

Patriarchal beliefs and perceptions of abuse among South Asian immigrant women

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ABSTRACT

This study investigates the relationship between South Asian immigrant women's patriarchal beliefs and their perceptions of spousal abuse. Twenty-minute telephone surveys were conducted with 47 women. The survey collected information about demographic characteristics, patriarchal beliefs, ethnic identity, and abuse status. Participants were read a vignette that depicted an abusive situation and were asked whether they felt that the woman in the vignette was a victim of spousal abuse. As hypothesized, higher agreement with patriarchal social norms predicted a decreased likelihood of identifying the woman in the vignette as a victim of spousal abuse. This finding is discussed in terms of its application to violence against women educational programs in the South Asian immigrant community.

Key Words

Immigrant women; Patriarchy; South Asian women

Patriarchy is a universal ideology that refers to a set of ideas and beliefs that justify male domination over women in society. This social ranking is an important determinant of gender relations as it creates and ensues large gender differences in power (MacKinnon, 1983). Although patriarchy is widespread and found globally, it is likely to differ across regions and cultures. For instance, overt patriarchy is decreasing in the West due to the

increased education and autonomy of women and economic development (Mintz, 1998). However, severe manifestations of patriarchy, such as honor killings and dowry death, continue to take place in some countries, including the region of South Asia (Johnson & Johnson, 2001; Prasad, 1999). In today's world of increasing global migration, a cross-cultural understanding of patriarchy is important.

Migration increases women's vulnerability to experiencing detrimental expressions of patriarchy. Immigrants encounter economic, systemic, informational, cultural, and linguistic barriers to accessing support and services (Bayne-Smith, 1996; Reitz, 1995). The magnitude of these barriers is often higher for women due to their multiple caregiving responsibilities, which limit their opportunities to learn the language of the host country and access the services. This acculturative stress is further intensified for women from cultures that are less congruent with the culture of the adopted country. For instance, studies report that expected gender roles of immigrant women from traditional cultures are challenged when they migrate to less traditional cultures of the West (Dion & Dion, 2001; Lim, 1997). This may culminate in stress and tension within immigrant families (Dion & Kawakami, 1996). Findings from the Canadian General Social Survey 1999 reveal higher controlling behaviors of spouses among immigrant married women compared to their Canadian counterparts (14.7% vs. 8.7%) (Ahmad, Stewart, & Ali, 2001). Some studies also report a trend for domestic abuse to either start or become worse after couples' immigration (MacLeod & Shin, 1993). In brief, the intersection of gender, ethnicity, culture, and immigration status increases the risk of experiencing adverse manifestations of patriarchy, particularly conflicts in spousal relationships.

This is especially salient for countries with a high proportion of immigrants, such as Canada, the United States, the United Kingdom, and Australia. For instance, in Canada, one in five women is an immigrant, with an increasing influx from Asia and the Middle East (Statistics Canada, 2000b). South Asians born in India, Pakistan, Bangladesh, and Sri Lanka are the fastest growing Asian group in North America and Europe. Between 1991 and 1996, South Asians comprised the second largest visible minority group in Canada. Despite growing numbers and rigid patriarchy in the culture of origin, South Asian immigrant women remain

underresearched from a feminist perspective at the intersection of gender, ethnicity, culture, and residency status. One possible explanation lies in the enormous obstacles to understanding domestic violence in this community due to the high level of secretiveness and fear among its members (Sheehan, Javier, & Thanjan, 2000).

Yet the need to advance our understanding of violence against women in this community is stronger than ever before. Many qualitative studies with South Asian immigrant women report oblique references to domestic stress that is indicative of violence, particularly wife abuse (Abraham, 2000; George & Ramkisson, 1998). A recent community-based survey with South Asian immigrant women in Boston reported that 40.8% of the women experienced physical abuse at the hands of their current partners (Raj & Silverman, 2002), a rate that was much higher than in the general population. This is of significant concern in light of studies that report a long delay in help seeking among abused women of all backgrounds, including South Asians (Raj & Silverman, 2002; Reidy & VonKorff, 1991). Furthermore, it is widely acknowledged that the professional community faces huge challenges in addressing this issue in a socioculturally sensitive manner (MacLeod & Shin, 1990; Paradkar, 2000).

