

Women's Perception and Attitude towards Male Dominancy and Controlling Behaviors

Tazeen Saeed Ali^{1,2*}, Noureen Karamali³, Omer Malik¹

¹School of Nursing and Midwifery, Aga Khan University, Karachi, Pakistan

²Department of Community Health Sciences, Aga Khan University, Karachi, Pakistan

³PhD student, School of Health Sciences, University of Nottingham, Nottingham UK (Alumni)

Abstract

Introduction/Background: The study was conducted in urban Karachi, Pakistan to investigate women's perceptions and attitudes towards male dominancy, female autonomy, and controlling behavior of husbands.

Method: This was investigated in a population based study with a cross-sectional design, involving married women aged 25 to 60 years. A Structured questionnaire developed by World Health Organisation (WHO) on violence was used. Community midwives interviewed these married women living in pre-selected low, middle and upper socio-economic areas of urban Karachi, Pakistan.

Findings: This study revealed women's overall perception regarding male dominancy and controlling behavior and highlighted this attitude, as being acceptable to women. It was found that 96.7% (n=734) of females perceived their husband as authority figure in the family and 99.2% (n=753) consider themselves as good wives by being obedient to their husbands. Not only this, 88.9% (n=675) females perceived performing sex unwillingly with their husbands as an obligation.

Conclusion: Perceptions of women regarding gender discrimination and male dominancy play a vital role in accepting gender discrimination. This study identified the declining status of women as compared to men in marital life due to various socio-cultural and religious beliefs, which promote controlling behaviour by the male partner. This is the result of learned behaviour and social norms in a patriarchal society adapted by women.

Keywords: Gender; Interpersonal relations; Culture, Society; Masculinity; Feminist; Patriarchal; Intimate Partner Violence (IPV); Gender inequality; Discrimination; Controlling; Attitudes and perception

Introduction and Background

Inequality in gender roles and relationships are deeply rooted in the societal norms which give rise to discriminations against women. Gender refers to men and women's socially determined roles and responsibilities [1,2]. Gender analysis examines how being a woman (or a man) may place an individual at more or less risk for developing certain behaviors, such as autonomy, dependency and dominancy etc. Not only this, gender analysis also determine how certain attitudes like violence can affect diagnosis and treatment of different health conditions. In many male dominant societies, controlling and denying autonomy of women is prevalent [3-5]. There are also other factors like race, socioeconomic status and education that leads to gender based discrimination. Therefore, there is a great need to perform gender sensitive analysis for better understanding of these factors especially on women's autonomy, authority figures in the family and women's acceptance of husband's behaviour.

According to a study, many countries have a culture of male dominancy, they are considered to be dominant as perceived in Islam [6]. Such religious stereotype is engrained within the Pakistani culture as well where, religious concepts are often misinterpreted resulting into discriminatory behavior against women. It is also evident from the social learning theory, that women adopt and accept male dominance in their lives through learned social behavior that they have observed since childhood by looking at the same behavior being accepted by their mothers and other elder women at home [7]. For Instance mother in law transfer the trait of fear to their daughter in law who ultimately use these tools to instill fear in their female children and so on and so forth [6,8].

These challenges are not only faced by the women living in the developing world, many western countries reported that despite living in the Western world, women originally from developing countries, such as Pakistan brings lots of challenges about their identity, based on cultural and religious beliefs due to the existence of religious dogmas. In one of the studies conducted on Pakistani women living in Britain, it is shared that men often monitor their women on daily basis, such as their relationships with their own family members and friends [6]. However, no study to our knowledge has been conducted in this area, therefore this study was conducted to assess whether in Pakistani culture the acceptance of male dominancy exists or not.

The aim of this paper was to assess the proportions of women's perceptions and attitudes towards male dominancy and partner controlling behaviours in urban Pakistan, as part of a larger project on violence against women.

