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Gender Roles vs. Gender Equality

*Edited by Mimi Yang, Christian Williams
and Angela Kaufman-Parks*



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Aims and Scope of the Series

The social sciences, as a form of scientific knowledge anchored on epistemological foundations, theories, and specific methodologies, both in their fundamental and applied dimensions, are paramount for understanding and, consequently, developing instruments that contribute to improving social and environmental living conditions. This Social Sciences book series, based on the concept of the social sciences as key elements in the promotion of scientific knowledge and its inherent consequences, has as its primary goal to be a space for the dissemination of relevant information on various objects of study, aimed at specialists, students, policymakers, and others interested in the challenges facing humanity. Thus, the aim is to promote scientific progress through the sound and rigorous dissemination of studies that, from the perspective of the social sciences, either through a specialised disciplinary approach or through interdisciplinary perspectives, foster a deeper understanding of the objects under analysis, clarifying the issues addressed and their implications.

Meet the Series Editor



Dr. Sandro Serpa is an Associate Professor in the Department of Sociology at the University of the Azores (UAc), Portugal. His career in social sciences and education began at UAc in 2000. He earned his Ph.D. in Education, specializing in Sociology of Education, from UAc in 2013. He is also an integrated researcher at the Interdisciplinary Centre of Social Sciences of the Azores Centre (CICS. NOVA. UAçores). Dr. Serpa has demonstrated a strong commitment to higher education throughout his career. He has served in various positions at UAc, including Head of the Department of Sociology, Director of the Bachelor's in Social Work, Coordinator of the Scientific-Pedagogical Supervision Team for Social Work Internships, Member of the Pedagogical Council of the Faculty of Social and Human Sciences, and Member of the Quality Commission. Additionally, he held the position of Deputy Director of CICS. UAc. Currently, he serves as Senior Editor (Sociology Section) for Social Sciences & Humanities Open (Elsevier), among several other journals. He previously held the position of Senior Editor - Sociology Section for Cogent Social Sciences (Taylor & Francis) from 2020 to 2022. Dr. Serpa maintains a distinguished research profile, evidenced by over 400 publications in international journals, books, and other scientific outlets across a wide range of countries: Brazil, Canada, China, United Arab Emirates, Germany, India, Kazakhstan, the Netherlands, Pakistan, Poland, Portugal, Romania, Spain, Switzerland, Turkey, United Kingdom, United States of America. His research interests encompass Teaching Sociology, Sociology of Education, Sociology of Organisations, Organisational Culture, Scientific Communication, Digital Society, Digital Literacy, Society 5.0 and Sociology of Artificial Intelligence. Dr. Serpa emphasizes the importance of integrating academic knowledge with service to the university and society at large.

Meet the Volume Editors



Mimi Yang, Ph.D., Professor Emerita at Carthage College, Wisconsin, U.S.A., is an experienced academic editor. Throughout her scholarly career, she has published (in English and Spanish) a wide array of subjects in the Humanities and Social Sciences. Her works on women's suffrage were published in London and New York, gaining international attention. Her work on the Mexican painter Frida Kahlo remains a cited reference after almost three decades.

She authored the book "Tricultural Personality: A Paradigm Crossing the English, Spanish, and Chinese Speaking Worlds" (Edwin Mellen, 2014), and edited the book "Multilingualism in Its Multiple Dimensions" (IntechOpen, 2024). In addition, she is a regular contributor to the OP-Ed columns in the "Kenosha News" and the "Journal Times" on pressing social, racial, and historical issues.



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the parent-child relationship and experiences of relational quality and intrafamilial aggression, intimate partner violence victimization and perpetration in adolescent, emerging adult, and adult romantic relationships, emerging adults' sexual experiences and behaviors, and adults' substance use behaviors as influenced by their parents, peers, and partners.

Contents

Preface	XIII
Chapter 1	1
Introductory Chapter: Elizabeth I – Turning Gender Roles into Gender Equality <i>by Mimi Yang</i>	
Chapter 2	13
Fair Trade and Empowerment of Women in Peruvian Agro-Exports <i>by Hilda Alburquerque Labrin</i>	
Chapter 3	33
Domesticating the Savage (Slot): The Ethnography of Marriage, Gendered Division of Labor, and Marital Satisfaction for Heterosexual Women <i>by Julissa Contreras Castanon and Madeline Rae Gonzalez</i>	
Chapter 4	47
Gender Medicine: A Reality or a Hope? <i>by Simona Maria Carmignano</i>	
Chapter 5	77
From Tradition to Modernity: Navigating Gender Roles in India <i>by Rekha Pande</i>	
Chapter 6	103
Tracing Judicial Decisions from Naz to Navtej: Transformative Constitutionalism and the LGBTQI <i>by Mukkatira Palangappa Chengappa and Simarpreet Kaur</i>	
Chapter 7	123
The Evolving Gender Roles in the African American Experience: Reflections across Decades <i>by Christine Johnson McPhail</i>	

Chapter 8	149
Unheard Voices: Older Women's Experiences of Living with Sexual Abuse in Intimate Relationships across the Life Course	
<i>by Rebecca Zerk, Elize Freeman and Joshua Roberts</i>	
Chapter 9	171
Perspective Chapter: Alice Norwood Spearman Wright and White Women Civil Rights Activists in South Carolina	
<i>by Marcia G. Synnott</i>	
Chapter 10	179
"But He's Your Husband": Legislative, Cultural, and Individual Impacts on Marital Rape Survivors' Disclosure and Treatment Experiences	
<i>by Angela M. Kaufman-Parks and Christian Williams</i>	

Preface

Demographically, half of humanity is female. Throughout human history and across cultures, gender is an inescapable definer that frames our mindsets and labels our identities in all human realms – biological, social, cultural, religious, political, medical, sexual, and psychological. In a “neat” and “idealized” binary society, men’s roles are associated with strength, bravery, authority, and dominance; therefore, they are meant to be breadwinners, leaders, and protectors as the superior sex. Women need to be “compatible” with their men. Thus, female qualities such as nurturance, sentimentality, supportiveness, tenderness, fragility, and passivity are some essential gender virtues. Traditions and history in general are constructed with a gender hierarchy of male superiority over female inferiority, leaving no room for gender equality. Diverse talents, sexual preferences, individualism, women’s rights, identities, equality, and most importantly, an independent and integral sense of self, can easily collapse into the “proper” and “virtuous” gender roles.

Gender equality transforms compatibility between males and females into their comparability. The path to gender equality is never straightforward, as it acknowledges biological distinctions between men and women, while highlighting their constitutional equality and recognizing LGBTQI+ equal rights in accessing power, resources, opportunities, freedom, and autonomy. In a significant way, gender equality challenges and undoes “neat” and well-established gender roles, holding women’s rights as unalienable human rights, positioning men and women on an egalitarian footing, and validating diversity of sexual orientations.

This book advances the scholarship of Women and Gender Studies (WGS) by focusing on the intricate interplay between gender roles and gender equality as driving forces of cultural formation and social transformation. Gender roles ground pre-modern traditions, continue to define modern cultures; the notion of gender equality is born from dissatisfaction with the gender hierarchy and impacts the postmodern mindset across the globe. The book gathers chapters by interdisciplinary scholars from different cultures to examine how traditional gender roles have been gradually called into question and how gender equality has ushered in an era of democracy, humanism, and civil rights, with feminism and women’s status and voice as an inalienable equation. “Vertical” dialogues with the past, present, and future, coupled with “horizontal” conversations across cultures and regions, trace the trajectory from gender roles to gender equality in social transformations and cultural redefinitions.

In addition, the book unfolds within a framework that mirrors cultural foundations that shaped gender roles and historical events that awakened a humanistic consciousness of gender injustice and sparked a feminist desire for equality. Through the lens of evolution and revolution, we reflect upon the cultural roots of the gender hierarchy.

In the Bible, God is unmistakably gendered as “HE,” “HIM,” and “HIS.” The Book of Genesis further cements the male-female hierarchy. In God’s image, the first two humans were created – Adam from dust and Eve from one of Adam’s ribs. Clearly, without Adam, there would not have been Eve. Eve’s secondary and peripheral position has been a major inquiry in feminist scholarship. Sandra M. Gilbert interprets Eve’s gender inferiority depicted in John Milton’s “Paradise Lost,” which is “the story of women’s secondness, her otherness, and how that otherness leads inexorably to her demonic anger, her sin, her fall, and her exclusion from that garden of the Gods which is also, for her, the garden of poetry”. Gilbert’s [1] 1970s realization of the primacy and the secondness in Adam and Eve, as designed by God, would be named “gender inequality,” from a 21st-century feminist perspective.

If humans are creations in the image of God, due to shared gender, the male gender was created as a figure of authority and truth. When the ultimate truth and the supreme power are gendered as male, anyone who believes God can easily find him/herself in the faith-based assumption that the female gender was created, like Eve, as an alterity or subordinate to the male. If men are the representation of God, again due to shared gender, they need to be obeyed and worshiped, not questioned and defied. Thus, a cultural blueprint of the hierarchical relationship of genders - patriarchy - took hold, iconographically and ideologically. Patriarchal gender roles have historically positioned women in alterity or secondness to men, resonating with the relation between Eve and Adam and creating a dichotomy of primacy vs alterity. For centuries, an inherent cultural heritage of male-centeredness with female periphery has been honored as well as weaponized for social order, chains of command, community make-up, and family unit. It has and still is in many ways the norm that patriarchal power establishes systems, runs institutions, and dictates human relations and social orders. Therefore, “standard” gender roles are still well in force and institutionalized with an “orderly” hierarchy with men at its top enjoying full human rights and entitlement, and women at the bottom with restricted freedom and limited to no option to exercise their rights. Women of color and LGBTQI+ individuals further problematize the dichotomy of primacy vs alterity or center vs periphery, as these individuals are not fit with patriarchal “norms” or “standards” of being male or female on a “neat” binary, and therefore, intersect gender and race with a series of sub-dichotomies, such as white women vs BIPOC women, cisgendered heterosexual men vs gay men, cisgendered heterosexual women vs lesbian women, among other sub-opposite pairings.

At the end of the 18th century, Europe ran into long-standing challenges to patriarchy. The French Revolution began with the Declaration of the Rights of Man and the Citizen in 1789. Disturbed by the absence of women in a landmark declaration, French playwright and activist Olympe de Gouges challenged an overwhelmingly male revolution with her 1791 Declaration of the Rights of Woman and of the Female Citizen, arguing that equal rights should be extended to women. As the mother of the first wave of feminism, English writer and philosopher Mary Wollstonecraft advocated for equal education for boys and girls in her 1792 treatise, “A Vindication of the Rights of Woman.” From a male’s perspective, in his “On Marriage” (1774) and “On the Civic Improvement of Women (1792), German thinker and writer Theodor Gottlieb von Hippel opposed female subjugation to male authority and questioned

female restriction to the home and exclusion from public life and office. In his forward-looking mind, women were as capable as men of succeeding in the humanities, sciences, politics, law, and medicine. Gender roles began to erode, and gender equality emerged as a revolutionary awareness and goal in Europe.

In the US, there was a 72-year lapse between the Declaration of Independence (1776) and the Declaration of Sentiments, presented at the 1848 Seneca Falls Convention. The convention set the women's rights movement on course in the country, after a 72-year-old republic had witnessed events and milestones that propelled the nation to growth, development, and sociopolitical transformations. The principal author of the Declaration of Sentiments, Elizabeth Cady Stanton, modeled the document upon the Declaration of Independence with an unmistakable echo of Thomas Jefferson [2]:

When, in the course of human events, it becomes necessary for one portion of the family of man to assume among the people of the earth a position different from that which they have hitherto occupied, but one to which the laws of nature and of nature's God entitle them, a decent respect to the opinions of mankind requires that they should declare the causes that impel them to such a course [3].

By paralleling the nation's claim to independence with American women's claim to constitutional rights, Stanton and her peers brought to light a burgeoning notion of gender equality in the new republic. The resonant wording and adopted phrase structures endeared the audience to the cause of women's rights as an integral part of unalienable human rights. The seeds of gender equality were well planted in the Declaration of Sentiments and would grow into women's suffrage movements and successive feminist waves in the US. Thus, to the 19th-century feminist pioneers, the American Revolution and the women's rights movement carried equal historical and revolutionary weight in defining the nation. From there, gender equality has been defined and channeled by American feminism.

The chapter authors in the book, from a multitude of perspectives, contexts, and geographic regions, zoom into "gender" as the key to dislodging discussions, debates, and discourses on culturally ascribed gender hierarchies and socially constructed binaries between men and women. Shifting back and forth between gender roles and gender equality, the chapters span a range of sub-fields in WGS – women in politics, sciences, the medical profession, technology, business, industries, the arts and humanities, education, and, most importantly, history. As a lexicon and a pivotal concept, "gender" is the kernel that conceived and developed feminist thoughts and values of gender equality in contrast to patriarchal gender roles in the book. It is a direct contribution to the field of WGS in the 21st century by validating a range of cross-disciplinary practices and cross-cultural approaches.

I thank the chapter authors for their dedication to the scholarship on gender roles vs. gender equality. Their patience and endurance in multiple revisions of the chapters ensure the scholarly quality of the book. The Publishing Process Manager, Elvira Baumgartner, was diligent in maintaining timely, smooth communication with the

various parties involved in the project and kept the writing and editing schedules well coordinated. Finally, I would also like to mention my life partner, Lhanoo, who has shown me that a man can be a well-suited advocate and defender of women's rights and gender equality.

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Introductory Chapter: Elizabeth I – Turning Gender Roles into Gender Equality

Mimi Yang

1. Introduction

Gender roles and gender equality are typically positioned as the two opposites of a dichotomy. Gender roles suggest an “orderly” male-and-female hierarchy and imply their gender-corresponding functions within a family, community, or an institution. Gender equality, on the other hand, is regarded as a feminist goal and an ideological discourse born from fighting against patriarchal oppressive gender roles. Elizabeth I (1533–1603), Queen of England, would have been the last woman to be considered relevant to the dichotomy of gender roles versus gender equality. The topic pertains to the issues we face in the twenty-first century across cultures, such as equal pay, female leadership, women’s educational opportunities, LGBTQI+ rights, reproductive laws, and childcare, among many others. How could the sixteenth-century queen help make the case?

This chapter does not intend to trace the chronological origins of gender roles or the theoretical foundations of feminism. Instead, it aims to examine some timelessly innate and organic elements in a woman, which can be awakened and activated from a dormant state under given circumstances, thus defying well-defined gender roles and achieving gender equality in an unlikely way. While many contemporary women and by-choice feminists can well serve the purpose of our study, Elizabeth I exemplified and magnified these elements on an immeasurable scale and with a larger-than-life, far-reaching outcome. Although she did not represent average women at her time or ours, she embodied these inborn elements as any woman across social classes and sectors, who intends to construct a self of an unfettered mind and an independent character. From the pinnacle of power, her survival desire, ambitions, abilities, skills, creativity, intelligence, and maneuvering resonate with any successful and powerful female leader across time and space.

In the Elizabethan Era, patriarchal norms and gender hierarchies governed every aspect of society and institutions. Feminism was not yet a vocabulary; gender equality would threaten social and cultural foundations. Nonetheless, Elizabeth found herself on an unlikely path to the throne, defended herself from constant perils, and kept her kingdom safe and intact from domestic frictions and international strikes. At the same time, she had to be both queen and king, navigating in men’s world without being crippled and disposed. England emerged as a world power on all fronts, and its arts and literature blossomed with a national character during her 45-year reign.

In search of “built-in” non-submissive elements in a woman, we must understand, on equivalent terms to the modern-day struggle for gender equality, what spurred the sixteenth-century queen to fight for gender equality, and how she deconstructed and made the two opposites of the dichotomy—gender roles and equality—fluid, mutually transformable, and complementary in seeking, securing, and harnessing the power needed for her reign and legacy.

2. Elizabeth I’s built-in non-submissive gender elements

Women have been historically positioned in alterity to men; social norms have dictated women’s existence in subordination to men’s as the latter are the strong and rational, and therefore, the protagonist of the world. After all, Eve came into existence from Adam’s body. These parameters have set up a gender hierarchy with corresponding gender roles regardless of cultures and societies. At her birth, Elizabeth I was expected to be a male heir by her father, King Henry VIII, and her mother, Anne Boleyn, the King’s second wife. As a Tudor, the King’s male heir would be exceedingly crucial to carry on the dynastic name and not to “reopen the terrible struggles of the Wars of the Roses, which the Tudors had settled” ([1], p. 361). The King was devastated to see another daughter in his life after the first one, Mary, with his first wife, Catherine of Aragon. Convinced of no chance of having a son with Anne Boleyn, in the name of adultery, Henry VIII annulled their marriage and executed Elizabeth’s mother in 1536. Elizabeth was only about 3 years old when Parliament declared her illegitimate and removed her from the line of succession. Despite royal blood, she became an underdog because of her gender. From day one, the future queen’s life had been entangled with male expectations and female disappointment. Being a woman certainly did not fit with the gender role ascribed to a king and was the reason for being discriminated against and discarded. In the face of the denial of her birthrights, reclaiming her place in the succession line, regaining her legitimacy in the institution, and later consolidating her authority was a haunting theme that motivated her actions and channeled her non-actions throughout life.

An underdog spirit shaped Elizabeth’s built-in non-submissiveness. When the Third Succession Act of 1543 restored the two half-sisters, Mary and Elizabeth, to the line of succession, but behind their much younger half-brother Edward VI, son of Henry VIII and his third wife Jane Seymour, with poise and obedience, she refrained from enforcing her equal rights and expressing any dissenting sentiment. After Edward’s death, Mary, who was Catholic and intended to restore Catholic power in England, became Queen Mary I. Elizabeth, raised in the Protestant faith and next in the succession line, was perceived as a threat to Mary I. The latter hoped to have an heir and remove her half-sister from the line of succession. Fearful of Mary I’s paranoia and power, Elizabeth’s underdog instinct made her a perfect actress for self-preservation. She took the initiative to meet Mary in person, pleaded ignorance of Catholicism, and asked for time to study it. She then made a public show of practicing the Catholic faith and staying away from Protestant rebels so that Mary would not have any reason to suspect and put her half-sister in prison. However, Mary still locked Elizabeth in the Tower of London for 2 months and questioned her involvement in Wyatt’s rebellion against the return of the Catholic authority in England. In imprisonment, the fear of being executed was a daily routine. With no evidence, Elizabeth was finally released.

These hanging-by-a-thread circumstances built an underdog with a survival instinct, despite Elizabeth's high birth or because of her royal lineage. Illegitimization, abandonment, and death threats marked her early life. She learned how to patiently wait for her turn without touching the sword of Damocles hanging over her head. An underdog understands that any act against power is suicidal and futile. In life-and-death games, gender roles looked quite pale and meaningless for both Mary I and Elizabeth I, daughters of the myogenic Henry VIII. Elizabeth understood that she would have a chance to recover what was hers by fighting like a man when the time was right.

Upon Mary I's death, Elizabeth ascended to the throne on November 17, 1558; with the supreme title of Queen Elizabeth I, her turn arrived at last. As an underdog growing up in fear, sorrow, abandonment, sickness, and loneliness, she developed a dual outlook on life: peril/privilege, victim/ruler, vulnerability/resilience, and female/male. The gender roles in sixteenth-century England did not have a place for a woman's complexity and gender nuances. Historian Merry E. Wiesner sketches women's condition in that era:

[w]omen shared a great deal with the men of their own class, and identified with the aims and aspirations of their fathers and husbands, but could not themselves achieve the same aims. As sixteenth-century men debated women's nature, becoming more obsessed with women's sexuality and controlling unmarried women, gender became increasingly important as a determinant of human experience ([2], p. 318).

In a male-dominant society, marital status, childbearing, domestic chores, and service to husbands were criteria used to determine a woman's "fitness" across social classes. Self-realization for a woman was sheer heresy. So, studying women in that time is *de facto* an examination of a power structure in the micro and macro worlds, and through a forced dichotomy between history versus women's history.

Elizabeth's underdog spirit gave birth to an organic, inner non-submissiveness, which prepared her for successive fights to validate herself as a queen, not unlike modern feminists' experience. The underdog spirit also scaffolded her later gender strategies to secure her reigning power. In the process, her desire to be equal to a king grew by the day, and the ambition to control her destiny and England's emerged intertwined by the magnitude of historical moments, events, and geopolitical interplays.

3. Elizabeth I's gender performativity: Male/female ambiguity

When women were sexual objects and dependent on their men for social standing and well-being, Elizabeth needed validation, authority, independence, and respect that a king would command. However, she could not revolutionize or go against century-old patriarchal institutions head-on. Her underdog's dual vision kicked in. Elizabeth refashioned herself to blend into established norms and structures while achieving her goal of gender equality from within. She devised a gender "ambiguity" strategy to "fit" with ascribed gender roles while working toward female leadership, comparable to a king's. A century ago, early historian Lytton Strachey described Elizabeth's masculinity in feminine disguise: "... lion-hearted heroine, who flung back the insolence of Spain and crushed the tyranny of Rome...." ([3], pp. 10–11). These "unwomanly" feats characterized her womanhood and queenship, spotlighted in her convening strength, commanding power, and ultimately, her appeal to the nation [4].

Her gender ambiguity strategy was especially effective under the Parliament's pressure for marriage. The Parliament wanted a married woman at the country's helm for two gender reasons. One was the "legitimate" distrust toward a woman's ability and judgment in leadership, and the other was the female bargaining power in forging political alliances for national security through her marriage. In Elizabeth's 1566 response to the Parliamentary Delegation on her marriage, she persuasively and cleverly demonstrated an innate sense of gender equality. First, inserting herself into traditional gender roles as a woman, she highlighted the willingness for marriage and producing an heir:

I will never break the word of a prince spoken in a public place, for my honour's sake. And therefore I say again, I will marry as soon as I can conveniently, if God take not him away with whom I mind to marry, or myself, or else some other great let happen. I can say no more except the party were present. And I hope to have children, otherwise I would never marry. A strange order of petitioners that will make a request and cannot be otherwise assured but by the prince's word, and yet will not believe it when it is spoken.¹

Bending into the immovable tradition with a royal sense of honor, she did not alienate the Parliament but earned the much-needed cross-gender trust. Then, associating kings with philosophy and intellect to play into the notion that men were rational and mindful, she positioned herself as a king's intellectual equal:

Kings were wont to honour philosophers, but if I had such I would honour them as angels that should have such piety in them that they would not seek where they are the second to be the first, and where the third to be the second and so forth.²

As a queen or an underdog, Elizabeth would do more than a king to honor and protect philosophers and the world of ideas and knowledge. She understood that an underdog needed to do more to be recognized as an equal to those privileged and overdogs. Then, she disputed the notion that she was not as "divine" as a male monarch and that a woman lacked the basic education to govern:

It is said I am no divine. Indeed I studied nothing else but divinity till I came to the crown; and then I gave myself to the study of that which was meet for government, and am not ignorant of stories wherein appeareth what hath fallen out for ambition of kingdoms--as in Spain, Naples, Portugal and at home; and what cocking hath been between the father and the son for the same. You would have a limitation of succession.³

Knowledgeable and skillful as a well-educated and trained man, she projected the confidence of a sixteenth-century ruler, transcending gender roles into gender equality. More profoundly, Elizabeth made a case against biological gender categories labeled at birth. Contemporary feminists and queer theorists wage wars against such

¹ Queen Elizabeth I of England Speeches, "Response to Parliamentary Delegation on Her Marriage, 1566." Elizabeth I, Speeches, 1566-1601 [Accessed: April 15, 2025] [5].

² Ibid.

³ Ibid.

categorizations when one's sex type or identity solely relies on a biological factor. Sociological feminists believe that gender is constructed socially and culturally, far more complex than biological labeling. Leading feminist thinker Judith Butler, among others, has long advocated the theory of "Gender Performativity." According to Butler, gender is a form of performance, which constitutes a sense of identity:

Through the conception of gender acts sketched above, I will try to show some ways in which reified and naturalized conceptions of gender might be understood as constituted and, hence, capable of being constituted differently. ... I will understand constituting acts not only as constituting the identity of the actor, but as constituting that identity as a compelling illusion, an object of belief. ... what is called gender identity is a performative accomplishment compelled by social sanction and taboo. In its very character as performative resides the possibility of contesting its reified status ([6], p. 520).

It was remarkable that Elizabeth, in the sixteenth century, anticipated these contemporary anti-birth-labeling thoughts. Moreover, like an actress, she performed her femininity to create a magnanimous monarch who would do what even a king would not do for the country. Her gender performativity was epitomized in her 1588 "Speech to the Troops at Tilbury," at a defining moment in British history.

In late May 1588, the Spanish Armada, the most fearsome naval fleet in the world at the time, advanced to England's shores and posed an imminent threat to the country. Lieutenant and Captain General Robert Dudley was put in charge of the land army at Tilbury, on the Thames. Drumming up the spirit of the assembled troops to face the powerful enemy, Dudley arranged for Elizabeth to visit Tilbury on August 9 in the year upon his appointment. The Queen delivered a 250-word formal speech, conveying the royal determination to defeat the Spanish Armada. What immortalized the speech was her ability to transform gender roles to gender equality.

I know I have the body but of a weak and feeble woman, but I have the heart and stomach of a king, and of a king of England too, and think foul scorn that Parma or Spain, or any prince of Europe, should dare to invade the borders of my realm! To which rather than any dishonour shall grow by me, I myself will take up arms, I myself will be your general, judge, and rewarder of every one of your virtues in the field.⁴

She polarized a female body and a male heart but simultaneously depolarized the two opposites by embodying them organically through androgynous expressions and compelling calls. Viewing her as a woman or a man became irrelevant; what mattered was the fighting spirit emanating from that female body made of courage, bravery, and, above all, wartime patriotism. As a commander-in-chief, her female persona embodied a superhuman effect, more masculine than a king would effectuate. The performance of gender ambiguity at that moment disarmed the sixteenth-century gender hierarchy and replaced it with a king-like female heroism and leadership. With the Queen charging, guiding the soldiers, and directing actions, what could be more inspiring than defending the country? As a result, England defeated the Spanish Armada, boosted national pride, and established the English navy as a formidable force.

⁴ <https://www.elizabethi.org/contents/armada/speech.html>

All this proved the success of Elizabeth's gender performance: a queen was no different from a king in courage, knowledge, leadership, and execution. She was able to transform a deeply entrenched gender hierarchy into acceptable gender equality without a feminist revolution. Her underdog's double outlook allowed her to see gender roles and equality as fluid and synthetic rather than fixed and antithetical.