Although the role of patriarchy in violence against women is becoming increasingly clear in recent research across countries and cultures (Brownridge, 2002; Sakalli, 2001; Yoshioka, DiNoia, & Komal, 2001), we know little about how women's acceptance of patriarchal norms may influence their perceptions of abuse. Previous research has established a link between men's patriarchal beliefs and their justification of wife abuse (Haj-Yahia, 1998b) as well as their aggression toward women (Dobash & Dobash, 1979; Smith, 1990a; Yllö & Straus, 1984). Recent studies report patriarchal beliefs held by Arab American and Jordanian women (Haj-Yahia, 1998a; Kulwicki & Miller, 1999), but the relationship between women's acceptance of patriarchal social norms and their perceptions about violence against women has not been investigated. This is salient because if a woman does not perceive a situation as abusive, she is less likely to seek help for the abuse or to encourage a victim of abuse to seek help.

This study aims to empirically investigate the relationship between South Asian immigrant women's acceptance of patriar-

chal norms and their perceptions of spousal abuse. In this research, we take an integrative theoretical approach (Comas-Diaz, 1994) in which the feminist perspective at the intersection of gender, ethnicity, culture, and immigration status (Espin, 1994) also draws on concepts of social cognitive theory, particularly reciprocal determinism (Bandura, Wilson, Kunkel, Neale, & Liebert, 1977). *Reciprocal determinism* refers to continual interactions between environmental influences, personal factors, and behavior. Hence, we anticipate that understanding the relationship between women's patriarchal beliefs and their perceptions of abuse will help in developing interventions that will facilitate women's help-seeking behavior by enhancing realistic awareness of one's locus, the capacity to analyze critically, and the ability to make informed decisions leading to empowerment.

It was hypothesized that women who held stronger patriarchal beliefs would be less likely to perceive a woman who had been assaulted by her husband as a victim of wife abuse after controlling for variables that predict patriarchal beliefs. To the best of our knowledge, this study is the first to test this novel hypothesis. Individual characteristics that may determine patriarchal beliefs were identified by a literature review and investigated as potential covariates. These factors included age, education, employment status, indicators of adjustment in the new country, and abuse status. The literature examining what variables predict patriarchal beliefs is limited and has largely emphasized predictors for men rather than women. Age has been found to correlate with patriarchal beliefs in Arab men, with older men holding stronger patriarchal beliefs (Haj-Yahia, 1998b), but not in Arab women (Haj-Yahia, 1998a). However, older women have been found to justify wife beating more than younger women in a sample of Jordanian women (Haj-Yahia, 2002). Lower educational attainment has been correlated with stronger patriarchal beliefs in men (Haj-Yahia, 1998b; Smith, 1990a) and women (Haj-Yahia, 1998a). In addition, Bhopal's (1997) recent work with South Asian immigrant women suggests that higher levels of education and entrance into labor markets lead to rejection of the patriarchal norm of dowry. Employment status has not been found to predict patriarchal beliefs in men (Smith, 1990b); however, women who work for a salary are less likely to justify wife beating (Haj-Yahia, 2002). We chose to include employment in this study because

immigrant women who do not work outside the home may be particularly isolated and less likely to be exposed to ideas outside of their community. In addition to these, a stronger identification as South Asian, less English ability, and fewer years in Canada may predict patriarchal beliefs in South Asian women who have immigrated to Canada because these variables serve as indicators of adjustment in the new country. Given that North American culture is less overtly patriarchal than South Asian cultures, these indicators may predict stronger patriarchal beliefs.

Finally, whether a woman has been abused may affect her patriarchal beliefs, although the direction is not clear. The experience of being abused by an intimate partner can change the way women think about themselves, their partners, and their relationship. Men who abuse women are more likely to hold patriarchal beliefs (Smith, 1990a), and the abuser's patriarchal beliefs may influence the woman's own belief structure. For example, if her abuser tells her that good wives take better care of their husbands and do not complain about staying home, she may begin to believe it. However, the reverse situation is possible as well. Abused women may be particularly sensitive to the injustice of patriarchal beliefs and less likely to condone them. In this study, we examined the relationship between patriarchal beliefs and age, educational level, employment status, identification as South Asian, English language ability, years in Canada, and abuse status.

