

Dowry-Related Aggression and Mental Health Concomitants among Educated Women in Pakistan

Taalial Khan
Developmental Psychology,
Åbo Academy University
Finland
taalial.khan@abo.fi

Karin Österman
Developmental Psychology,
Åbo Academy University
Finland
karin.osterman@abo.fi

Kaj Björkqvist
Developmental Psychology,
Åbo Academy University
Finland
kaj.bjorkqvist@abo.fi

Abstract

The aim of the study was to investigate victimization from dowry-related aggression and mental health concomitants in a sample of educated women in Pakistan. A questionnaire was completed by 569 women. The mean age was 31.4 years (*SD* 9.1). The questionnaire included two scales for measuring dowry-related aggression and four scales for measuring mental health concomitants. The levels of victimization from dowry-related aggression were relatively low in the sample. Aggression carried out by the husband and the mother-in-law correlated highly with each other. The most common single act by both husbands and mothers-in-law was forcing the wife to give her gold to her mother-in-law or sister-in-law. Women who were more than average victimised from dowry-related aggression had significantly higher scores on anxiety, depression, obsessive compulsive symptoms, and somatisation. Aggression carried out by the mother-in-law showed higher predictive power on all four mental health concomitants than aggression by the husband. Somatic symptoms of the daughter-in-law showed the highest association with aggression carried out by the mother-in-law. Victimization from dowry-related aggression was strongly associated with negative mental health outcomes. Aggression carried out by the mother-in-law was more strongly associated with them than aggression carried out by the husband.

Keywords: dowry-related aggression, mental health, women, Pakistan

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Introduction

Dowry is still actively practiced in the South Asian region, and dowry-related aggression is a very deep rooted and severe cultural problem. Despite modernisations, better education, improving economic conditions, and continuing efforts to eradicate the class system, the practice of dowry still remains a vital evil in the Pakistani society and continues to affect the lives of young married and unmarried women (Gulzar, Nauman, Yahya, Ali, & Yaqoob, 2012). The aim of the present study was to investigate female victimization from aggression related to the practice of dowry and its mental health concomitants among educated urban women in Pakistan.

The Practice of Dowry in Pakistan

Unfortunately, no national statistics on the prevalence of dowry in Pakistan is available. The Dowry and Bridal Gifts Restriction Act (Parliament of Pakistan, 1976) is the only act, that mentions dowry and bridal gifts. It is applicable to all citizens of Pakistan. Under this act, no dowry items or bridal gifts should be given the aggregate value of which is more than five thousand rupees. Also, there should be no giving or taking of dowry and bridal gifts six months before or after the Nikkah (Islamic marriage registration). In a study, it was found that more than 80% of the middle-class women, and more than 70% of the lower-class women had been demanded dowry and out of these, more than 80% had experienced dissatisfaction by in-laws regarding the amount of dowry (Ghouri & Abrar, 2010).

Reasons behind the Dowry Practice

There are several explanations for why the practice of dowry exists. In Pakistan, dowry occurs within the religious realm. Some justify it by claiming that the Holy Prophet Muhammad gave dowry to his daughter Fatima, or that his daughter Zainab received a precious necklace as dowry from her wealthy mother, but none of this is supported by the Quran, nor by sayings of the Holy Prophet Muhammad or of any of his companions (Ansari, 1978). The pre-mortem right to inheritance of daughters, which has nothing to do with the dowry practice, is stated under the Islamic Shariah, and it is sometimes transferred to the daughter at the time of her marriage in the form of dowry (Ali, Árnadóttir, & Kulane, 2013). This type of dowry is later transferred to the name of the husband and the ownership is taken away from the woman. It has been argued that dowry is given as a traditional pre-mortem inheritance in rural areas of Pakistan, while in urban areas, the transaction has taken the form of a groom price (Anderson, 2000). At present in India, families of the grooms demand dowry regardless of social class or educational level (Priyanka & Jyoti, 2014).