Methods

Study design and population

This study was conducted using a cross-sectional study design

***Corresponding author:** Tazeen Saeed Ali, Assistant Professor, School of Nursing and Midwifery & Community Health Sciences, Aga Khan University, Karachi, Pakistan; Tel: 0092 - 213 - 4865460; E-mail: tazeen.ali@aku.edu

Received March 15, 2014; **Accepted** July 14, 2014; **Published** July 21, 2014

Citation: Ali TS, Karamali N, Malik O (2014) Women's Perception and Attitude towards Male Dominancy and Controlling Behaviors. Arts Social Sci J S1: 004. doi: [10.4172/2151-6200.S1-004](http://dx.doi.org/10.4172/2151-6200.S1-004)

Copyright: © 2014 Ali TS, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

in Karachi, Pakistan. Karachi is a division within the Sindh province with about 16 million inhabitants and 18 sub divided towns [9]. In this study, 759 married women aged 25–60 years, living in two of the towns with approximately 720,000 inhabitants, were included. About 93.7% of the people responded to the study. However, due to close minded attitudes concerning women's movements and decision-making in Pakistani society [3,6,10-12]. It was necessary to involve a health organization that maintained a surveillance system for data collection and involve health workers in the project who are known in the community. When contacting government health facilities we found out that they lacked resources, therefore we were advised to contact the Health and Nutrition Development Society (HANDS). HANDS is a nongovernmental organization that works strongly with government health services, providing several services in the community like basic health facilities, primary education, income generation and institutions to empower communities in the lower and middle income areas of Karachi [3]. All the staff working in HANDS' are trained and responsible to facilitate the local health care services at the primary care level i.e. maternal and child health, immunization, oral rehydration therapy, control of diarrheal diseases, nutrition counseling, growth monitoring, minor illness treatment etc. with the established field sites to follow up on these activities [3]. Community midwives who were trained for 18 months gave their services for general antenatal and post natal care, assistance during delivery and family planning counseling and services [3]. They were also indulged in the data collection procedure for this study.

HANDS have established 10 health field sites in its two major towns i.e. Gadap and Bin Qasim, where it manages all the health facilities. Six of these health field sites were randomly chosen for this study in order to collect data. The residence of these towns belongs to different ethnic groups and lower and middle socioeconomic strata [3]. Therefore, data collected from these two towns can be generalized to these two socioeconomic groups of Karachi [13,14].

Data collection

The questionnaire developed by the World Health Organization for public health research, which emphasized on interpersonal violence was used for this study [3]. This questionnaire was named "Multi-country study on Women's Health and Life Experiences." It was cross culturally appropriate and was developed for use in different cultures. This questionnaire has been used for more than 15 countries so far. The abuse questions were developed on the basis of other abuse assessment scales like Index of Spouse Abuse and the Conflict Tactics scales and they have recognized reliability and construct validity [15,16].

This instrument was translated into the National language of Pakistan (Urdu) which is mostly spoken and understood by all people living in Pakistan. Based on our cultural context, few items were excluded from this instrument, such as women's alcohol consumption patterns, their role as heads of the households and multiple sex partners of their husbands [3]. Both face and content validity of the questionnaire was tested by the experts, including a psychologist, an epidemiologist, a sociologist, a community-based medical doctor, the field supervisor, a public health specialist, and the data collectors. The finalized version of the questionnaire contained items related to the sociodemographic and psychosocial factors which includes attitudes and perceptions of women, reproductive and general health, various forms of violence, and its frequency, and any health effects pertaining to the violent behavior, attitudes to gender issues, health care seeking

behavior and women's perceptions towards men's controlling behaviors and coping strategies [3].

The data was collected by community mid wives coordinated by HANDS during the period of March-August 2008, either at the respondent's home or at a health facility, depending on the respondents' comfort level. Data was collected through multistage random sampling technique in the selected field sites [3]. In each field site, and via the surveillance system set up by the community midwives, the required number of households was randomly selected (through computer-generated numbers using the software of Epi InfoTM) from the list of all household in which women of the required age resided. At the initial stage 10 women refused to participate in the interview but they were replaced by a neighbouring woman of the same age. There was a dropout rate of 6.3% (41 women in the middle of the study who were not replaced). Only one woman was selected from each household based on the criteria, either the youngest or the oldest woman was chosen if there was more than one eligible woman in a household. From each household, information related to the husbands was obtained on the basis of the current husband of the woman.