METHOD

This cross-sectional survey consisted of a 20-minute anonymous telephone interview administered in English, Urdu, or Hindi. Women were eligible if they were born in South Asia; could speak English, Urdu, or Hindi; were 18 years of age or older; and were currently or previously in an intimate relationship. Prior to the survey administration, the questionnaire was pretested for length and clarity. Ethics approval was obtained from the University Health Network Research Ethics Board.

To generate a random list of phone numbers, five communities in the Greater Toronto area were selected based on the highest proportion of Urdu- and Hindi-speaking residents. Using South Asian surnames, a stratified sample of 600 phone numbers was

generated from the East and West Connections Telephone Directory. Each phone number was called one to four times during the day or evening on different days of the week; 480 numbers were identified as active residential numbers.

A trained interviewer introduced the study to eligible participants as a survey about beliefs and perceptions regarding the relationship between intimate partners. All willing participants provided verbal consent to the interviewer. The interviewer asked each participant whether she had enough privacy to answer questions about her relationship with her partner before beginning the survey. If the participant indicated that she did not have enough privacy, the telephone interview was rescheduled for a more suitable time. Information was collected on demographic characteristics, patriarchal beliefs, ethnic identity, abuse status, and perceptions about abuse.

The sociodemographic section gathered information on age, country of birth, marital status, children, level of education, employment status, number of years lived in Canada, number of years lived with a spouse or a partner, and English speaking ability (rated on a 5-point scale from *poor* to *excellent*) (see Table 1). Opportunity and ability to discuss abuse with a health care provider were assessed by asking whether they had a regular family physician (yes or no) and whether conflicts between partners could be discussed with doctors or nurses (yes, no, or unsure).

Five items assessed the independent variable of patriarchal beliefs on a Likert-type scale (*strongly disagree* to *strongly agree*) (for details, see Table 2). Four items were derived from Smith's (1990a) Husband's Patriarchal Beliefs Scale, which was also used by Kulwicki and Miller (1999). One item was added to assess patriarchal beliefs about men's financial control of their wives or partners. Participants were asked to rate their level of agreement with each patriarchal statement.

Information was also gathered on ethnic identity and abuse status because we wanted to control for these variables if they covaried with patriarchal beliefs. Participants were asked to indicate their perceived ethnic identity by choosing one of five statements that best described their view of themselves, described in Table 3. Our ethics board required that we assess for partner abuse in a stepwise fashion due to the sensitivity of the issue. In the first step, participants were screened for potential spousal or partner

TABLE 1
Descriptive Statistics: Sociodemographic Characteristics (N = 47)

<i>Variable</i>	<i>n</i>	<i>% or M</i>
Age (<i>M</i>)	47	37.0
Marital status		
Married and living together (%)	45	95.1
Divorced or widowed (%)	2	4.2
Years lived with spouse (<i>M</i>)	47	12.9
Had children (%)	43	93.6
Education		
No school education ^a (%)	1	2.1
Some primary (%)	0	0.0
Some high school (%)	13	27.7
Some university (%)	26	55.3
Some graduate university (%)	7	14.9
Education ^b (<i>M</i>)	46	2.9
Work outside home		
Full-time employed (%)	30	63.8
Part-time employed (%)	3	6.4
Student (%)	2	4.3
Volunteer (%)	2	4.3
Does not work outside the home ^c (%)	10	21.3
Years lived in Canada (<i>M</i>)	47	12.8
English ability ^d (<i>M</i>)	47	3.1
Had a family physician (%)	47	100
Conflicts can be discussed with doctors or nurses		
Yes (%)	26	55.3
Unsure (%)	7	14.9
No (%)	14	29.8

a. One participant with no formal education was excluded as an outlier.

b. Scale ranges from 1 to 4 points (i.e., some primary to some graduate), *SD* = ±0.7.