Patriarchal attitudes in the society are another explanation for why the practice of dowry still occurs. Due to the lack of effective legal and social consequences of abuse, the husband gets more authority in asserting his power over the wife, as it is commonly considered as his social right (Rastogi & Therly, 2006). In Bangladesh, a patriarchal attitude has been associated with higher frequencies of controlling behaviours and physical abuse (Naved & Persson, 2010). In Pakistan, women are considered to be subordinated to men. It has been found that Pakistani men who grew

up in aggressive households tended to learn to accept wife beating as normal and rightful (Fikree, Razzak, & Durocher, 2005). The custom of training girls from a young age to take a subordinate role leads to dysfunctional behaviours that heightens the risk of women becoming victims of abuse.

Another explanation is economical; on the subcontinent, marriage economics has been used to explain dowry aggression. In order to extract more resources and reap more monetary benefits from the wife's parents, wife abuse is carried out. This is a systematic way of the husband and the in-laws for getting monetary benefits. It is carried out also after the marriage has taken place by demanding more dowry under the threat of domestic aggression (Bloch & Rao, 2002).

The feminist view suggests that violence against women occurs primarily because of male dominance in the society (Naved & Persson, 2010), but women also serve as up-keepers of the dowry tradition. In the Indian culture, it is not only the men who perpetrate aggression towards women, domestic aggression is an act which is often provoked and teamed by the mother-in-law and the sisters-in-law (Fernandez, 1997). It has also been found that mothers-in-law in India who had themselves been victims of dowry harassment demanded more dowry and harassed their daughters-in-law for dowry five times more often than did mothers-in-law who had not themselves been victimised by dowry-related aggression (Jeyaseelan, Kumar, Jeyaseelan, Shankar, Yadav, & Bangdiwala, 2014).

Dowry Economics

Gender-progressive reforms have failed time and again in India; parents still tend to gift their property to their sons while compensating their daughters by giving them higher dowry or a higher level of education (Roy, 2015). Education is known to be a long-term investment since it gives the in-laws an assurance that the daughter-in-law can earn and contribute well to the household (Roy, 2015). Women with a higher education thus have a better value on the marriage market, and educational level compensates for lesser dowry. However, parents of educated girls tend to look for an equally educated partner, and this situation is exploited by the groom's parents to attain more dowry benefits (Jeyaseelan et al., 2014). The increasing societal trend of dowry-inflation has led to an even stronger preference of a male child.

Dowry-related Aggression

Studies have presented empirical evidence about dowry-related aggression. In India, the practice of dowry often leads to severe injuries and even killing of brides (Jeyaseelan et al., 2014). Despite strict anti-dowry laws in India, the number of reported dowry-related deaths within seven years of marriage has increased with 20% between 2000 and 2010 (Mohanty, Sen, & Sahu, 2013). In a study based on 40 cases in Western Uttar Pradesh, India, 55% in the low-income group, 33% in the middle, and about 12% in the upper income group reported dowry aggression (Priyanka & Jyoti, 2014).

In rural areas of Bangladesh, it has been found that women who paid no dowry were victimised more severely than women who paid it partially (Naved & Persson, 2010). However, the situation in urban areas in Bangladesh is different; women still face severe dowry abuse despite partial payment. The women reported that dowry-related aggression is mostly due to family problems, disobedience, not having done household chores, or economic problems. The relationship between dowry payments and domestic abuse is not unambiguous. In another study in Bangladesh about the association between dowry and domestic abuse, it was found that no dowry was just as protective in terms of preventing abuse as large dowry payments (Suran, Amin, Huq, & Chowdury, 2004).

In Pakistan, the annual rate of dowry-related violence exceeds 2.45 deaths per 100,000 women, which is the highest rate in the world (Imtiaz, & Sarwat, 2009). A study found that 25% of middle-income class women and 15% of lower income class women reported that their husband had battered them due to an insufficient amount of dowry (Ghouri & Abrar, 2010).

Mental Health Problems Associated with the Practice of Dowry

Victims of domestic aggression often go through repeated cycles of victimization from aggression and violence, which in the end results in sheer helplessness (Walker, 1979). The battered women syndrome includes post-traumatic stress disorder. Dowry-related aggression is a type of domestic abuse. Daughters-in-law are always under comparison based on the amount of dowry they bring to their new family. The one who brings most dowry is respected and valued more than others. Such a situation creates psychological strain on those who are unable to bring more dowry. It also leads to an unsatisfied husband and in-laws that oppress the victim using psychological and physical violence which sometimes even leads to death.