Sample size calculation

Sample size calculation was done based on estimated exposure rates in Karachi, Pakistan. Using the Epi-info version of sample size calculation at the confidence level of 95% with error bound of 5%, a sample of 644 married women from all three field sites were required. We aimed for 800 participants but 810 were approached. At last 759 women were included in the study.

Data collectors' training

Under the collaboration of the Women Lawyers' Association (a non-government organization that supports women's legal rights) and HANDS, six week training was conducted for community midwives by the main author of the study and a psychologist. This training provide all the justification behind this study, causes and prevalence of IPV, vulnerability of women, ethical considerations, interpersonal communication and interviewing skills. Two interviewers quit during training period and only four data collectors continued till the end of the study.

All the interviews were conducted in the local language, Urdu and it was ensured that privacy while conducting interviews was maintained by taking interviews at the respondent's home preferably or at a nearby school or HANDS facility otherwise. To the participants' household members, this study was presented as a women's health study and no sensitive questions were asked till the conversation was safe from being overheard by any one. Internal rigor of the study was ensured and data quality was maintained through re-interviewing 5% of the participants randomly where only minor differences were detected in the responses given.

Statistical analysis

SPSS (v 10.0; SPSS Inc., Chicago, IL) was used for all statistical analysis. In the bi-variant and multi-variant analyses, 95% confidence interval (CI) was used to figure out the association between women's perception and male controlling behaviour. After putting bi-variant analyses into the multivariate model, final models were displayed. Results are displayed in table format in this paper.

Ethical considerations

The ethical principles of violence research stated by the World

Health Organization were followed in this study [3]. During the research phase, all participants were informed that their participation is entirely voluntary and they have complete freedom to participate or to withdraw from the study whenever they wish to do so without any consequences. Before starting interviews, data collectors secured all the written consents from all the respondents. Support was also provided to those women who requested for it on revealing their experience of violence by Pakistan women lawyers association and social security department for women, which is located in the Sindh secretariat. The female lawyers and social workers counselled the clients. They also offered further support for divorce cases and provided income generation schemes to the victims of violence. Ethical Review Committee of Aga Khan University in Karachi, Pakistan granted the approval on ethical and human subject considerations. The collaboration with the HANDS organization secured the data collection process, as unfamiliar women who introduced themselves as data collectors would hardly have been accepted by the families. Moreover, unfamiliar data collectors might have been at personal risk by the households. The women who participated in the study were provided with full support by the mental health care professionals and free consultation services by lawyers. In addition, lawyers also gave awareness sessions to the women regarding their rights.

Results

Socio-demographic data

The study depicted the socio demographic status of the participants. Table 1 shows that majority of the women were housewives (85.5%) and about half of them had no formal education (47.6%). Of the male spouses, 36.2% had no formal schooling and 65.9% were unskilled workers. Of the families, 22.4% had more than four children, and 65.0% of the households contained five or more members.

Perceptions on male dominancy, autonomy and reasons for physical violence

Table 2 and 3, reflects the overall opinions of the women in relation to male dominancy, autonomy and controlling behavior of their male partners.

Majority of the women shared their opinion that family should be ruled by the husbands (96.7%), where literate women were more in this opinion (52%). Another important finding women reported that wife should always provide sex to husband as per his needs (88.9%) where literate women reported more as comparative to illiterate women (52.9%), though the p-value is not significantly different (P-value: 0.521). Forty nine percentage of the women thought that even if their husbands mistreat them; none of the family members should intervene, where illiterate thought more than literate with a P-value of 0.004.