c. Unpaid work (student or volunteer) was not included in this category.

d. Scale ranges from 1 to 5 (i.e., *poor* to *excellent*).

abuse using two screening questions from the Woman Abuse Screening Tool–Short Version (WAST-Short) (J. B. Brown, Lent, Brett, Sas, & Pederson, 1996; J. B. Brown, Lent, Schmidt, & Sas, 2000). The screening items asked participants to describe any tensions in their relationship (none, some, or a lot) and any difficulty in working out arguments (none, some, or great) with their spouse or partner. If participants screened positive in the first step, the second step assessed participants' abuse status. Abuse status was assessed using five yes-or-no items: one on emotional abuse and four on physical abuse, including threatened to hit,

TABLE 2
Descriptive Statistics: Patriarchal Beliefs (N = 47)

<i>Belief</i>	<i>1 = Strongly Disagree (%)</i>	<i>2 = Disagree (%)</i>	<i>3 = Neutral (%)</i>	<i>4 = Agree (%)</i>	<i>5 = Strongly Agree (%)</i>
It is acceptable for a man to decide whether his wife or partner should work outside the home	34.0	31.9	10.6	21.3	2.1
It is acceptable for a man to decide whether his wife or partner should go out in the evening with her friends	34.0	31.9	14.9	17.0	2.1
Sometimes it is important for a man to show his wife or partner that he is the head of the house	14.9	36.2	27.7	17.0	4.3
It is acceptable for a man to have sex with his wife or partner when he wants, even though she may not want to	36.2	46.8	8.5	6.4	2.1
It is acceptable for a man to decide how much money a woman can spend on herself	27.7	36.2	19.1	10.6	6.4

TABLE 3
Descriptive Statistics: Ethnic Identity and Abuse

<i>Variable</i>	n	%
Ethnic identity		
South Asian	6	12.8
South Asian–Canadian, but South Asian first	21	44.7
South Asian–Canadian, but a blend of both	19	40.4
South Asian–Canadian, but Canadian first	1	2.1
Canadian	0	0.0
Ethnic identity ^a (<i>M</i>)	47	2.3
Abuse screening	43	
Tensions in relationships		
None	23	53.5
Some	15	34.9
A lot	5	11.6
Difficulty in working out arguments		
None	18	41.9
Some	21	48.8
Great	4	9.3
Overall, screened positive	29	67.4
Abuse status	29	
Emotional abuse, ever	10	34.5
Physical abuse		
Threatened to hit, past 5 years	5	17.2
Physically abused, past 5 years	7	24.1
Talked to someone else about abuse ^b	9	81.8
Wanted the help line number	8	72.7

a. Scale ranges from 1 to 5 (i.e., South Asian to Canadian), *SD* = ±0.7.

b. Examples included family, friends, doctor, lawyer, and so forth.

threw something, pushed, grabbed, shoved, slapped, kicked, bit, hit, or beaten. The physical abuse items were derived from the 1999 Statistics Canada General Social Survey (Statistics Canada, 2000a). Participants who answered yes to any of the five abuse status questions were asked if they had spoken to anyone about the incident(s) when they were emotionally or physically hurt (yes or no) and if they would like to receive an assaulted women's help line phone number (yes or no).

The dependent variable, perceptions of abuse, was measured by reading the following preamble and vignette in the respondent's language of choice:

Now, I will tell you a story about a woman who got hurt during an argument with her husband. Sofia [or Indra] immigrated to Canada from Pakistan [or India]. One day when Sofia [Indra] was making dinner, she and her husband, Kashif [or Ajay], had an argument about making long distance telephone calls. Kashif [Ajay] told her that she was making too many phone calls to Pakistan [India] and that they could not afford the high phone bills. Sofia [Indra] replied, "It is not me but you who are making those phone calls." At this point, Kashif [Ajay] lost his temper, pushed her, and slapped her across the face. Sofia [Indra] was holding a hot curry bowl, and she dropped the bowl. Her foot got burned. She tried to relieve her pain by using home remedies, but she had a restless night due to the severe pain. The next day, when her husband left home, she went to see her family doctor.