In addition to the underdog spirit, Elizabeth's deep learning was another key element in her gender performance. As a princess, Elizabeth had an education that other women in her time would not have had access to. Her tutor, Roger Ascham, boasted "of her preparation in Latin and Greek rhetoric" ([7], p. 422). One can imagine Princess Elizabeth's natural intelligence and training to be a ruler. Her Tilbury speech revealed her prose writing in two interchangeable styles: the complex/ambiguous and the simple/direct. When explaining the cause of the imminent war, she employed the first style, "We have been persuaded by some that are careful of our safety, to take heed how we commit our selves to armed multitudes, for fear of treachery; ..." ⁵ It suits complex geopolitical circumstances of conflictive international interests. When calling for action, she relied on the second style, "I myself will take up arms, I myself will be your general, judge, and rewarder of every one of your virtues in the field." ⁶ Such a direct and personable language reached every soldier's heart, with or without education. Janet M. Green observes "[t]he internal evidence of the Tilbury oration" that "provides the best argument for Elizabeth's authorship" (p. 422). It is "a style that grows out of the subject" (p. 422). Elizabeth's learning resulted in effective communication, indispensable for her gender performance.

Throughout her life, Elizabeth's gender performance was largely enacted in her speeches in church, Parliament, and on the battlefield. She combined underdog spirit and deep learning to clear doubts about her leadership and instill the trust and confidence of her government, soldiers, and subjects. Meanwhile, she remained in her element—unmarried, strong-headed, and courageous. Time and again, she convinced her audience that she possessed every qualification of a king to govern, lead, and defend the nation, assuring them of the benefits and advantages of having her as their commander, protector, and authority figure. Elizabeth held herself and her words accountable: "Truly if reason did not subdue will in me, I would cause you to deal in it, so pleasant a thing it should be unto me. But I stay it for your benefit." ⁷ Mary Beth Rose puts, "It is in the speeches, therefore, that she cogently formulates and defines her authority, and she does so in explicitly gendered terms" ([9], p. 1077).

4. Elizabeth I's gender identity: Female superlatives

Western tradition has placed women in two extremes—the glorified, idealized Virgin Mary and the condemned, demonized sinner Eve, who seduced Adam to eat the apple and caused the fall of mankind from the Garden of Eden. However, in front of God, gendered as "HE," "HIM," and "HIS," the female gender claims no equality, and even the Immaculate finds herself as helper and backdrop to male protagonists—her son Jesus and the almighty God. John Milton wrote "Paradise Lost" between 1658 and 1663. The ten books of the poem further cemented gender roles in Western

⁵ Queen Elizabeth I's Tilbury Speech 1588 (The Armada) [8].

⁶ Ibid.

⁷ Ibid.

tradition by associating Eve with sin and suffering and placing Adam as the figure to be obeyed because of his shared gender with God. Sandra M. Gilbert poignantly calls out gender inequality between Adam and Eve in Milton's poem; it is "the story of women's secondness, her otherness, and how that otherness leads inexorably to her demonic anger, her sin, her fall, and her exclusion from that garden of the Gods which is also, for her, the garden of poetry." ([10], p. 370)

However, women's secondness and otherness had already been in place in England long before Milton. In the Elizabethan Era (mid-sixteenth century), which is considered the peak of the Renaissance, a woman's virtue still resided in how she served her husband and cared for their children, but also in how chaste she was. Chastity was the highest virtue of all godly qualities that a woman could attain from her second-class station. Whether in Protestant or Catholic tradition, it was virtuous and respectable for a woman to maintain her virginity. All female virtues—love, devotion, sacrifice, obedience, and, more significantly, chastity—converge in the Virgin Mary, mother of our savior. She commands visceral adoration and inspires worshippers across social classes.

In Tudor society, evoking and employing the image of the Virgin was a superlative act that would sanctify an unwed woman and confer upon her power and authority. To overcome women's secondness, establish her authority, and consolidate her power base, Elizabeth needed to blend into the power of the Virgin Mary within male-dominant orders and assumptions if she intended to achieve the "unwomanly" objectives. Only a woman's superlatives, larger than mortal men, could certify her legitimacy and maintain her at the pinnacle of power. Playing along these lines, Elizabeth was determined to create a superlative female gender identity, turning her secondness into "firstness," from an obedient and following gender role to an exemplary and superior model of morality and purity. In 1559, the House of Commons mocked Elizabeth for her celibate choice that "nothing can be more repugnant to the common good, than to see a Princess, who by marriage may preserve the Common-wealth in peace, to lead a single life, like a Vestal Nunne."⁸ She responded:

To conclude, I am already bound unto an Husband, which is the kingdome of England... (And therewithall, stretching out her hand, shee shewed them the Ring with which she was given in marriage, and inaugurated to her Kingdome, in expresse and solemne terms.) And reproach mee so no more, (quoth shee) that I have no children: for every one of you, and as many are English are my Children... Lastly, this may be sufficient, both for my memorie, and honour of my Name, if when I have expired my last breath, this may be inscribed upon my Tombe:

Here lyes interr'd Elizabeth,

*A virgin pure until her Death*⁹.

⁸ This is a secondary quote from King, p. 33. The original is from William Camden, *Annales: The True and Royall History of the Famous Empresse Elizabeth, Queene of England, France, and Ireland, etc. The Faith's Defendresse of Divine Renowne and Happy memory* (1625), bk. 1, 26, trans. From *Annales rerum Anglicarum et Hibernicarum, regnante Elizabeth* (1615). King's footnote 9 contains the original bibliographic information.

⁹ Ibid. Camden 27–29, based on King, p. 33. However, Jane Lewis situated Elizabeth I's proclamation of England/her husband in 1561. See note 8.

Under marriage pressure, Elizabeth proclaimed she was already a married woman whose husband was England. Her “marriage” was much larger than life, so much so that her “questionable” singlehood was eclipsed by her pure and virginal love for England; thus, “virginity” was the only proper word to describe her “marital” status. It made her look chaste, integral, respectable, and devoted to a history-making cause. “It is commonly acknowledged that although Elizabeth I vowed herself to a life of perpetual virginity, she entered into a symbolic marriage with England as her husband” ([11], p. 30). In this symbolic marriage, she melted her subjects’ hearts because, in an epic proportion, she enlarged a woman’s virtue of devotion to her husband, England, a symbolic figure loved by all her subjects. As the “Virgin Queen,” Elizabeth did not have to deal with political alliances and obligations through a royal marriage. Unlike her half-sister Mary I, married to Philip of Spain, or Queen of Scots Mary, married to Francis II of France and Lord Darnley of England, Elizabeth was not going to have a co-monarch who would interfere with domestic affairs and foreign policies and, ultimately, her decision-making. Her “virginity” spoke of her independent mind as a woman and her nation’s sovereignty as a queen.

Appearing to follow patriarchal gender roles and religious virtues ascribed to a woman, Elizabeth continuously refused various suitors to maintain her autonomy “through a deliberate decision to remain unwed” ([11], p. 33). In other words, she continuously flouted the gender roles without confronting the patriarchy. Purposefully, her 1559 Parliament speech [12] also struck a mystic kinship between the Virgin Elizabeth and the Virgin Mary, and vowed her lifelong celibacy like a biblical figure: “And in the end this shall be for me sufficient, that a marble stone shall declare that a Queen, having reigned such a time, lived and died a virgin.”¹⁰ She envisioned herself interred as a virgin queen in her grave, not unlike the Dormition of Mary. The image of a virgin queen commanded unparalleled respect from a sixteenth-century gender perspective by men and women. Elizabeth construed a “virginity” identity—the superlative for a female—as she “had to present herself as a chaste, virginal woman to prove that she was morally worthy of holding the traditionally masculine office of monarch” ([13], p. 201). By presenting herself as a virgin and controlling her sexuality, something women were considered incapable of doing, she demonstrated her ability and right to control her realm (201). This way, the Virgin Queen was both sovereign and godly and should have an eternal life like the Virgin Mary.

In their essay on Elizabeth I as the second coming of the Virgin Mary [14], Peter McClure and Robin Headlam Wells zoom in on the choreographed correlation between the Virgins, highlighting “the perfect symbol for the British virgo” in Astraea (p. 38). It is said that the queen did not purposefully portray herself as a virgin until the mid-1580s. Marching toward her 50s with a dim prospect of marrying a man and bearing an heir, the portrayal of the Virgin Queen aimed to wipe out doubts and fears over succession plans. Whether portrayed or real, her maidenly chastity fit perfectly with patriarchal values. She was and still is celebrated as “new Judith or Deborah, Eliza Triumphans, Astraea, Cynthia or even Venus-Virgo” ([11], p. 30). In addition, scholars like Emily Jane Lewis bring up another female superlative in Elizabeth: “She employed the image of motherhood as a symbol of her command over the kingdom, as well as a reason not to marry. ‘Destitute’ is doing fascinating work here; she is defending herself against potential insinuations of barrenness by affirming

¹⁰ 1559 Parliament Speech - The Elizabeth Files [Accessed: April 21, 2025].

motherhood over her subjects.”¹¹ Thus, Elizabeth justified her control and domination over England as a form of maternal love, not out of power, greed, or personal ambition. English literature witnesses ballads, pageants, and plays that sing her praise. English visual arts (religious or secular) have their Virgin Queen as a ubiquitous iconography, which has morphed into a national symbol.

Elizabeth integrated the two female superlatives of virtues—virgin and mother—into her. These superlatives liberated her from conventional gender roles. Louis Montrose succinctly summarizes how Elizabeth transformed gender roles to gender equality: “Elizabeth perpetuates her maidenhood in a cult of virginity; transfers her wifely duties from the household to the state; and invests her maternity in her political rather than in her natural body.”¹² Thanks to such an epic transformation, Elizabeth asserted her sovereignty by building a personal cult and portraying herself in terms equivalent to the Virgin Mary. She consolidated the power base in a way that not every queen would have dared dream of. Not only did Elizabeth firmly assert her monarchic power, but she left an enduring legacy that outlived her across time and space.

5. Conclusion

In Tudor society, reigning women had to emulate the ethos of the traditionally accepted gender roles even at the pinnacle of power. Unlike for a man, for a woman to forge a path to power, the first step was not to go against the patriarchal gender hierarchy but to embrace it and locate a place within it. Then, build a power base as a patriarchal insider to fit with male-dominated values and assumptions, whether religiously or socio-politically. Once Elizabeth ascended to the throne, she broke patriarchal norms without challenging or threatening them; on the contrary, she earned autonomy, independence, and respect from the institution and the country, which were far from ready for gender equality. More nuanced than many contemporary feminists, Elizabeth I turned the dichotomy of gender roles and gender equality into a self-chosen process of subjectivization. This was the secret for her unlikely path to power, remaining on the throne for 45 years as one of the longest-reigning sovereigns in history.

From a gender studies perspective, it is worth highlighting Elizabeth’s unique ability to negotiate her inner incoherence of “the body a weak and feeble woman” and “the heart and stomach of a king,” as an existential skill to fit into patriarchal norms and not let them destroy her and crush her ambitions. Bending and blending in are typical characteristics of an underdog who performed gender ambiguity and gender identity in the making of an extraordinary queen. Butler theorizes gender performances:

Significantly, if gender is instituted through acts which are internally discontinuous, then the appearance of substance is precisely that, a constructed identity, a performative accomplishment which the mundane social audience, including the actors themselves, come to believe and to perform in the mode of belief (p. 520).

¹¹ Lewis, Emily Jane [15]. [Accessed: April 21, 2025].

¹² Indirect quote from Mary Beth Rose, p. 1078.

Thus, Elizabeth was perfectly coherent outside, under the male gaze, within power structures, and in front of “the mundane social audience,” precisely because of her ability to handle the inner gender incoherence. Because of her gender performance and identity, she left no heirs but an unmatched empire.

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Chapter 2

Fair Trade and Empowerment of Women in Peruvian Agro-Exports

Hilda Alburquerque Labrin

Abstract

The study is related to the agricultural export activity of small producers, who are organized in cooperatives and associations for the export of their products through fair trade, and in which women have an active economic role, whether they are partners or wives of partners. These economic production units under study operate mainly in regions such as Cajamarca, Cusco, Junín, Piura and San Martín, and sell their agricultural products such as coffee, cocoa and bananas in international markets through fair trade organizations (Fairtrade International: FLO and World Fair Trade Organization: WFTO, among others). One of the major findings of the study is that, on the one hand, the women in these units control the various stages of their economic activity, generate their income in a sustained manner, and reach important levels of economic and social empowerment, which makes them capable of being providers for their families, resolving their care issues, and eventually associating for the development of their community. Through an econometric analysis, it was determined that factors such as the woman's age, educational level, land ownership, possession of a cell phone with Internet service, possession of Internet service at home, possession of a savings account, and being economically empowered, directly influence the social empowerment of the associated woman. Variables such as marital status of the woman and number of children exert an inverse influence on the social empowerment of the associated woman.

Keywords: women's empowerment, agro-exportation, gender, logit model, fair trade

1. Introduction

The current situation in Latin America and the Caribbean LAC shows us an uncertain economic, political, social, and environmental scenario that is less favorable than in previous years. The pandemic has further highlighted and deepened the large social gaps and inequalities, as well as the structural and institutional weaknesses of Peru, which must be considered and given the importance it deserves. It should be noted that the 2030 agenda within the SDGs aims to achieve the reduction of inequalities and decent work, promoting inclusive policies to support productive activities, especially related to decent work and the achievement of the ultimate goal of poverty reduction. Faced with this scenario, schemes such as fair trade appear as alternatives not only for economic activity but also as spaces to rethink production and consumption models.

The fair trade model allows the producer to obtain a decent income that reflects the real value of his work and allows him to promote his own means of social, business, and commercial development. In exchange, the consumer obtains a product of high comprehensive quality (physical, social, cultural, and ecological quality) at a reasonable price while supporting the sustainable development of the producer. One of its fundamental principles is gender equality. Although the efforts of the organizations have generated progress in this area, they are still insufficient to significantly improve the living conditions of the associated women. Fair trade, by itself, does not eliminate systemic sexism if it is not accompanied by structural changes in education, access to land, and equity in the distribution of domestic work. In many communities, women continue to face prejudice when assuming leadership roles in production and marketing.

From a social perspective, women's agricultural work has historically been made invisible or seen as an extension of domestic tasks. Fair Trade has allowed many to formalize their work and obtain their own income, strengthening their economic autonomy. However, in patriarchal communities, men still control the benefits, relegating them to secondary roles. In coffee cooperatives, for example, although there are women producers, men usually negotiate contracts and manage income.

From a cultural perspective, traditional structures have kept women in supportive roles in agriculture. However, fair trade has promoted their empowerment, with successful experiences such as groups of producers that manage their own marketing networks. In the case of cocoa, some women-only cooperatives have achieved independence and access to international markets. And from a historical perspective, before the rise of fair trade, women in the agricultural sector worked in informal conditions and without recognition. With globalization, many were absorbed by the traditional agro-export model, increasing job insecurity, especially in intensive crops such as fruits and flowers. Fair Trade has sought to reverse this situation by promoting labor rights and greater stability, as seen in banana and coffee cooperatives.

Measuring social empowerment as “a multidimensional process that includes the person, the couple, the family, the group, the community, the social organization, public and private institutions, the system of networks and alliances that form the social fabric, and the institutional and cultural context that is related to the social role and values of the institutions in their context,” as we attempt to understand the relative power of women in decisions about the productive activity they carry out. This empowerment will affect not only the amount of goods and services they will have access to, but will also constitute a means to achieve equality, which allows not only greater economic growth, but also lower levels of poverty and greater social and economic development [1].

2. Agro-exportation and women's empowerment in associative companies

2.1 Brief literature review

The fair trade model allows agricultural producers to obtain a decent income that reflects the real value of their work and allows them to boost their own means of social, business, and commercial development. In exchange, the consumer obtains a product of high integral quality (physical, social, cultural, and ecological quality) at a reasonable price while supporting the sustainable development of the producer. And in this context, one of the principles refers to gender equity. Breaking gender inequalities is a

pressing challenge, which reinforces the urgent need for a transformative recovery with equality and sustainability, based on a Big Push for Sustainability [2].

The history of Peru shows how machismo and patriarchy have influenced gender relations from pre-Hispanic times to the present day. In the pre-Hispanic era, although a social organization based on complementarity existed, the system was patriarchal, with the Inca and the male nobility concentrating power. During the colonial period, the Spanish conquest accentuated gender inequality, imposing a model in which women depended on their fathers or husbands and had restricted access to education and public life. After independence, republican laws perpetuated their exclusion, denying them civil rights such as voting and access to higher education. It wasn't until 1955 that Peruvian women obtained the right to vote. Throughout the nineteenth century and much of the twentieth century, their role remained limited to home and family care, with little participation in economic life [3].

The fight for equality is in flux. Although cultural structures still weigh, activism, education, and the greater participation of women in politics and the economy are driving a transformation. Figures such as Virginia Vargas, a Peruvian sociologist and feminist, founder of the Flora Tristán Peruvian Women's Center, have been key in this process. Likewise, feminist movements such as "Ni Una Menos", the "Manuela Ramos" collective, and the "Flora Tristán" Center have promoted debates and mobilizations on women's rights.

The Latin American Network of Women Transforming the Economy (REMTE) and the Center for Research and Promotion of Peasantry (CIPCA) are two organizations that promote women's empowerment in agro-exports and fair trade. Founded in 1997. REMTE is a transnational feminist network that promotes the solidarity economy and women's participation in economic development. In Peru, its representatives include Rosa Guillen, Maritza Alva, and Patricia Amat [4]. CIPCA, an NGO based in Piura since 1972, works for the equitable and sustainable development of rural areas, promoting women's empowerment in family farming and food security.

The division of labor, that is, the assignment of specific tasks to men and women, is the root of the gender inequalities that manifest themselves in the world of work, productive and reproductive, paid and unpaid [5]. Since the beginning of capitalism, although care work has been fundamental to sustaining life and the economy itself, the tasks that this work entails end up being devalued, being highly feminized, and, in many cases, unpaid. Thus, a significant part of women's work has become invisible, while the other part is poorly paid [6].

In Peru, biological differences between men and women have been interpreted through social constructs that perpetuate gender inequalities. These traditional role assignments limit female participation in various fields, such as leadership in science and technology, by associating women with domestic and caregiving duties. In education, these stereotypes influence vocational guidance, encouraging girls toward teaching and healthcare careers, while boys are directed toward scientific and technological disciplines. Furthermore, health gaps affect women's access to and quality of healthcare, especially in maternal health and chronic diseases.

Various studies have shown how social constructs amplify biological differences between men and women, perpetuating gender inequalities [7]. UNESCO highlights that, despite advances in educational enrollment, structural inequalities based on sex persist in the Peruvian education system, limiting women's educational and professional opportunities [8]. However, the female labor force participation rate reached 62%, surpassing the Latin American average of 51.8%. This increase is related to women's greater access to education and their growing representation in postgraduate

studies [9]. To achieve real gender equality, it is crucial to promote policies that challenge stereotypes and guarantee equity in education, health, and labor and political participation [10].

In the Peruvian case, care work is strongly marked by gender due to cultural, historical, and structural factors. Thus, due to cultural influence and patriarchy, caring for the family has traditionally been seen as a natural obligation of women, based on religious and cultural values that reinforce the image of the sacrificial mother and wife. In rural indigenous communities, the figure of “mother earth” (Pachamama) reinforces the link between women and care, which translates into the assignment of responsibilities for the protection and maintenance of daily life. Machismo and traditional gender roles still dominate family organization, which limits men’s participation in care [11].

The Fair Trade model plays a fundamental role in transforming the traditional image of the self-sacrificing mother and wife in rural areas. This model promotes gender equity and women’s empowerment through various strategies: active participation and leadership within cooperatives, access to productive resources, credit, and technical training. Furthermore, through various projects and strategies, they promote gender equity by challenging traditional roles that limit women’s participation in the economy and decision-making [12].

The fact that care work is assigned to women in Peru has direct consequences such as: (a) In access to employment, many women have informal jobs or jobs with reduced hours because they must balance paid work with care work. (b) Economic autonomy, as they are less inserted in the formal labor market, they depend more on their partners or family members. (c) Well-being and health: The overload of domestic and care work translates into higher levels of stress, fatigue, and mental health problems. (d) Political and social participation, lack of time limits their participation in community or political decision-making spaces [13].

In the study [14], the results indicated that education, both for men and women, is an important factor for female empowerment. This led to considering the JUNTOS program as an important factor for women’s empowerment in the long term. Likewise, [15] found that the JUNTOS program generates greater negotiating capacity for women, which allows them to become more involved in decisions about household resources. It was determined that age, educational level, access to paid work, and the woman being the head of the household have a positive and significant impact on the level of empowerment.

“JUNTOS” is a conditional cash transfer program aimed at households in extreme poverty to improve human capital in the long term. Although its primary goal is not to promote feminist consciousness, it has important implications for gender equality and women’s empowerment. By transferring money directly to mothers, Juntos recognizes and strengthens their role as managers of family well-being, which can increase their financial autonomy and decision-making capacity at home. Additionally, through talks and training associated with the program, many women become aware of their rights and the services available, taking a key step toward their empowerment.

On the other hand, according to the empowerment Framework for the analysis of the gender issue, which was developed by Sara Longwe in 1988, the process of recognizing and addressing gender inequalities can be understood in five levels of equality between women and men: (1) well-being; (2) access to productive factors; (3) gender awareness; (4) mobilization and participation in decisions and; and (5) control over resources and benefits. There is a synergistic and dynamic relationship between these five levels of equality [16].

They argue that empowerment is seen as a process of acquiring power, with a double dimension: individual and collective. Where, four levels of power are distinguished, these being [17]:

- The “power over”: It assumes that power only exists in a limited quantity, it is a power that is exercised over someone or, in a less negative way.
- The “power of”: It includes the ability to make decisions, to have authority, to solve problems and to develop a certain creativity that makes the person capable of doing things.
- The “power with”: It emphasizes the notion of solidarity, the ability to organize to negotiate and defend a common objective (individual and collective rights, political ideas, etc.).
- The “inner power”: It refers to the individual; and how he, through self-analysis and inner power, is capable of influencing his life and proposing changes.

Fair Trade small producer organizations in Peru have strengthened female empowerment through strategies that reinforce four dimensions of power:

- The “power over”: Leadership participation in Cooperatives.
- The “power of”: Training and business development.
- The “power with”: Support networks and collective bargaining.
- The “inner power”: Self-care, self-esteem and recognition.

In power over, the female presence in management positions within cooperatives has been promoted, such as in the NORANDINO Cooperative (Piura), which, in 2020, assigned 30% of its management positions to women [18]. In the “power of”, cooperatives such as ACOPAGRO (San Martín) have offered business management training to women, which has allowed 40% to diversify their production and create complementary businesses [19]. In the “power with,” women’s networks have been created, such as the Network of Coffee Women of the Valley of La Convencion (Cusco), which negotiate better prices and access to differentiated markets, improving their income and visibility [20]. In the “internal power”, initiatives such as those of the Pangoa Cooperative (Junín) have strengthened the self-esteem of the producers, changing the perception of their families, who now recognize them as producers and economic contributors, not only as “help” at home [21].

Regarding female empowerment Aldana ([22], p. 11), points out that it is the “process through which women become capable of organizing themselves, working, to increase their own autonomy, to assert their independent right to make decisions and to control the resources that will help them question and eliminate their own subordination.” Empowerment allows women, in addition to gaining access to material resources that benefit the family and the community, to share various responsibilities with men. Likewise, empowerment allows us to end gender stereotypes and encourages the presentation of shared solutions [22].

Female leadership in Peruvian agro-export manifests itself in various forms: businesswomen, managers, and community leaders, driven by access to employment, training, and economic empowerment. However, the transition from subordinate roles to leadership continues to face structural challenges. Some women have managed to found their own agro-export companies thanks to fair trade, financing, and cooperatives. Ruth Enciso, a farmer and businesswoman from Ayacucho, went from working on family crops to exporting organic quinoa, benefiting her community with better prices and certifications [23].

Others have reached management positions in large companies, challenging male dominance in senior management. Rocío Barrios, former director of ADEX and agro-export manager, has promoted equity policies and female training in the sector [24]. Likewise, many workers have risen to lead cooperatives, improving working conditions and promoting rights. María Huamán, in Cajamarca, went from being a harvester to leading the Sol y Café Cooperative, promoting gender equality and the training of women producers [25].

A key distinction in analyzing female empowerment in rural Peru is the difference between the traditional agro-export model and one that incorporates fair trade principles. The first, focused on a purely commercial logic and dominated by large private companies, usually reproduces precarious working conditions and unequal relationships between producers, intermediaries, and exporters [26]. In this scheme, women mainly occupy temporary, low-paid positions, and have little representation in decision-making spaces [27]. In contrast, the agro-export model based on fair trade promotes a logic of ethical and supportive trade, where the association of small producers is strengthened, the payment of stable prices, community social investment, and the active participation of women and youth in cooperative organizations [28, 29]. This model also values local knowledge, environmental care, and respect for native cultures, generating a more inclusive and sustainable environment [30].

Equity and women's empowerment are fundamental principles of fair trade, which encourage their inclusion in productive activities, allowing them to generate their own income and strengthen their economic autonomy. Their participation encompasses the production, processing, and marketing of these products, and, according to Fairtrade International, 25% of certified small-scale producers in Latin America are women, with a growing presence in Peru. Furthermore, fair trade establishes more equitable labor standards, which translate into greater job security, the elimination of wage discrimination, and access to social benefits, contributing to gender equity by empowering women in decision-making and access to productive resources. However, challenges persist, such as unequal access to land and the need to strengthen female representation in leadership positions [12].

If we want to create stronger economies, achieve the Sustainable Development Goals and improve the quality of life of women, families and communities, it is important to empower women; in addition to developing conditions for their full participation in politics, the economy, culture, business and in all areas of development [31].

Agriculture is the main source of employment and income in rural areas of developing countries, where most of the lowest-income people live. Rural women play a key role in agricultural activities and increasing food and nutritional security, as farmers/producers, workers, and entrepreneurs. However, they have less access than men to the resources and opportunities they need to be fully productive. Therefore, the objective of the study is to identify and analyze the factors of women's empowerment that allow gender equality in the Fair Trade Small Agricultural Producer Organizations of Peru.

2.2 Agro-exportation in Peru

In this section, the term agro-export is differentiated from the broader term agricultural exports. While both refer to agricultural products destined for the international market, agro-export refers to a more modern segment of Peruvian agriculture, characterized by its orientation to the external market, modernization, and compliance with international quality and sustainability standards [32]. In contrast, traditional agricultural exports usually come from family systems with a low level of mechanization [27]. This distinction is key, since the modern agro-export model has reconfigured labor and gender dynamics, incorporating numerous women into temporary and segmented jobs [26]. Analyzing fair trade in this context implies examining whether these new forms of productive organization contribute to transforming or perpetuating gender inequalities [33]. This study starts with this differentiation to analyze agroindustrial export sectors where fair trade emerges as an alternative with potential for equity, but whose real impact on female empowerment still requires a critical evaluation [34].

2.3 Macroeconomic environment

Peru's Gross Domestic Product (GDP) between 2010 and 2020 reflects a generally solid economic growth, without neglecting the country's vulnerability to external factors and the internal challenges that had to be faced in the face of the COVID-19 pandemic. The agricultural sector maintained its dynamism during 2020 even in the context of the pandemic, thanks to its connection with basic products, which allowed it to register an expansion rate of 1.3 percent. Here, it is worth highlighting the continuous growth of the sector for 16 years [35]. The growth of the agricultural sector in the second decade of the twenty-first century (3.6 percent) was supported by export-oriented agriculture (7.2 percent). Agro-exportation represents approximately 10% of the country's Gross Domestic Product (GDP), which shows its importance in generating foreign currency and boosting the national economy [36].