It shows that few women were members of women organizations (n=96), of these 6 were the members of religious organization, one was in a health group, and one belonged to economic and saving club. Among those who were the members of the organization 66.7% (n=64) of women were literate with the P-value of 0.003, showing that literate women are more participating in any organization. Out of 96 women who are members of the group, 74.2% (n=23) reported that they were restricted to participate in the group or organization. Mainly were restricted by their husbands (n= 27, 87%).

In terms of engagement in other relations, 39.7% women reported that women could choose her friends without husband's interference, where illiterate women have this opinion more than the illiterate

Characteristics	n = 759	%
Respondents		
Age group (years)		
25-35	447	58.9
36-45	228	30
46-60	84	11.1
Education		
No formal education	361	47.6
Primary school (less than 6 years)	175	23.1
Secondary school (6-8 years)	110	14.5
Secondary school (9-10 years)	87	11.5
Intermediate (11-12 years)	17	2.2
Higher education (more than 13 years)	9	1.2
Employed		
Yes	110	14.5
No	649	85.5
Occupation		
Housewife	649	85.5
Unskilled workers	18	2.4
Skilled workers	51	6.7
Low and medium level professions	42	5.5
Husbands/partners		
Age group (years)		
25-35	307	40.4
36-45	263	34.7
46-60	189	24.9
Education		
No formal education	275	36.2
Primary school (less than 6 years)	89	11.7
Lower secondary school (6-8 years)		
Higher secondary school (9-10 years)	108	14.2
Intermediate (11-12 years)		
Higher education (more than 13 years)	185	24.4
	63	8.3
	39	5.1
Employed		
Yes	746	98.3
No	13	1.7
Occupation		
Unemployed	13	1.7
Unskilled workers	500	65.9
Skilled workers	145	19.1
Low and medium level professions	101	13.3
Family factors		
Socioeconomic status		
Low	242	31.9
Medium low	172	22.7
Medium high	202	26.6
High	143	18.8
Number of Children		
0 children	41	5.4
1-2 children	249	32.8
3-4 children	221	29.1
5-6 children	170	22.4
Greater than & equal to 7 children	78	10.3
Number of family members		
1-4 family members	266	35
5-17 family members	493	65

Table 1: Socio-demographic and Psychosocial factors of respondents and their husbands (n=759).

S #.	Characteristics	Frequency (n)	%	literacy		Chi square P-value
				Literate (%)	Illiterate (%)	
Male dominancy						
1.	Family should be ruled by husband yes	734	96.7	385(52.5)	349(47.5)	0.047*
2.	Its wife to always perform sex with husband yes	675	88.9	357(52.9)	318(47.1)	0.521
3.	If husband mistreats his wife, others should not interfere yes	372	49.0	176(47.3)	196(52.7)	0.004*
Autonomy						
1.	If women is the member of any group or organization	96	12.6	64 (66.7)	32(33.3)	0.003*
2.	If women could choose her friends	297	39.1	118(39.7)	179(60.3)	0.000*
3.	If husband restricted wife of seeing your friends	96	12.6	46(47.9)	50(52.1)	0.618
4.	If women could refuse to have sex with her husband	227	29.9	130(57.3)	97(42.7)	0.222

Table 2: Women's opinion about gender relationship (male dominancy and autonomy) n=759- general perception. (*P-value significant at 5% alpha level).

	Characteristics	N	%	literacy		Chi square p- value
				Literate (%)	Illiterate (%)	
In your opinion, does a man have a good reason to hit his wife IF?						
1.	She does not complete her household work to his satisfaction					
	Yes	699	92.1	362(51.8)	337(48.2)	0.0001*
	No	60	7.9	15(25.0)	45(75.0)	
2.	She disobeys him					
	Yes	699	92.1	362(51.8)	337(48.2)	0.0001*
	No	60	7.9	15(25.0)	45(75.0)	
3.	She asks him whether he has other girlfriends					
	Yes	671	88.4	356(53.1)	315(46.9)	0.0001*
	No	88	11.6	20(22.7)	68(77.3)	
4.	He suspects that she is unfaithful					
	Yes	695	91.6	361(51.9)	334(48.1)	0.0001*
	No	64	8.4	18(28.1)	46(71.9)	
5.	She refuses to have sexual relations with him					
	Yes	701	92.4	130(57.3)	97(42.7)	0.3190
	No	58	7.6	29(50.0)	29(50.0)	
6.	Without any reason					
	Yes	1	0.1	1(100.0)	0(0.0)	-
In your opinion can a wife refuse to have sex with her husband IF (She doesn't want to, He is drunk, She is sick, He mistreats her)						
	Yes	227	29.9	130(57.3)	97(42.7)	0.073
	No	532	70.1	267(50.2)	265(49.8)	