A study conducted in Pakistan explored three types of female victimization from intimate partner aggression and their mental health concomitants (Khan, Österman, & Björkqvist, 2019). It was found that victimization from physical and verbal aggression, and indirect aggressive social manipulation perpetrated by the husband against the wife, were significantly associated with the wife experiencing depression, anxiety, obsessive compulsive symptoms, and somatisation problems. In another study from Pakistan, severe psychological stress and suicidal thoughts were found among the victims due to taunts and sarcastic remarks by in-laws due to dissatisfaction about the dowry (Ali et al., 2013). In a third study from Pakistan, all 102 respondents agreed that demand for more dowry puts severe mental stress on the girls (Gulzar et al., 2012). In India, domestic aggression due to dowry-related issues has also been linked to severe depression and low self-esteem (Priyanka & Jyoti, 2014). Women in Indian households often become vulnerable due to the psychological insecurity of the in-laws. Fondness between spouses is often seen as a threat, and public displays of affections are highly disregarded. This lessens the attachment between the spouses and conveys a higher risk for abuse of the new wife. It has also been found to lead to depression, isolation, low self-esteem, and other psychological issues of the wives—(Rastogi & Therly, 2006). The negative effects of the practice of dowry are long term and are often transmitted to the next generation (Naved & Persson, 2010).

The present study investigates mental health problems associated with victimization from dowry-related aggression perpetrated by the husband and the mother-in-law, in Pakistan.

Originality of the Study

Although intimate partner aggression and mental health concomitants in Pakistan has been studied earlier by quantitative means (Khan et al., 2019) it has not previously been investigated by quantitative measures to what degree female victimization from aggression related to the practice of dowry is associated with mental health concomitants among educated women in Pakistan.

Method

Participants

A questionnaire was completed by 569 women in Pakistan. The mean age was 31.4 years (SD 9.1), and the age range was between 18 and 70 years. Of the respondents, 51.9% had a Master's level of education or higher, 45.4% had a Bachelor's level, and 2.7 percent had a high school education or less.

Instrument

A questionnaire was constructed including two scales for measuring dowry-related aggression and four mental health concomitants. Dowry-related aggression was measured with the Dowry-related Aggression Scales (Rahman, 2016) which was originally constructed for use in Bangladesh. Some alterations and additions to make it more suitable for use in Pakistan were made. The instrument consists of two parts; aggression perpetrated by the husband, and aggression perpetrated by the mother-in-law, each consisting of 12 items. Single items of the scales are presented in Table 1. Responses were given on a five-point scale (0 = never, 1 = seldom, 2 = sometimes, 3 = often, 4 = very often). The Cronbach's Alphas were .96 for both versions of the scale.

Anxiety, depression, obsessive compulsive symptoms, and somatisation were measured with four subscales from the Brief Symptom Inventory (Derogatis & Melisaratos, 1983). Responses were given on a five-point scale (0 = not at all, 1 = a little, 2 = moderately, 3 = much, 4 = very much). The Cronbach's Alphas for the scales were as follows; anxiety (6 items, $\alpha = .91$), depression (6 items, $\alpha = .92$), obsessive compulsive symptoms (5 items, $\alpha = .88$), and somatisation (8 items, $\alpha = .92$).

Table I

Single Items of the Two Scales Measuring Female Victimization from Dowry-related Aggression.

"My husband has ..."	"My mother-in-law has ..."
a) Forced me to give him of my parents' property.	a) Forced me to give them of my parents' property.
b) Forced me to give my gold to his mother.	b) Forced me to give my gold to her or my sister-in-law.
c) Has forced me to make my parents pay for his education.	c) Has forced me to make my parents pay for my husband's education.
d) Has verbally abused me in order to get dowry.	Same
e) Has abused me physically for the dowry not being enough.	Same
f) Has threatened to divorce me if he does not get dowry.	f) Has threatened to make her son divorce me if they do not get dowry.
g) Has denied satisfying my basic needs in order to get dowry.	g) Has ordered my husband to deny satisfying my basic needs in order to get dowry.
h) Has humiliated me socially in order to get dowry.	Same
i) Has threatened to throw acid at me in order to get dowry.	Same
j) Has thrown acid at me in order to get dowry.	Same
k) Has threatened to take many wives in order to pressure me for dowry.	k) Has threatened to make her son take many wives in order to pressure me for dowry.
l) Has left home in order to get dowry.	Same

Procedure

The data were collected with an online questionnaire during a period of two and a half months in 2017. Respondents were a convenience sample of women from three cities in Pakistan: the capital Islamabad, and the two provincial capitals Lahore and Karachi.