The growth of Peruvian agricultural exports between 2000 and 2018 responded to several key factors. Trade openness, with the signing of FTAs with strategic markets such as the United States, the EU and China, facilitated access to high-value markets. Added to this was the diversification of the offer, with products such as grapes, blueberries, avocados, and asparagus, consolidating Peru in international trade. Investment in infrastructure, with projects, such as Chavimochic and Olmos, expanded the agricultural frontier, while the adoption of technology improved productivity. A favorable regulatory framework attracted investments and promoted agro-exports. In addition, obtaining certifications such as Global GAP and fair trade allowed access to higher-value niches. The organization of small producers into cooperatives strengthened their negotiation capacity and access to financing. Finally, the diversity of microclimates and the harvest in counter-season with the northern hemisphere positioned Peru as a key supplier in the global market [37].

The signing of free trade agreements (FTAs) in Peru has differentiated impacts on the Fair Trade model and the traditional agro-export model. FTAs boost the growth of both, but can increase the challenges for small-scale producers associated with fair trade, who must adapt to international standards and increased competition [38]. In fair trade, the greatest effect is greater access to international markets. However, for the traditional agro-export model, the impact is reflected in market expansion, export growth, increased foreign investment, technological improvements, and job growth [38].

2.4 Exports, employment, and gender

How important is the employment generated by export activity, specifically by non-traditional exports in Peru? Between 2005 and 2008, only 33% of the employed EAP in Peru worked in primary activities. Of the female EAP, more than 70% of them are underemployed by income, and 27% are salaried [39]; only 10% do so in large companies [40]. The agro-export sector contributes to the generation of employment by employing approximately 1.5 million people in direct and indirect jobs. Between 2010 and 2019, direct jobs in agro-export increased by 60%, which had a significant impact on the Peruvian economy [41].

2.5 Agricultural exports and agro-exports

Historically, Peru has been a net exporter of primary products. Non-traditional exports have accounted for 25%, with ups and downs during the 2000s. Peru's agricultural exports have increased in recent years, due to the signing of free trade agreements (FTAs) with commercially allied countries. These new markets are providing opportunities to export non-traditional agricultural products, which are generally growing their cultivation areas, providing employment for many skilled and unskilled workers, as well as generating significant expectations for small producers to start export activities.

During the last decade, Peruvian agricultural exports have experienced significant growth, becoming one of the most dynamic sectors of the country's economy. Between 2000 and 2018, exports from the agricultural export sector grew at an average rate of 16 percent annually. Thus, Peru went from exporting US\$394 million in 2000 to US\$5913 million in 2018, which currently represents 45 percent of our non-traditional exports compared to 19 percent in 2000 [42].

2.6 Main export products

The main export products are asparagus, mangoes, grapes, avocados, and blueberries, which enjoy a high demand in international markets. In addition, Peru has stood out for the diversification of its agricultural products, entering new markets with products such as cocoa, coffee, quinoa, pomegranates, and bananas, among others. It is important to highlight that Peruvian agricultural exports have not only grown in volume but also in added value, which has allowed the export of organic products, certified by international quality standards. The evolution of agricultural exports is due to the high growth rates (most of them double digits) of its main products and, to a lesser extent, due to its diversification.

Thus, the agricultural sector has consolidated itself as the second most important sector in Peruvian exports, after the mining sector. It should be noted that exports of products such as blueberries, asparagus, and quinoa are ranked first worldwide, fresh grapes and mandarins (second), avocados in third, and fresh mangoes in fourth place. Among the main destinations for non-traditional agricultural products, the United States stands out, with shipments of US\$1162 million (32.5% share), the Netherlands (US\$554 million, 15.3%), Spain (US\$224 million, 6.3%), Ecuador (US\$118 million, 5%), Chile (US\$166 million, 4.6%), and China (US\$136 million, 3.8%). The United States has experienced significant growth in Peruvian agricultural exports, especially in fruits and vegetables. However, opportunities have also opened up in Europe, Asia, and other continents, thanks to the signing of trade agreements and participation in international fairs [43].

2.7 Fair trade in Peru

The Small Producer Organizations involved in Fair Trade (SPOs) are part of the Latin American and Caribbean Coordinator of Small Producers and Workers of Fair Trade (CLAC), which is an association established with legal status in El Salvador, represented in our country by the National Coordinator of Small Producers of Fair Trade (CNCJ). They receive the benefits of the interests of CLAC, which ensures their strengthening and development, promotes their products, and influences social, political, and economic bodies. Its cross-cutting axes are: gender, climate change, food sovereignty, child protection, youth inclusion, environmental sustainability, and good labor practices. The CNCJ-Peru brings together a total of 320 organizations with approximately 70,000 members. It should be noted that on average, 18% are women members, with some differences by region.

2.8 Quantitative analysis of women's empowerment

The study emphasizes the social empowerment of women in agro-exportation, specifically in the Fair Trade Small Producer Organizations of Peru. It should be noted that prior to the construction of the social empowerment variable, we will initially construct the economic empowerment variable. The analysis unit of the study is the women members or wives of members of the Fair Trade Small Producer Organizations of the regions of: Cajamarca, Cuzco, Junín (Central Selva), Piura, and San Martín.

For the design of the survey, information related to the objectives of the research was reviewed, identifying the following variables as priorities: Organizational profile, demographic profile, cultural profile (educational level and training), social profile, labor profile, levels of empowerment, land ownership and problems, use of technology, information technology, access to communications, financial inclusion, support of social programs, perception, and personal self-assessment.

The study proposed to solve the following hypothesis: "There are individual factors, contextual environment, characteristics of the home and family environment that affect the empowerment of the associated woman, influencing the achievement of gender equity in the organizations of small agricultural producers in Peru."

The operational form of the research was to identify the variables that influence the social empowerment of women. These are grouped into the following dimensions: individual organizational, interorganizational, and contextual environment factors. It is proposed to empirically estimate the degree of women's empowerment through the following expression:

$$\Theta m = f(xm, xh, H, \alpha m) \quad (1)$$

Where:

- Θm : Represents the relative power of women, measured through the opportunities that women have to exercise their rights in society.
- xm : Represents the individual factors or characteristics of women: age, educational level, marital status, and level of economic empowerment in the home.

- x_h : Represents the contextual factors and/or characteristics of the home: number of children, access to basic services, access to communications (Internet), and financial inclusion (savings account).
- H : Represents the factors of the family environment: inheritance (land ownership) and ownership of other assets (cell phone).
- α_m : Proxy variable.

Construction of the social empowerment variable:

Following Crespo et al. [1], to measure this variable, the following question is proposed as an approximation of the social empowerment of women:

What type of participation do you have in your cooperative or organization?

1. You are a member, but you do not hold a position on committees, on the board of directors, or in an administrative position.
2. You are the wife of a member and you do not hold a position on committees.
3. You are a member and you hold a position on the board of directors.
4. You are a member and you hold a position on some committee.
5. You are a member and you hold an administrative position.

The research included statistical and econometric analysis that allowed us to identify and analyze the main indicators related to the topic of research.

It should be noted that following the methodology of Vera Tudela, the economic empowerment of women within the home was measured through women's access to and control over family income [44, 45].

2.8.1 The econometric model

A logit econometric model was estimated to identify the influence of women's socioeconomic characteristics on social empowerment. The logit econometric model specified is as follows:

$$\begin{aligned} social_empowerment = \ln\left(\frac{P_i}{1-P_i}\right) = & \alpha_0 + \alpha_1 X1 + \alpha_2 X2 + \alpha_3 X3 \\ & + \alpha_4 X4 + \alpha_5 X5 + \alpha_6 X6 + \alpha_7 X7 + \alpha_8 X8 + \mu \end{aligned} \quad (2)$$

where:

- Dependent variable: Social empowerment, takes two values:
0: Woman not socially empowered (response alternatives 1 and 2).
1: Woman socially empowered (response alternatives 3, 4, and 5).

- Independent variables: age of woman, educational level of woman, marital status of woman, number of children, land ownership, ownership of cell phone with Internet service, ownership of Internet service at home, ownership of savings account, and economic empowerment.

3. Results

It was determined that factors such as the woman's age, educational level, land ownership, possession of a cell phone with Internet service, possession of Internet service at home, possession of a savings account, and being economically empowered, directly influence the social empowerment of the associated woman.

Factors that drive social empowerment:

- The age of the woman has a positive and significant effect, indicating that, the older she is, the greater the probability of social empowerment (+1.12% per year).
- A higher educational level also favors empowerment (+1.53%), although it is not reflected in a proportional participation in managerial roles.
- Land ownership (+7.58%) is relevant, showing that autonomy in access to resources strengthens their empowerment.
- Having a cell phone with Internet (+18.48%) and Internet at home (+1.44%) facilitate access to information and opportunities.
- Having a savings account (+11.47%) favors financial independence and decision-making.
- Economic empowerment is the factor with the greatest positive impact (+26.56%), reinforcing that economic autonomy is key to social participation.

Factors that limit social empowerment:

- Marital status: Being married or cohabiting reduces the probability of social empowerment (−13.53%), suggesting that family responsibilities may limit participation.
- Number of children: Each additional child decreases the probability of empowerment (−5.85%), probably due to the burden of child care.

Table 1 shows that the social empowerment of women in agro-export is strongly influenced by individual, economic, and technological factors but also faces structural barriers.

On the one hand, access to resources and economic autonomy are key determinants. Women with greater education, land ownership, and access to financial services are more likely to take on leadership roles within their organizations. In particular, economic empowerment stands out as the factor with the greatest positive impact, suggesting that when women achieve financial independence, they also gain greater participation in community decision-making. Likewise, access to technology,

Independent variables	Coefficient/significance	Marginal effect
Constant	-3.738765 (-2.325006)	
Age of woman (X1)	0.069275** (2.265027)	0.011217
HEducational level of woman (X2)	0.094635 (0.659778)	0.015323
Marital status of woman (X3)	-0.835524 (-1.105633)	-0.135289
Number of children (X4)	-0.361116** (-2.133518)	-0.058472
Land ownership (X5)	0.468260 (0.738284)	0.075821
Owning a cell phone with Internet service (X6)	1.141373** (1.994333)	0.184812
Owning Internet service at home (X7)	0.089078 (0.142480)	0.014424
Owning a savings account (X8)	0.708744 (1.301824)	0.114760
Economic empowerment (X9)	1.640204** (2.093334)	0.265583
McFadden R-squared	0.248499	
Observations	101	

Estimation of the logit econometric model. Prepared by the authors. Significance in parentheses.
Source: Survey on gender equity and women's empowerment in agro-exports. Significance at 90% ($T > 1.64$).
***Significance at 95% ($T > 1.96$).*

Table 1.
Estimation of the logit model - main results.

especially the Internet through cell phones, has facilitated its integration into information networks and commercial opportunities.

However, the study shows that family responsibilities continue to limit social empowerment. Women who are married or have more children are less likely to be actively involved in running their cooperatives, indicating that the burden of domestic work and childcare continues to fall primarily on them. This reinforces the need for complementary measures that reduce these inequalities, such as family conciliation policies, greater access to child care, and a cultural change within organizations to encourage equitable participation.

4. Analysis of the empowerment index and its determinants

4.1 Economic empowerment

The results indicate that 82% of women have high economic empowerment, which allows us to infer that they exercise their right to control and benefit from resources, assets, and income, thus improving their economic situation and well-being. It should

be noted that the research included other questions to analyze the achievement of empowerment, the results of which are as follows:

- Seventy-two percent indicate that they can express themselves, and their opinion is taken into account in the family, and 75% state that their partner considers their opinion regarding the education of their children.
- Thirty percent earn the same as their partner, and 6% earn more than their partner.
- Ninety-three percent state that both decide how the money that their husband or partner receives is spent and 62% state that both decide on large household purchases.
- Eighty-five percent of women have the support of their family members (parents, in-laws, relatives, older children) to care for their children in the event of contingencies or for work reasons.

4.2 Social empowerment

The results showed that 64% of women are socially empowered, so they can play leadership roles that favor their position in the community. In the answers to the question What type of participation do you have in your Cooperative or Association?, we were told that there is a very high percentage of women (38%) who, even though they are members or spouses of members, do not hold a position on Committees, the Board of Directors, or administrative positions. Only 18% of those surveyed are members and hold a position on a Board of Directors. The reasons why the majority (50%) do not participate in the management positions of the Cooperative or Association indicate that it is due to domestic and family responsibilities, and in other cases, to the lack of support from the Directors to give women an opportunity.

4.3 Determining variables of social empowerment

The econometric model determined that factors such as the woman's age, educational level, land ownership, possession of a cell phone with Internet service, possession of Internet service at home, possession of a savings account, and being economically empowered, directly influence the social empowerment of the associated woman. This shows that changes in these independent variables increase the probability that the woman is socially empowered.

Let us analyze each of these variables:

- Age: The relevance of age is explained because the older a woman is, the more experience she accumulates, which allows her to accumulate greater knowledge regarding the activity she develops, which is important for occupying important positions within the cooperative or organization.
- Educational level: 50% of the respondents have a higher technical or university education level, which reveals the family's interest in overcoming the educational gap, especially among women. However, if we relate this result to participation

in their organization (18%), it is observed that there is no consistent relationship since this human resource that would contribute greatly to the development of the organization is not being taken advantage of.

- Land ownership: 50% of women are individual landowners and are engaged in some activity on the family farm (98%), which demonstrates their knowledge in this field and their important contribution to generating higher income for themselves and their family, although this work is often invisible since their work is considered family help.
- Possession of a cell phone with Internet service: In the case of the relevance of owning a cell phone with Internet service, it is explained because these technologies have allowed for reducing gaps and obtaining all kinds of information immediately, which benefits the cooperative or organization to which they belong.
- Possession of Internet service at home: In relation to the Internet at home, the figure is reversed. Only 23% have the service. However, 71% of those who have the service use it only for their children's education, given the current situation.
- Savings account ownership: 46% of the women surveyed have and use a financial product, such as a savings account. Those who do not have one point out as reasons: not having enough income, lack of confidence in financial institutions, and in other cases, external contexts such as the remoteness of financial institutions.
- Economic empowerment: The economic empowerment variable allowed us to demonstrate the dimensions of empowerment and how economic empowerment has a positive influence on social empowerment. The relevance of economic empowerment in social empowerment is explained because women being self-sufficient facilitates development processes, allowing them to generate sustainable alternatives for themselves and the people around them. This has allowed us to observe today how women join together and form their own cooperatives or organizations, with the aim of getting ahead independently.

5. Conclusion: Recommendation

5.1 Conclusion

The study shows that fair trade has been a key factor in the economic and social empowerment of women in Peruvian agro-exports by improving their access to technology, financial inclusion, and economic autonomy. Factors such as age, education level, land ownership, and access to digital tools have contributed to their independence, allowing them to play a greater role in production. However, structural barriers persist, limiting their participation in leadership roles within cooperatives and associations, as marital status, the number of children, and the burden of domestic work continue to significantly impact their social empowerment. Despite many women having higher education and being key players in the sector, their presence

in decision-making spaces remains low, partly due to organizational structures that do not facilitate their participation in leadership positions. In this context, although fair trade has created significant opportunities, its impact on gender equity remains limited without structural transformations that promote greater participation.

5.2 Recommendation

To strengthen the empowerment of women in Peruvian agro-exports, it is recommended to implement training programs in leadership and business management, promoting their participation in decision-making within cooperatives. It is essential to ensure their access to land ownership and control through equitable policies, as well as to promote work-life balance through childcare services and a fairer distribution of domestic work. Additionally, access to financing and technology should be expanded to enhance their economic autonomy and integration into global markets. To ensure effective participation, it is advisable to establish gender quotas in decision-making spaces, strengthen support networks among women producers, and raise awareness within organizations about gender equity. Finally, it is suggested to periodically evaluate the impact of fair trade from a gender perspective to identify progress and adjust strategies that ensure its effectiveness in reducing inequalities.

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Domesticating the Savage (Slot): The Ethnography of Marriage, Gendered Division of Labor, and Marital Satisfaction for Heterosexual Women

Julissa Contreras Castanon and Madeline Rae Gonzalez

Abstract

Inspired in part by Judy Brady's feminist manifesto *I Want a Wife*, Gary Becker's economic theory in *A Treatise on the Family*, Michel-Rolph Trouillot critique of modernity, and each authors' respective autoethnographies as wives: both Latinas, one a formerly heterosexual newlywed in couple's therapy, the other a former military wife and divorcee; this chapter analyzes gender equality in marriage from a Feminist Epistemology Standpoint. In line with the personal is political, marriage (and satisfaction/dissatisfaction within a marriage) is not simply the result of the individual's choices but rather needs to be observed within the context of how socioeconomics intersects with race and gender to reinforce boundaries and expectations of what a "successful" marriage is, or risk being categorized as other (and subsequently seen as "less than" by societal standards) whether it is purposely being single/unpartnered or making the decision to be unpartnered through divorce. We are taught to view marriage in comparison to the standards set forth by the eurocentric Anglo-American definitions, assuming the gender role of being a wife in the Global North is inherently more equitable than being a wife in the Global South. While we acknowledge socioeconomic privileges do impact gender equality, we also need to be critical of the inequities that persist within a marriage, examining the role of being a wife as a savage-slot in itself regardless of geography, focusing on gender roles and gendered division of labor stratified by race, place, and space.

Keywords: egalitarian division of labor, feminist epistemology, gender, savage slot, second shift, social role theory

1. Introduction

I belong to that classification of people known as wives. I am A Wife. And, not altogether incidentally, I am a mother. Not too long ago a male friend of mine appeared on the scene fresh from a recent divorce. He had one child, who is, of course, with his

ex-wife. He is looking for another wife. As I thought about him while I was ironing one evening, it suddenly occurred to me that I, too, would like to have a wife. Why do I want a wife? – Judy Brady, “I Want a Wife”, Ms. Magazine, 1972.

A critical assessment of modernity must start with the revelation of its hidden faces. – Michel-Rolph Trouillot, Global Transformation, 2003.

Feminist Epistemology acknowledges objectivity is impossible as one's experiences inform their interpretations and understandings of social norms, in addition to defining how a subordinate group must know how to survive in their oppressor's world in addition to knowing their own reality [1]. Subsequently, the dominant group/oppressor is not forced to know the reality of the subordinate/oppressed group and assumes they are similarly situated. The dominant group then assumes the privileges they experience are the same for the subordinate group. In the context of this chapter examining gender roles we identify the dominant group as cisgendered heterosexual men and the subordinate group as cisgendered heterosexual women, further stratified by white subjectivity, the assumption that the experience of a white racial identity is universal and “the only representation of humanness” [2].

Transdisciplinary fields of study have already done the work to understand why women are historically positioned in alterity to men, in that women “exist” in opposition to men regardless of which social norms define those parameters. If men are perceived as being strong and rational by this logic women are perceived as being weaker and less influential [3]. Black, Indigenous, Women of Color scholars, both on behalf of institutions and within their own community through kitchen table scholarship, have further scrutinized this dichotomy at the intersection of race, ethnicity, and sexuality against the standard of white cisgendered heterosexual men. By that same metric, white cisgendered heterosexual women, who comparatively have more privilege than BIPOC, are simultaneously in alterity to white cisgendered heterosexual men while also representing the utopia in which ethnography assumes their experiences to be the normative experience. When gender identity and gender roles are discussed, we understand that to be with an asterisk denoting the rest of the previously stated identities even if they are not outright expressed. Inspired in part by Judy Brady's feminist manifesto *I Want a Wife*, and Gary Becker's economic theory in *A Treatise on the Family*, this research analyzes gender equality in marriage, applying Michel-Rolph Trouillot's critique of anthropology and modernity from a Feminist Epistemology Standpoint.

In 1981 economist Gary Becker wrote *A Treatise on the Family*, applying economic theory to the analysis of the nuclear household, emphasizing the main economic advantage of marriage is determined by a gendered division of labor to accumulate wealth [4]. Critically accessing marriage exposes the savage-slot in relation to marriage in the West compared “the third world”, yet there is a lack of reflexivity that examines the eurocentric Anglo-American wife as a savage-slot itself, further chipping away at the geography of the imagination in which the West is perpetually the standard for modernity, boasting that they have perfected marriage as “a pure relationship, i.e., an apolitical, egalitarian union” [5].

In line with the personal is political, marriage (and satisfaction/dissatisfaction within a marriage) is not simply the result of the individual's choices but rather needs to be observed within the socioeconomic context that reinforces boundaries and expectations of what a “successful” marriage is, or risk being categorized as other (and subsequently seen as “less than” by societal standards) whether it is purposely

being single/unpartnered or making the decision to be unpartnered through divorce. We are taught to view marriage as mutually beneficial set forth by the eurocentric Anglo-American definitions as the standard, assuming the gender role of being a wife in the Global North is inherently more equitable than being a wife in the Global South, establishing what Trouillot defines as the savage-slot being the outcome when “the West structures a set of relations that necessitate both utopia and the Savage” [5]. While we acknowledge the socioeconomic privileges that do impact gender equality, we also need to be critical of the inequities that persist within a marriage, examining the role of being a *wife* as a savage-slot in itself regardless of geography when accounting for gender roles, gendered division of labor, and marital satisfaction.

2. Defining the roles of husband, wife, and marriage

Trouillot defines North Atlantic universals as “always prescriptive inasmuch as they always suggest, even if implicitly, a correct state of affairs: what is good, what is just, what is sublime or desirable—not only what is, but what should be” [6]. In discussing the ethnographies of marriage, the North Atlantic universals in this research focus on the roles of being the *husband*, the *wife*, and, in referring to the marriage itself, what it means to have a *successful* marriage, a *happy* marriage.

From the field of economics we define the parameters of marriage based on the marriage market. The economics of women and the family is primarily analyzed through unitary models and non-unitary models, with Becker’s model being an example of a unitary model for family decision making, assuming that men and women choose their partner based on being in agreement what utilities each person brings into the marriage—market wages and unpaid domestic work—and the distribution of those utilities—sharing income and childcare responsibilities [7]. A construct similar to *happiness*, economists measure *utility* under the assumption individuals will make decisions to maximize their own [8]. Becker’s unitary model of the family consists of a *husband*, *wife*, and children. This model assumes that the *husband*, whose utility is providing income, is altruistic in which what he individually decides how to allocate resources coincides with what is best for the family [4, 9]. From a Feminist Epistemological Standpoint, non-unitary models are considered more egalitarian, or fair, as both the wife and husband are responsible for increasing the utility of the household because it is assumed that both individuals have control over the resources and apply joint-decision making [9].

In the 1990s Black feminist legal scholar Kimberlé Crenshaw coined the term intersectionality and is credited as the first person to introduce the concept in academia of how race, class, gender, and sexuality converge to form new and unique categories of oppression, specifically looking at the ways Black women were dually discriminated in the workforce. Crenshaw defines intersectionality as “a way of understanding and analyzing the complexity in the world, in people, and in human experiences” through analyzing “the social division of class, race, gender, ethnicity, citizenship, sexuality, ability, religion, and age” [10]. Prior to adopting a Feminist Standpoint Epistemology that included intersectionality, various fields of study relied on an additive model of inclusion, inaccurately assuming all women experienced the same underlying stressors regardless of race, continuing the legacy of white subjectivity as the “universal” standard. Case in point, this chapter is not immune from perpetuating white subjectivity; while the ethnography of marriage focuses on both race and gender, a limitation of our research is citing sources that explicitly defines heteronormativity

in marriage yet is uncritical in addressing how does heteronormativity and gender roles express themselves in an interracial marriage. For our own subsequent research or as a future research inquiry for anyone interested, it would be worth revisiting this chapter to include an explicit intersectional analysis on heteronormative marriages.

This singular focus of gender in white subjectivity examines how sexism reinforces the power that men have to oppress women. In relationships, this power imbalance manifests itself in how men and women divide the responsibility of finances, maintaining the household, and control over decision making [11]. A feminist approach to marriage addresses not only the individual response of men and women towards their significant other but also at how those individual responses parallel the expected societal norms; power inequality in heterosexual couple relationships has been correlated to the lack of egalitarianism, patriarchy, and to male privilege [12]. Social role theory supports this claim by examining the impact of socialization on boys and girls through gendered stereotypes, determining what behaviors and activities are acceptable for men and women to enact. The outcome of internalizing these expectations is reflected within heterosexual marriage as women take on greater responsibilities in the home while men take on greater responsibilities in the workplace [13]. Egalitarianism seeks to address this power imbalance by emphasizing fairness between couples rather than gendered division of labor, especially when accounting for shifting gender roles as more women choose to enter the workforce.

A methodology that we argue is inaccurately used synonymously with egalitarianism, neoliberalism reconfigures gender roles through “[encouraging] people to see themselves as individualized and active subjects responsible for enhancing their own well - being... [linking] moral probity even more intimately to self-reliance and efficiency, as well as to the individual’s capacity to exercise his or her own autonomous choices” [14]. However, similar to egalitarianism, it does not address the structural barriers that created these discrepancies in the first place. This individualistic approach assumes that men and women share equal societal power if not for women’s inability to advocate for themselves, while relying on the suspended disbelief that all but sexism has been addressed in our society, including equal institutional access and full integration into the public sphere [14]. Despite neoliberal feminism being harmful to all women, it continues to be utilized as a benchmark for progress because of how it has benefitted middle class white women, whose racial identity has been assumed to be universal to the experiences of all women regardless of their racial and ethnic identities [2]. In response to gender in the U.S. being a social construct that historically has centered “bourgeois, White, and heterosexual feminism’s universal conception of the woman... inseparable from race and class” a Black feminist epistemology was developed to center the concerns and knowledge acquisition of marginalized women and “... emphasize the importance of intersecting oppressions in shaping the U.S. matrix of domination... against white male interpretations of the world” [15, 16]. Legitimacy of knowledge is determined by the dominant group/oppressors. Thus, while gendered power dynamics for white women are determined by white men, gendered power dynamics for Black, Indigenous, people of color (BIPOC) are further stratified not only by the expectations of white men but also by the gendered expectations of white women and men of the same race and ethnicity.

We argue it is a taken-for-granted truths of how we define the gender roles of *husband* and *wife* is often ignored by those fulfilling them as it can cause discomfort and requires self-awareness of one’s own privileges, internalized biases, and being aware of the ways marriage perpetuate, benefit, and collude with the status quo of white heteronormativity [17]. This is our West created by the geography of imagination; this

is the standard in which the North Atlantic universals insist it is more beneficial for men and women to combine resources as a shared household, in which this chapter seeks to dismantle the false dichotomy of gender equality in marriage as being solely a byproduct of the West [5, 6].