Table 3: Women perceptions and reasons of physical violence (n=759). (*P-value significant at 5% alpha level).

women (P-value of 0.001).

Literate women agreed to be beaten by their husbands if they had not finished house chores on time (51.8%, n=362, P-value: 0.0001) or if she disobey her husband (51.8%, n=362, P-value: 0.0001). Husbands could beat them if they inquire about husband's girlfriends (P-value: 0.0001) and if he had doubt that the wife was unfaithful (P-value: 0.0001).

Women agreed that due to the reasons of being drunk or mistreating her, she could refuse for having sex with the husband, however 50.2% (n=267) who were literate still disagreed with this.

Perceptions on controlling

Table 4 is showing the results of different perceptions of controlling behaviour of men by women. It also depicts the nature of controlling behaviour which women themselves allow for their husbands. Ninety nine percent of women agreed upon obeying their husbands even against their will, 95.3% felt that family problems should only be discussed within the family, 96.7% of women were those who agreed that their husbands should have shown them that they are the boss in the family, however 59.3% of women consensus that they have the right

to choose their friends according to their wish even if their husbands disapprove them.

Discussion

Pakistan is one of the male dominant societies, where it is considered that women should perform house hold work and should not earn for her family or for her own self. This dependent behaviour of women creates an opportunity to provide more power and autonomy to men. In our society, where men dominate, females are mostly threatened by the fear of violence rather than actual violence happening to them [6]. One of the leading contributors to violence in our society is misperception of religious beliefs which leads to disproportionate impact on women as compare to men [6]. There are also other reasons highlighted in literature for IPV besides the ones identified in our study, such as alcohol use, partner nagging, jealousy and back fighting etc [4].

Our findings have also identified that women in our study are mainly not educated and one quarter who are educated are not as highly educated as their husbands. Uneducated women or having low education is an important concern; making women less autonomous

S #	Perceptions of controlling	Frequency (n)	%
1	A good wife obeys her husband even if she disagrees		
	1.Yes	753	99.2
	2.No	6	0.8
2	Family problems should only be discussed with people in the family		
	1.Yes	723	95.3
	2. No	36	4.7
3.	It is important for a man to show his wife who is the boss?		
	1.Yes	734	96.7
	2.No	25	3.3
4.	A woman should be able to choose her own friends even if her husband disapproves		
	1.Yes	450	59.3
	2.No	309	40.7
5.	It's a wife's obligation to have sex with her husband even if she doesn't feel like it?		
	1.Yes	675	88.9
	2.No	84	11.1
6.	If a man mistreats his wife, others outside of the family should not intervene?		
	1.Yes	372	49
	2.No	387	51

Table 4: Showing different perceptions of controlling behaviour of men by women reported by 759 women that is happening in their lives at Urban Karachi Pakistan.

and hence controlled by men [17]. In addition, many women are house wives and performing household chores, hence they are unable to participate in economic growth which decreases their economic power [18]. By virtue of the biological entity, and social defined roles, women are considered to give birth, rear children, perform household chores and take care of the husband's family due to the combined family system in our culture which further enhances the controlling of women at individual and at societal level [5]. Besides this, there are other socio-cultural factors that impose certain specific roles on women. As a result, woman's burden for unrecognized work increases, such as household chores. It is due to this social structure, women in our society are left with low autonomy, and sensitive to controlling behavior. These norms have generalized women as non-productive entity and hence marginalized them as lower in gender relationship or gender order [5,19].

