong hand.

Health NGO Official, 54
Male, Married, ethnic Russian,
(July 2002)

Reinforcing the idea of violence and attitudes towards violence as a part of male performance another, younger respondent (single unemployed Kazakh man aged 22) added”

Men my age, well you know it is a time to return to tradition, and the strong man is part of that. Older men, from Soviet times, might not be as interested in the return to old ways, but I am. Strong families are part of that, and men need to let women return to their moral place in the family.

Author-- But what about beating a wife

It is the idea of authority, not violence, it is a man's responsibility and you should not beat them hard

July 2002

Many also stressed the importance of Muslim identity related not to religious views, but to the traditionalism it has come to represent, an approach that clarifies why Muslim and non Muslims differed little in drinking behavior.

It isn't surprising {the strong Muslim effect} What kind of Muslim? It means to be (ethnic) Kazakh, it is national identity some idea of tradition. Our roots our ties, women are Muslim too, more than men. There is nothing religious about violence

Kazakh Hotline Worker
Married Woman, 40s
March 2003

Tolerance of wife beating and sexual behavior

If tolerance for wife beating is related to a return to “tradition” in Kazakhstan, is there a link between orientations towards domestic violence and sexual behavior. Does the “return to tradition” referred to above indicate more conservative sexual practices, discouraging pre and non marital sexual activity? If there support for the idea linking acceptance of domestic violence with more conservative sexual behavior? Among the 1440 men surveyed, 423 respondents had never been married, of which only 16% reported tolerance for domestic abuse. Among those accepting at least 2 scenarios for wife beating, there were nearly evenly split between those who were sexually active and those who were not yet sexually active non-married and non active population. There was no significant difference between those engaging in sex before marriage and attitudes towards domestic violence. Tolerance of domestic violence does not increase the likelihood of delaying sexual debut, rather among never married respondents those tolerant of domestic violence are just as likely to engage in pre marital sex as others. Of those never married, 36 of 243 (52%) of sexually active men were tolerance of domestic violence and 32 of 179 (48%) of inactive men.

Among the sexually active, are men tolerant of domestic abuse less likely to have multiple partners or engage in risky behavior? Table Two present the selected indicators of sexual activity by tolerance for domestic violence. Chi squares were run for each indicator and tolerance of 2 or more scenarios of wife beating. There is no discernable difference in sexual behavior based on attitudes towards domestic violence, and little support for the interpretation that traditional attitudes towards domestic abuse co-vary with conservative sexual behavior. Men tolerant of abuse are just as likely to engage in risky behavior as those not tolerance of domestic abuse, across a wide variety of indicators. While the sample size is small, results indicate that among sexually active men, those tolerant of domestic abuse appear to be as likely to engage in premarital sex, have more than one partner, report engaging in premarital sex, and have more than one union. There is no support in these preliminary analyses for the interpretation that tolerance for domestic abuse reflects an overall conservative sexual orientation. However, the significant

differences displayed in terms of condom use and AIDS testing are interesting. While other indicators of sexual activity between the two groups are similar, men tolerant of domestic abuse are significantly less likely to have ever used a condom or to have ever been tested for AIDS in these simple bi variate analyses. While more detailed information on sexual behavior is needed to assess relative risk and its influence on behavior, the results do cast suspicion on arguments examining traditional gender views among men and conservative sexual behavior.

Table Two. Selected Sexual Behavior Indicators by Tolerance for Domestic Violence Among Ever Sexually Active Men, KDHS 1999

	Tolerance of 2 or more Scenarios of wife beating	Not tolerance of two or more scenarios
N	1,111	147
Had more than two Partners in past 12 months	9.0%	10.2%
Had more than three Partners in past 12 months	3.9%	2.7%
Has one long term partner or wife	74.1%	70.4%
Has paid for sex	2.5%	2.0%
Engaged in Premarital Sex	56.5%	47.6%
More than one Martial or Cohabiting Union	10.5%	6.8%
Has Ever Used a Condom	25.8%	12.9% ***
Has Been Tested For AIDS	37.4%	18.4% ***

Tolerance of domestic violence and Sexual Health Knowledge and Attitudes

While tolerance of domestic abuse is significantly associated with several socio-economic characteristics, preliminary analyses indicate that tolerance is not a meaningful line of differentiation in terms of sexual behavior, with the exception of condom use. As men approving of domestic violence are as sexually active as others, does their general level of sexual health knowledge differ? If tolerant views of domestic violence do not signal conservative sexual behavior, might they indicate lines of domination and authority that lessen the perceived need for sexual knowledge, or support exclusionary and distancing views towards sexual health?

Table three present simple bivariate analyses of a variety indicators focusing on sexual health knowledge and attitudes. Across most measures, men with tolerance attitudes towards domestic violence exhibit lower sexual health knowledge and are less understanding of individuals with HIV/AIDS. Significantly fewer men tolerant of domestic violence believe there are ways to avoid AIDS (.05 level), and significantly more are aware that the disease can be prevented but are not clear as to how, in comparison with men who are not tolerant of domestic violence. Neither group appears to be particularly knowledgeable concerning STD symptoms for women, and nearly one third are unsure about symptoms among men. Men approving of domestic violence are significantly less likely to cite condoms as an effective prevention strategy concerning HIV transmission, and more unsure about where to acquire condoms. They appear less likely to advocate the right to work for HIV positive individuals and are less likely to care for a stricken relative than other men.

Table Three. Selected Sexual Health Knowledge and Attitude Indicators by Tolerance for Domestic Violence Among Ever Sexually Active Men, KDHS 1999

	Tolerance of 2 or more Scenarios of wife beating	Not tolerance of two or more scenarios
N	1,111	147
There are ways to avoid AIDS	91.4%	83.0% *
Knows AIDS can be prevented but does not know how	8.6	17.0 **
Not sure of male STD symptoms	29.4%	29.9%
Not sure of female STD Symptoms	65.4	61.9
Using condoms during sex will help prevent AIDS	73.4%	51.7% ***
Unsure where to get condoms	2.4	7.5 **
A healthy person cannot have AIDS	22.0%	23.8%
Should a person with AIDS continue To work	36.2%	24.5% **
Care for a relative with AIDS	64.4	56.5 *

Although only preliminary analyses, Table Three points to a potentially troubling situation in which attitudes towards domestic violence do appear to co vary with underlying attitudes concerning sexual health and overall levels of sexual health knowledge. It appears in this study that men tolerant of domestic violence are just as sexually active as other men, but appear less knowledgeable of sexual health and specifically HIV prevention.

Conclusions

In seeking to extend our understanding the relationship between domestic violence and sexual health we have elected to examine an often overlooked aspect of the relationship between gender violence and HIV risk; how attitudes towards violence factor into male behaviors and knowledge. We contend that tolerant attitudes towards violence against women might represent an aspect of male identity performance that coincides with poor sexual health knowledge and elevates sexual health risk. The preliminary analyses presented here indicates that among men in Kazakhstan tolerance for domestic abuse tends to be concentrated among specific groups, whose identity is linked to ideals “traditional” male gender roles and strong social enforcement of these roles, reinforcing the ideas of authority, dominance and performance as key factors in domestic abuse. Extending the argument to sexual behavior and sexual health knowledge finds that there is little general support for extending the traditionalism associated with tolerance for domestic violence to conservative sexual behaviors. However, there does seem to be an interesting possible link between tolerance for domestic abuse and sexual health knowledge that warrants further investigation, and can extend our understanding of the ways in which attitudes towards domestic abuse influence perceptions of authority and responsibility in the sexual sphere.

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