Ethical Considerations

All respondents were anonymous, and the study was carried out in accordance with the principles concerning human research ethics of the Declaration of Helsinki (World Medical Association, 2013), guidelines for the responsible conduct of research (Finnish Advisory Board on Research Integrity, 2012), and data protection (European Commission, 2016).

Result

The ratings for victimization from dowry-related aggression were very low in the sample. On a scale from zero to four (0 = never, 4 = very often) the mean for victimization from dowry-related aggression perpetrated by the husband was 0.22 (*SD* 0.60), and the mean for victimization from dowry-related aggression perpetrated by the mother-in-law was 0.24 (*SD* 0.63). The difference was not significant. The two types of victimization correlated highly with each other ($r = .78, p < .001$). There were no significant correlations with age.

Single Behaviours

The most common single behaviour for husbands when perpetrating dowry-related aggression against their wife was forcing her to give her gold to his mother ($m = 0.32, SD 0.86$). The most common single behaviour for mothers-in-law when perpetrating dowry-related aggression against their daughter-in-law was also forcing her to give her gold to her or to the sister in law ($m = 0.36, SD = 0.92$). 9.4% of the husbands and 10.2% of the mothers-in-law had threatened to throw acid at the wife in order to get dowry; 8.5 % of the husbands and 8.8% of the mothers-in-law had actually thrown acid at their wife in order to get dowry.

Correlations between Dowry-related Aggression and Mental Health

Both victimization from dowry-related aggression perpetrated by the husband and by the mother-in-law correlated highly with anxiety, depression, obsessive compulsive symptoms, and somatisation reported by the wife (Table 2). The highest correlations were found between aggression perpetrated by the mother-in-law and somatisation and anxiety experienced by the daughter-in-law. Correlation coefficients with mental health concomitants were in all cases somewhat higher for dowry-related aggression carried out by the mother-in-law.

Table 2

Correlations between Victimization from Dowry-related Aggression Perpetrated by the Husband and by the Mother-in-law and Mental Health Concomitants (N = 569)

	Victimization from Dowry-related Aggression	
	Perpetrated by	
	Husband	Mother in Law
Anxiety	.49 ***	.54 ***
Depression	.44 ***	.50 ***
Obsessive Compulsive Symptoms	.38 ***	.45 ***
Somatisation	.47 ***	.55 ***

*** $p < .001$

Concomitants of Dowry-related Aggression

A variable was created based on standard scores of victimization from the husband's dowry-related aggression. Women who were less than average victimised were assigned to the low victimization group, and women who were more victimised than the average were assigned to the high victimization group. A multivariate analysis of variance (MANOVA) was conducted with the groups for victimization (high vs. low) as independent variable and four mental health concomitants as dependent variables. The multivariate analysis was significant (Table 3, Fig. 1). The univariate analyses showed that women who were more than average victimised from the husband's dowry-related aggression had significantly higher scores on anxiety, depression, obsessive compulsive symptoms, and somatisation. The highest *F*-value was found for anxiety.

Table 3

Results of a Multivariate Analysis of Variance (MANOVA) with Victimization from Dowry-related Aggression Perpetrated by the Husband (High/Low) as Independent Variable and Four Mental health Concomitants as Dependent Variables (N = 569). Cf. Fig. 1).