Another important result our study has identified is that, women are engaged in lower or invisible income structures, keeping them lower in gender structure and their husbands at higher structure. This gives them the perception of dependency on men and hence they accept the dominating nature of their husbands. In our study husbands are more educated, older, and employed, giving them the opportunity to practice their masculinity and dominant role. It is stated at many places that economic dependency plays a major role in autonomy and decision making. In this paper, gender analysis is done to understand the gender relation by using some gender related variables on already collected data. The study conducted at Egypt reported that education was the most important factor related to women's autonomy, the average score for illiterate women was as low as 1.4 and for literate women it was 3.2 [20]. It has been stated that education level has direct relation with women autonomy; decision making and access to health care facilities [17]. With women being literate, there will be a balanced relationship between men and women in their marital life and allow women to take part in decision making for family matters; resulting in fewer chances to be victimised by their husbands [17]. This is also supported by another study that non-autonomous women will be unable to take decisions outside home and even inside home in terms of their health and safety [21]. Despite the above mentioned conditions, there are male ideological perceptions that exist in the society of Pakistan

leading to more challenges for women trying to gain their rights and autonomy [17].

The autonomy was also assessed in this study to evaluate if women have joined any social organizations independently. Our study results show that women have less autonomy to join any group and those who have joined any group or organization, are mostly being asked to leave them by their husbands. The restrictions are mainly imposed by the husbands whom women accept unconditionally. One of the reasons identified for these restrictions by the husbands could be the power that can be gained by women joining social organizations and empowering their decision making skills. Also, these women will be more aware of their rights by mingling and socializing with other women. This independence could eventually promote women ability of practicing such rights which they were not practicing before [5].

Another important culture that exists in Pakistan is that women are preferred by their in-laws and partners to work at the places where they could keep her movement and socialization restricted like teaching at schools, working at offices etc. Our findings support that less autonomy of women and their own perceptions regarding this issue is related to the women affiliations with some social organizations. Women are also not allowed to choose their friends and also not allowed to meet her friends and family without their husband's permission. Women themselves support the idea of partner's controlling and ruling attitude looking at the results of this study; as 39.1% (n=297) of women perceived and reported that they could choose their friends and rest of the females reported that they cannot without their partner's permission. This reflects that women themselves perceive the idea of male dominance as positive and support it. Thus, looking at the results of this study, one can say that, attitude of women towards creation of gender gap and discrimination could end up in verbal, sexual, physical and psychological violence by their husbands through controlling the wife activities and taking away her autonomy. These attitudinal issues are the result of multiple socio-cultural, political and misinterpreted religious factor [5].

Thus, women are excluded from acquiring education because they were viewed as worthless who are only restricted to their homes,

waiting for their husbands and producing babies. If a woman wishes to do anything besides sitting at home and raising kids she must get permission from 'a man' (father, brother, or husband) which at times can also be explained as 'production relations' [5,22]. Similar study was conducted in Urban Karachi where these unequal gender roles were highlighted in Pakistani society; women often face lack of autonomy and decision making power resulting in poor gender inequalities in society. However, an agent of change in the form of education has been highlighted as the solution to this issue according to the literature [5].

Furthermore, the study participants also reported and believe in the learned behaviour from the culture and society such as it's the wife's obligation to have sex with their husband whenever he demands it, women do not realize that this is a type of sexual violence, as this affects the emotional relations between couples. Similar findings reported in other studies conducted in rural India, New Delhi and parts of Africa where women accept this behaviour of sexual violence and accept it as part of their marital obligations [23-26]. It is reported that in Mali where, three quarter of women would accept physical punishment for refusing to have sex with the husband, they have no choice but to accept forceful sexual acts by their husbands [24]. Along with it, The World's Women 2010 reports the statistics of 33 countries where it is appropriate for a wife to be beaten by her husband for specific reasons [24]. This study showed that around 29% of women agreed that being beaten for arguing with the husband was justifiable, 25% for refusing to have sex with the husband and 21% for burning the food, 62% in the case of arguing with him and 33% for burning food [24]. It is also stated by Ansara that various world reports on violence and health, which contain 48 summarized population based studies, claimed that 10% to 69% of women worldwide reported to be physically assaulted by an intimate partners at some point in time in their lifetime [6].

