

“It’s OK to beat my wife?” – Patriarchal Perceptions of Bangladeshi Respondents and Factors Associated

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Abstract

Domestic violence (DV) is a significant social problem in Bangladesh. Studies in the context of Bangladesh identify patriarchal norms and beliefs as the main factors behind DV. The current study analyzes some patriarchal justifications and perceptions of Bangladeshi men and women using the 2004 Demographic and Health Surveys (DHS) as the data source. The data source consists of a nationally representative probability sample from 10,811 households. Both multinomial and binomial regression analysis was computed. The results indicate that rural wives were more likely to respond that the husbands had final say even in their own health decisions compared to their urban counterparts. Also, rural husbands were more likely to justify wife beating. Increased age, education, and active employment status of the wives were associated with their having greater say in their own health care. However, interestingly, some of the outcomes in the multinomial analysis revealed that men’s economic independence gives him more power of domination. From the binomial analysis, it is found that with increased education (both of wives and husbands) the odds of husband justifying wife beating decreased.

Study Background

Domestic violence (DV) is a significant social problem in Bangladesh, receiving the attention of many national and international researchers. Typically, studies in the context of Bangladesh identify patriarchal norms and beliefs as the main factors behind DV. The patriarchal beliefs put women in such a position within their families that they become subjected to male domination and in many cases this is reflected through violence. In Bangladeshi families women’s statuses are determined by her marital status through her husband (Zaman, 1999). They are expected to give up any self-fulfilling ambitions and be submissive to the husband’s needs from the day they are married (Blanchet, 2001). Women’s vulnerability in families is enhanced/supported by Islamic laws. The precedence accorded to *sharia* (Islamic personal law) limit women’s rights in every personal or family matter (Zaman, 1999; Jahan, 1994). Men are given the right to polygamy, unilateral divorce, double share of inheritance, and guardianship over wife and children.

With the given control in men’s hand, many studies reflect that men justify violence through their patriarchal beliefs. Bhuiya, Sharmin, and Hanafi (2003), in their study of 190 rural women, found that the women reported that they faced violence for the following reasons: wife questioned husband in day-to-day matters (29%), failure of wife to perform household work (11.5%) or take proper care of children (10%), not conforming to veil or other expected behavior (3%), refusal to bring money from natal family (3%), and husbands day-to-day frustrations (2%). Johnson and Das (2008) also found that men in their study justified wife beating if the wives failed in their family duties and if they were not being submissive.

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In the current study some of these patriarchal justifications and perceptions are examined using the same data source that Johnson and Das (2008) used for their study – the Bangladesh Demographic and Health Surveys (BDHS). The main objective of this study is to examine factors that are associated with the patriarchal gender attitudes of men and women in Bangladesh. More information regarding BDHS data follow.

Data Source - BDHS

Demographic and Health Surveys (DHS) are conducted in the developing world using face-to-face interviews and typically collect nationally representative data on demographic and health indicators for women in the age group of 10 to 49 and men in the age group of 15 to 54 (Johnson & Das, 2008). DHS surveys collect primary data using several types of questionnaires. A household questionnaire is used to collect information on characteristics of the household's dwelling unit and data related to the height and weight for women and children in the household. It is also used to identify members of the household who are eligible for an individual interview. Eligible respondents are then interviewed using an individual questionnaire. Individual questionnaires include information on fertility, family planning and maternal and child health. Bangladesh is one of the countries where DHS surveys are conducted. For the 2004 Bangladesh section of DHS, a nationally representative probability sample of 10,811 households was selected using a stratified, multistage cluster sample design. Overall, 97% of eligible households responded to the BDHS.

The BDHS data have been used to generate several reports on Bangladesh fertility, family planning, maternal and child health related issues (Johnson & Das, 2008). However, a part of the BDHS data, regarding domestic and sexual violence, has not been explored much. The 2004 BDHS data collected data on DV related issues from men. Although it is not clear as to why only men were to answer DV related questions, these data provided the opportunity to look at the characteristics associated with men who report violence against their wives (Johnson & Das). Understanding these risk factors is a critical step toward informing and implementing policies and programs intended to reduce spousal violence. Johnson and Das used the data to report on national prevalence of spousal violence in Bangladesh and assess key variables for their association with perpetration of violence at the individual level (men's perspective only).