3. Examining the wife as the savage-slot

Historically, men experience male privilege in society which allows for power inequality compared to women across disciplines and fields of study. For example, in 1981 economist Gary Becker wrote *A Treatise on the Family*. In applying economic theory to the analysis of the family, he claimed that the biological differences between men and women gave them a comparative advantage to invest in gendered division of labor within a marriage as both sexes provide complementary human capital specialization: the household sector for women and the market sector for men. Becker's claim was supported through agricultural studies comparing societies that engaged in either shifting agriculture—utilizing handheld tools such as hoes and digging sticks—or plow agriculture to predict gender roles [18]. In societies that practiced plow agriculture, men were valued for their physical labor while women were valued for bearing and rearing children, positively correlating plow agriculture with gender inequality and negatively correlating with female labor force participation [18]. In the United States and Western countries, industrialization and women's liberation allowed for more economic opportunities that no longer required a strict gendered division of labor, yet gender roles persisted. Subsequently, power dynamics remained that stereotype men as independent, distant, and emotionally withdrawn while women were stereotyped as being caring and expressive [11]. In the workplace, these power dynamics are viewed positively for men as committed employees for spending more time working in the office and negatively for women due to perceived work-family conflict, as employers assume regardless of employment women are responsible for the household [19]. Social role theory explains how both men and women internalize these expectations, perpetuating male privilege and power inequality both in society and as *husband* and *wife*.

Ethnography, having historically positioned whiteness as universal, more readily fills the savage-slot with the racial and ethnic other, as demonstrated by Perveez Mody's research "Intimacy and the Politics of Love" based in India:

Ethnographic studies of love and companionate marriage have thus sought to systematically destabilize the valorization of love as a largely Euro-American phenomenon or an outcome of modernity and globalization [5]

The purposeful distinction of companionate marriage as opposed to interracial, inter-secular, and arranged marriages discussed in Mody's work provides insight to how the North Atlantic universals work in collusion with the savage-slot. We assume a companionate marriage, even in a patriarchal society like the U.S., positions the wife as having more autonomy and therefore is better off than she would be (1) outside of the U.S. (2) in an arranged marriage. Thus an ethnography of marriage should be critical of the taken-for-granted truths modernity assumes of gender roles and gender equality, for us to not only be aware the expectations of being a *husband* and of being a *wife* by the societal standards we experience but also awareness to the similarities between being a *wife* by eurocentric Anglo-American standards and by the supposed alternative of being a *wife* anywhere else in the Global South.

In the West/Global North, the majority of research focuses on the main economic advantage of marriage being determined by wealth, even when accounting for differences in educational attainment, work force participation, having children, and divorce. In the U.S., women's liberation has allowed for more economic opportunities and increased wages regardless if women are actively participating in the labor force [4, 20, 21]. Even with more women investing in their educational attainment prior to marriage, which positively correlates with increased economic opportunities and labor force participation, heterosexual couples assume traditional gendered division of labor where women forfeit labor market experience to invest in household specialization. From the National Survey of Families and Households, among all married mothers, an increase of \$1000 in her husband's income was correlated with a 1% decrease in her likelihood of returning to work within a year after birth [7].

Marital status and wealth attainment is so significant that there is a "pauperization of motherhood" in which single mothers in the United States (both divorced or never married) have the worst economic outcomes due to being the primary caregiver of their children whether employed or not and lack of financial compensation for their unpaid domestic labor [20]. The savage-slot of the eurocentric Anglo-American wife can be examined from three power dynamics: *Married and Unemployed*, *Married and Employed*, or *Divorced and Employed*.

3.1 Married and unemployed

I would like to go back to school so that I can become economically independent, support myself, and, if need be, support those dependent upon me. I want a wife who will work and send me to school. And while I am going to school I want a wife to take care of my children. I want a wife to keep track of the children's doctor and dentist appointments. And to keep track of mine, too. I want a wife to make sure my children eat properly and are kept clean. I want a wife who will wash the children's clothes and keep them mended. I want a wife who is a good nurturant attendant to my children, who arranges for their schooling, makes sure that they have an adequate social life with their peers, takes them to the park, the zoo, etc. I want a wife who takes care of the children when they are sick, a wife who arranges to be around when the children need special care, because, of course, I cannot miss classes at school. My wife must arrange to lose time at work and not lose the job. It may mean a small cut in my wife's income from time to time, but I guess I can tolerate that. Needless to say, my wife will arrange and pay for the care of the children while my wife is working. – Judy Brady, "I Want a Wife", Ms. Magazine, 1972.

Assuming Becker's unitary model of the family holds true, women have the comparative advantage over men in the household sector and should invest in human capital by bearing and rearing children while men invest their time in employment. However, the economic trade-off for financial dependence of the wife on the husband is at the cost of marital satisfaction through emotional contagion. When the husband experiences work stress through role overload and role conflict, feeling that he has too many responsibilities compared to his available resources to address them, men's burn-out directly and negatively affects women [13]. When confronted with stress adults can default to gendered responses. Men, socialized to not express their emotions, withdraw from the argument while women, socialized to express their emotions, more readily use communication to problem solve; this mismatch results in feeling of exhaustion and resentment by the women as they are negatively stereotyped as "nagging" [22].

3.2 Married and unemployed case study: Madeline

As newly married and 21 years old, I had just quit my customer service job to move 50 miles away from home to be close to the military base my husband was stationed at. We had mutually decided that I would be a stay-at-home wife as he would work long days and one income could sustain the both of us. Culturally speaking, it is common in Latino culture for the male to assume the role of “provider” in the relationship:

Men also cited responsibility as a core tenet of masculinity. Men spoke of responsibility in ways that likely might be expected: to take care of one's family, to be on time for work and to demonstrate a work ethic, to be a devoted partner and sensitive lover. But men also believed that responsibility meant living their lives consistent with their values [23].

Not only it is a cultural norm but it ties into manhood. Again, another chapter in another book. The male works outside the home to obtain the resources to make the bread and inside the home, the woman makes the bread. There is a Spanish colloquialism, *la ama de la casa*, used to describe a housewife. It is said to be derived from the word *alma* meaning soul. It is said that this spirit of the home can be found as a keeper of the kitchen, the one which nourishes those in the home. Our arrangement was one that went without conversation. It did not need to be told to me as I assumed my role as I was married and unemployed. I assumed this was the highest honor as a wife. Of course, I would do all the cleaning, cooking, and laundry. Shoutout to the social and cultural messages. What else was I bringing to the table?

3.3 Married and employed

I want a wife who will take care of my physical needs. I want a wife who will keep my house clean. A wife who will pick up after me. I want a wife who will keep my clothes clean, ironed, mended, replaced when need be, and who will see to it that my personal things are kept in their proper place so that I can find what I need the minute I need it. I want a wife who cooks the meals, a wife who is a good cook. I want a wife who will plan the menus, do the necessary grocery shopping, prepare the meals, serve them pleasantly, and then do the cleaning up while I do my studying. I want a wife who will care for me when I am sick and sympathize with my pain and loss of time from school. I want a wife to go along when our family takes a vacation so that someone can continue to care for me and my children when I need a rest and change of scene. – Judy Brady, “I Want a Wife”, Ms. Magazine, 1972.

The same decade Becker claimed the economic outcome of marriage is good when the men's labor force participation, measured in work hours and income, exceeds the losses in women's labor force participation, incentivizing for the wife to choose marriage and motherhood instead of employment, sociologist Arlene Kaplan Daniels theorized what is invisible labor, the unpaid work that goes “unnoticed, unacknowledged, and unregulated” [24–26]. In 1989 sociologist Arlie Hochschild coined the term second shift to describe the (unpaid) household and childcare responsibilities in addition to working outside the home [27]. Feminists have understood invisible labor to refer to women's work in the private sphere of one's home, contrasted to what is socially expected (and subsequently rewarded) as men's work

in the public sphere of employment, in that “an hour of household or market time of women is not a perfect substitute for an hour of time of men when they make the same investments in human capital” [4].

Dual income households have a median net worth that is approximately seven and a half times greater than the median net worth of single adults, averaging \$100,000 compared to \$14,000/\$16,000 for divorced women and men, and \$8000/\$9000 for never married women and men [20]. While employed married women have greater income pooling their resources with their husbands, as individual employees, women not only earn less wages (approximately \$0.83 per \$1.00 earned by men) but they are less likely to be promoted [19]. Additionally, women are negatively stigmatized in the workforce due to perceived work-family conflict, as employers assume regardless of employment the wife will be responsible for the household.

3.4 Married and employed case study: Julissa

I began dating at 19, was engaged at 20 and married by 23 to my then boyfriend—now husband—9 years my senior. Around this time, we sought Marriage and Family Therapy to address what we believed to be the pertinent stressors in our relationship: miscommunication, being quick to defensiveness and anger, and struggling to follow through with completing tasks and household chores. I felt I was the only one taking on the responsibilities of the household while being employed and attending college, compared to my husband who was only working. Because I was socialized as a girl, and especially because I was parentified at an early age as the oldest daughter in a Latina household, in my own adult relationship I had assumed the responsibilities of this second shift in which I felt obligated to put in the work to maintain a clean and organized home. Because my husband was socialized as a boy, and benefitting from *machismo* culture in which men are expected to have dominance, power, control, and superiority over women [17], it allowed for him to be unaware of the invisible work I was doing because it was not work he was expected to do himself.

I had joined marriage and family counseling with a hopeful outlook that the therapist would be able to address our marital dissatisfaction by providing coping skills for my husband to be proactive in managing the household and communication skills for myself to express my feelings of resentment without disparagement. Yet, it became clear to me early in our sessions that there was a fundamental difference between what she and I considered to be *fairness* and what we believed could be achieved within the marriage. The next 2 years of therapy left me more disappointed and frustrated than before at the therapist whose professional opinion was that I needed to accept that my husband’s mental health issues were more severe than mine, and therefore, I should expect to take care of him and not expect reciprocation. This was a supposed reality that both my husband and I did not want for ourselves, and in trusting the therapist’s expertise as an authority figure, we both dealt with a sense of guilt for disagreeing with her.

My relationship with my husband was also my first meaningful relationship as an adult. If I were to model our marriage based on the marriages I know of within my own Latine family across generations, then I should have been able to evoke *amor maternal* and put aside my own needs to care of his first, as recommended by the therapist [27]. This concept of women being subservient to men is not unique only to Latino culture, but rather the ways in which gender roles are expressed within a marriage requires cultural competency to support both Latinx men and women without being dismissive or unintentionally promote misogyny under the guise of an egalitarian division of labor [28].

3.5 Divorced and employed

If, by chance, I find another person more suitable as a wife than the wife I already have, I want the liberty to replace my present wife with another one. Naturally, I will expect a fresh, new life; my wife will take the children and be solely responsible for them so that I am left free. When I am through with school and have a job, I want my wife to quit working and remain at home so that my wife can more fully and completely take care of a wife's duties. – Judy Brady, "I Want a Wife", Ms. Magazine, 1972.

Compared to women from the baby boomer cohort, women over-invest in their marital bargaining power through delayed marriage and postponed fertility, to increase their educational attainment and labor force participation. More women have achieved undergraduate and graduate degrees compared to men with 4 out of 10 married women out-earning their husbands as the head-of-household [8]. Yet, women are expected by both their husbands and employers to be the primary childcare providers, either seeking out "mother friendly" occupations deemed low stress or with flexible hours, or altogether leaving the labor force, with 43% of women not returning to work [19, 20]. For women seeking employment after birth, there is a "mommy tax": lost wages, re-entry into lower paying jobs, and a decrease in a mother's earning power by 5–10% per child [22].

For wives that determine for themselves that marital satisfaction is the more important utility in a marriage than income, divorce is a valid option towards achieving stable equilibrium by opting out of the marriage market when their partner no longer holds up their end of this agreement. However, single mothers, whether divorced or never married, have to participate in both the household and the market sector as they are more likely than single fathers to receive full custody of their children. Even for women legally awarded child support, the delinquency rate was as high as 25% in 2011 for custodial mothers [19, 21].

3.6 Divorced and employed case study: Madeline

As we currently write our chapter, I am doing so as a divorced unpartnered woman. My last relationship being my aforementioned marriage. It was March 2013, our relationship launched as fast as it would 1 day come crashing down. He deployed that August and returned the following April of 2014. We exchanged wedding vows at the Norwalk County courthouse in June 2014. Our first year of marriage was hard, to say the absolute least. It quickly became evident how wounded from childhood we both were. To save a very long story for another chapter in another book, he decided in October of 2018 that we would finally call it. We would be going our separate ways. In retrospect, I consider this the pivotal catalyst for my growth and continued self-development. At the time, I was broken and unable to see the layers of what contributed to the turmoil weaved into us as individuals that bled into our relationship. The wounded parts of us wounded each other.

It would be remiss to say that I was completely unable to see the ways in which our wounded selves were impacting us. I was well aware that our relationship wasn't healthy and could acknowledge my part in the wrong doings. I took action at the young age of 23 years old when I sent out a message via Psychology Today to Dr. Klein. My ex-husband and I met with her for our first session and it evident that he was oblivious or rather, reluctant to see his own part in our marital issues. As it had been up to me to find a solution to "fix" our marriage, it was also on me to contain my own emotional

experience. Afterall, we are conditioned this way socially as boys and girls. Girls cry, boys do not. Men go out to work, and women do the work inside the home. Household chores, of course, and also the emotional labor. In retrospect, I thought nothing of it. I am the first-born, eldest daughter of an immigrant father. Without second thought, I carried not only my own but the household's (my husband and I) emotional load. You can imagine how hurt I felt when he was asked the reason for our desire to seek couples therapy and he replied, "my wife is depressed." My mother never questioned my father. Her mother never questioned my grandfather. Ancestrally, this is how things have always been and to think that I would be the exception is a burden only few understand.

4. Conclusion

My God, who would not want a wife? – Judy Brady, "I Want a Wife", Ms. Magazine, 1972.

Despite the trend of more married men and women being dual income earners and implementing an egalitarian division of labor in lieu of gendered division of labor, the majority of the second shift is still delegated to the wife. In comparison, research on arranged marriages in rural India introduced the concept of *sath dena* in which husbands "consulted their wives, trusted them, and stood by them in kinship disputes, illness, or crises..." [5]. Further diminishing the alterity supposed by the savage-slot, wives in the West expressing feelings of exhaustion, resentment, and "resigned to feeling alone and isolated" in their relationships is no different that wives in India expressing "resentment for the oppressive male kinship relations that extract labor from both women and their overmilked cows" [5, 22]. The savage-slot of the *wife* seeks to "expose" how detrimental the alter-native is, however, regardless of geography there is no inherent positive correlation with marital satisfaction and wealth as assumed by the marriage markets.

To be clear, the ethnography of marriage does not seek to discredit the utility of marriage nor invalidate the decision to align oneself with a gendered division of labor. The ethnography of marriage is a critique of the latent eurocentric Anglo underpinnings that define the gender roles of *husband* and *wife*, exposing there are more similarities between the perceived *utopia* of the Global North with that of the perceived *savage* of the Global South as we continue to advocate for gender equality.

Conflict of interest

The authors declare no conflict of interest.

Notes/thanks/other declarations

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Chapter 4

Gender Medicine: A Reality or a Hope?

Simona Maria Carmignano

Abstract

Gender medicine has emerged as a critical field in healthcare, focusing on the biological and social differences between men and women. Traditionally, medical research and practices were largely shaped by a binary model of gender, often neglecting the health needs of women, transgender, and non-binary individuals. This manuscript explores the evolution of gender medicine, examining the historical marginalization of women in clinical research and the cultural stereotypes that have influenced medical practice. The rise of gender medicine reflects the growing recognition of the complex ways in which both biological and social gender differences impact health outcomes and treatment responses. The manuscript highlights the shift toward a gender-neutral approach that moves beyond the traditional male/female binary, advocating for personalized care that includes diverse gender identities. Despite significant progress, challenges remain, including entrenched gender norms in healthcare institutions and the need for better training among healthcare providers. This paper concludes by discussing the future of gender medicine, emphasizing the importance of inclusivity and equity in shaping a healthcare system that adapts to the needs of a diverse patient population.

Keywords: gender medicine, gender-neutral healthcare, biological sex, gender identity, healthcare inclusivity, medical bias, gender differences in health, transgender health, non-binary health

1. Introduction

Before delving into gender medicine, it is essential to first address an issue that underpins the entire subsequent discussion: the distinction between sex and gender. Understanding this difference is crucial because it forms the foundation for how gender-based factors impact health, disease, and medical treatment. The distinction between sex and gender is fundamental in understanding various aspects of human identity and social dynamics. Although the terms are often used interchangeably, they refer to different concepts, each playing a unique role in shaping personal and societal experiences.

1.1 Sex vs. gender: Understanding the differences

Sex refers to the biological and physiological differences between male and female individuals. It is typically categorized based on physical traits such as reproductive organs, chromosomes, and hormones. When a baby is born, their sex is often assigned as male or female based on external genitalia. However, sex is more than just the visible anatomy—it includes factors like:

- *Genetic*: Males typically have XY chromosomes, while females have XX chromosomes.
- *Hormones*: Testosterone and estrogen influence the development of physical traits such as body hair, muscle mass, and voice pitch.
- *Anatomy*: This includes internal reproductive organs (such as ovaries and testes) and secondary sexual characteristics like breast development or facial hair.

While sex is often understood in a binary way (male or female), it is important to recognize that variations in sex characteristics exist, leading to individuals who may be intersex—those whose biological sex characteristics do not fit typical definitions of male or female.

Gender, on the other hand, is a more complex concept related to the roles, behaviors, and expectations society has for individuals based on their perceived sex. Unlike sex, which is biologically determined, gender is a social and cultural construct that varies across different societies and evolves over time. Gender encompasses multiple dimensions, including:

- *Gender identity*: How an individual personally experiences and understands their gender, which may or may not align with their assigned sex at birth.
- *Gender roles*: Societal expectations regarding behaviors, responsibilities, and activities deemed appropriate for individuals based on their gender. These roles, while historically rigid, are increasingly being challenged and redefined.

1.2 Gender expression: A reflection of identity

Gender expression refers to the outward manifestation of a person's gender identity through appearance, behavior, speech, and mannerisms. It is influenced by both individual identity and cultural norms, evolving across time and societies. While some people conform to traditional gender norms, others challenge them, broadening the scope of gender representation.

For many individuals, gender expression is a way to align external appearance with internal identity, serving as a form of self-affirmation. This expression may include choices in clothing, hairstyles, or mannerisms that reflect one's gender identity. However, the way people express gender is not static—some individuals experiment with different presentations before finding what feels most authentic to them.

Cultural diversity plays a significant role in shaping gender expression. In some Indigenous cultures, for instance, the Two-Spirit identity represents a blending of masculine and feminine traits, emphasizing that gender is not always viewed in binary terms. In many parts of the world, gender expression has historically been more fluid, with societal expectations shifting over time.

Unfortunately, individuals who do not conform to traditional gender norms often face stigma, discrimination, and social exclusion. This can impact mental health and access to basic rights, including equitable healthcare. Recognizing and respecting diverse gender expressions is fundamental to fostering a more inclusive and accepting society, particularly in the medical field, where understanding gender diversity can improve patient care and outcomes.

1.3 The consequences of confusing sex and gender

Failing to distinguish between sex and gender has profound implications, not just on an individual level but across entire societal and medical frameworks. When institutions, policies, and medical practices do not differentiate between these concepts, it can lead to systemic biases that reinforce discrimination and inequality.

One of the most significant consequences of this confusion is medical misrepresentation, where treatments, research, and protocols default to a male-centric model, often ignoring how biological and social gender differences influence disease presentation, medication efficacy, and health outcomes. This has historically led to the underrepresentation of women and gender-diverse individuals in clinical research, resulting in treatments that are less effective—or even harmful—for certain populations.

Moreover, the conflation of sex and gender has severe repercussions for transgender and non-binary individuals, who frequently face barriers to adequate medical care. Many healthcare systems are still not equipped to provide gender-affirming treatments, leading to higher rates of mental health issues, untreated chronic conditions, and medical distrust within these communities. Additionally, misgendering patients or failing to recognize their gender identity in medical settings can contribute to feelings of alienation and avoidance of healthcare altogether, further exacerbating health disparities.

Beyond medicine, the broader societal implications of this confusion manifest in legal, educational, and workplace inequalities, reinforcing gender stereotypes and limiting opportunities for individuals who do not fit within rigid gender binaries. Addressing these issues requires not only a change in medical practice but also a shift in cultural perceptions, policies, and institutional structures that shape everyday life [1–5].

1.4 Gender identity and sexual orientation in sociocultural and scientific perspectives

Gender identity refers to an individual's internal sense of self—whether masculine, feminine, both, or neither—which may align with or diverge from their sex assigned at birth. As a fundamental component of social identity, gender shapes personal experiences, influences institutional interactions, and affects access to opportunities, making it a central subject in sociological and psychological research [6]. Distinguishing between sex and gender is crucial for understanding the broader social dimensions of identity beyond biological determinants. Contemporary studies emphasize that gender is not solely a biological construct but is profoundly shaped by cultural, social, and historical contexts. Cross-cultural research has revealed substantial variations in gender norms and roles, demonstrating that what is perceived as masculine or feminine is not universal but culturally dependent [7]. The lived experiences of transgender and non-binary individuals further challenge the notion

that biological sex dictates gender identity. A person assigned male at birth may later identify with traditionally feminine characteristics, illustrating that gender identity evolves independently of biological sex. While certain physiological traits, such as menstruation and lactation, remain biologically consistent, gender expressions and social roles vary widely. For example, clothing conventions differ significantly across cultures; garments deemed feminine in Western societies may be considered masculine in various Middle Eastern, Asian, and African contexts [8].

1.5 Sexual orientation as a multifaceted construct

Sexual orientation refers to an individual's enduring pattern of emotional, romantic, and sexual attraction. Common classifications include heterosexuality (attraction to individuals of a different sex), homosexuality (attraction to individuals of the same sex), bisexuality (attraction to individuals of both sexes), and asexuality (lack of sexual attraction) [9]. In many societies, heteronormativity has historically positioned heterosexuality as the default sexual orientation, reinforcing expectations that often marginalize those who do not conform. This is evident in societal attitudes, such as the frequent questioning of homosexual individuals about when they became aware of their orientation, while heterosexual individuals rarely face similar inquiries [10].

Scientific research suggests that awareness of sexual orientation typically emerges between middle childhood and early adolescence, independent of sexual activity. Studies have explored potential genetic, hormonal, developmental, and sociocultural influences on sexual orientation, yet no singular determinant has been conclusively identified. The prevailing scientific consensus recognizes sexual orientation as a complex interplay of multiple factors rather than a trait defined by a single cause [11]. Disparities persist for sexual and gender minorities across multiple domains, including education, employment, and healthcare. School surveys indicate that LGBT students are disproportionately subjected to verbal harassment, physical violence, and cyberbullying, contributing to increased stress and lower academic engagement [12]. Prejudice and discrimination against sexual and gender minorities often stem from misinformation and deep-rooted societal biases. Efforts to address these inequities have led to significant legislative and policy reforms. Many legal frameworks now recognize same-sex marriage and prohibit discrimination based on sexual orientation. Amendments to human rights legislation have explicitly outlawed differential treatment, ensuring greater protections for LGBT individuals [13]. Advocacy and educational organizations play a crucial role in promoting equality and inclusion, working to establish support networks, implement awareness programs, and influence policy reforms that foster inclusive societal structures. Ongoing institutional and legal advancements continue to shape the discourse on gender and sexuality, reinforcing the recognition of diverse identities in contemporary societies [14].

1.6 Gender medicine: A multidimensional approach

Gender medicine explores the biological and socio-cultural differences between men and women in healthcare. It acknowledges that disparities in health outcomes arise not only from biological factors but also from environmental, cultural, and social determinants, collectively referred to as “gender.” According to the World Health Organization (WHO), gender is a social construct that influences behaviors, roles, and actions associated with a specific sex, significantly impacting health and

well-being. Contrary to the misconception that gender medicine focuses solely on women's health, it is an innovative framework addressing disparities across all genders. This field examines how diseases manifest and progress differently in men and women, considering biological variations alongside social, economic, and psychological inequalities. Historically, medical research has been predominantly based on male physiology, often excluding women from clinical studies. This exclusion has created significant gaps in understanding diseases that disproportionately affect women, such as cardiovascular conditions and autoimmune disorders. Furthermore, women's health concerns have frequently been misattributed to psychological factors rather than biological causes, perpetuating harmful stereotypes that frame women as fragile or emotionally unstable.

Cultural biases have shaped healthcare provider perceptions, often portraying women as passive and delicate while viewing men as robust and resilient. These stereotypes have contributed to the underdiagnosis and undertreatment of women in areas like heart disease and pain management, while men have often faced overdiagnosis and overtreatment. For instance, women experiencing myocardial infarction (heart attack) frequently report symptoms such as nausea, fatigue, or jaw pain, rather than the classic chest pain more commonly observed in men. As a result, their condition is often misinterpreted or underestimated, delaying critical interventions such as angioplasty or thrombolysis [15, 16]. Similarly, women suffering from chronic pain conditions like fibromyalgia are frequently dismissed or misdiagnosed as having psychological issues, reinforcing the tendency to perceive their pain as emotional rather than physical [17]. Meanwhile, men are more likely to undergo prostate cancer screenings, such as PSA testing, even in the absence of symptoms. This practice has led to overdiagnosis of slow-growing tumors that may never impact their health, resulting in unnecessary surgeries or treatments with significant side effects. Additionally, depression in men is often masked by aggression or substance abuse, leading to misdirected treatments that address external behaviors rather than underlying mental health conditions [18–20]. These disparities also extend to pain management. After surgical procedures, men are often prescribed higher doses of opioids based on assumptions about their higher pain thresholds, whereas women receive lower doses due to perceived fragility [21]. These biases not only compromise care quality but also perpetuate gender-based health inequalities. By addressing these stereotypes, gender medicine promotes a more equitable, evidence-based approach to healthcare. It acknowledges that health is shaped not only by biological and physiological factors but also by social, cultural, and psychological influences. This perspective is essential in ensuring that individuals receive accurate, individualized, and equitable medical care [22, 23]. Gender medicine stands apart from traditional medical practice by incorporating broader social contexts into healthcare. While conventional medicine largely focuses on biological and anatomical aspects, gender medicine recognizes that societal expectations, cultural norms, and access to resources play pivotal roles in shaping health experiences. For example, women's health is often influenced by cultural norms that define their roles as caregivers. These expectations can make it difficult for women to prioritize their own physical and mental well-being, leading to delayed diagnoses and treatments [24, 25]. In societies where women are expected to care for children or elderly family members, their own health needs may be overlooked. Additionally, power imbalances in decision-making can limit women's ability to advocate for their own medical needs. Gender medicine seeks to address these barriers by promoting healthcare policies that acknowledge gender inequalities and work toward more inclusive treatment approaches. Another key strength of gender

medicine is its intersectional approach, recognizing how gender interacts with other social identities such as class, ethnicity, sexual orientation, and disability. Traditional medicine often treats health as solely biological, whereas gender medicine acknowledges that an individual's lived experiences significantly impact their healthcare access and outcomes. By considering these intersecting factors, gender medicine fosters more inclusive medical practices and policies that reflect the diversity of patients' realities [26].