	<i>F</i>	<i>df</i>	<i>p</i> <	η_p^2
<i>Effect of High/Low Victimization</i>				
Multivariate analysis	41.38	4, 564	.001	.227
Univariate analyses				
Anxiety	145.86	1, 567	.001	.205
Depression	117.52	"	.001	.172
Obsessive Compulsive Symptoms	79.10	"	.001	.122
Somatisation	131.21	"	.001	.188

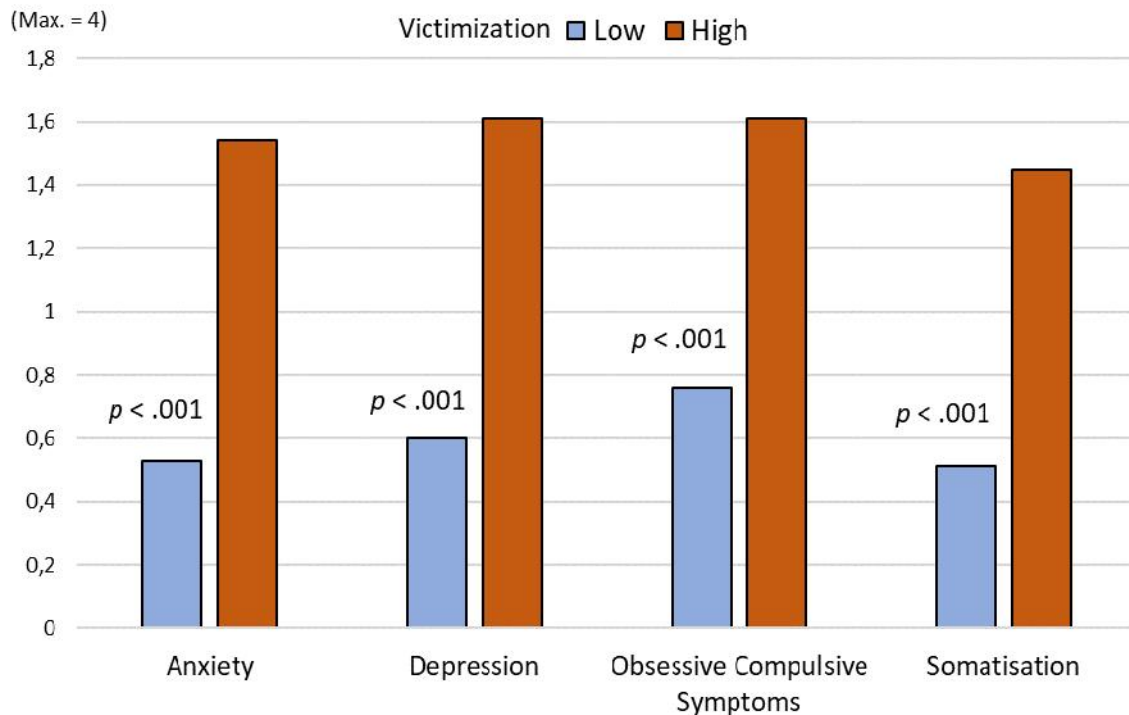


Fig. 1. Mean values on four mental health concomitants reported by women who were more vs. less than the average victimised from their *husband's* dowry-related aggression ($N = 569$).

A variable was created based on standard scores of victimization from the mother-in-law's dowry-related aggression. Daughters-in-law who were less than average victimised were assigned to the low victimization group, and those who were more victimised than the average were assigned to the high victimization group. A multivariate analysis of variance (MANOVA) was conducted with the groups for victimization (high vs. low) as independent variable and the same four mental health concomitants as dependent variables. The multivariate analysis was significant (Table 4, Fig. 2). The univariate analyses showed that daughters in law who had been more than average victimised from dowry-related aggression perpetrated by their mother-in-law scored significantly higher on all four mental health concomitants. The highest F -value was found for somatisation.

Table 4
 Results of a Multivariate Analysis of Variance (MANOVA) with Victimization from Dowry-related Aggression Perpetrated by the Mother-in-law (High/Low) as Independent Variable and Four Mental Health Concomitants as Dependent Variables (N = 569). Cf. Fig 2).