The study by Johnson and Das (2008) examined the prevalence of spousal violence in association with three kinds of variable from the BDHS data: 1) demographic variables, 2) socioeconomic variables, and 3) gender attitude related variables. They hypothesized that gender-egalitarian attitudes and behaviors will be associated with lower rates of violence. However, some of Johnson and Das's findings were

counter to their hypothesis. Most indicators of men's egalitarian attitudes toward women were either non-significant in the multivariate model or were actually associated with an increased risk for violence. For example, there was no association between violent behavior and whether a man thinks a wife should be allowed to work for pay even when the husband brings home enough money to support the household, the respondents' wife's actual work status or taking one's wife's opinion into account on medium-to-large household matters. Husbands who believed that wives should be allowed to protect themselves from the consequences of their husbands' sexual infidelities were 30% more likely to report having been violent.

However, some finding of Johnson and Das (2008) supported their hypothesis. Men's explicit attitudes about wife-beating were the strongest predictor of violent behavior in the model (Johnson & Das, 2008). Compared to men who do not believe wife-beating is acceptable, those who believed that wife-beating is acceptable under most circumstances were more than 4 times likely to report having hit their wives in the year preceding the survey. Having been found significant gender attitude behind DV, the current paper further analyzes the variable regarding men's attitudes about *wife-beating* and the factors associated with it, not from the men's data only, but from the BDHS 'couple's data' (source: <http://www.measuredhs.com/>). The 'couple's data' are data of married men and women who both have individual questionnaires in the BDHS surveys. They contain information for both husbands and wives both of whom were included in the sample, and whose questionnaires were complete. The objective of this study in using the 'couple data' thus is to compare male and female factors behind men's justification to beat wife.

In addition to the variable *justifying wife beating*, a gender attitude variable, *final say on own (wives) health decision*, will be analyzed. The BDHS couple data had several gender attitude related variable where wives were the respondents. These variables include: 1) *final say on own (wives) health decision*, 2) *final say on making large household purchases*, 3) *final say on visits to family or relatives*, 4) *final say on food to be cooked*. Among all these variables, *final say on own (wife's) health decision*, had the highest number of respondents, 1535 wives (53% of the total sample), responding that 'only husband' has the final say on their health care issues. Thus, this variable is chosen for analysis in the current paper.

The Overall the objective of the current paper is to examine both male and female gender attitude related variables and factors associated with them in the context of Bangladesh. Considering the strong patriarchal culture of Bangladesh, the indication of many studies, such as the Johnson and Das's (2008), that patriarchal attitudes of Bangladeshi men and women are associated with DV, this paper is an important exploratory step in further analyzing and comparing Bangladeshi men and women's gender related attitudes.

Data Analysis

As mentioned before, the current discussion uses BDHS (2004) 'couple data' for the analysis. The paper examines two gender attitude related variables (dependent variables): 1) from the wives - *Who has final say on own health care* and 2) from the husbands - *It is OK to beat wife if she visits family or friends without permission*. The independent variables are the following:

- 2) Religion – Islam or other,
- 3) Type of place of residence – rural or urban,
- 4) Number of wives – one or two,
- 1) Age - in five groups (husband and wife separately),
- 5) Employment status (husband and wife separately) – employed or unemployed,
- 6) Highest level of education (husband and wife separately), and,
- 7) Frequency of watching television (husband and wife separately).

Initially some simple frequency analysis and cross-tabulation were done with all the dependent and independent variables. The first dependent variable - wives response to *who has final say on her own health care* – has five response categories: a) respondent herself (wife), b) respondent and husband/partner (husband and wife both), c) respondent and other person, d) husband/partner alone, and e) someone else. The frequency distribution of this variable revealed that the category 'husband alone' had 1,535 frequency, meaning, 53% of the wives responded that their husband alone had final say on their health care issues. Only 13% of the wives responded that they themselves have final say on their health care. The second independent variable – *whether it is OK to beat wife if she visits family or friends without permission* – is a dichotomous variable having two response categories: a) yes and b) no. The frequency distribution of this variable revealed that 1365 respondents (husbands) believed that it is OK to beat wife, which is almost half of the respondents (48%, where N=2,873).