Hence, this research study established that women in male dominant society are restricted to work in their homes and are not allowed to acquire education or to join any, employment, or organizations etc. which limits their ability to freely participate in decisions regarding their home and leads to controlling behaviour by male partners. Beside this, some women perform all the tasks expected by their husbands out off ear that they might be beaten by their husbands if they meet the husbands' expectations.

Conclusion

This paper concludes that as compared to men, women have a lower status and less autonomy in taking decisions which results in controlling behaviour by male partners. However, the perceptions of women play a significant role in forming such attitudes and behaviour. Women's mentality that restricts them and hence, they lose their autonomy and decision making power. This is the result of learned behaviour and social norms that women have learnt in the course of their lives at various stages of their development. However, due to emotional attachment and acceptance of femininity and masculinity the couple are staying together having productive relations. Women may choose to stay in an abusive relationship due to the pressures posed by the stronger patriarchal society and stigma attached to live independently. Based on demographic characteristics, attainment of higher levels of education excludes women. This restricts women from empowering themselves and gaining autonomy as a result these women are still dependent on the male member of the household for many of their needs and necessities of life.

Implications for the Practice and Policy

Therefore, this study recommends that there is a need to educate

the entire community about gender equality. More research should be conducted in this field, researchers should involve more people in order to better understand the concept of male dominancy and women perceptions and raise more awareness in this area and hence empower women in society. It is also necessary that funders and politicians, researchers and activists work collaboratively to ensure that adequate resources are available for the development of strategies to build more gender-equitable masculinities and femininities and to implement effective strategies to address the inseparably entwined problems of male dominancy, gender inequality and violence against women etc.

References

1. Ali TS, Asad N, Mogren I, Krantz G (2011) Intimate Partner Violence in Urban Pakistan: Prevalence, Frequency and Risk Factors. *International Journal of Women's Health* 3: 105-115.
2. Krantz G (2002) Violence against women: a global public health issue! *J Epidemiol Community Health* 56: 242-243.
3. Ali TS, Mogren I, Krantz G (2013) Intimate partner violence and mental health effects: a population-based study among married women in Karachi, Pakistan. *Int J Behav Med* 20: 131-139.
4. Ansara DL, Hindin MJ (2008) Perpetration of intimate partner aggression by men and women in the Philippines: prevalence and associated factors. *Journal of Interpersonal Violence*.
5. Ali TS, Krantz G, Gul R, Asad N, Johansson E et al. (2011) Gender roles and their influence on life prospects for women in urban Karachi, Pakistan: a qualitative study. *Global health action* 4:1-9.
6. Macey M (1999) Religion, male violence, and the control of women: Pakistani Muslim men in Bradford, UK. *Gen Dev* 7: 48-55.
7. Laisser RM, Nyström L, Lugina HI, Emmelin M (2011) Community perceptions of intimate partner violence-a qualitative study from urban Tanzania. *BMC women's health* 11: 13.
8. Vung ND, Ostergren P, Krantz G (2008) Intimate partner violence against women in rural Vietnam-different socio-demographic factors is associated with different forms of violence: Need for new intervention guidelines? *BMC Public Health* 8: 55.
9. Calverton M (2007) Pakistan demographic health survey 2006. Macro International Inc.
10. Andersson G, Cuijpers P (2009) Internet-based and other computerized psychological treatments for adult depression: a meta-analysis. *Cog Behav Ther* 38: 196-205.
11. Karmaliani R, Irfan F, Bann CM, McClure EM, Moss N, et al. (2008) Domestic violence prior to and during pregnancy among Pakistani women. *Acta Obstet Gynecol Scand* 87: 1194-1201.
12. Rakodi C (1996) Women in the city of man: recent contributions to the gender and human settlements debate. *Gen Dev* 4: 57-58.
13. Rozi S, Ali S, Khan J (2005) Prevalence and factors associated with current smoking among high school adolescents in Karachi, Pakistan. *Southeast Asian J Trop Med Public Health* 36: 498-504.
14. Btoush R, Haj-Yahia MM (2008) Attitudes of Jordanian Society Towards Wife Abuse. *Journal of Interpersonal Violence* 23: 1531-1554.
15. Hudson WW, McIntosh SR (1981) The assessment of spouse abuse - 2 Quantifiable dimensions. *Journal of Marriage and the Family* 43: 873.
16. Straus MA, Hamby SL, BoneyMcCoy S, Sugarman DB (1995) The revised Conflict Tactics Scales (CTS2) - Development and preliminary psychometric data. *Journal of Family issues* 17: 283-316.
17. Sujatha DS, Reddy GB (2009) Women's Education, Autonomy and Fertility Behaviour. *Asia-Pacific Journal of Social Sciences* 1: 35-50.
18. McCloskey LA, Williams C, Larsen U (2005) Gender inequality and intimate partner violence among women in Moshi, Tanzania. *Int Fam Plan Perspect* 31: 124 - 130.
19. Lawoko S (2006) Factors associated with attitudes towards violence: a study of women in Zambia. *Violence and Vict* 21: 645 - 656.