1.7 Gender, race, and health disparities in sociological and medical contexts

In *The Sociological Perspective on Race in Medicine Historically*, race has been interpreted as a biological and genetic category in medicine and public health, often attributing health disparities to inherent racial differences. However, contemporary research increasingly challenges this perspective, emphasizing the significant role of social, economic, and political factors in shaping health outcomes [27]. The concept of race is now understood as a social construct with profound implications for healthcare access, treatment, and disparities in medical outcomes. Cardiologist Richard Cooper asserts that race, in a biological sense, does not exist and should be viewed as a social category influencing health status. Institutional racism and socioeconomic inequalities, rather than genetic predisposition alone, largely determine health disparities among racial groups. For instance, systemic barriers in healthcare access and quality contribute to higher morbidity and mortality rates among marginalized communities [28]. Studies indicate that racialized women experience compounded disparities due to both gender bias and racial discrimination in medical settings. For example, African American women in the U.S. have higher maternal mortality rates than white women, a disparity linked to systemic racism, implicit bias in medical practice, and reduced access to quality prenatal care [29]. Furthermore, early research classified sickle cell anemia as a "Black disease" despite its prevalence among Mediterranean, Middle Eastern, and South Asian populations. This misclassification led to racially targeted screening programs that overlooked individuals of other ethnicities affected by the condition. Recognizing these classification errors, contemporary healthcare policies now recommend universal newborn screening to ensure equitable detection and treatment [30]. Recent pharmacological research highlights differences in drug metabolism, response, and side effects among racial and ethnic groups. For instance, African American patients with hypertension tend to respond better to thiazide diuretics compared to beta-blockers, while studies suggest that Asian patients with schizophrenia require lower doses of haloperidol due to differences in drug metabolism [31]. However, the emphasis on genetic variation in drug response must be balanced with consideration of environmental and social determinants, such as disparities in healthcare access and socioeconomic status, which also shape treatment efficacy [32]. A notable example is a study on the effects of zidovudine (AZT) in HIV-positive patients, which initially suggested limited benefits for African American and Latino men. Subsequent research revealed that socioeconomic factors, including differential access to healthcare and advanced disease progression at the time of treatment, significantly influenced outcomes, highlighting the need for intersectional analyses in medical research [33]. The historical mistreatment of racial minorities in medical research and practice continues to influence trust in healthcare institutions today. The foundation of modern gynecology, for example, was built on unethical experimentation on enslaved Black women in the nineteenth century, who underwent invasive procedures without anesthesia. Similarly, in the twentieth

century, marginalized women were subjected to coerced sterilizations under federally funded programs, exemplifying systemic abuses rooted in racial and gender discrimination [34].

Such historical injustices contribute to contemporary medical mistrust among racialized communities, creating additional barriers to healthcare utilization. Addressing this legacy requires proactive measures, including community engagement in research, culturally competent medical training, and policies that prioritize equitable healthcare access [35]. A more inclusive approach to medicine requires recognizing the interconnected roles of race, gender, and social determinants of health. This includes:

- Implementing universal screening programs to prevent racial misclassification in disease diagnosis.
- Expanding medical training to address implicit biases and improve culturally competent care.
- Integrating socioeconomic and environmental factors into pharmacogenetic research to ensure equitable treatment outcomes.
- Efforts to dismantle race-based medical assumptions and prioritize intersectional frameworks will enhance healthcare equity and improve health outcomes for all individuals, regardless of race or gender identity [36].

2. Cultural and historical context: Gender medicine through time

In 1991, B. Healy introduced the concept of “Yentl syndrome.” The term refers to the protagonist of Singer’s nineteenth-century tale, Yentl, who had to disguise herself as a man to gain access to education. Healy’s editorial in the *New England Journal of Medicine* highlighted the unequal treatment of women in cardiology, noting that women hospitalized for coronary heart disease were less likely to undergo diagnostic and therapeutic procedures compared to men [37, 38]. The unequal treatment of women in cardiology, as highlighted by Healy in the *New England Journal of Medicine*, exposes a long-standing issue in healthcare: the gender-based disparities in diagnosing and treating coronary artery disease (CAD). Healy observed that women admitted with CAD were less likely than men to receive diagnostic tests or therapeutic procedures. This discrepancy points to systemic biases within the medical field, which influence clinical decisions and contribute to gender disparities in health outcomes. Historically, cardiovascular diseases have been associated with men, leading to a lack of awareness about how these conditions present in women. This perception can result in women being underdiagnosed or misdiagnosed, especially when their symptoms differ from the classic male presentations. Women often show more subtle or atypical symptoms of heart disease, such as fatigue, nausea, or shortness of breath, rather than the sharp chest pain that is more common in men. Because of these differences, healthcare professionals may not immediately consider heart disease as a possibility for women, which delays necessary treatment [39]. Symptoms of heart disease can manifest differently in men and women, which often complicates diagnosis. Men typically present with the more recognizable signs of a heart attack, like severe chest pain, while women may experience more generalized symptoms. This difference can

lead to delayed recognition of heart conditions in women, as their symptoms may not be immediately attributed to heart disease. Consequently, women may not receive prompt or appropriate interventions, affecting their prognosis negatively [40].

Even when women are diagnosed with heart disease, studies show they are less likely to receive aggressive treatments, such as angioplasty or coronary bypass surgery, compared to men. One reason for this is the stereotype that women are more fragile or less likely to benefit from such invasive procedures. These assumptions lead to less aggressive management of women's conditions, which could limit their chances of recovery and increase the risk of complications [41].

The treatment disparities seen in cardiology are closely tied to socially constructed gender stereotypes that shape both societal views and medical practices. The stereotype that heart disease primarily affects men has influenced the way heart conditions are researched and treated. This male-centric view has resulted in diagnostic and treatment protocols that often fail to account for how heart disease presents differently in women.

Moreover, historically, research, often based on male subjects, continues to dominate both animal studies and clinical trials [42].

The predominance of male subjects in research, particularly in animal studies and clinical trials, has been a significant issue in biomedical science and healthcare. Historically, most medical research has been conducted on male subjects—both male animals in preclinical studies and male participants in clinical trials. This practice has resulted in a substantial knowledge gap when it comes to understanding how diseases and treatments affect women differently, and it continues to influence the development of medical treatments and the diagnosis of various health conditions.

The exclusion of female subjects in research can be traced back to the early days of medical science when women were often considered too complex due to hormonal fluctuations, pregnancy, and other factors that might complicate results. In the past, researchers feared that including women in studies would make it more difficult to control variables, and so male subjects became the default in experimental settings. This pattern continued well into the twentieth century, and even though there has been increasing recognition of the need for diversity in research, the historical legacy persists [43].

The lack of female representation in both animal and human studies has serious consequences. For one, medical treatments that are developed based on male-centric research often do not work as effectively for women. For example, women may experience different side effects from medications, or the same conditions may manifest differently due to physiological and hormonal differences. Cardiovascular diseases, for example, present differently in women, yet many heart disease treatments are primarily based on research conducted with male subjects [44]. Several factors contribute to the continued dominance of male subjects in research:

Biological simplification: Historically, researchers argued that the biological complexities of females, including hormonal cycles and pregnancy, would introduce additional variability into experiments. Researchers often claimed that studying male subjects would be easier and more straightforward, leading to the simplification of experiments.

Institutional and financial barriers: Including female subjects in clinical trials and animal studies requires more resources, including the need for additional protocols to account for hormonal fluctuations and potential pregnancy. Financial and logistical concerns, as well as a lack of motivation to challenge the status quo, have further entrenched the preference for male subjects in research.

Historical bias: The medical field, like many other domains, has historically been dominated by male scientists and physicians. This gender bias has shaped the direction of research and treatment development, reinforcing male-centric practices in science.

Regulatory changes: It wasn't until the 1990s, with the introduction of policies like the NIH Revitalization Act of 1993, that federal funding agencies began requiring more inclusive research practices, such as including women in clinical trials. However, even with these efforts, the legacy of male-dominated research is slow to change, and women's health issues still face underfunding and underrepresentation in many areas.

The absence of women in clinical and animal studies has profound implications for health outcomes. Women often metabolize drugs differently than men due to differences in body composition, hormonal cycles, and genetics. For instance, women are more likely to experience adverse drug reactions, and some medications that were initially developed with male subjects in mind may have been tested without adequate regard for how they might affect women. Furthermore, many medical conditions, such as heart disease, depression, and autoimmune diseases, manifest differently in women, yet research that focuses primarily on male subjects fails to account for these gender differences [45].

There have been growing calls for change in recent years. Initiatives aimed at increasing diversity in medical research have gained momentum. For example, the U.S. National Institutes of Health (NIH) has started requiring research to include both male and female subjects in preclinical studies, and the European Union has also made strides in promoting sex and gender considerations in biomedical research [46]. In response to the persistent gender disparities in medical research and healthcare, numerous scientists, healthcare professionals, and advocacy groups are pushing for more inclusive research practices. These efforts aim to correct the historical oversight of women in studies and ensure that health interventions are designed to meet the needs of all genders.

One significant step forward has been the increased funding for research focused on women's health. Historically, many health conditions that uniquely affect women or manifest differently in women have been under-researched. By prioritizing research on women's health, we can gain a better understanding of these conditions, ultimately improving diagnosis, treatment, and care for women. Another essential action is the implementation of sex-disaggregated data. This means separating research data by sex—men and women—in order to pinpoint differences in how diseases and treatments affect each group. This approach ensures that both men's and women's health needs are addressed, preventing the tendency to generalize findings that may not apply equally to both sexes. Additionally, there is a growing push to encourage gender-sensitive research designs. This involves creating studies that explicitly consider gender and sex differences in their methodologies, from the way experiments are structured to how results are interpreted. It ensures that health outcomes are viewed through a more nuanced lens, recognizing that gender is a crucial factor influencing how people experience health and disease. Through these initiatives, we move closer to a more inclusive and equitable healthcare system, one that accounts for the diverse ways gender and sex can shape health outcomes [47].

Building on the ongoing efforts to incorporate gender perspectives into healthcare, it is important to highlight the pivotal actions taken by global institutions, such as the World Health Organization (WHO), which have been instrumental in promoting gender medicine on a global scale. In 1998, the WHO launched the Gender Challenge as part of its World Health Report, urging nations to prioritize gender medicine to

improve healthcare adequacy and equity. This initiative emphasized the need to address gender-based discrimination in both scientific research and clinical practice, ensuring equal access to healthcare for all genders.

Further reinforcing this commitment, the WHO established a Gender Differences Department in 2009 and adopted a resolution that outlined a comprehensive strategy for incorporating gender analysis into its operations. This strategy aimed to support the development of gender medicine in six key areas, acknowledging the critical importance of integrating gender considerations into health policies, research, and medical practice globally. In Europe, the European Parliament's 2011 resolution (2010/2089(INI)) underscored the need to reduce health inequalities within the EU, particularly focusing on the impact of gender in medicine and health. This resolution called for EU-funded research programs to assess the gender impact of health-related studies and collect data on gender and age to better understand the health disparities between men and women. These efforts align with the WHO's global initiatives and demonstrate a concerted effort to incorporate gender into healthcare at the international level [48, 49].

At the national level, Italy made significant strides in advancing gender medicine with the passage of Law No. 3/2018 (the Lorenzin Decree). This law mandates that the Ministry of Health, in collaboration with the National Institute of Health, develop a comprehensive strategy to promote gender medicine. The strategy includes educational programs, training, and the dissemination of practices that consider gender differences in all aspects of healthcare, including research, prevention, diagnosis, and treatment. This law exemplifies how gender medicine is being embedded into national healthcare systems, ensuring that gender differences are accounted for at every stage of healthcare delivery.

These global and national efforts reflect a growing recognition of the importance of gender medicine, and they represent significant steps toward addressing health disparities and improving outcomes for all patients, regardless of gender. The integration of gender perspectives into healthcare is not just about improving medical practices but also about fostering a more inclusive and equitable healthcare system that recognizes and respects the diverse needs of individuals. The World Health Organization (WHO) plays a crucial role in advancing gender-sensitive healthcare policies, particularly in low-income countries where health systems face substantial challenges. By collaborating with local governments and health authorities, the WHO ensures that gender considerations are integrated into national health strategies, making healthcare policies culturally relevant and feasible. These collaborations aim to strengthen health systems while promoting gender-inclusive care. One of the major hurdles in these regions is the lack of education and training for healthcare professionals regarding gender differences in health. The WHO addresses this by supporting training programs that highlight how diseases manifest differently in men and women due to both biological and social factors. These programs help create a healthcare workforce that is equipped to provide more equitable and gender-responsive care, which is essential in improving health outcomes. In many low-income countries, health systems are underfunded and lack the necessary infrastructure. However, the WHO works to integrate gender-sensitive approaches into existing health frameworks. For example, gender-specific concerns are included in areas such as maternal and child health, HIV/AIDS prevention, and chronic disease management. By adapting gender medicine to fit these constraints, the WHO ensures that gender considerations remain central to healthcare practices. Data collection is another key strategy in the WHO's approach to gender-sensitive healthcare. The organization

advocates for the collection of gender-disaggregated health data to better understand health disparities and create targeted interventions. In many low-income countries, the WHO provides support to enhance the collection and analysis of this critical data, enabling more effective healthcare planning and policies. In regions where cultural norms reinforce gender inequalities, the WHO works directly with local communities to raise awareness about the importance of gender-sensitive healthcare. Educational campaigns on maternal health, sexual violence, and sexual and reproductive rights are essential components of this outreach. By engaging with communities, the WHO ensures that gender-sensitive policies are not only understood but also embraced at the grassroots level. Sexual and reproductive health is a key area where gender medicine has a significant impact. The WHO supports programs that improve access to sexual and reproductive healthcare services for both women and men, addressing specific health needs and tackling issues like HIV prevention and gender-based violence. These efforts contribute to better overall health outcomes. Moreover, the WHO collaborates with international organizations, UN agencies, and NGOs to secure funding for gender-sensitive healthcare initiatives in low-income countries. These partnerships provide essential financial resources to support and sustain gender-sensitive healthcare policies and programs. Through these global efforts, the WHO ensures that gender-sensitive healthcare becomes a priority, even in resource-constrained settings. In addition to sexual and reproductive health, the WHO focuses on improving maternal and child health by supporting initiatives that reduce maternal mortality rates, enhance safe childbirth practices, and address complications during pregnancy. HIV prevention is also a priority, with the WHO promoting strategies that recognize the gender-specific vulnerabilities to the disease, particularly among women and girls. By integrating gender-sensitive healthcare policies into national health frameworks and working directly with local communities, the WHO is making strides in improving health outcomes in low-income countries. These efforts highlight the importance of gender medicine in creating more inclusive, equitable healthcare systems globally [50].

3. Gender medicine and researches

Gender medicine is an expanding discipline that increasingly underscores the importance of considering gender differences in understanding and treating diseases. Scientific research has begun to examine both biological and social distinctions between men and women, showing how these differences can impact disease diagnosis, treatment, and progression. Below are several examples supported by scientific evidence:

Cardiovascular diseases: Cardiovascular diseases remain one of the leading causes of death for both men and women, though the symptoms and risk factors often vary. For example, women tend to experience more atypical symptoms during a heart attack, such as nausea and fatigue, while chest pain is more common in men. Studies have also shown that women are less likely to receive timely treatments or interventions, despite having similar or even higher risks. Recent guidelines in cardiovascular medicine have begun to adopt a gender-specific approach to address these disparities [51, 52].

Autoimmune diseases: Women are more prone to autoimmune diseases than men. Conditions such as systemic lupus erythematosus, multiple sclerosis, and rheumatoid arthritis predominantly affect women. Research indicates that genetic, hormonal, and immune system factors contribute to this gender disparity. Gender medicine

plays a crucial role in developing more targeted treatments for women by taking these biological differences into account [53, 54].

Depression and mental health: Although depression affects both men and women, women are more likely to develop depressive disorders. Research suggests that hormonal, social, and psychological factors contribute to this increased prevalence. Additionally, responses to antidepressant treatments can differ between genders, with women often responding more favorably to certain medications or therapies. Gender medicine ensures that these factors are considered when tailoring treatments [55, 56].

Pharmacology and drug responses: Sex differences also influence how drugs are metabolized in the body. Women generally have a higher percentage of body fat and lower muscle mass than men, which can affect the distribution and effectiveness of certain medications. In some cases, women may experience more side effects, while men may require different dosages. Scientific research has highlighted the importance of adjusting dosage protocols based on gender to optimize treatment efficacy and minimize risks [57, 58].

Oncology: Gender differences also play a significant role in oncology. For instance, while lung cancer risk is higher in men, women who develop lung cancer tend to be diagnosed at a younger age and often have a worse prognosis. Chemotherapy treatments can also have varying effects on men and women due to physiological differences. Gender-focused research in oncology is helping to customize treatments and improve survival rates [59, 60].

Reproductive and hormonal health: Conditions related to the female reproductive system, such as polycystic ovary syndrome (PCOS) and endometriosis, highlight the importance of gender medicine in addressing diseases that primarily affect women. A thorough understanding of hormonal differences and reproductive health issues is crucial for early diagnosis and treatments [61, 62].

Neurodegenerative diseases: Neurodegenerative diseases exhibit notable sex-based differences in prevalence, progression, and treatment response. Gender medicine, which integrates both biological (sex) and socio-cultural (gender) factors, offers a framework for understanding these disparities and improving patient care.

- *Alzheimer's disease:* Studies show that women have a higher risk of developing Alzheimer's disease (AD) compared to men. This difference is partly due to the neuroprotective effects of estrogen, which decline after menopause, along with the longer life expectancy of women. Additionally, women often experience a faster cognitive decline than men and exhibit greater impairment in memory-related functions, even at similar stages of the disease [63, 64].
- *Parkinson's disease:* Parkinson's disease (PD) is more prevalent in men, potentially due to the protective effects of estrogen on neuronal health. Women are more likely to present with tremor-dominant PD, whereas men tend to exhibit symptoms like rigidity and bradykinesia. In terms of treatment, women have a higher susceptibility to side effects such as levodopa-induced dyskinesia, which calls for tailored therapeutic strategies [65, 66].
- *Amyotrophic lateral sclerosis (ALS):* ALS incidence is slightly higher in men, although this sex difference decreases with age. Disease progression is often more aggressive in men, while genetic factors, such as variations in the C9orf72 or SOD1 genes, may show sex-specific patterns [66, 67].

- *Multiple sclerosis (MS)*: MS is more common in women, with a female-to-male ratio of approximately 3:1. However, men are more likely to develop the more severe forms of MS, such as primary progressive MS, which is characterized by rapid functional decline. Hormonal influences, particularly during pregnancy, can modulate disease activity, as relapse rates decrease during pregnancy but may increase after childbirth [68, 69].

3.1 Female-specific diseases

Female-specific diseases refer to medical conditions that predominantly or exclusively affect women due to their biological and reproductive characteristics. These diseases encompass a wide range of conditions, some of which are unique to women because of their reproductive system, while others arise from hormonal or genetic factors that influence the female body differently than the male body. One of the most prevalent categories of female-specific diseases involves reproductive system disorders. These include conditions such as breast cancer, cervical cancer, and endometriosis, which directly affect organs unique to the female body, such as the breasts, uterus, and ovaries.

Breast cancer, for example, is the second most common form of cancer worldwide and is much more common in women than men. Estrogen, a key female hormone, is believed to play a significant role in promoting the growth of some breast cancer cells, making women particularly vulnerable to this disease. Similarly, cervical cancer, largely caused by persistent infection with high-risk strains of human papillomavirus (HPV), is another condition that exclusively affects women, with preventive measures like vaccination and screening programs playing an essential role in reducing the incidence of this cancer.

Another significant female-specific disease is endometriosis, a condition in which tissue that normally lines the inside of the uterus grows outside of it. This disorder can lead to debilitating pain, especially during menstruation and is one of the leading causes of infertility in women. Polycystic ovary syndrome (PCOS) is another common reproductive health disorder that affects women of reproductive age, leading to irregular periods, excessive androgen levels, and ovarian cysts. Women with PCOS may face difficulties with fertility and are at an increased risk of metabolic disorders like type 2 diabetes.

In addition to reproductive health issues, hormonal disorders such as osteoporosis and autoimmune diseases disproportionately affect women. Osteoporosis, for example, primarily impacts postmenopausal women due to the decline in estrogen, which contributes to the loss of bone mass. Women are also at a higher risk of autoimmune diseases like lupus and rheumatoid arthritis, conditions in which the immune system mistakenly attacks the body's own tissues. The reasons for this gender disparity are not entirely understood, but hormonal differences are believed to play a key role.

Furthermore, cardiovascular diseases exhibit a gender-specific pattern. While heart disease is the leading cause of death for both men and women, women often experience it differently. For instance, silent heart attacks, which present with atypical symptoms like nausea, fatigue, or back pain, are more common in women than in men. Women are also more likely to suffer from microvascular disease, a form of heart disease that affects the smaller blood vessels of the heart, and this condition is often underdiagnosed.

Psychiatric disorders also show significant gender differences. Depression and anxiety disorders are more common in women, and various biological, hormonal, and social factors contribute to this disparity. For instance, women are more likely to experience postpartum depression after childbirth, a condition linked to hormonal changes following delivery.

In addition to these conditions, pregnancy-related diseases such as preeclampsia and gestational diabetes are exclusive to women. Preeclampsia, which occurs during pregnancy and causes high blood pressure and organ damage, is one of the leading causes of maternal and fetal morbidity worldwide. Similarly, gestational diabetes affects some women during pregnancy and, though it often resolves after childbirth, can increase the risk of developing type 2 diabetes later in life. Finally, menopause introduces another set of health issues that are specific to women. The hormonal changes that occur during menopause can cause a range of symptoms, including hot flashes, night sweats, and mood swings. These changes also increase the risk of certain health conditions, such as osteoporosis and cardiovascular disease, making menopause an important life stage to monitor for women's health [70–78]. In conclusion, female-specific diseases span a wide array of conditions that are influenced by biological, hormonal, and sometimes socio-cultural factors unique to women. Understanding these conditions and their gender-specific manifestations is essential for providing effective healthcare. Recognizing the need for gender-sensitive approaches in diagnosis, treatment, and prevention is critical to improving the health and well-being of women around the world.

4. Advancements in transgender healthcare models

Over the past few decades, transgender healthcare has evolved significantly, shifting from rigid and often exclusionary medical models to a more inclusive, patient-centered approach. Historically, transgender individuals faced numerous barriers in accessing gender-affirming treatments, including restrictive eligibility criteria and a pathologizing view of gender identity. However, contemporary guidelines from the World Professional Association for Transgender Health (WPATH), an international organization dedicated to transgender and non-binary health since 1979, now advocate for a more flexible, affirming, and individualized model of care [79].

The latest edition of WPATH's Standards of Care (SOC-8), published in 2022, moves away from the traditional concept of "transition" and instead embraces gender affirmation, recognizing that gender identity is deeply personal and does not necessarily follow a linear path from one binary category to another. These updated standards, grounded in the latest scientific evidence, provide clear guidance for healthcare professionals in offering safe, effective, and compassionate gender-affirming care [80].

Because transgender and gender-diverse individuals have diverse healthcare needs, their medical journeys must be tailored to their specific physical, psychological, and social circumstances. Effective transgender healthcare relies on a multidisciplinary model, integrating the expertise of endocrinologists, psychologists, psychiatrists, plastic surgeons, gynecologists, speech therapists, social workers, and advocacy groups to provide holistic and comprehensive care [81].

A key element of gender-affirming care is mental health support, though modern guidelines emphasize that psychological counseling should facilitate informed decision-making rather than act as a gatekeeping mechanism. Historically, mental

health evaluations were used to determine a person's eligibility for gender-affirming treatments, often leading to unnecessary barriers. Today, the focus is on providing support and guidance rather than judgment or restriction [82, 83].

The evolution of transgender healthcare has also influenced medical language and classification. In 2019, the World Health Organization (WHO) revised its classification of transgender identity in the International Classification of Diseases (ICD-11), replacing the term gender dysphoria with gender incongruence. This change reflects a shift away from framing transgender identity as a mental disorder and instead recognizes it as a legitimate aspect of personal identity and sexual health. Language plays a crucial role in shaping medical and social perceptions, and this terminological update is part of a broader effort to reduce stigma and promote dignity for transgender individuals [84, 85].

Based on WPATH guidelines, gender-affirming healthcare typically follows several adaptable stages:

- Exploratory and Initial Support Phase
 - Clinical consultations with gender specialists
 - Information on available gender-affirming options
 - Psychological and social support
- Medical Evaluation and Hormone Therapy (If Desired)
 - Endocrinological assessments
 - Personalized hormone treatment plans
 - Ongoing psychological and medical support
- Surgical Interventions (If Pursued)
 - Multidisciplinary team evaluation
 - Gender-affirming surgeries
 - Post-operative follow-up and support
- Legal and Social Transition
 - Legal gender marker changes
 - Social support for workplace and community integration [86–88]

This evolving model of transgender healthcare highlights the importance of recognizing and respecting diverse gender identities. By moving away from outdated, one-size-fits-all approaches and embracing a holistic, evidence-based, and person-centered framework, medical institutions can ensure that all individuals receive equitable, affirming, and competent care that aligns with their needs and lived experiences.

5. Gender medicine in reproductive health

Gender medicine plays a vital role in reproductive health, addressing the complexities of conception, pregnancy, childbirth, postpartum care, and parental health. By acknowledging the interplay between biological, psychological, and social factors, gender medicine promotes personalized approaches to reproductive well-being, ensuring that each individual receives care tailored to their specific needs [89].

Preconception care is an essential first step in optimizing health before pregnancy, reducing the risk of complications for both parent and child. This phase includes nutritional counseling, smoking cessation programs, and substance use management, as well as genetic screenings to identify potential hereditary risks [90]. Ensuring universal access to high-quality reproductive health services is key to minimizing disparities in maternal and infant health outcomes and fostering a more equitable healthcare landscape.

For individuals facing medical treatments that may impact fertility—such as chemotherapy, radiation therapy, or gender-affirming hormone therapy—fertility preservation techniques like egg and sperm freezing offer the possibility of biological parenthood in the future. Expanding access to these options allows individuals greater reproductive autonomy, irrespective of their medical circumstances [91].

Advances in assisted reproductive technologies (ART), including in vitro fertilization (IVF) and intrauterine insemination (IUI), have revolutionized the possibilities for individuals and couples seeking parenthood. These techniques continue to evolve, providing tailored solutions for diverse medical and social needs.

Comprehensive prenatal care is crucial in safeguarding maternal and neonatal health. Regular medical screenings, balanced nutrition, and mental health support play integral roles in reducing pregnancy-related complications and ensuring the well-being of both parent and child. Healthcare providers must be trained to address the unique needs of individuals from various cultural and socioeconomic backgrounds, ensuring that care is delivered with sensitivity and competence [92].