Cross-tabulation was conducted between all the dependent and independent variables. Table 1 summarizes the outcomes based on the two important response categories of the dependent variables. The *section 1* of Table 1 summarizes the percentage outcomes for wives who responded "only husband" has the final say on her own health care and *section 2* summarizes percentages outcomes for husbands who responded supporting "wife beating is justified if wife visits friends and family without permission".

The cross-tabulation helps us understand the data better. Although no test to obtain the statistical significance of the relationships was conducted, the outcomes reveal interesting patterns. For example, 54% of the Muslim wives responded that husbands had final say on their health care, compared to 47% wives who belong to other religions. Of the men who were Muslims, 49% of them justified wife beating, compared to 34% from other religion. This might be an indication of the association of patriarchal beliefs and Islamic beliefs in the context of Bangladesh. Husbands who had two wives, 53% of them justified wife beating, compared to 47% who had one wife. Of the men who had two wives, 50% of their wives

responded that husbands had final say on health issues compared to 54% wives whose husbands had one wife.

More rural wives (57%) responded that their husbands had final say, compared to 47% urban wives. Similarly, 51% rural husbands justified wife beating compared to 40% husbands from urban areas. The education levels, as expected, seemed to have negative association with wives responding that husbands have final say on their health care. The higher the education level, the less the percentage of wives who responded that husbands had final say. Similar pattern was observed within wives with higher educated husbands. Moreover, with higher education of husbands as well as their wives, percentages of husbands justifying wife beating seemed to decrease.

Media exposure seemed to have negative association with gender attitudes of both husbands and wives. Wives who watched television most frequently, 47% of them said husbands have final say on health care compared to 56% who did not watch at all. Husbands who watched television most frequently, 39% of them justified wife beating compared to 54% who did not watch television. Although not a big difference, employment status of husbands and wives seemed to have negative association with their gender related attitude. Wives who were currently employed, 50% of them responded that their husbands had final say in health care compared to the 54% who were not employed.

Although some interesting patterns are revealed from the cross-tabulations, some patterns were not clear. For example, the effect of age on gender related attitude seemed to be a little scattered to present a pattern. The regression analysis next will better explain the effects of all the independent variables on the dependent variables.

Table 1. Percentages of Couple's Gender Related Attitudes among the Independent Variables

Section 1 – Wives who responded that husband has final say on own health care			Section 2 – Husbands who responded that wife beating is justified		
	%	N		%	N
Wife's Age:			Wife's Age:		
• 10-14	42.4	14	• 10-14	51.5	17
• 15-19	55.0	209	• 15-19	52.9	201
• 20-24	58.5	393	• 20-24	46.4	312
• 25-29	53.9	370	• 25-29	49.9	343
• 30-34	49.5	262	• 30-34	42.2	223
• 35-39	50.0	164	• 35-39	43.9	144
• 40-45	49.7	44	• 40-44	52.5	93
• 45-49	52.2	35	• 45-49	47.8	32
Husband's Age:			Husband's Age:		
• 10-14	• 10-14
• 15-19	52.0	13	• 15-19	52.0	13
• 20-24	54.5	109	• 20-24	54.5	109
• 25-29	53.4	197	• 25-29	48.0	177
• 30-34	59.7	318	• 30-34	49.0	261

• 35-39	53.1	288	• 35-39	47.0	255
• 40-44	51.0	283	• 40-44	45.2	251
• 45-49	50.4	327	• 45-49	46.1	299
Religion			Religion		
• Islam	54.2	13.86	• Islam	49.1	1257
• Other	47.6	149	• Other	34.5	108
Number of wives			Number of wives		
• One	53.6	1459	• One	47.2	1285
• Two	50.7	76	• Two	53.3	80
Types of residence			Types of residence		
• Rural	56.6	1061	• Rural	51.8	970
• Urban	47.4	474	• Urban	39.5	395
Wife's Highest education level			Wife's Highest education level		
• No education	56.5	627	• No education	55.0	610
• Primary	54.3	482	• Primary	50.1	444
• Secondary	50.6	367	• Secondary	39.0	283
• Higher	38.8	59	• Higher	18.4	28
Husband's Highest education level			Husband's Highest education level		
• No education	56.1	491	• No education	55.5	486
• Primary	53.4	576	• Primary	51.8	559
• Secondary	54.1	334	• Secondary	39.5	244
• Higher	44.5	134	• Higher	25.2	76
Wife's frequency of Watching Television			Wife's frequency of Watching Television		
• Not at all	55.8	698	• Not at all	54.0	675
• Less than Once a Week	58.5	161	• Less than Once a Week	49.5	136
• At least Once a Week	53.2	324	• At least Once a Week	48.4	295
• Alost Everyday	47.8	352	• Alost Everyday	35.2	476
Husband's frequency of Watching Television			Husband's frequency of Watching Television		
• Not at all	57.0	361	• Not at all	53.9	341
• Less than Once a Week	52.9	199	• Less than Once a Week	55.1	207
• At least Once a Week	55.1	526	• At least Once a Week	48.9	467
• Alost Everyday	49.4	449	• Alost Everyday	38.5	350
Wife currently working			Wife currently working		
• Yes	50.5	311	• Yes	49.7	306
• No	54.2	1224	• No	46.9	1059
Husband currently working			Husband currently working		
• Yes	42.2	19	• Yes	47.5	1343
• No	53.6	1516	• No	48.9	22