	F	df	p <	η_p^2
<i>Effect of High/Low Victimization</i>				
Multivariate analysis	48.47	4, 564	.001	.256
<i>Univariate analyses</i>				
Anxiety	164.30	1, 567	.001	.225
Depression	147.65	"	.001	.207
Obsessive Compulsive Symptoms	104.93	"	.001	.156
Somatisation	175.96	"	.001	.237

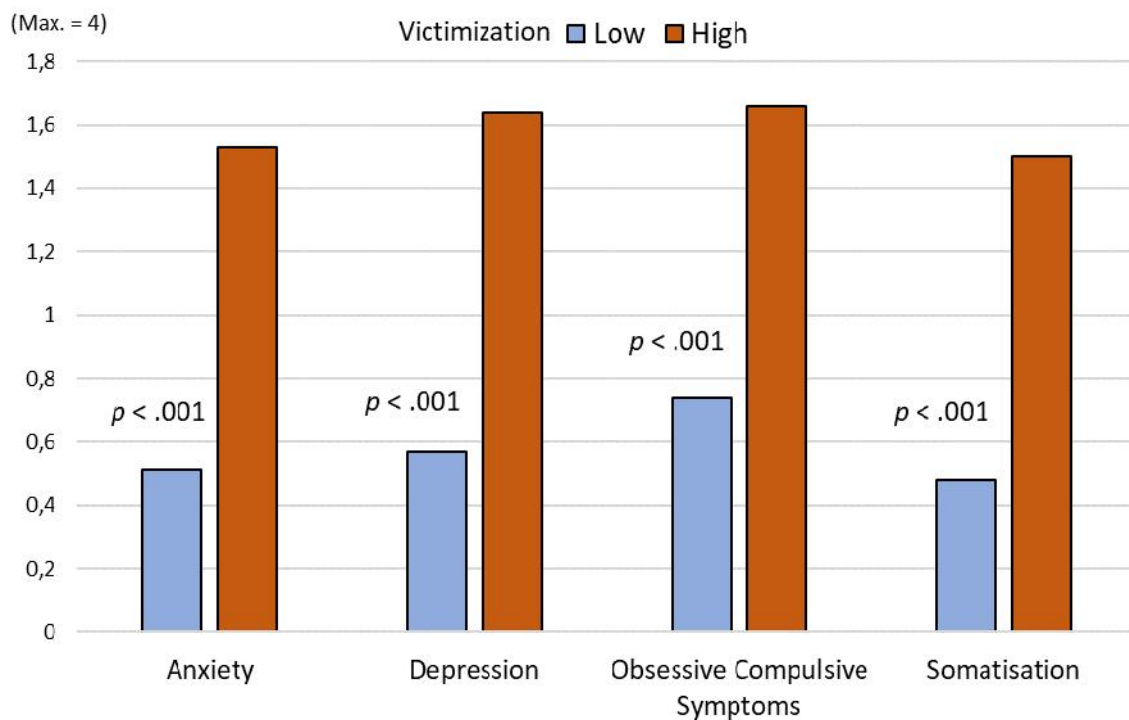


Fig. 2. Mean values on four mental health concomitants reported by daughters-in-law who were more vs. less than the average victimised from dowry-related aggression carried out by their *mother-in-law* (N = 569).

Predictors of Psychological Symptoms

Four regression analyses were conducted with victimization from dowry-related aggression perpetrated by the husband and by the mother-in-law as predictors of four mental health concomitants reported by the wife. All four models were significant (Table 5). Victimization from the mother-in-law showed higher predictive power on all four concomitants as compared to the predictive power of victimization from the husband's dowry-related aggression. Victimization from aggression perpetrated by the mother-in-law had the highest single β -coefficient for somatic symptoms of the daughter-in-law.

Table 5
Results of Four Regression Analyses with Victimization from Dowry-related Aggression Perpetrated by the Husband and the Mother-in-law as Predictors of Four Mental health Concomitants Reported by the Wife (N = 569).

	Model					Husband		Mother-in-Law	
	R	R ²	F	p <	df	β	p	β	p ≤
Anxiety	.55	.30	124.40	.001	2	.16	.006	.42	.001
Depression	.51	.26	97.60	.001	2	.12	.040	.41	.001
Obsessive Compulsive Symptoms	.45	.20	72.87	.001	2	.07	ns	.40	.001
Somatisation	.55	.31	124.82	.001	2	.11	.042	.46	.001

Discussion

In Pakistan, there is no strict law to protect women who are victims of dowry aggression. The Dowry and Bridal Gifts Restriction Act (Parliament of Pakistan, 1976) is vague and not followed. The aim of the study was to investigate psychological concomitants of dowry-related aggression against married women in Pakistan.