The postpartum period requires equal attention, focusing on both physical recovery and emotional well-being. New parents, regardless of gender identity, benefit from support in adjusting to their evolving roles, coping with sleep deprivation, and managing potential mental health concerns such as postpartum depression. Inclusive lactation counseling should recognize that some parents may require alternative feeding methods, and healthcare providers should be equipped to offer guidance accordingly. A multidisciplinary approach—involving obstetricians, pediatricians, mental health professionals, and lactation consultants—can provide holistic postpartum care and ensure long-term parental well-being [93].

Recognizing and supporting diverse family structures is another key component of gender-sensitive reproductive care. Training healthcare providers to offer affirming and inclusive services ensures that all parents, regardless of gender identity, receive respectful and competent care. Ensuring equitable access to reproductive services and perinatal education is crucial in promoting the health of all families [94]. A gender-sensitive approach to infertility is also necessary to guarantee access to both medical resources and psychological support. Additionally, legal and social frameworks should facilitate the navigation of parental rights, adoption processes, and reproductive health-related legal concerns [95]. By integrating gender medicine into reproductive healthcare, medical institutions can ensure that all individuals, regardless of gender identity or reproductive status, receive the care, support, and respect they deserve during their reproductive journeys.

5.1 Reproductive health and transgender individuals

Transgender and gender-diverse individuals who seek reproductive healthcare often encounter systemic barriers, including discrimination, lack of provider knowledge, and limited access to gender-affirming medical services. Gender medicine emphasizes the need for inclusive and affirming reproductive healthcare to ensure equitable treatment [96]. For transgender men and non-binary individuals who wish to conceive, careful hormone management and fertility counseling are necessary. Healthcare providers must be knowledgeable about how testosterone therapy affects ovulation and pregnancy, offering tailored options for fertility preservation or conception. Likewise, transgender women undergoing estrogen therapy may require specialized reproductive counseling if they wish to explore biological parenthood [97]. During pregnancy, transgender individuals may experience heightened gender dysphoria, requiring mental health support and affirming healthcare environments. Healthcare settings should adopt inclusive language, such as using gender-neutral terms like “pregnant individual” rather than “expectant mother,” and ensure that documentation reflects patients’ identities accurately. Additionally, postpartum care should include mental health screenings and support for navigating parenting while addressing potential dysphoria related to bodily changes [97]. To ensure equitable healthcare, medical education and training programs must incorporate comprehensive curricula on transgender reproductive health, equipping providers with the skills to deliver culturally competent care. Creating inclusive clinical environments that respect gender diversity is critical to reducing healthcare disparities and fostering trust between transgender individuals and healthcare providers. Medical professionals should receive training in gender-sensitive reproductive healthcare to reduce barriers and improve patient outcomes. Inclusive language and updated medical protocols are essential to creating welcoming healthcare environments. Clinics should implement gender-neutral policies and provide educational resources to support diverse patient needs. Strengthening interdisciplinary collaboration across reproductive medicine, endocrinology, and mental health fields can improve healthcare delivery and support comprehensive, patient-centered care [98].

6. Gender disparities among healthcare professionals

The number of women entering the medical field has been rising steadily, but they remain underrepresented in leadership roles and high-paying specialties. Although women now make up a growing proportion of healthcare professionals, their representation in top positions, such as department heads and hospital executives, continues to be limited. This is not a reflection of their competence or ambition but is instead driven by systemic barriers, including deep-rooted gender biases and unequal access to mentorship and professional networks. These biases also impact career choices, often pushing women toward specialties perceived as “caring” roles, such as pediatrics or family medicine, while men are more frequently found in high-status, high-paying fields like surgery and cardiology. To close this gap, institutions must implement policies that promote equal opportunities, ensuring that women have the same chances to thrive in any area of medicine [99].

Gender biases in the medical profession are deeply ingrained and significantly shape the career paths and opportunities of healthcare professionals. These biases often intersect with societal stereotypes about gender roles, influencing the

specializations that are seen as “appropriate” for men and women, as well as the expectations placed on them in the workplace.

One of the key ways gender bias manifests in medicine is through the association of women with caregiving roles. Historically, women have been expected to take on nurturing and compassionate roles, which has led to their concentration in fields such as nursing, pediatrics, and obstetrics and gynecology. These specialties are often seen as more caring or emotionally supportive, qualities culturally linked to femininity. Conversely, more technical and aggressive specialties, like orthopedic surgery, are dominated by men, who are often assumed to have the physical strength and decisiveness needed for these fields.

This gendered division of specialties creates significant barriers for women, particularly in male-dominated areas like orthopedic surgery. Despite having the same qualifications, women face social resistance and stereotypes that suggest they are less suited for physically demanding or high-pressure specialties. These biases, based on outdated and unfounded perceptions of gender roles, can discourage women from pursuing certain fields and limit their career progression.

In addition to the challenges of entering specific specialties, women in medicine also face barriers to career advancement. Societal expectations around work-life balance often place undue pressure on women, particularly those with caregiving responsibilities at home. The medical profession, known for its long hours and intense demands, can be unwelcoming to women who are seen as less committed due to family obligations. This judgment can hinder their chances of securing leadership positions or advancing in their careers.

At the same time, the predominance of women in nursing and certain “nurturing” medical fields reflects deep-rooted stereotypes about caregiving. While these roles are vital, the gendered expectations around them often prevent women from ascending to higher-status positions or being recognized for their leadership potential. Conversely, men in these fields may face fewer gender-based challenges, but still encounter biases about emotional sensitivity or compassion.

Gender studies provide a powerful lens through which to understand and challenge these biases. By examining the ways in which gendered expectations influence career choices, perceptions of professional competence, and career progression, we can identify the structural and cultural changes needed to create a more inclusive medical profession. These changes might include promoting equal access to all specialties, addressing the assumptions about women’s commitment to their careers, and recognizing the value of caregiving roles in leadership positions.

Ultimately, addressing gender biases in the medical field requires systemic changes at both the institutional and societal levels. By redefining the roles of “doctor” and “nurse” and dismantling stereotypes, we can create a more equitable healthcare system where all professionals, regardless of gender, have the opportunity to succeed and contribute their talents to improving patient care [100–103].

Furthermore, studies indicate that male and female physicians often approach patient care in different ways. Female doctors tend to take a more patient-centered approach, focusing on empathy, communication, and collaboration. This style has been associated with higher patient satisfaction and better adherence to treatment plans. Women are generally more likely to engage in active listening, helping to foster stronger relationships with their patients. In contrast, male doctors often emphasize the technical aspects of care, prioritizing diagnosis and procedure-based treatments. Although these approaches differ, they complement each other, improving the overall quality of care. When these diverse methods are integrated effectively within a team,

they can lead to enhanced patient outcomes, combining technical skill with compassionate, holistic care [104].

Burnout is a significant concern in the medical profession, and it disproportionately affects women. Female physicians report higher levels of emotional exhaustion and work-related stress compared to their male counterparts. One key factor contributing to this is the dual burden of professional responsibilities and societal expectations around caregiving. For many women in medicine, the difficulty of balancing long hours with family obligations results in elevated stress levels. Gendered expectations surrounding caregiving, coupled with a lack of support for work-life balance, exacerbate this issue. Addressing these challenges requires structural changes, including more flexible work schedules, improved parental leave policies, and a cultural shift toward shared caregiving responsibilities. Only by fostering better work-life balance can the medical profession reduce burnout and ensure the well-being of all healthcare providers [105–107].

7. Gender-sensitive and gender-neutral medical practice

As society becomes more aware of gender diversity, healthcare is evolving to be more inclusive and responsive to individual needs. A gender-neutral approach in medicine aligns with the principles of gender-sensitive care, ensuring that every person—regardless of gender identity—receives respectful, comprehensive, and effective treatment [108]. Traditionally, medical research has focused on male and female categories, overlooking the unique experiences of non-binary, genderqueer, and transgender individuals [109]. By addressing these gaps, healthcare can truly serve everyone.

A gender-neutral approach means rethinking long-standing medical practices. This includes removing outdated forms that only offer “male” or “female” options, using inclusive language, and training healthcare professionals to understand and respect diverse gender identities [110]. For example, transgender individuals may need specialized care for gender-affirming treatments, but a lack of provider knowledge can create significant barriers [111]. When medical professionals approach care with dignity and sensitivity, they build trust and improve health outcomes [112].

At its core, gender-sensitive medicine prioritizes the individual, recognizing that gender identity plays a crucial role in health and well-being. A healthcare provider who listens, acknowledges a patient’s identity, and respects their preferred pronouns creates a safer and more supportive environment [76]. Inclusive communication not only fosters trust but also ensures that patients feel seen and understood [113].

Beyond physical health, it is essential to recognize the social and emotional aspects of healthcare. Gender-sensitive care goes beyond treating symptoms; it acknowledges how societal norms, expectations, and cultural beliefs shape a person’s health experiences. For instance, heart disease can present differently in men and women, and a doctor who understands these variations can make more accurate diagnoses and provide better care [114]. Similarly, cultural attitudes toward masculinity and femininity can influence whether someone seeks medical help in the first place [115].

A compassionate, gender-sensitive provider considers all aspects of a patient’s identity, including ethnicity, socioeconomic background, and cultural beliefs [80]. Different communities have unique perspectives on health, and understanding these differences helps create a more inclusive and effective healthcare system. Transgender and non-binary individuals, in particular, often face barriers to medical care, from

discriminatory policies to simple misunderstandings. A provider who respects their identity—by using the right pronouns and acknowledging their lived experiences—can make a world of difference [116].

Adopting a gender-sensitive approach means moving beyond a one-size-fits-all model of care. It means treating each patient as an individual with unique needs and experiences. By fostering empathy, cultural awareness, and inclusivity, healthcare providers can offer more equitable and effective care for all [117].

Of course, challenges remain. Many medical institutions still operate within rigid gender norms, and not all healthcare professionals receive training on gender diversity. Additionally, medical guidelines often fail to address the specific health concerns of transgender and non-binary individuals [118]. However, change is happening. More hospitals and clinics are implementing inclusive policies, updating patient forms to reflect diverse gender identities, and ensuring that medical professionals receive proper education on gender-inclusive care [119].

Technology is also playing a role in creating a more inclusive healthcare environment. Digital health platforms and telemedicine provide greater access to care for individuals who may face barriers in traditional settings [120, 121]. By embracing innovation and inclusivity, healthcare is moving toward a future where every patient, regardless of gender identity, receives the compassionate, personalized care they deserve.

8. Conclusion: Gender medicine and the future of inclusive healthcare

In conclusion, although gender medicine still presents many critical issues and is still in its early stages, the changes described in both the social and scientific fields highlight the concrete possibility of its implementation. The change is involving both biological and sociocultural factors that influence an individual's health. It is therefore essential to increase awareness in various areas of how gender identity, gender roles, and biological differences shape health outcomes.

The new frontiers of gender medicine pave the way for broader integration with increasing personalization of care and equity. Furthermore, it becomes crucial to pay growing attention to the inclusion of gender considerations in clinical practice, medical education, and health policies so that every individual, regardless of gender, receives appropriate, effective, and timely care. The expansion of studies addressing gender differences, from disease prevention to treatment responses, will lead to a deeper understanding of health disparities and more targeted healthcare interventions. This would also allow a shift in the method of care from a disease-centered approach to a person-centered one, addressing the specific health needs of various gender identities and developing more targeted, compassionate, and effective care strategies.

It is also necessary to define diversity not only in terms of gender but also by including broader areas of diversity, such as age, ethnicity, socioeconomic status, and sexual orientation, in the understanding of patient needs. This intersectional approach can significantly reduce health inequalities and foster a truly inclusive system for everyone.

By proceeding in this direction, we will reach a gender-sensitive approach with a cultural shift in healthcare, promoting a deeper sense of empathy, respect, and understanding between healthcare professionals and patients. Only in this way will inclusive care be equal for everyone, regardless of gender identity or biological sex.

By continuing to promote research, education, and inclusive policies for all genders, we can build a future in which healthcare is not just for the majority, but for everyone, with compassion and equity as fundamental values.

Ultimately, gender medicine does not simply recognize gender-specific health issues, but aims to cultivate a healthcare system that is adaptable, fair, and fundamentally person-centered, where gender diversity is valued and each individual can receive the highest standard of care.

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Chapter 5

From Tradition to Modernity: Navigating Gender Roles in India

Rekha Pande

Abstract

The present chapter examines how women in India navigated gender roles and attempted to achieve equality from tradition to modernity. It is difficult to summarize the development over 5000 years of history, and for the sake of convenience, we divide this into four periods, ancient, medieval, modern and contemporary and examine how society has moved from providing spaces to women through religion to development and empowerment in the present day. There have been infinite variations in the status of women depending on the cultural milieu, class, caste, family structure and property rights. The gender roles and status of women throughout ancient, medieval and modern periods have been far from static, ranging from subservience to authority to freedom to empowerment. Throughout the long course of Indian history, there has been a stream of social consciousness that has encouraged a liberalization of attitudes towards women. In the ancient period, compared to Brahmanism, Jainism and Buddhism gave greater freedom to women and they were allowed to become part of the sangha. The Bhakti movement also provided a further space for women. Throughout the freedom struggle, when many women came and participated, they were only there in support roles. Even in the contemporary period, the Women's movements, in general, and grassroots women's organizations, in particular, have a vital role to play in promoting women's empowerment and resistance. Hence, in India, we see major shifts in the position of women in different periods from subservience to agency, emancipation, development and empowerment.

Keywords: Indian society, negotiating, agency, gender roles, social reform movement, development, empowerment, resistance

1. Introduction

Throughout the long course of Indian history for 5000 years, women have navigated and negotiated patriarchy in various ways, reflecting a complex interplay of resistance, adaptation and agency. There has been a stream of social consciousness that has encouraged a liberalization of attitudes towards women. Compared to Brahmanism, Jainism and Buddhism gave greater freedom to women, and they were allowed to become part of the sangha (the Buddhist monastic order, including monks, nuns and novices). The Bhakti movement also provided a further space for women.

This space really opened up in the modern period when education became available to women and provided various opportunities. The struggle continues in the contemporary period for emancipation and equality. The overall pattern for women indicates that the audience was as varied as the social and material environments they were a part of. The various manufacturing patterns found in the Indian subcontinent are also related to this. Within the above context, the present chapter examines and analyses the status of women from the past to the contemporary period and shows how society has moved from providing spaces to women through religion to empowerment in contemporary times. For the majority of recorded history, patriarchy has dominated Indian society. However, since all women are viewed as being the same, discussing the position of women is extremely challenging. Women's status has changed significantly depending on their cultural background, caste, class, family dynamics and property ownership rights. Due to the different social norms among women from various tribal and class communities, historical sources predominantly concentrated on the elite strata of society, particularly the aristocratic and the courtly classes. Therefore, references to women in the historical records usually pertain to those belonging to these privileged groups.

Feminist research stands out due to its recognition of the researcher's humanity, which provides it an advantage over other research approaches. According to traditional disciplines, a researcher is an impartial instrument laden with study jargon who visits the field, wields their magic wand and miraculously creates sacred data from the field. Conversely, feminist research approaches provide the researcher with personhood and subjectivity and promote the reflective use of this subjectivity as a lens through which to view the field. In turn, the field no longer functions as an inorganic data-producing totality but rather as an organic cluster made up of a wealth of human experiences, interpersonal communications and a complex web of human relationships. The field has the attribute of being alive in feminist study. Because feminist research methodology seeks to confront the unequal power relations between genders, it is also political and liberating. It is challenging to handle the topic of women's religious participation and the significance of religion in their lives, particularly as it appears to present a conflict between feminist philosophy and the realities that Indian women face on a daily basis. The alleged conflict of interest is a sign that feminist discourse is inadequate in providing a vocabulary to comprehend the significance of the aforementioned procedure. This study aims to challenge such constructions and decolonize Western writers' conceptions of women's issues. This chapter aims to restore the entire range of humanness to women who are absent from the pages of history by acknowledging her ability to navigate through the lives of women, as described in primary, secondary and oral literature.

2. Ancient India

In most of the Orientalists and writings of the West, Indian women have been portrayed as voiceless, submissive, illiterate and incapable. However, the role and status of women throughout India have varied from being submissive to being authoritarian and a free individual. By highlighting the varied roles, voices and strengths of women across history and culture, Indian writers have aggressively contested these simplistic representations. By critically analyzing colonial narratives and highlighting the varied roles and achievements of women throughout Indian history, historians have actively attempted to refute Orientalist ideas about Indian women. They have drawn

attention to the ways that orientalist representations frequently minimized Indian women's agency and accomplishments in favor of victimization and submissiveness clichés. Additionally, feminist historians have criticized the imperialist perspective that presented Indian women as representations of social backwardness, contending that these depictions were not accurate representations of reality but rather served colonial goals. They have created a more complex and empowering account of Indian women's history by examining primary sources, oral histories and indigenous viewpoints.

The evolution of food production and gathering methods, as well as the gradual establishment of male dominance, are evident in ancient India. Because tending livestock was a man's job, male supremacy was established. It began with the hunting process, subsequently leading to the creation of the spear, and continued with the people who developed a pastoral economy in the post-hunting era. However, because agriculture was their creation and industry, it elevated women's status in communities where it was the primary source of food, surpassing hunting. However, this matrial potestas was ultimately overthrown with the advent of more advanced agricultural techniques, particularly the use of cattle-drawn plows. A reordering of society and the restructuring of the production process took place under the background of Brahmanical ideology and the emergence of an agrarian milieu ([1], p. 127). In order to create law and order, the institutions of marriage and private property are acknowledged, and someone is chosen—or, conversely, asked—to serve as the arbitrator of the law and preserve peace. According to the narration of works like the Mahabharata and the Buddhist Canon's Digha Nikaya, women's position started to decline during this period ([2], p. 7). When the mode of production changed, and new socio-cultural and economic trends emerged, patriarchal rule was progressively created.

It is evident that the ancient societies were patriarchal in nature, given that the dominant structure of society prevailed and societal values were more aligned to designate men a superordinate stature, and this is strengthened by sacred writings and texts. This is a fact despite many colonial writings mentioning the status of women, which was better in the Vedic time period and eventually, with the beginning of Muslim rule, the condition of women deteriorated in society. Examples of this are frequently cited, such as Maitrey and Gargi, who actively took part in the Sabha and Samitis. Given that there is no indication of a dramatic structural break that would have stopped patriarchy, we can assume that this pattern persisted until the Middle Ages. Therefore, there is a continuation that the contemporary time period also witnesses, and it becomes essential for the social reformers and the freedom fighters to take up the cause of women's unresolved issues and fight for their rights and freedom. In the post-independence era, this topic was on the agenda of the movement led by women.

It was in the nineteenth century that Europeans began to take an interest in ancient Indian history. As part of this, many accounts were written about women. The glorification of ancient Indian civilization was reconstituted by the Orientalists. In the nineteenth century, as a result of rapid transformations, the vision of the Edenic world remained a symbolic retreat. The past was portrayed as a uniform, aberration-free whole. The goal was to help the indigenous people comprehend their laws and value the work that their leaders had done. The gender restructuring during the colonial period and the cyclical institutionalization of literature undermined the power of Indian literature and the community that created it. Although many works of Sanskrit and Persian literature were rescued and disseminated, the orientalist framework created a drastically restructured historical narrative ([3], p. 10).

The majority of the scholars depended on the textual sources compiled by the Brahmins. Most of the texts available for this period are written in Sanskrit, a language not known or accessible to the other sections of society. Religious and legal questions are mainly addressed in these texts. The reference to women only came in the family context or was discussed in the relationship with their husbands. The Brahmanical texts show the inherent bias of the Brahmins rather than the actual practice of the people. They confine themselves to the upper class. The middle of the first millennium BCE was a period that marked the formation of Brahmanical ideology. This period witnessed the redefining of the Vedic dharma that linked the high caste stature to a life led by extreme ritualistic ideologies for men and for women; it was led with extreme bondage. The bondage for women included seclusion in the household, widow remarriage and absolute devotion to husbands as God, which was considered the prime form of religious salvation to women. During the first millennium BCE, the Brahmanic patriarchy was established. Later, during the colonial era of the nineteenth century, it was rebuilt as part of a broader “construction of Hinduism” [4]. Although male dominance and control are similar to all forms of patriarchy, Brahmin patriarchy differs in a few other ways. To uphold male dominance, Brahmin patriarchs rely on religious scriptures and rituals. They rely a lot upon endogamous marriages, that is, marriages within the caste, to maintain purity. Brahmin patriarchy imposes a strict restriction on women in dress and behavior in order to maintain religious and cultural purity. The notion of husband as a God was rooted in the patriarchal value where the husband is treated as superior and the wife as subservient. This concept was often symbolized through rituals, religious teachings and societal expectations to reinforce the idea of male domination. As previously mentioned, the majority of earlier historical records typically discuss the king, the court, wealthy merchants and other elite groups. We must draw conclusions about other facets of society based on oblique allusions. Aristocratic women were thought to be kind beings who would eventually become rulers. For individuals of lower status, marriage served as a family’s means of movement, and it was sometimes a cover for a political alliance. The aristocratic lady lived a secluded and well-protected existence. Early centuries AD had references to women from respectable houses traveling around in veils, and the Islamic purdah furthered women’s seclusion ([2], p. 8).

The lives of the women from peasant and artisan families were less laid back. The women spent no time in leisure, and they were engaged in men’s professional activities; the coercion came more from the necessity of economic survival than from social mores. However, gender inequality is still maintained here as well by ingrained social and cultural conventions. In addition, gender disparity is still exacerbated by economic inequality. Those peasant women who played an economic role and had personal access to local markets were arguably independent. However, we are not sure if women have control over their income. There is a lot of evidence of women in the Smriti literature, like Manusmriti, the Smritis of Gautama and Apastamba, where one can recreate a picture of the labouring women. Additionally, the glance at the lives of women from the royal and aristocratic class, artisans, hunters, fisher folk and labouring women can be traced back to the Jatakas stories. The distinctions are clearly evident in the varied classes of women from reading the historical sources, the Sanskrit inscription and literature, where the royal and aristocratic women required protection and the subaltern women were left unshackled. The same difference can be noticed in the religious domains, too. The demure goddess is seen as a consort, for example, Lakshmi or Parvathy, while the ferocious goddess is independent of a man, for example, Kali or Durga. This explains the complexity and multifaceted nature

of femininity in Indian culture and religious traditions. This duality reflects the understanding that women like these goddesses encompass a wide range of attributes and roles. This symbolizes the transformative aspect of femininity, showcasing that women possess immense inner strength and resilience. During times of peace and prosperity, the qualities of Lakshmi and Parvathy are celebrated, while in times of conflict and adversity, the qualities of Durga and Kali are invoked.

A person's religious and social life is governed by dharma, according to ancient and later Brahmanical law texts. These state that as every individual is part of a specific community (Jati), they must adhere to a set of social and religious obligations that are suitable for their uniqueness (seva-bhav). *Sadachar* (righteous behavior), *Smritis* (remembered), *Srutis* (learned), and accepted good usages were all significant sources of dharma. The outcomes would be advantageous if everyone lived according to their dharma. A woman's dharma was stridharma, and her concept of dharma was imposed upon her by mostly male interests rather than being a definition of who she was. *Stridharma* traditionally encompasses the duties, responsibilities and moral obligations of women within the societal and familial context. *Stridharma* emphasized the roles of women as daughters, wives and mothers. This recognizes women's contribution to family and society, albeit within a constrained framework. The function of women is to stringently adhere to their predestined responsibilities in a sanctioned dharmic society. Therefore, a woman is primarily reduced to the role of mistress of the house and the keeper of the dharma in the family, which she passes on from one generation to another. Women have traditionally engaged in acts of ritualistic purification due to their fickle nature and the innate pollution in the female body, and they are seen as a submissive entity with no voice of authority in the family. They were expected to visit the temple regularly, undertake religious fasts and perform ritualistic duties and rites with deeper faith. The undertaking of religious fasts (*vratas*) increased over the period of time and was undertaken throughout the year evenly with ethical conviction and was associated with moral stories. The undertaking of religious fasting implied cleansing of mind, body and soul and a transition to the state of cleanliness from uncleanness. There are a large number of examples of women performing the *vratas*, as seen in the Puranic texts, mainly the 18 major Puranas and minor Upa-Puranas. There are examples of women who composed about 200 hymns of the Rigveda, Gargi, Apala and Lopamudra. Ghosha and Maitreyi were among these women philosophers. These women are all recognized as the greatest philosophers of their day and are well-known for their genuine knowledge. Throughout their life, they pursued education and were popular as *Brahmavadinis*.

Women could attend political assemblies and perform sacrificial ceremonies along with their husbands. The Upanishad also contains a discussion about the property split between Yagnavalkya and Maitreyi, one of his two wives, following the sage's decision to give up the world. Maitreyi expressed her desire to be initiated into the Brahmaidya property knowledge system. Vedic passages demonstrate that women had options for vocations beyond just becoming writers. They went into administration, business, medicine, education and the military. The woman routinely took part in religious rites and shared all of her husband's religious rights. Such ceremonies were really considered invalid for a man if the woman did not accompany her husband. Additionally, it is mandated that the woman whose hand is accepted in marriage be treated with dignity and kindness and get everything that she finds acceptable. The status and freedoms of women in ancient India were multifaceted and context-dependent. While they enjoyed significant autonomy and respect in various spheres of life, it is essential to recognize that these conditions could vary based on regional,

temporal and social contexts. In ancient India, women occupied noteworthy positions across diverse spheres, illustrating their independence and the esteem in which they were held within society. In the Vedic period, women engaged actively in religious and philosophical dialogs. Female sages, referred to as rishikas, such as Gargi Vachaknavi and Maitreyi, made significant contributions to Vedic literature and participated in scholarly debates, highlighting their intellectual capabilities. Within the domain of education, women were urged to seek enlightenment and numerous individuals became proficient in both the scriptures and the sciences. The notion of *swayamvara* empowered women to select their life partners, underscoring their autonomy in personal choices. Additionally, practices like widow remarriage were accepted in certain contexts, reflecting a progressive approach to women's rights. In both politics and combat, women were essential. The Satavahana dynasty's Queen Nayanika is one of the warrior queens and rulers mentioned in historical accounts who successfully ran the empire. Literary characters that struggle for justice and defy social standards, such as Kannagi from the Tamil epic *Silappatikaram*, are examples of courage and tenacity. Women actively participated in the economic fabric of society by working as artisans, traders and landowners. They were regarded as mothers and nurturers in society, but their influence on cultural and spiritual life went much beyond the home. It is important to remember, nevertheless, that these liberties were not consistent and differed depending on the location and era. Women's position declined throughout the later Vedic era as their rights and roles were increasingly restricted. Overall, the evidence suggests that women in ancient India had considerable freedoms and were integral to the cultural, economic and political fabric of their society.