Regression Analysis

Two types of regression analysis were computed. The first dependent variable, *final say on wife's health care* has response categories that do not really represent order. Thus, for this variable multinomial regression analysis was done. For the second dependent variable on *beating justification*, binomial regression analysis was computed, since it is a dichotomous variable. Table 2 and 3 summarizes the outcomes of the regression analysis. The results of both the tables are described next.

Multinomial Regression of Wives View on 'Who Has Final Say on Her Health Care'

As mentioned before, the variable *final say on health care* has five response categories: a) respondent herself (wife), b) respondent and husband/partner (husband and wife both), c) respondent and other person, d) husband/partner alone, and e) someone else. Of these responses 'respondents' husband only' had the highest number of observation. The regression model ran in STATA by default took this response category as the base outcome. Thus the other categories will be analyzed compared to the base category. Five models have been generated using STATA for each of the response categories. The models can be distinguished based on common independent variables, appearing same for both husband and wife, (type of place of residence, religion, and number of wives) and individual variables, appearing separately for husbands and wives (age, education level, employment status, frequency of watching TV) . The model 1 consists of the common independent variables. Model 2 to 5 gradually adds each of the individual independent variables to the previous model. Table 2 presents the relative risk ratio (RRR or the exponentiated multinomial logit coefficients) and p-values for all the models. Now the discussion focuses on the significant outcomes from 5 of the models in each response category.

For Response Category 'Wife Herself' has Final Say

In model 1, with one unit increase in the *type of place of residence* score (1= urban, 2=rural), the relative risk for responding *wife herself* has final say in her health care to *husband only*, would be expected to decrease by a factor of .61, controlling for other variables. This effect remains significant throughout all the models. In model 2, the effect of wife's age on final say on own health care' is significant. With one unit increase in the *wife age group score*, the relative risk for responding *wife herself* has final say in her health care to *husband only* would be expected to increase by a factor of 1.17. This effect also remains significant throughout models.

In model 3 and 5 the effect of wife's education is significant. With one unit increase in the *wife's education level*, the relative risk for responding *wife herself* has final say in her health care to *husband only* would be expected to increase by a factor of 1.20. Although the husband's education shows significant effect in model 3 (but in opposite direction to wife education), this effect does not remain significant in the next models. Wife's employment status had similar effect as wife's education. With one unit increase in the *wife's employment status* (0=not employed, 1=employed), the relative risk for responding *wife herself* has final say in her health care to *husband only* would be expected to increase by a factor of 1.48. This remains same in model 5. However, the opposite is observed for husbands' employment status. With one unit increase in the *husband's employment status*, the relative risk for responding *wife herself* has final say in her health care to *husband only* would be expected to decrease by a factor of .44. Similar is observed in Model 5.

For Response Category 'Wife and Husband Both' have Final Say

From model 1 through 5, *type of place of residence* has significant effect. Controlling for all other variables, with one unit increase in the *type of place of residence*, the relative risk for responding *husband and wife both* have final say in wife's health care to *husband only* would be expected to decrease by a factor of .71. *Religion* shows significant outcome in model 1, but does not remain constant in other models. With one unit increase in the *religion score* (0=other, 1=Islam), the relative risk for responding *husband and wife both* have final say in wife's health care to *husband only* would be expected to decrease by a factor of .76. Wife education level also shows similar significant effect, as in the previous section.