Participants were asked whether they thought that Sofia or Indra was a victim of spousal abuse (yes, no, or unsure). For cultural sensitivity, the names of Sofia and Kashif were used in the vignette for participants born in Pakistan, and the names of Indra and Ajay were used for participants born in India or Sri Lanka.

RESULTS

Of 480 active residential phone numbers, 167 were eligible to participate, and 47 agreed to participate in the study, resulting in a response rate of 28.1%. Three types of statistical analyses were executed to assess the study results: (a) descriptive statistics, (b) ANCOVA to investigate covariates of the key independent variable (i.e., patriarchal beliefs), and (c) logistic regression analysis to regress patriarchal beliefs and its significant covariates on perceptions of abuse. The data were analyzed using the Statistical Package for the Social Sciences (Version 10.1). Compared to South Asian immigrant adult women in the 1996 Canadian census data for Toronto, our study participants were comparable in age ($M = 37$ vs. 36.9) and proportion of married women living with spouses (86.4% vs. 95%) (G.M.L. Ruus, Data Library Services, University of Toronto, personal communication, February 21, 2003). Hence, use of multivariate analysis was considered reasonable despite the limited sample.

DESCRIPTIVE ANALYSIS

Sociodemographics

Table 1 provides the descriptive details on the sociodemographics of the study participants. The participants' ages ranged from 24 to 53 with a mean of 37 years ($SD = \pm 8.4$). Most of the participants were from India (68.1%), although a substantial minority were from Pakistan (23.4%), followed by a smaller minority from Sri Lanka (8.5%). All but 2 participants were currently married and living with their husbands. Participants, including a divorced woman and a widowed woman, had lived with their husbands for a mean of 12.9 years ($SD = \pm 8.7$). The number of years ranged from 2 to 34 years and was moderately positively skewed. Most of the women had children, were well educated, and were working outside the home (paid or unpaid).

The average number of years in Canada was 12.8 ($SD = \pm 8.7$), but this was moderately positively skewed, indicating that many were more recent arrivals. The most recent immigrants arrived in Canada 3 years ago, and the earliest arrived 33 years ago. On a 5-point scale, their English speaking ability was good, with a mean of 3.1 ($SD = \pm 1.2$). All participants had a regular family physician. And 55% reported that conflicts with partners or spouses could be discussed with physicians or nurses.

Patriarchal Beliefs, Ethnic Identity, and Abuse

The results of five items that measured participants' patriarchal beliefs are displayed in Table 2. The mean score for the Patriarchal Beliefs scale was 2.26 ($SD = 0.91$), indicating an overall tendency toward disagreeing with patriarchal beliefs. This variable was moderately positively skewed and, therefore, was squared to obtain a normally distributed variable for subsequent analysis.

In terms of ethnic identity (Table 3), most of the participants perceived their ethnic identity as South Asian–Canadian, with 44.7% viewing themselves as first being South Asian and 40.4% as a blend of both. On average, across the five statements, participants tended toward a more South Asian identity.

Approximately two thirds of the participants ($n = 29$) screened positive for abuse on two questions of the WAST-Short (Table 3). Of these 29 women, 37.9% ($n = 11$) reported having experienced

emotional or physical violence within the past 5 years. Emotional abuse was experienced by 34.5%, and 24.1% reported physical abuse; 17.2% reported having been threatened with physical violence during the past 5 years. Among abused women, 9 had talked to someone else about the abuse. All but 1 had spoken to friends or family, 3 had spoken to their doctors, and 1 had spoken to a welfare worker about the abuse. And 8 women accepted the help line number that was offered by the interviewer.

Perceptions of Abuse

More than half of the women (59.6%) believed that Sofia or Indra was a victim of spousal abuse, a further 23.4% were unsure, and 17.0% believed that she was not a victim of spousal abuse. For subsequent analysis a dichotomous variable was derived for perceptions of abuse by collapsing categories of “not sure” and “not a victim” into a single category (40.4%).