20. Nawar L, Lloyd CB, Ibrahim B (1994) Women's autonomy and gender roles in Egyptian families.
21. Fee E, Theodore M, Lazarus BJ, Theerman P (2002) Domestic Violence—Medieval and Modern. *American Journal of Public Health* 92: 1902.
22. Campbell JC, Abrahams N, Martin L (2008) Perpetration of violence against intimate partners: health care implications from global data. *Canadian Medical Association Journal* 179: 511-512.
23. Sinha K (2012) 57% of boys, 53% of girls think wife beating is justified. *The Times of India*, New Delhi.
24. Tradition, Culture and Lack of Education Influence the Way Women Are Treated (2010) *The World's Women 2010*.
25. Jejeebhoy SJ (1998) Wife-Beating in Rural India: A Husband's Right? Evidence from Survey Data. *Economic and Political Weekly* 33: 855-862.
26. Oyediran KA, Abanihe UCI (2005) Perceptions of Nigerian Women on Domestic Violence: Evidence from 2003 Nigeria Demographic and Health Survey. *Afr J Reprod Health* 9: 38-53.

Citation: Ali TS, Karamali N, Malik O (2014) Women's Perception and Attitude towards Male Dominancy and Controlling Behaviors. Arts Social Sci J S1: 004. doi: [10.4172/2151-6200.S1-004](https://doi.org/10.4172/2151-6200.S1-004)

This article was originally published in a special issue, **Violence Against Immigrant Women: A Global Perspective Throughout the Life-Cycle** handled by Editors. Nawal H. Ammar, Arshia U. Zaidi, University of Ontario Institute of Technology (UOIT), Canada

Submit your next manuscript and get advantages of OMICS Group submissions

Unique features:

- User friendly/feasible website-translation of your paper to 50 world's leading languages
- Audio Version of published paper
- Digital articles to share and explore

Special features:

- 350 Open Access Journals
- 30,000 editorial team
- 21 days rapid review process
- Quality and quick editorial, review and publication processing
- Indexing at PubMed (partial), Scopus, EBSCO, Index Copernicus and Google Scholar etc
- Sharing Option: Social Networking Enabled
- Authors, Reviewers and Editors rewarded with online Scientific Credits
- Better discount for your subsequent articles

Submit your manuscript at: <http://www.omicsgroup.info/editorialtracking/neurodisorders/SubmitManuscript.php>