3. Medieval India

Since the majority of the sources and archival material available for reconstructing the history of medieval India were written in a court setting and according to the Indo-Persian tradition, the rulers' patronage is pervasive because the main focus of these histories is the courts and the actions of the kings. Insights on the women and their related activities are meager. The sources mentioned that a few women, such as Razia, Nurjehan and Rudramma Devi, perform duties that are typically performed by men. Therefore, their positions cannot be broadly classified. The personal lives of these and several other medieval women, as well as their contributions to the creation of new imperial organizations, practices and structures, are unknown to us. Although they are extremely rare and primarily due to unique historical conditions rather than set methods, women were more prevalent and occupied the domestic sphere than in other spheres like diplomacy, hunting or military campaigns. For instance, Razia's father, Iltutmish, chose to name his daughter Razia to succeed to the throne since he did not believe any of his boys were qualified. Although there were numerous examples in Turkish and Iranian heritage, the nobles objected to a female sovereign since it was a fresh and unusual historical situation, and they were unsure of how the people would react to this new and revolutionary act ([5], p. 55). Even though women were not particularly present in the public sphere, there was very little differentiation between household and public areas in any pre-modern civilization.

During the medieval era, India saw substantial socioeconomic transformations that led to the emergence of new social groups that did not align with the established order. Numerous inscriptions of recently formed groups, notably from trading communities, may be found here. These groupings thrive as a result of economic shifts,

especially the expansion of agriculture and the variety of crops. During the Middle Ages, new polities emerged throughout the subcontinent as a result of the expansion of agrarian settlement and the ensuing population expansion, rather than being the scattered remnants of a former central administration. Many saints from these newly formed social groups led a movement during the medieval times that articulated their demands for reorganizing the current order, where the Brahmins were highly placed to be followed by the Kshatriya, Vaisyas and the Sudras and strove to redefine their status and place within the established customary hierarchy. The saints were able to introduce religion to the marginalized section of society, including women, by proclaiming that God resides within each individual and that everyone can attain God through true faith. This movement was popularly referred to as the bhakti movement. Within this movement arose Nirgun bhakti, where God was worshipped as an abstract, and Sagun Bhakti, where God was worshipped as an idol, either of Ram or Krishna. It was because of the bhakti movement that women could now practice bhakti, and they were treated as equals before God. In order to cope with patriarchy and carve out a different place for themselves, women in the bhakti movement took advantage of the religious environment. By expanding the notion of love to include God and comprehending his relationship with them as a lover, wife, mistress, friend and servant, they questioned patriarchy and the mortal man to whom they were bound in a marriage relationship. Women could also decide on their own individual path and follow it as a matter of choice, though this feature cannot be generalized wholly. Female bhaktas, therefore, rejected the authority of the male figure, in which they were forced into a submissive relationship, which became a space of assertiveness and struggle. The traditional literature and scriptures mention the complete devotion to a husband as the ultimate goal of women in this life as well as the other. As a significant departure from this perspective, we witness women in bhakti who have the guts to challenge this social norm and either leave their homes and the constrained areas of patriarchal authority or convert their spouses to their beliefs. These women found the courage to stand against the patriarchal society and create an alternate domain for themselves through the bhakti ([6], p. 215).

The majority of the women who practised bhakti lived between the twelfth century and the seventeenth century. We need to look into their lives to see the role of bhakti in it. Akka Mahadevi was a contemporary of Basavanna, the originator of the Virasaiva movement. She was the daughter of a wealthy Udutal village merchant. She was a devoted follower of Siva, who was introduced to her by an unidentified Guru at a very young age. She developed into a beautiful, stunning young lady and Kausiki, the land's Chiefton, fell in love with her. Mahadevi Akka was compelled to wed Kausiki, who was an atheist, against her will. He most likely subjugated Akka Mahadevi using force and a display of might. It is said that she threatened to leave him if he touched her three times without her will, and finally, she did so ([7], p. 112). She breaches all marital ties and taboos when she leaves him, goes out in public nude, and ultimately finds comfort among the saints. In the end, these saints assisted her in completing her love for Siva by setting up a legitimate marriage between them. She chose to get married in Srisaila. She became one with Siva and passed away in her early twenties ([7], p. 114). As one of Karnataka's most well-known poets, she has roughly 350 vachanas that can be gathered from different sources. In addition to these vachanas, she is known for a few songs and two pieces of art called Yogangatri and the Vachanas of Creation ([8], p. 42).

Lal Ded lived in Kashmir in the fourteenth century. She was raised in her father's home and was born into a Brahmin household. At the age of 12, she was married

in Pimpore to Nica Bhatt, a member of another Brahmin family. She was called Padmavati in accordance with Kashmiri tradition. There are several legends that discuss the brutality inflicted upon Lal Ded. After 12 years of constant suffering, she eventually fled home. Once more, it was bhakti who gave her a space to leave her home life. It is said that Padmavati sang and danced in a frenzied manner while nude. She became popular as Lal Ded. In Kashmiri, Lal was referred to as the lower belly part, which hung loosely over her pubic region due to its increased size.

The close of the fifteenth and the start of the sixteenth centuries was when Mira Bai lived. She was a family member of the Rajput nobility in Rajasthan. She was the daughter of Vir Kunwari of Medtiya of the Rathor dynasty and Ratan Singh. Jodhaji, Mira's paternal grandfather, established Jodhpur. Her paternal grandfather, Dudaji, ruled over Medata City and the 360 neighbouring villages. He gave Ratansing, Mira's father, 12 villages, the most important of which was Kudki. Mira was born in this fort. Mira acquired Vaisnava Bhakti as part of her family's history because her father was Vaishnava. Tradition has it that when Mira was a little girl, she watched a marriage procession and pestered her mother to reveal the identity of her future spouse. To avoid her constant questioning, Mira's mother pointed to a statue of Krishna and told her that this was her future husband. Mira therefore considered herself to be Krishna's wife.

When she grew older, she married into the Mewar Sisodia Rajput royal clan. The identity of her husband is not totally certain. While some identify him as Maharaj Kumbh, others link him to Bhojraj, the son of the famous Rana Sanga. The union was probably part of the political alliance between the Rators of Jodhpur and the Ranas of Mewar. In Rajasthan, the structure of the Kul and the Bhaiyad (brotherhood) was intimately linked to the system of political power and sovereignty. One kul includes all of the ancestors who shared a common ancestor who was bound by male blood. The Bhaiyad was made up of the sons and brothers of the ruler who had authority over the land they had conquered ([9], p. 59).

Legend has it that when Mira arrived at her in-laws' home, she was requested to worship the goddess Shakti for the sake of her husband and family, but she refused. She left the royal palace after being the target of several attacks. She consequently relocated to the temple grounds, where too she encountered dissatisfaction due to her unapproved bhakti practices. She then travelled to many locations and temples connected to Krishna while strolling around with the saints. She visited Dakur first, followed by Vridawan and Dwarka. Tansen, who is known as *Sangeet Samrat*, the monarch of Hindustani music, sang one of her compositions when Akbar, the sixteenth-century Mughal King and Tansen paid her a visit to Dwarka. According to tradition, her natal and married families sent a group of priests as emissaries to convince her to return when she was residing at the Ranchhorji temple on the Dwarka coast. The Brahmins started a radical fasting ordeal outside the temple when she refused to go along with them. Now she was in a difficult situation, for Mira did not want to be associated with killing a Brahmin. After composing *Hari tum haro jan ke pir* (Lord, you remove the pain of the people), she reportedly approached the temple and became engrossed in the Krishna statue. Many academics interpret this as having jumped into the sea after emerging from the temple's western door, which faces the sea. Mira's bhakti turns into a haven from animosity from the oppression and hatred that underlie the Rajput marriage system ([10], p. 85). In a time and society characterized by conflict, vendettas and the growing authority of the state, and it articulated the principle of love.

The limited space available in their marital houses is a recurring topic in these women's biographies. They suddenly lose their freedom after marriage and clash with their in-laws' family when they attempt to live their lives as they see fit. Attempts have been made to lock them up, poison them and imprison them.

Mahadevi Akka states,

"I have Maya for mother in law

The world for father in law

Three brothers in law, like tigers.

And the husbands thoughts

Are full of laughing women.

No God this man.

And I cannot cross this sister in law

But I will

Give this wench the slip

And go cuckold my husband with hara my lord
([7], p. 141).

According to Hindu customs, a woman's duty is to worship her husband, who is considered a God despite all of his flaws. With bhakti, however, the woman can now respond, "No God, this man".

Lal Ded's marriage was extremely challenging as well. Numerous traditions describe the harsh treatment she received from her mother-in-law. She was reprimanded here under a false pretense. According to folklore, Lal Ded spun yarn as fine as the lotus stem, yet she was not permitted to use the spinning wheel. She was frequently made fun of for doing nothing correctly and made fun of for what she had discovered at her father's place. Among her notable sayings are

They may kill a big sheep or a tender lamb,

Lalla will have her lump of stone all right ([11], p. 10)

She was troubled at her in-laws place, which was primarily because she did not follow her in-laws wishes blindly. She states that,

I did not give birth to a child nor lay in confinemen ([11], p. 11).

She was victimized as she did not behave according to her in-laws wish. She was served with stones for her food and was accused of disloyalty towards her husband. However, she accepts this as,

One has to bear lightning, flashes and thunderbolts

One has to put up with pitch darkness at midday ([11], p. 13).

Compared to the other bhaktas, Mira's life is better known. She was accused of not acting like a royal lady when she married and was with her in-law's family.

I have lost the honour of the royal fami/y

People say I have gone astray with the sadhus

I constantly rise up.

go to Gods temple and dance

Snapping my fingers

I don't follow the norms

As an oldest daughter in law

I have thrown away the veil ([12], p. 244)

Her family locks her, in and attempts to restrict her activities.

O friend cannot live without the delight giver

Mother in law fights, my sister in law teases

The Rana remains angry

They have a watchman sitting al the door

And a lock fastened on it

Why should I give up my first love'

My only love

Mira 's God is the lifter of mountains

O nothing else pleases me ([12], p. 42)

A serious attempt on her life was made when things went unexpectedly because she brought nothing but disgrace to the Rajput family to which she was married.

Friends I am completely dyed in this Krishna colour

I drank the cup of immortal bliss

My inebriation never goes away
However many millions of ways I try
Rana sent me a basket with a snake in it
And Mira put it around her neck
Smiling, Mira hugged it, as if it were a
String of new pearls.
Rana took a cup of poison, "Find Mira (he said)
Give it to her
She drank it like charnamrita
Singing the praise of Govinda
I drank the cup of his name nothing else pleases me now ([12], p. 40)

Further she states,

Meera danced with ankle bells on her feet
People said Mira was mad
My mother in law said, I had ruined
the family reputation
Rana sent me a cup of poison and
Mira drank it laughing ([12], p. 36).

Bhakts were offered a choice and therefore, Mahadevi has the courage to tell that she would want her husband as Lord God. She mentions the constant innate struggle between her responsibilities at home and her bhakti:

Husband inside
Lover outside
I can't manage them both
This world and the other
I cant manage them both.
O Lord white as Jasmine

I cannot hold in one hand

Both the round nut

And the long bow ([7], p. 127).

These women's main action is to abolish all decency and modesty standards, which are essential components of a patriarchal society since they separate respectable family women from those deemed less respectable by society. As a result, Akka Mahadevi strolled nude and abandoned her clothing.

Brother you have come

drawn by the beauty

of these billowing breasts, this brimming youth

I am no woman brother

Brother I am not a whore

Brothers seeing me again and again

For whom have you come?

Look brother any man

Other than the Lord who is white as Jasmine

Is a face I cannot stand [13].

Janabai says,

Let me not be sad because I am born a woman

In this world many saints suffer in this way She further states,

Cast off all shame

And sell yourself

In the market place

Then alone

You can hope to reach the Lord ([14], p. 83)

Mira also states,

O my companion there is nothing to be ashamed of now

Since I have been seen dancing openly

In the day I have no hunger

At night I am restless and cannot sleep

Leaving these troubles behind I go to the other side ([15], p. 93)

Because the earthly husband deteriorates and dies, Akka feels a complete contempt for him, which is very different from what she has been taught by scripture and tradition:

I love this handsome one

He has no death

Decay or form

No place or side

No end nor birthmark

I love him O mother listen

So the lord white as jasmine is my husband

Take these husbands who die

And decay and feed them

To your kitchen fires ([7], p. 134)

Mira comes out in open defiance.

If Sisodiya is angry, what will he do to me.

I will sing the virtues of Govind my friend

If Rana is angry, he will stay in his own country

If Hari is angry I will wither friend.

I don't care for worldly position ([12], p. 35).

Mira has no faith in the worldly marriage and prefers being wed to her Hari.

Friends marriage of this world are false

They are wiped out of existence

Wed my indestructible one

The serpent death cannot devour ([12], p. 194).

Because of bhakti, these women possess the moral strength to challenge patriarchal political authority and create a new niche for themselves. Disobeying patriarchal marital norms, they depart (save for Bahina Bai). In Hinduism, the ultimate aim is for a woman to be totally dedicated to her husband and merge with him, even if the spouse is a devil. The women who practised bhakti had the guts to reject this, either by leaving their homes and the constrained areas of patriarchal authority or by influencing their husbands to adopt their viewpoint.

Conditions for women generally did not improve with the introduction of Islam and the eight hundred years of Islamic rule, and many biases and prejudices persisted. The establishment of Mughal authority and the subsequent Arab and Turkish invasions contributed to the strengthening of laws and discriminatory practices against women. Women without purdah were viewed as impolite and unfit for respectable society. They were harmed by the law of inheritance, polygamy and men's easy divorce. They were denied education. Her freedom and rights were restricted, and the resulting hardships were made worse. Hindu society took a number of actions to protect its women's honor from foreign invaders and conquerors, including female infanticide, child marriage, the sati and purdah systems and discrimination against women's education [16]. The Mughal emperors made an effort to suppress sati. To put it under some control, Humayun instituted a licensing system. Its opposition was relentlessly sought by Akbar. Aurangzeb pushed for the law's enactment after Jehangir outlawed it [17]. However, none of them were successful, most likely due to their inability to energetically pursue their reforms due to their preoccupation with conquests, battles and uprisings. Hence, society continued as before, and women had no space in the public arena, and the only space available was in the realm of religion.

4. Colonial India

At first, the arrival of Europeans in India had no effect on the status of women. Although their pursuit of trade led to wars and local politics that resulted in conquest and annexation, the British, like other Western nations, had trade as their main goal in the past. When they later had to administer the recently captured lands, they believed it was safe to retain the influence of the preexisting social structure while also bringing in its religious experts or Brahmins, to interpret its regulations as needed.

A small upper-class elite was formed when English education was initially introduced to prepare Indians for employment under British rule. This elite started to question the logic of many of the customs that were still in place in their society. Large numbers of British missionaries entered local territories as a result of the creation and growth of British control. The missionaries took a stand against sati, the purdah system, child marriage and polygamy, and they opened many schools, orphanages and destitute homes for the widows as well. The new emerging Indian elite felt the need to reform society as they were exposed to Western education and European liberalism of the eighteenth century. The coming years saw the consequences of this.

The nineteenth century marked the beginning of the social reform movement, which can be stated as the beginning of the women's movement. The Indian economy and society underwent significant change as a result of the British conquest and

occupation. The Indian village economy saw a dramatic transformation as a result of the British introduction of new land revenue settlement policies, the commencement of commercial agriculture and infrastructure such as roads, railroads, postal services and telegraphs. India's economy became a British colony, mostly to support the latter's demands. Educational institutions that offered contemporary Western education were established in India as a result of the new economic structure and the administrative apparatus's need for a new kind of educated personnel. A new class of intelligentsia was drawn towards Western education, which was trained in modern Western sciences and culture and they were the recipients of the benefits of the new economic system of the British in India. This new intelligentsia class was the pioneer of the social, political and economic progressive movements. The intelligentsia class was constantly educating themselves with the Western philosophies and concepts of equality, liberty and brotherhood by actively engaging with the West. Therefore, Western philosophies were applied to the social reform movement, as well as advocating for women's issues. Regarding the concepts and modifications that were to be promoted, the reform movements were not uniform and differed greatly. However, they had a shared concern for eliminating societal problems, in part because the colonial authorities accused them of being barbaric. During this time, colonial ideology had a hegemonic hold on power. The emergence of bourgeois society and the values of new ways of thinking marked this period of transition. Indian society's social structure could be changed by the colonial impact of the nineteenth century, which had extended beyond the political and economic spheres to embrace elements of our culture and society. After being introduced to Western principles, the Indian reformers became aware of this potential threat. The Indian intellectual reformer of this era was conscious of the impact of colonial supremacy and sought to counter this colonial hegemony through what Pannikkar refers to as "cultural defense" in addition to reacting to Western ideas of liberalism, civilized society and rationalism [18].

The cultural resistance led to a contradiction. The reformers tried to come up with a new society which was modern as well as rooted in Indian tradition. They were inspired by the European concepts of rationality and progress. Therefore, in an attempt to establish a new order which did not include orthodox practices like polygamy, casteism, polytheism, child marriage, sati and illiteracy, all of these were seen as a hindrance to women's progress and development, the reformers evaluated their own Indian society critically. There was a common faith during the nineteenth century across the world that the social reformers held that no society could prosper without the growth and development of women. The reformers believed the condition of Indian women during the nineteenth century was appallingly low and therefore, they were constantly working to improve the status of women in society by providing them education and through legislative and political rights. They advocated for the fundamental rights of women and were motivated by the first wave of feminism in the West ([19], p. 18).

The patriarchal social structure and gender relations were not fundamentally questioned by the social reform movement. The reformers only addressed the issues which the British considered detrimental to Indian society. The organizations and women's institutions that came up during this time period did not unveil the growth of independent views. Women's organizations unquestionably embraced the reformers' recommendations for both direction and content. Because of this, even when women spoke for themselves, they were only using the language of males, which was governed by masculine standards. Women were viewed as passive objects to be treated more humanely by sophisticated, western-educated men. Therefore, rather

than changing the social circumstances that opposed them, an effort was made to change the woman. There were efforts being taken to transform the power relations and the woman-man relationship dynamics in the society. This was normal as the alteration in the stature of women was being demanded while questioning the patriarchal norms. The main aim was to empower women who were educated and authentically Indian and fit into the needs of the new emerging society of nineteenth-century India. Therefore, the education of a girl was intended to equip them to be perfect housewives, good mistresses and the hearth instead of preparing them to be independent, self-sufficient and free to be ambitious to follow their career path ([20], p. 391).

There were two aspects of the social reform movement: revivalism, or the drive to reaffirm and strengthen a cultural identity that was different from that of the British colonists, and a fascination with Western concepts that one might either reject, assimilate or follow. Education was viewed as a crucial tool for improving the status of women in addition to pursuing reforms through law [21]. Since its inception, women's education has been visualized as a way of producing good wives for the males of the newly formed Westernized elite [22]. Although leaders like Gandhi urged women to join the fight against colonialism, their participation in the fight was merely an extension of their home duties. The few women who were permitted to serve with males on the front lines talked about how isolated they occasionally felt ([23], p. 4). The women were being forced to live a more traditional life in response to the new notions that the British colonial regime brought to India. Women have historically been seen as symbols of tradition, and the main way that tradition is being reworked is through discussions about the rights of women and social standing ([24], p. 90). This prevalent understanding of women, the first reaction to any danger to culture is to force women to continue playing more traditional roles.

This is not to downplay the importance of the social reform movement. In spite of its flaws, there is no denying that these movements helped remove obstacles to women's education and gave them a voice in public life. The reformers tackled every issue, including female infanticide and sati. Polygamy, child marriage, purdah, women's lack of education, devadasi and the joint family structure, marriage age, widows' tragic situation and the right to remarry are all examples. Social reformers like Raja Rammohun Roy, Iswarachandra Vidya, Sagar, M. G. Ranade, Keshab Chandra Sen, Swami Vivekananda, Kandukuri Veeresalingam Panthulu, Dayanand Saraswathi, Karve and others have advocated for women's right by providing them the leadership and fighting for their equal rights appealed through logic, history, reason and the principle of individual freedom and the requirements of social programme. They acknowledged the deteriorating condition of women in India and therefore are credited for founding societies like Arya Samaj, Prathana Samaj, Brahmo Samaj, Ramakrishna Mission and others to fight for the cause of women. The social reformers believed that by educating women, social evils associated with the problem of upholding and bolstering the fundamental family unit could be eradicated and that decent mothers and wives could result. Beginning from Raja Rammohan Roy, who included other liberals as well as the orthodox reformers, advocated for the education of females. This resulted in the establishment of schools for girls and homes for widows. Eswara Chandra Vidya Sagar established Bethune School in 1849 along with Bethune, a member of the Victory's committee, which later on was turned into the famous Bethune College. It was between 1855 and 1858 that Eswara Chandra Vidya Sagar founded 48 schools for girls while working as an inspector of schools. To prevent the girls from attending school, as there was a financial obstacle, Vidya Sagar supplied all the necessary materials and education to the girls.

In 1884, M. G. Ranade and his spouse established a high school for girls and promoted female education. D. K. Karve focused his efforts on educating widows because he recognized the limitation of the enforcement of the Widow Remarriage Act of 1856 due to a society restricted by traditions. Karve and 15 of his colleagues established the Ananth Balikashram for widows' education in 1896. The courses were designed with the goal of empowering the widows to become self-sufficient. He also established Mahila Vidyalaya in 1907 and S. N. D. T. Women's University in 1916, which were two distinct educational institutions for women to reduce the opposition of the orthodox section towards women education. The later phase of the social reform movement witnessed the women themselves advocating for their own rights and freedom. For instance, Pandita Ramabai founded Sharda Sadan in 1889 in Bombay, which provided a place for high-caste widows. There was the establishment of a widow's home in 1912–1913 by sister Subbulakshmi, who was a widow in Madras.

It is clear that Muslim women in India did not significantly improve their status during the later British era or the pre-British era. During the British era, they were unable to receive an education mostly because of the purdah regime, which excluded women from public life, as well as the belief that education was not particularly necessary for them. The adoption of English education was sluggish, even among Muslim men. Consequently, only a very small portion of the population included educated Muslims during the nineteenth century, who were mainly confined to the urban areas of the country. There was no effort being made for education and other reforms for Muslim women until the twentieth century in colonial India. Badruddin Tyabji and his family were exceptional. In 1876, after graduating from Elphinstone College, he founded a Muslim self-help organization. Later, his female relatives created nursing centres, an orphanage for girls (Begum Nawale Misra) and a school for Muslim females (Amina Binte Badruddin Tyabji) (Shareefa Hamid Ali).

Social issues were resolved and women were given access to education as a result of the social reform movement of the nineteenth century. Because of the growing awareness and the construction of educational institutions for them, a considerable number of middle-class women were educated in English by the late nineteenth century. Women also took an active part in the political process. The primary characteristic of the women's movement during the second phase was that, in contrast to the national movement, only a small percentage of women—mostly from an elite segment of Indian society—participated in the movement until 1919. It was not until Gandhi joined the movement that the general public started to participate. Women's involvement in the national movement coincided with political events during this time. In addition, the national and women's movements persisted at the same time.

Dr Annie Besant and Sarojini Naidu, who were the leaders of the women's movement during the first few decades of the twentieth century, later actively engaged in political activities. Annie Besant led the National movement as the President of the Indian National Congress. Annie Besant led the national movement for the first time, making the years 1911–1918 crucial in the history of the Indian national movement. The foundation of the Home Rule League and the mobilization of the agitation provided impetus to the national movement in colonial India. These years are significant in the women's movement's history. Under Annie Besant's leadership, the organized fight for women's emancipation and the inclusion of the demand for women's political rights on the national political agenda were made possible. The founding of the Women's Indian Association (WIA) was a major achievement of the women's movement during the second phase. In 1917, Annie Besant and Mandrel Cousins started it.

The feminist who came to India in 1915 and Dorothy Jinarajadasa, wife of a Sri Lankan theosophist in 1927, played an important role in this organization. By 1927, the WIA had 43 branches and 2300 members, and by 1937, it had 80 branches and 4000 members. The organization was primarily involved with determining the policies of the government regarding women's suffrage, social reform causes and educational issues. Raising awareness of women as Indian daughters, highlighting the role of mothers and wives in educating, guiding and moulding India's future leaders, advancing education, putting an end to child marriage and other social evils, granting them the right to vote and establishing equal rights for men and women were its main objectives. Thus, until it eventually amalgamated with the All India Women's Conference, the group was instrumental in spearheading the women's movement.

Gandhiji's arrival and his background in South Africa fundamentally changed the political landscape of the country. After realizing the significance of the mass base for Indian nationalism, Gandhi presented an ideology that was appropriate for it. The Gandhian method of mass mobilization had an impact on the Indian women's movement since more and more women were being urged to join the movement. Gandhi was aware of the women's issues exclusive to them, but he did not see any conflict between the national movement and the women's movement. Gandhi's perspective on women's equality was rooted in a religious interpretation and confined by a patriarchal system infused with religiosity, presenting women's roles as complementary to men's and embodying virtues of sacrifice and suffering. Women continued to fight for their political and social rights through their organization during the Gandhian era of national movements. Therefore, they were actively involved in the Indian liberation movement when Gandhiji brought it to the general public ([25], p. 6). Since its inception, their presence was always evident in the national movement, but during this time period, specifically, their presence in large numbers not only shook the British but also surprised their own men. In spite of government orders and police *lathis* (canes), tens of thousands of working women, peasant women and women from the upper or middle classes were flooding out of their houses to leave behind their sheltered lives. Not only did they display courage and boldness, but their organized strength was even more astounding. Furthermore, this was the first time in Indian history that a significant number of women were organized for political purposes in a mass organization. Due in large part to their participation in the liberation war, women were granted the right to vote and complete equality under the Indian Constitution. What was crucial, though, was that women were educated throughout this time, entered public areas and established their own organizations to support other women.

5. Contemporary India

India had numerous issues right after gaining its freedom. The tragedy of partition, the exodus of a vast number of people and the cessation of sectarian brutality in Bengal and Punjab all dampened the euphoria of independence. The conflict in Kashmir, the threat of territorial separation, the power allocation among 600 princely states and displacement—which disproportionately affected women—came next. Years of colonial domination had depleted our natural resources and destroyed our traditional crafts. Industrialization, changing technology and a lack of mobility all made it difficult for women to adjust to the new system. Additionally, their domestic responsibilities diminished, lowering them to a raw status that ultimately

worsened to a deplorable level as their labour was viewed as unimportant in the productive market ([26]).

General economic expansion was the main concern throughout the first few decades after independence. Other issues, such as reducing poverty, came after it, and in the decades that followed, equity increased. It is evident that there was no mention of the initiatives for women and gender-related issues were neglected under the poverty issues [27]. Although there was no mention of women's causes, this did not stop them from actively participating in movements like anti-price laws and famine relief movements.

It was not until the 1970s that they began to raise concerns about their subjugation as women. The last decades of the 1990s also saw an anti-liquor (arrack) Movement in Andhra Pradesh, where women were able to bring out a private issue of domestic violence into the public domain [28, 29]. The advancement of grassroots non-governmental organizations (NGOs) promoting women's development has recently received more attention. Although the scope, goals and vision of some of these organizations have differed, they have nevertheless given women a platform to collectively voice their concerns. The welfare paradigm, which sees women primarily as service users or beneficiaries, has been contested by these grassroots organizations, which have replaced it with an empowerment participatory approach. Even though there are frequently concerns expressed regarding the effectiveness of these organizations, it is frequently observed that women who are exposed to some level of mobilization exhibit remarkable potential, receptiveness and defining capacities [30].