The levels of victimization from dowry-related aggression were found to be low in the well-educated sample of the present study. The mean levels of dowry related aggression perpetrated by the mother-in-law and that of husband did not differ from each other. These two types of victimization also correlated highly with each other. This implies that in families where the husband behaves aggressively towards his wife.

it is also probable that the mother-in-law is aggressive against the daughter-in-law. The combined effect of these two aggressors puts excessive strain on the wife. In families where, on the other hand, husbands refrain from exercising dowry-related aggression towards his wife, it is also less probable that the mother-in-law will perpetrate it. The most common single behaviour of both husbands and mothers-in-law when perpetrating dowry-related aggression against the wife was forcing her to give her gold to the mother-in-law or to the sister-in-law. In Pakistan, most brides are obligated, under different circumstances, to give their gold to their mother-in-law. Some women are ordered by their husbands to give their gold to the mother-in-law so that she can keep all the family assets under her control. Some are ordered to give them right away to the mother-in-law and the mother-in-law can use it in any way she pleases; for reselling, for giving it to sisters-in-law in their marriages, or for any other purpose. The bride is given no right to even ask a question about the gold.

There is also no law by the Parliament of Pakistan that would punish those who threaten to throw or actually do throw acid on women in the name of dowry. In the present study with educated women, it was found that of the husbands more than 9%, and more than 10% of the mothers-in-law, had threatened to throw acid at the wife in order to get dowry.

Dowry-related Aggression and Mental Health

Severe psychological stress and suicidal thoughts have before been found in Pakistan among victims to taunts and sarcastic remarks by in-laws due to dissatisfaction about the dowry (Ali et al., 2013). It has also previously been shown that demand for more dowry puts severe mental stress on the girls in Pakistan (Gulzar et al., 2012). In the present study, victimization from dowry-related aggression perpetrated by the husband and the mother-in-law both correlated significantly with the wife suffering from anxiety, depression, obsessive compulsive symptoms, and somatisation. This is in line with results of a previous study in Pakistan in which it was found that victimization from intimate partner domestic aggression perpetrated by husbands against their wives was significantly associated with depression, anxiety, obsessive compulsive symptoms, and somatisation problems among the wives (Khan et al., 2019).

It was shown that victimization from dowry-related aggression perpetrated by both the husband and by the mother-in-law predicted anxiety, depression, obsessive compulsive symptoms, and

somatisation reported by the wife. Victimization from the mother-in-law was a stronger predictor than victimization from the husband. Somatic symptoms were especially strongly predicted by the behaviours of the mother-in-law. The highest correlations in the present study were found between aggression perpetrated by the mother-in-law and somatisation and anxiety experienced by the daughter-in-law. Somatisation has been defined as a tendency to experience somatic distress as a response to psychosocial stress (Lipowski, 1988). Somatisation is common in all cultures studied so far (Kirmayer, & Young, 1998). Victimization from the mother-in-law showed clearly higher predictive power on all four concomitants as compared to that of the husband. Somatic symptoms of the daughters-in-law were especially strongly predicted by victimization from aggression perpetrated by the mother-in-law. This indicates the importance of the role of mothers-in-law in extended families regarding the psychological well-being of the daughters-in-law. Harsh treatment on their side was in this study shown to lead to higher levels of anxiety, depression, obsessive compulsive symptoms, and somatisation of the daughter-in-law.

Limitations of the Study

The sample consisted of well-educated urban women in Pakistan. The situation for less educated women in rural areas might be worse. Future research could focus on the psychological well-being of married women from less fortunate circumstances. Many respondents in Pakistan feel vulnerable and scared to take part in a study on domestic abuse, therefore, NGO's could be involved in providing funding and maximum protection for respondents so that they can feel safe to freely express themselves.

Conclusions

The study indicates the severity of dowry-related aggression. The findings should encourage concerned authorities and the government to draw conclusions on the situation and take required actions. An in-depth comparative analysis of the current situation prevailing in Pakistan with neighbouring countries like Bangladesh and India could also give a better understanding of the culture and the problem in South Asia. This in turn could help gaining attention from different international organisations and pressing on the importance of dealing with this issue as a gender equality and basic human rights problem.

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