ANALYSIS OF COVARIANCE

An analysis of covariance was conducted to determine what variables would significantly and independently predict patriarchal beliefs, so that these could be controlled in the logistic regression. Variables that we identified as possible predictors of patriarchal beliefs in our literature review were included in the ANCOVA (see Table 4). The ANCOVA contained five continuous variables: participant's age, level of education, English ability, ethnic identity, and years lived in Canada. With the exception of education level and number of years lived in Canada, all the continuous variables were normally distributed. To correct for an outlier in education level, 1 participant who had no formal education was excluded. The positively skewed variable number of years lived in Canada was transformed by the square of the number of years lived in Canada. Two dichotomous variables were also included. One was whether the participant worked (paid or unpaid) outside the home, and the second was whether the participant had been abused. Participants who did not screen positively for abuse were analyzed as not abused. The overall ANCOVA was significant, $F(8, 33) = 3.744$, $p = .003$, and two continuous variables, level of education and ethnic identity, contributed significantly to the model after adjustment for main effects,

TABLE 4
Univariate ANCOVA for Patriarchal Beliefs (*n* = 42)

<i>Variable</i>	<i>Type III Sum of Squares</i>	<i>df</i>	<i>F</i>	<i>Significance</i>
Corrected model	1.41 ^a	8	3.74	.00
Intercept	2.38	1	50.74	.00
Participant's age	0.03	1	0.66	.44
Level of education	0.22	1	4.75	.04
English ability	0.11	1	2.39	.13
Identity	0.24	1	5.11	.03
Square of years in Canada	0.06	1	1.29	.27
Some work ^b	0.00	1	0.03	.88
Abuse (full sample)	0.00	1	0.00	.98
Some Work × Abuse	1.01	1	0.19	.67
Error	1.55	33		
Total	88.6	42		
Corrected total	2.95	41		

a. $R^2 = .470$ (adjusted $R^2 = .361$).

b. Includes full-time, part-time, own business, voluntary, and school.

interaction, and other covariates (see Table 4). Less education and greater South Asian identity independently and significantly predicted patriarchal beliefs. Subsequently, these two variables were controlled in the logistic regression analysis to test our hypothesis.

LOGISTIC REGRESSION

A direct logistic regression analysis was executed to test the study hypothesis that disagreeing with patriarchal beliefs would predict believing that Sofia (or Indra) was a victim of spousal abuse. The predictors of education, ethnic identity, and patriarchal beliefs (squared) were regressed on the dependent variable perception of abuse (i.e., whether Sofia or Indra was perceived as a victim of spousal abuse). The study hypothesis was supported. The overall full model against the constant-only model was statistically reliable: $\chi^2(3, n = 46) = 8.14, p < .05$. The model explained 21.8% of the variance (Nagelkerke R^2) in the outcome and had prediction successes of 85.2% for identifying Sofia (or Indra) as a victim of abuse and 52.6% for not a victim of abuse. Patriarchal beliefs squared contributed significantly to the model independent of ethnic identity and level of education. The latter two variables were not independently significant predictors of perceiving

TABLE 5
Logistic Regression: "Is Sofia a Victim?" (n = 46)

	B	SE	Wald	df	p	Odds Ratio
Level of education	-0.09	0.58	0.02	1	.88	0.92
Identity	-0.19	0.56	0.12	1	.73	0.83
Patriarchal beliefs squared	-3.44	1.54	5.02	1	.03	0.03
Constant	6.14	4.22	2.12	1	.15	466.05
$R^2 = .22$						
$\chi^2 = 8.14$						

Sofia (or Indra) as a victim of spousal abuse over and above the patriarchal beliefs. The odds ratio for patriarchal beliefs was 0.032, indicating that a one-unit increase in patriarchal beliefs (stronger patriarchal beliefs) makes perceiving Sofia (or Indra) as a victim of abuse less likely. For details on each predictor variable, see Table 5.

Despite the limited number of participants in our study, the case-to-variable ratio for logistic regression analysis was adequate. In our analysis, there were 15 participants per predictor variable, which is more than 10 participants per predictor as suggested by Norman and Streiner (2000).