For Response Category 'Wife and Other' have Final Say

In this section *type of place of residence* again shows significant effect in the same direction as in the earlier sections, however, does not remain significant in the final model (5). Husbands' employment status also repeats earlier pattern of effect. In both model 4 and 5, with one unit increase in the *husband's employment status*, the relative risk for responding *wife and other* has final say in her health care to *husband only* would be expected to decrease by a factor of .17.

For Response Category 'Someone Else' has Final Say

The effect of religion, age, and husband's employment status is significant in this section. With one unit increase in the *religion score*, the relative risk for responding *someone else* has final say in wife's health care to *husband only* would be expected to decrease by a factor of .42, in all models beginning from model 2. With one unit increase in the *wife's age*, the relative risk for responding *someone else* has final say in wife's health care to *husband only* would be expected to decrease by a factor of approximately .54 in all models beginning from model 2. The husbands' employment status show similar significant effect in model 4, as in previous sections.

Table 2. Multinomial Regression Analysis of Factors Associated with 'Final Say on Own Health Care'

	Model 1		Model 2		Model 3		Model 4		Model 5	
	RRR	P>z	RRR	P>z	RRR	P>z	RRR	P>z	RRR	P>z
Wife										
Type of place of residence	0.61	0.00	0.61	0.00	0.61	0.00	0.62	0.00	0.59	0.00
Religion	0.87	0.44	0.93	0.70	0.94	0.72	0.95	0.77	0.94	0.74
No. of wives	1.37	0.18	1.23	0.38	1.25	0.35	1.25	0.36	1.25	0.36
Wife age			1.17	0.01	1.19	0.00	1.18	0.00	1.18	0.00
Husband's age			1.06	0.33	1.07	0.27	1.06	0.30	1.06	0.36
Wife's education level					1.20	0.02	1.19	0.03	1.20	0.03

Husband's education level				0.86	0.04	0.87	0.07	0.88	0.11	
Wife employed						1.48	0.00	1.49	0.00	
Husband employed						0.44	0.03	0.44	0.03	
Wife's frequency of watching television								0.97	0.65	
Husband's frequency of watching television								0.98	0.69	
Husband wife both										
Type of place of residence	0.71	0.00	0.71	0.00	0.76	0.00	0.76	0.00	0.80	0.03
Religion	0.76	0.05	0.79	0.09	0.83	0.18	0.84	0.2	0.84	0.22
No. of wives	1.04	0.83	0.99	0.95	1.05	0.82	1.04	0.85	1.04	0.84
Wife age			1.04	0.37	1.05	0.27	1.05	0.29	1.05	0.29
Husband's age			1.06	0.16	1.08	0.09	1.08	0.08	1.09	0.06
wife's education level					1.18	0.01	1.18	0.01	1.17	0.01
Husband's education level					1.04	0.54	1.04	0.50	1.01	0.80
Wife employed							1.09	0.42	1.08	0.46
Husband employed							2.29	0.10	2.28	0.11
Wife's frequency of watching television									1.03	0.56
Husband's frequency of watching television									1.07	0.14
Respondent and other										
Type of place of residence	0.55	0.02	0.54	0.01	0.59	0.04	0.56	0.02	0.64	0.10
Religion	0.72	0.37	0.60	0.17	0.65	0.25	0.62	0.20	0.62	0.21
No. of wives	1.18	0.76	1.51	0.45	1.66	0.35	1.69	0.33	1.67	0.34
Wife age			0.77	0.07	0.78	0.09	0.81	0.15	0.82	0.17
Husband's age			0.85	0.17	0.86	0.22	0.84	0.17	0.83	0.13
wife's education level					1.32	0.10	1.30	0.13	1.24	0.22
Husband's education level					1.06	0.70	1.01	0.93	1.02	0.90
Wife employed							0.63	0.24	0.65	0.27
Husband employed							0.17	0.00	0.15	0.00
Wife's frequency of watching television									1.26	0.06
Husband's frequency of watching television									0.84	0.16
Someone else										
Type of place of residence	1.32	0.27	1.24	0.40	1.30	0.31	1.26	0.38	1.19	0.53
Religion	0.56	0.06	0.42	0.01	0.44	0.01	0.42	0.01	0.42	0.01
No. of wives	0.73	0.59	1.08	0.90	1.14	0.83	1.13	0.85	1.13	0.84
Wife age			0.54	0.00	0.54	0.00	0.56	0.00	0.56	0.00
Husband's age			0.81	0.06	0.82	0.07	0.81	0.06	0.81	0.06
wife's education level					1.06	0.70	1.06	0.73	1.07	0.65
Husband's education level					1.11	0.46	1.07	0.67	1.08	0.63
Wife employed							0.60	0.18	0.59	0.17
Husband employed							0.29	0.04	0.31	0.06
Wife's frequency of watching television									0.92	0.45
Husband's frequency of watching television									1.02	0.85
R Square	.01		.03		.03		.03		.04	
-2 Log likelihood	-		-		-		-		-	
No. of observations	3297		3218		3206		32188		3179	
	2872		2872		2872		2872		2870	

Binomial Regression of Husbands' 'Justification to Beat Wife'

For the binomial regression analysis also, five models have been generated in same way as in the multinomial regression. Table 3 presents the odds ratio and p-values of binomial regression analysis on factors influencing husbands' *justifying wife beating*. In model 1, *type of place of residence* has significant effect on husbands' justifying wife beating. For one unit increase in the *type of place of residence* (1=urban, 2=rural), the odds of husbands justifying to beat wife increases by a factor of 1.65 holding other variables constant. For an increase in *religion* score (0=other, 1=Islam), odds of husbands justifying to beat wife increases by a factor of 1.81. These variables continue their significance throughout the models. Three other variables, husband's age and education, and wife's education have significant effects though out models 3-5. For a unit increase in all these variables, the odds of husband's justifying wife beating decreases.

Table 3. Binomial Regression Analysis of Factors Associated with 'it's OK to Beat Wife'

	Model 1		Model 2		Model 3		Model 4		Model 5	
	Odds Ratio	P>z	Odds Ratio	P>z	Odds Ratio	P>z	Odds Ratio	P>z	Odds Ratio	P>z
Type of place of residence	1.65	0.00	1.65	0.00	1.44	0.00	1.45	0.00	1.33	0.00
Religion	1.81	0.00	1.79	0.00	1.60	0.00	1.60	0.00	1.59	0.00
No. of wives	1.25	0.18	1.28	0.142	1.13	0.47	1.13	0.47	1.13	0.49
Wife age			1.01	0.731	1.00	0.95	1.00	0.99	1.00	0.98
Husband's age			0.95	0.186	0.93	0.05	0.93	0.04	0.92	0.03
wife's education level					0.77	0.00	0.77	0.00	0.79	0.00
Husband's education level					0.80	0.00	0.80	0.00	0.82	0.00
Wife employed							1.09	0.37	1.10	0.32
Husband employed							0.66	0.19	0.68	0.22
Wife's frequency of watching television									0.94	0.12
Husband's frequency of watching television									0.93	0.08
R Square	.02		.02		.04		.04		.04	
-2 Log likelihood	-1955		-1953		-1904		-1903		-1897	
No. of observations	2872		2872		2872		2872		2870	

Concluding Remarks

Many interesting findings enrich the current discussion. The respondents' *types of place of residence* showed a consistent significant effect in all the models, both in the multinomial and binomial regression analysis. The results indicate that rural wives were more likely to respond that the husbands had final say even in their own health decisions. Also, rural husbands were more likely justify wife beating if she visited family or friends without permission. Increased age, education, and active employment status of the wives were associated with them responding more to having final say in their own health care. However, interestingly, some of the outcomes in the multinomial analysis revealed that husbands

who were employed, the relative risk for their wives responding that she herself or someone else has final say in her health care than saying that husband only has the say decreased. This might be an indication that men's economic independence could give him more power to domination. However, more research should be conducted in this field. From the binomial analysis, we also found out that with increased education (both of wives and husbands) the odds of husband justifying wife beating decreased.

If patriarchal beliefs are viewed as important factors behind DV in Bangladesh, researchers, social workers, and policy makers should be more concerned in examining the factors associated with these beliefs. This study attempted to examine few such factors. It appears from the findings that higher education and economic independence, along with some other factors, influence respondents', both women and men's, patriarchal beliefs. The more educated men are the less likely they are to justify wife beating. Similarly, with higher education and employment women are less likely to believe that only men have power to decide on their behalf. This is an indication for the Bangladeshi policy makers to avail more education and career opportunities for both men and women, giving them equal power within families.

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