DISCUSSION

This study is the first to our knowledge to investigate whether women's patriarchal beliefs influence their own perceptions of women's victimization at the hands of intimate partners. Within our study group of South Asian immigrant women, our hypothesis was supported, and women who disagreed with patriarchal beliefs thought that the woman in the vignette was a victim of spousal abuse. In other words, women who agreed with patriarchal social norms were less likely to see spousal abuse as abuse. Previous studies report men's and women's approval of wife beating to be in the range of 6% to 20% (Choi & Edleson, 1996; Gentemann, 1984; Greenblat, 1983; Mugford, Mugford, & Easteal, 1989; Smith, 1990a). However, our study is unique in providing empirical evidence that women's acceptance of patriarchal norms predicts their own perception of what is spousal abuse. This finding has several practical implications as women who accept patriarchal norms may be at greater risk for continued abuse and may

delay active coping or help seeking (Muehlenhard & MacNaughten, 1988; Raj & Silverman, 2002; Reidy & VonKorff, 1991).

This finding adds to our understanding of women's help seeking when faced with spousal abuse within the context of patriarchal beliefs. Research by others has shown that women who hold stronger patriarchal beliefs are less likely to support provision of assistance to battered women through formal organizations and are more likely to believe that wife abuse should be dealt with inside the family (Haj-Yahia, 2002). However, our study takes this notion one step further. Women with strong patriarchal beliefs may not even perceive a situation as wife abuse when they witness it. If they are the ones who are abused, women who accept patriarchal norms may not recognize the act as abuse and, therefore, may be less likely to seek help. If the abuse occurs to another woman, they may negate the other woman's experience by telling her that it was something other than abuse. Considering that delay in help seeking is associated with several negative mental and physical health consequences, there is a strong need to increase women's awareness of how patriarchal beliefs influence their own definitions of abuse.

This ambiguity around definitions of abuse among South Asian immigrants could be addressed through community education and discussion. The need for increased awareness is further supported by our study finding that higher levels of education reduce the magnitude of patriarchal beliefs. Women with less education are more likely to agree with patriarchal social norms. This is consistent with previous work that has found that a higher education in general correlates with fewer patriarchal beliefs and less justification of wife abuse (Haj-Yahia, 1998a, 1998b, 2002; Smith, 1990a). Hence, education and awareness about violence against women, in general, and patriarchy, in particular, are likely to help women in recognizing abuse. Completion of patriarchal belief scales by women could be a tool to facilitate their recognition of abuse and inform their decision making. Such practical tools could be beneficial for community educators, counselors, mental health workers, and shelter workers. The effective use of the concept of patriarchy is exemplified in the success of feminist therapy for abused women that "situate[s] the problem of domestic violence within a patriarchal society, [and allows women to]

relieve some of the immediate tension and shame with which they often struggle" (Sharma, 2001, 1409). However, an optimal perspective needs to be inclusive of oppressions other than gender in immigrant women's lives. MacLeod and Shin (1990) reported adaptive approaches used by the community service sector that link wife abuse to multiple risk markers of violence against women, such as poverty, racism, political repression, and violence against oppressed groups. Meaningful educational and service initiatives addressing wife abuse in South Asian immigrant communities should address both patriarchy and other forms of oppression.

The practical implications of our study gain further significance given the high prevalence of wife abuse detected in the study. Overall, 67.4% of the women screened positive for experiencing tension in an intimate relationship and for difficulty in working out arguments, based on the WAST-Short. Among positively screened women, 24% experienced physical abuse perpetrated by their partners during the past 5 years. Compared to the Statistics Canada General Social Survey 1999, the prevalence rate detected by our study is three times higher. The General Social Survey 1999 indicates that 8% of the women in the Canadian general population experienced physical violence by their partners during the past 5 years (Statistics Canada, 2000a). The higher proportion of physical violence found in our study of South Asian women needs further investigation by studies with a larger sample size. It is possible that the participants in our study felt more comfortable disclosing their abuse status to an interviewer of a similar ethnic background who was fluent in their first language. This also points to the need for multilingual and multicultural resources and service providers, which others have also emphasized (MacLeod & Shin, 1990; Merchant, 2000; Preisser, 1999). Nevertheless, high rates of wife abuse are also reported in other community studies with South Asian women. A recent study conducted in London with South Asian women reports a prevalence rate of physical abuse within the past year and lifetime as 14% and 41%, respectively (Richardson et al., 2002). Another study conducted in Boston reveals a prevalence rate of 40.8% for having ever experienced physical or sexual abuse from the current male partner or the need for medical services due to that abuse (Raj & Silverman, 2002).

The results of our study also suggest that the perception of being more South Asian is associated with women's acceptance of patriarchal social norms. Possible explanations may lie in the influence of cultural values or observational learning of the negative consequences that result from disagreeing with social norms, which is perhaps especially likely in their home countries. Inadequate responses of legal, social, and health institutions to violence against women in South Asia are well documented (Johnson & Johnson, 2001; Prasad, 1999). An understanding of patriarchy as an almost universal social norm that expresses itself differently across cultures may help women distinguish between the aspects of their culture that they want to practice and those that they find oppressive. Women need to understand that they do not have to reject their culture or their identity as South Asian to resist patriarchy and wife abuse.

Almost half of the participants in the study did not know that concerns about marital relationships could be discussed with health care providers. This finding further highlights the need for public awareness about available resources. Likewise, the use of social services was low. Only 1 out of 11 abused women consulted a social services agency. However, two thirds of the abused women accepted the help line number offered by the study interviewer.

A small sample size and a relatively low response rate may limit the generalizability of this study. However, it is reassuring to find that our study participants were comparable to South Asian immigrant women in Toronto in the 1996 Canadian census data for age and marital status. Possible explanations of the low response rate in our study lie in the sensitivity of the topic among South Asian immigrants along with a multitude of barriers faced in a new home country. South Asian women are reported to remain silent about intimate relationships and conflicts (Abraham, 2000), partially because "they do not know they need not suffer abuse silently" (Paradkar, 2000, M2). In addition to the sensitivity of the research topic, research participation of ethnic minorities is often hindered by their limited trust in the system (Corbie-Smith, Thomas, & St. George, 2002; Shavers, Lynch, & Burmeister, 2002) and lack of related information (D. R. Brown, Fouad, Basen-Engquist, & Tortolero-Luna, 2000). Thus, it is difficult to recruit South Asian women for a study about their perspec-

tives on intimate relationships. Nevertheless, these complexities further heighten the significance of our study that listened to voices of women who were under suppression and, hence, contributes to the understanding of domestic violence in the South Asian immigrant community.

To ensure participants' comfort, we used a two-step screen-and-ask approach to assess their abuse status. This approach, recommended by the research ethics board, was built in to minimize any feelings of mistrust among participants due to their immigrant and ethnic minority status. However, it limited us from asking everyone whether they had been abused; abuse questions were asked only if a participant screened positive to tensions in relationships and difficulties in working out arguments.

Although Canada has an ongoing immigration policy with an education and skill scoring system for independent category applicants, most women, especially those from South Asia, arrive under the dependent category, which does not have scoring requirements. Hence, Canadian South Asian immigrant women are likely to be very similar to South Asian immigrant women in other countries with no scoring criteria or where waves of migrants arrived only during certain years under labor contracts. Therefore, the study results may facilitate the development of education and service interventions for South Asian immigrants in other countries as well.

In conclusion, the study findings emphasize the pivotal role of awareness and education about patriarchy in the empowerment of women. There is a need for socioculturally sensitive education and awareness programs for the South Asian immigrant community on violence against women as well as information about existing resources. This is in accordance with the recent shift toward primary prevention of violence against women (Hyman, Guruge, Stewart, & Ahmad, 2000). As Candib (2000) stated, "We seem to have gotten stuck at secondary prevention (e.g., identifying teenage girls and women already in abusive relationships), and we have forgotten our professional commitment to primary prevention" (p. 906). Our study lends support to the notion that primary prevention should include education that challenges patriarchal beliefs in the community and promotes equity in gender relations and informed decision making across diverse cultural groups.

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