The women's movement viewed the state as an ally during the first 20 years following independence. The Indian postcolonial state positioned itself as the main force behind social change. In actuality, it was remarkably inventive in the establishment of institutions to ensure everyone's development [31, 32]. In 1953, the Central Social Welfare Board was established nationally with a focus on women's development. Similar boards were established at the state level as well, with duties including offering legal assistance, counseling and providing shelter homes to women [33]. All of the women who participated in the nationalist and social reform movements in pre-independence India were pleased by the boards and the constitutional guarantee of women's rights. Perceiving the state as an essential instrument, they prioritized seeking solutions from the state by enacting "progressive" legislation [34] and, predictably, shared the government's welfarist views.

The Constitution of India, through, Article 15(3) gives the state the power to enact special laws for women. There were numerous policy documents that followed, but in actuality, there was a significant discrepancy between the rights and status of women as they were articulated in these documents and what actually existed. There was a tendency to go back to the past incidents, either to mystify them or to glorify them during the struggle for independence and it was used as a tool for the creation of national identity which had a demeaning effect on women. In post-independence India, the emergence of neo-colonization and an increase in the trafficking of women for sexual business have even pushed back women into the inner shelves. Since the beginning of time, the institution of the family has existed and will always exist, no matter what. It has given the ideological domain magical dimensions as defenders of a particular society's morals, while simultaneously marginalizing women and undervaluing their labour in the socioeconomic sphere [35]. By the 1970s, a generation of women had started to voice their disapproval of the way women's development was handled and the part that women were assigned in state-led development initiatives [36]. These were mostly educated, middle-class, urban women who were greatly impacted by

Leftist or Gandhian activity. These women expressed dissatisfaction with their additional spot in the Community Development Programs of the 1950s and 1960s, which mainly involved teaching them “home economics” and “family management” skills ([37], p. 109). They claim that these programmes did not challenge conventional roles. The 1974 publication of the Towards Equality Report, which brought attention to the state of women in India, bolstered their critique. This study was commissioned by the Indian government for the United Nations International Women’s Year World Conference in 1975. It explained how, since independence, gender disparities in political involvement, work, health and education have gotten worse [38].

At the time of the development debate, many women were organizing and mobilizing for their rights all across the world. Because they had no contact with these organizations, development planners and policymakers saw feminism as unrelated to growth and as a luxury reserved for wealthy women in developed nations. In the initial phase of mainstream development models, terms like “basic human needs,” “meeting the needs of the poorest of the poor” and “growth with equity” appeared. At this point, development was viewed as an administrative problem that could be remedied by transferring significant amounts of resources and cutting-edge technology from developed to developing countries. This led to the inclusion of women in the process of development. Again, a large number of rural women were left behind during this phase, but their involvement in the development process was indicated by their employment and education as sources of income [39].

Women nowadays have taken a feminist stance while discussing the issue of development. In addition to giving the idea of development a new meaning, they have brought up significant issues about violence against women, reproductive rights, violence against women, child care, rural development, family planning and technology transfer. Development tends to strengthen and intensify the imbalances and inequities within and across civilizations if it solely results in an increase in production. In order to gain control over one’s life circumstances, development must be a comprehensive process involving economic, social and cultural elements. This is where the idea of empowerment comes in.

The National Education Plan for Women underscores that women become empowered through decision-making and collective reflection. The indicators of empowerment are creating a space for positive self-image and building self-confidence, fostering group unity and decision-making abilities, refining critical thinking abilities, providing the resources for economic growth, assuring equal involvement in the process of social change, and, lastly, promoting collective action. A transforming process, empowerment opposes not only patriarchy but also the racial, religious and ethnic systems that dictate how men and women are treated in society [40]. The key to empowerment is involvement. People must be involved in development, not just for them. Individuals must actively engage in the choices and procedures that influence their life. In addition to being worthwhile in and of itself, empowering women to exercise their choices and invest in their abilities is the most reliable strategy to support general development and economic growth [41]. Women in contemporary India navigate patriarchy through various strategies and avenues, often combining traditional and modern approaches to assert their rights and achieve empowerment. Women collectively contribute to the ongoing efforts to dismantle patriarchal structures and create a more inclusive and equitable society for women in India.

Indian feminism has its origins in the nation’s many social, religious and cultural traditions. It frequently discusses topics that are less common in Western feminism,

such as caste, religion and rural-urban differences. Intersectionality is emphasized by Indian feminism, which addresses the relationship between gender and caste, class and religion. Although it is also intersectional, Western feminism frequently places greater emphasis on socioeconomic class and race. Through many “waves,” Western feminism has developed, emphasizing equality in the workplace, reproductive rights and suffrage. On the other hand, Indian feminism has mostly been influenced by colonial history, independence movements and post-independence battles for social justice, even though it has also evolved along these waves.

6. Conclusions

Hence, to conclude, throughout the long course of Indian history, there has been a stream of social consciousness which encouraged a liberalization of attitudes towards women. Compared to Brahmanism, Jainism and Buddhism gave greater freedom to women, and they were allowed to become part of the sangha. The Bhakti movement also provided a further space for women. With respect to women, the obvious trend reflects that the audience was varied, just as the material context and the social worlds. This is linked to the different modes of production in the Indian subcontinent. Therefore, there were distinct modes of surplus extraction, as there were many layers of intermediaries and different kinds of protests. There is no shortage of documentation or policies regarding women in the post-independence period. The 1993 Indian Constitution's 73rd and 74th amendments reserved seats for women in municipalities and panchayats (local bodies). This was a significant step in empowering women following the shift from welfare to growth and involving them in development. It is clear that the Bill, which allowed for reservations in the Parliament, was not passed without difficulties. Additionally, the National Commission's founding has guaranteed the development of an atmosphere that promotes women's equality. In India, modernity is a multifaceted process that comprises several paths and adjustments. Tradition and modernity frequently have a dialectical connection, with tensions and coexistence forming the current Indian identity. A dynamic and changing cultural landscape that respects the past while embracing the future has been created by Indian women's deft blending of tradition and modernity, resulting in a distinctive cultural synthesis that represents both their background and current ambitions. This dynamic interplay between tradition and modernity continues to shape India's cultural, social and economic landscape and shapes the formation of feminism, too.

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Chapter 6

Tracing Judicial Decisions from Naz to Navtej: Transformative Constitutionalism and the LGBTQI

Mukkatira Palangappa Chengappa and Simarpreet Kaur

Abstract

This paper examines the procedure and the constitutional challenges that the Indian judiciary has undergone in achieving rights for sexual minorities while implementing and expanding fundamental rights within the Constitution of India, in the interests of the LGBTQIA+ community. The fundamental rights categorically excluded the plight of sexual minorities. Without the enforceability of the DPSP (Directive Principles of State Policy)s, the grand scheme of rights actualisation was treated as a hollow promise, time and again interpreted regressively by the Legislature. The idea of transformative constitutionalism runs central to the reasoning of the judiciary, and it is through this idea that the progressive realization of fundamental guarantees for the minorities of India was accomplished. A diverse range of cases endeavouring to secure gender equality has utilised the vehicle of transformative constitutionalism by the Supreme Court of India: *Shayara Bano v. Union of India* which capitalised on the doctrine of manifest arbitrariness as an Article 14 scrutiny to *Vishaka v. State of Rajasthan* which ushered in an era of judicial supervision and guidelines jurisprudence. The liberalization of minorities' rights has not merely been a peripheral transformation to the process of creating a constitutional culture but has also been central to the functioning of society and politics. Therefore, in this paper, the authors will delve into the mechanics of the transformative aspect of the Indian Constitution and its role in ushering a spirit of social revolution and cultural changes, benefitting the gendered and sexual minorities of the country.

Keywords: LGBTQIA+, transformative constitutionalism, constitutional morality, substantive equality, India

1. Introduction

The Indian Constitution was primarily envisaged as a transformative one that evolved and expanded the scope of constitutional morality to incorporate the changing demands of a contemporary society. The judiciary has openly adopted the philosophy of transformative constitutionalism for the first time in Indian legal history through the judgements in two landmark cases: *Naz Foundation v. Government of NCT Delhi* [1] and *Navtej Singh Johar v. Union of India* [2]. Both judgements dealt extensively with the issue of Section 377 of the Indian Penal Code ('IPC'), popularly known as the 'sodomy law', which criminalises 'carnal intercourse against the order of

nature' [3]. The courts unanimously held S.377 as unconstitutional, which took away the rights of the LGBTQIA+ minority under Article 14, which provided for equality; Article 15, which guaranteed the right against discrimination on grounds of sex; and Article 21, which protected the right to self-determination under the right to privacy. Between the Naz Foundation and Navtej, the Supreme Court made a rather disappointing decision in *Suresh Kumar Koushal v. Naz Foundation & Ors*, which reversed the decision of the Delhi High Court in *Naz Foundation*. During the transition period of the Indian judiciary from the one upholding political sovereignty to the one enforcing fundamental rights liberally, the Supreme Court of India has dealt with various issues on gender justice, caste inequality, and the rights of the LGBTQIA+.

The authors in this research paper explore the philosophy of transformative constitutionalism, tracing its origins to the South African Constitution. The authors in *Part II* argue that transformative constitutionalism was initially envisaged as a prerogative of the judiciary, as it is through judicial adjudication that a law is interpreted to meet the dynamic demands of society. *Part III* examines the way the Constitution of India was envisaged as an anti-colonial document which ushered in the ideas of cosmopolitanism at a time when India was reeling in socio-economic poverty. It clears the debate on the issue of 'derivate eclecticism' by stating that the Indian Constitution is, in fact, flexible in the way it derives the principles and legal doctrines from various jurisdictions, which is in line with the pragmatic and cosmopolitan understanding of any given constitution, thus making it transformative. *Part IV* examines the importance of the judiciary in ushering in the principles of transformative constitutionalism in order to provide for the fundamental rights of the LGBTQI community through the decisions of *Naz Foundation* and *Navtej*. In *Part V*, the authors argue that the decision in both judgements would not have been possible had it not been for the judiciary's alternate approach to the archaic classification test under Articles 14 and 15. The authors argue that the bold steps taken by the judiciary to condemn the way the legislature has misused the classification test and concretised the discrimination on the basis of sex needed stricter scrutiny through the lens of judicial interpretations. Lastly, *Part VI* analyses the importance of constitutional morality in overturning Section 377 IPC.

2. The emergence of the philosophy of transformative constitutionalism

When the American academician Karl Klare coined the term 'transformative constitutionalism' with respect to South Africa in 1998, he primarily wanted to test whether the concept of transformative constitutionalism could be metamorphosed in the South African context through the study of judicial adjudication that sought to achieve 'the project of constitutional enactment, interpretation, and enforcement, committed to transforming a country's political and social institutions and power relationships in a democratic, participatory, and egalitarian direction' [4] while keeping in the periphery the historical context of such political developments.

The term 'transformation' was identified with a social change which was at a scale that the 'reform' could inadequately subsume, and the term 'revolution' was unable to effectively define it [4]. Transformative constitutionalism is connoted as 'an enterprise of inducing large-scale social change through non-violent processes grounded in law' [4]. Therefore, it is not only difficult to give a definitive meaning to the idea of transformative constitutionalism, but it is also rudimentary and goes against the spirit of the concept itself, which aims to be a bearer of change and transformation through the text of the constitution.

The concept was identified with a promise to transform and a spirit to lead a social and political change in the society through the processes embedded in the law, which reflects the constitutional ideals of a given nation that is based on 'democratic values, social justice and fundamental human rights' [4, 5]. It is imperative to mention that the new constitution of South Africa was envisaged as a 'commitment...to transform our society which lies at the heart of the new constitutional order' [6]. Chief Justice of South Africa Pius Langa famously characterised the transformative nature of the Constitution by describing it from the epilogue of the South African interim constitution of 1993, which stated that,

"The Epilogue describes the Constitution as providing: a historic bridge between the past of a deeply divided society characterized by strife, conflict, untold suffering and injustice, and a future founded on the recognition of human rights, democracy and peaceful co-existence and development opportunities for all South Africans, irrespective of color, race, class, belief or sex. This magnificent goal for the Constitution: to heal the wounds of the past and guide us to a better future. For me this is the core idea of transformative constitutionalism: that we must change" [7].

Examining the Indian Constitution through the perspective of transformative constitutionalism underscores its vital function in fostering gender justice, a path that has witnessed both notable advancements and enduring difficulties.

Constitutional amendments have played a particularly significant role in this evolution. The watershed 73rd and 74th Amendments of 1992 stand as a critical juncture in the promotion of women's political engagement at the local level. These amendments mandated the reservation of one-third of all seats for women within Panchayats (rural self-governance bodies) and Municipalities (urban local self-governance bodies) [8]. This deliberate structural change has demonstrably amplified the presence of women in local governing bodies, furnishing them with an essential platform to articulate their perspectives and to potentially shape policy decisions and the distribution of resources in a manner that is more responsive to gender considerations [9]. In a similar vein, the recently enacted 106th Amendment in 2023, which reserves one-third of the seats for women in the Lok Sabha (India's lower house of Parliament) and State Legislative Assemblies, carries the potential for significantly increased representation at higher echelons of political decision-making. This development could foster a stronger emphasis on issues concerning women within national legislation and policy development [10].

The significant impact of transformative constitutionalism in transforming the equity regime across genders is not limited to the territories of India, rather has an international expanse. Building on Nepal's constitutional commitment to equal rights for all genders, a new law has been enacted to specifically prohibit marital rape [11]. Similarly, France has etched its commitment to women's reproductive rights into its very foundation by constitutionally guaranteeing the freedom to access abortion. This landmark move sets a powerful precedent [12]. Meanwhile, Germany's constitution firmly establishes the equal footing of men and women, and the nation has recently put in place laws aimed at making salaries more transparent and boosting the number of women in leadership roles [13].

Significant legal precedents have also been crucial in the progression of gender justice through a forward-thinking interpretation of the Constitution. The Vishakha Guidelines [14], developed by the Supreme Court when specific laws addressing sexual harassment at work were absent, perfectly showcase the judiciary's active

engagement in this area [15]. Acknowledging that sexual harassment undermines fundamental rights to equality, dignity, and a secure professional setting, the Court established detailed guidelines for its prevention and resolution [15]. These guidelines then paved the way for the enactment of the Sexual Harassment of Women at Workplace Act in 2013. Likewise, the judgement of the honourable apex court in the case of *National Legal Services Authority v. the Union of India* [16], stands as a pivotal decision in legally recognising transgender individuals as a third gender. The Supreme Court upheld the fundamental rights of transgender people under the Constitution, including their right to self-identify their gender, and instructed the government to implement measures to eliminate discrimination against them [17]. This case vividly demonstrates the power of transformative constitutionalism to broaden the reach of gender justice beyond conventional male/female categories. Such judicial precedents clearly illustrate the judiciary's commitment to leveraging constitutional principles as a tool to tackle gender injustice.

In addition to the above, legislative and policy reforms have also played a significant role in furthering gender justice in India by enacting statutes such as the Dowry Prohibition Act of 1961, the Protection of Women from Domestic Violence Act of 2005, and the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act of 2013 that constitute a vital legal framework intended to safeguard women's rights and tackle specific manifestations of gender-based discrimination [15]. Further, transformative constitutionalism demands not only the creation of progressive legislation but also its effective implementation in practice to truly instigate social change.

These diverse instances bring home the impact that constitutional commitments to gender equality can have and also vividly illustrate this 'promise to transform' in the context of gender equality. Irrespective of the fact, whether these commitments were there from the very beginning or agreed to later on, they can be a real driving force for improving women's rights and tackling discrimination in all sorts of legal and cultural environments. This progress is basically possible through judicial review; here, courts interpret and apply these fundamental principles to invalidate discriminatory laws or practices; legislative action, where constitutional mandates or principles inspire the creation of new legislation or the revision of existing laws to promote equality; and the amplified participation of women in both the constitution-making and broader political processes, enabling them to advocate for the inclusion of robust gender equality provisions and ensure their effective implementation [18].

The goal of transformative constitutionalism is to create a society based on substantive equality, whereby the redistribution of power and resources is done on egalitarian lines. The eradication of systemic discrimination and domination based on the lines of gender, class, race, and other grounds of inequality is the predominant goal of substantive equality, which can be achieved through a transformative interpretation of the constitutional principles. The understanding that emerges from the definition of transformative constitutionalism by Justice Pius Linga refers to its role as a "historic bridge" which poses two pertinent questions: where the bridge is from and where it is leading to? And whether there is a shore waiting beyond that bridge?

The answer is succinctly provided by Etienne Mureinik, who says that the bridge signifies the shift from apartheid, i.e., moving from the 'culture of authority' to post-apartheid, i.e., towards the 'culture of justification' [19]. The culture of authority prioritises the doctrine of parliamentary sovereignty and upholds the law made by the Parliament, which is enforced by the power of fear and force at its command without giving any justification. On the contrary, in the culture of justification, 'every exercise

of power is expected to be justified, in which the leadership given by the government rests on the cogency of the case offered in defense of its decisions and not the fear inspired by the force at its command' [19].

This culture of justification, primarily known as judicial review, is one of the cogent tools for rights-based constitutional adjudication. The legal tests that the judges and lawyers apply to bring life into the bare legal statute are grounded in reasoned arguments and justification backed by legal rules, principles, and texts. This is the rationale used by Karl Klare to theorise the idea of transformative constitutionalism through the lens of judicial adjudication, for he believes that the intellectualisation and transformation of institutional practices that are entrenched in ideologies defined by the majorities of any given society can be innovated through the process of legal interpretation and justifications given by the court.

He states that diffusing the law-making power and giving a chunk of it to the judiciary actually 'empowers legal fractions of intelligentsias to decide the outcome of ideological conflict among themselves, outside the legislative processes, and it increases the appearance of naturalness, necessity, and relative justice of the status quo' [20, 21]. This is also backed by the idea that the interpretation of the law through judgements is by far the most instructive and objective way of understanding the law itself. Therefore, the role of transformative constitutionalism as a "bridge building" relates to the idea of justification by the judges who are given the task of interpreting the law from a neutral prism to strike a balance between the competing rights and freedoms of people.

The objectives of transformative constitutionalism can therefore be summarised as transforming a society through socio-economic progression and substantive equality while establishing a culture of judicial justification. However, the objectives cannot be confused with the end goals of transformative constitutionalism because it does not aspire to change society 'temporarily' and should be viewed as a permanent phenomenon through which a society can achieve its goals of progressive evolution and pragmatic transformation through contestation and dialogue [4, 7, 22]. Therefore, if ascribed to an ultimate vision, then transformative constitutionalism is a *continuing process* that is based on the idea that change is the only constant.

In South Africa, the ideals of transformative constitutionalism were upheld to impart substantial justice and equality to the gendered and sexual minorities, making South Africa the first constitution in the world to not only decriminalise same-sex partnership but also entitle homosexual couples to the right to marriage [23]. The meaning of equality was given an inclusive definition which respected the differences rather than disregarding them for the sake of uniformity. The court's ambitious inclusion of same-sex couples reflects the profound capacity that each constitution can possess to strike gender justice by following the path of 'inherent humanity' [24] and protect their citizens. To sum up, the ideals of transformative constitutionalism can be understood by looking at the judicial approach in every case, which has been interpreted consciously to provide remedies in cases of discrimination while respecting the separation of powers.

3. Transformative constitutionalism in India and the rights of minorities

*'Political democracy cannot last unless there lies at the base of it, social democracy.
What does social democracy mean? It means a way of life which recognizes liberty,*

equality and fraternity as the principles of life. These principles of liberty, equality, and fraternity are not to be treated as separate items of a trinity. They form a union of trinity...liberty cannot be divorced from equality; equality cannot be divorced from liberty. Nor can liberty and equality be divorced from fraternity. Without equality, liberty would produce the supremacy of the few over the many. Equality without liberty would kill individual initiative...Without fraternity, liberty and equality could not become a natural course of things. It would require a constable to enforce them' [25].

These words lay the foundation of a much-debated question, which runs on two parallels in this context: is the Indian Constitution a transformative constitution? If yes, then how has it changed the perception of society towards gender and sexual minorities?

The contestation on the true nature of the Indian Constitution arises because the framers of our constitution borrowed heavily from the old imperialistic regime, i.e., the Government of India Act, 1935, which stood as a bulwark of arbitrariness and authoritarianism, marking the death of rights-based advocacy. In fact, in the account of Dr. B.N. Rau, the new order was an ordinary 'transfer' of power to the new constitutional set-up, which was merely governed by the people of Indian origin, and the word 'transformation' was not used to ideate the philosophy of our new Constitution [26, 27].

However, the authors defer from the superficial understanding of the Constitution, which blatantly ignores the burden of deliberation and debate that took place in the Constituent Assembly that decided to include fundamental rights in Part III and directive principles of state policy in Part IV of the Constitution, abolished untouchability, and created a Preamble that regurgitated the cosmopolitan sentiment of justice, liberty, fraternity, equality, and secularism for all the people of this country. The Constitution, which gifted the nation political democracy through universal adult franchise in a political crisis and socio-economic poverty coupled with a burden to prove to the world that it was certainly going to shed the skin of imperialism to become a sovereign, was truly a transformative and courageous step towards changing the order of the country.

In that sense, the authors argue that the Constitution was indeed transformative, and it entails looking beyond the narrow spectrum of constitutional continuity and looking at the bigger picture that includes, in the words of K.G. Kannabiran:

'...the social history of the period preceding the Constitution...the struggles of the people who fought for freedom, the repressive legal structures on whose altars people were sacrificed and their dreams shattered...[and] the aspirations of the people to build a better society for themselves' [27, 28].

The Indian freedom struggle has categorically given shape and voice to the logic behind the introduction of contemporary legal rights and socio-economic objectives of the Constitution. It marks the point of departure from colonial supremacy and the fight for swaraj to the point of arrival of the 'governance of an independent nation' [29]. A new society that was envisaged in an independent India was a welfare state, which was committed to removing the menace of poverty and inequality through the force of unity and integrity.

Thus, the most significant outcome of the freedom struggle was the writing down of fundamental rights and DPSPs in the Constitution of India. For instance, in Part III of the Constitution, Article 14 speaks about the right to equality before the law and

equal protection under the law. Article 15 unequivocally prohibited and condemned non-discrimination on the grounds of caste, creed, religion, sex and place of birth. Article 16 provided for equal opportunity to all. Article 17 prohibits untouchability, which was a menace in the colonial history of India, entrenched through the caste system and gender-based violence. Article 21 encompasses in itself the concept of self-determination and the right to privacy, which set the ground for social revolution and liberalism (read: anti-colonialism). Through DPSPs, the Indian Constitution also aims to be a welfare state by unequivocally writing down the agendas of the government. For instance, Article 38 provides that the legislature shall promote social order and public welfare and minimise income inequalities. Article 39 provides for equal pay for equal work. Thus, the Drafting Committee, by including such futuristic ideals in the Constitution of India, put the burden on the judiciary to interpret it in a way that could impart gender justice and eradicate gender discrimination in India that was 'of the people, for the people and by the people'.

However, the Supreme Court of India, despite being an outcome of the Indian Constitution, also had a long-standing imperialistic legacy, which took its much-needed time to understand the growing needs of the country and interpret the Constitution liberally. Some concepts, like reasonable classification and the rational nexus tests, were borrowed from the United States, which the Indian judiciary relied upon to rest their reasoning on. The brunt of these experiments was inevitably faced by women and the LGBT community in the early years of the judicial interpretation of substantial equality. Since the judiciary took its time in imparting formal equality, the sexual minorities and the gendered minorities were kept away from substantive equality. More importantly, anything which was beyond the conceivable expectation of the heteronormative society was considered a deviation from the society itself, due to which the sexual minorities for the longest time were considered untouchables and were socially excluded. It was only after the laws were tested in the aisle of judicial review that the concept of transformative constitutionalism was effectuated to deal with issues of gender justice. The next segment of the research paper will examine the role of the judiciary in implementing the values of transformative constitutionalism to bring the LGBTQIA+ community into the ambit of welfare legislation and attain gender justice.

The Constitution of India is called an organic statute, which has a soul and consciousness of its own [29]. It is a pulsating document which expands and adapts with the changing needs of society without changing its basic fundamental identity. In the case of *Ashok Kumar Gupta v. State of U.P. & Ors* [30], the court remarked on the inevitable significance of the judiciary in realising the evolving nature of the Constitution, which emphasised that 'it is the duty of the court to supply vitality, blood and flesh, to balance the competing rights by interpreting the principles, to the language or the words contained in the living and organic Constitution broadly, and liberally' [30].

Moreover, the fundamental rights of liberty and equality are timeless principles which cannot be given a static interpretation, and the courts are duty-bound to interpret the same as per the standards of contemporary demands of society. The Supreme Court in *NALSA v. Union of India* ruled that 'the judiciary is the guardian of the Constitution...our Constitution inherits liberal and substantive democracy with rule of law as an important pillar. It has its own internal morality based on dignity and equality of all human beings...such rights are to be guaranteed to each and every human being' [31]. The burden of interpreting the Constitution in line with the principles of transformative constitutionalism rests upon the judicial arm of the State

to steer the country towards an egalitarian democracy where fundamental rights are protected.

When we talk about the role of the judiciary, we envisage it as a charter for the progressive realisation of rights, but it was not true at the beginning of the working of the Constitution. The role metamorphosed with the need to interpret the Constitution in a way that the legislative gaps, which were not realised at the time of making the Constitution, could be filled. This was done by the introduction of judicial review and empowering the judiciary to constrain the legislative and executive branches when their action or inaction threatens the protection of rights guaranteed, as per Prof. Upendra Baxi [32].

Prof. Baxi highlights some significant features of the judiciary, such as its binding nature, its stature as the highest institution of appeal and its power to interpret the law, along with its historical, political and economic shortcomings to ensure that rights are granted, which makes it a viable organ of the state where an individual can challenge the validity of a law [32]. True to the understanding of the role of the judiciary, it is important to highlight the trajectory of the judicial processes which have taken their course to understand the idea of transformative constitutionalism.

The initial approach of the judiciary towards the understanding of gender justice was not based on affirmative action. More so, in the case of *Champakam Dorairajan* [33] wherein a Brahmin woman challenged the constitutionality of a government order that reserved medical college seats for lower caste groups seeking protection of her fundamental rights under Articles 15(1) and 29(2) of the Constitution, the judiciary's attitude towards the issue of discrimination was primarily based on her religion, as she was an upper caste. The Supreme Court of India struck down the government's order on the grounds of religious discrimination. The judiciary not only ignored the intention of the legislature to bring the oppressive caste under the ambit of equality but also missed the historic opportunity to enforce the doctrine of equality and promote the right to education for women. Instead, the judiciary chose to solely focus on the issue of the caste system without addressing the fundamental concept of equality in a nascent democratic society, which could have benefitted from affirmative action on women's rights.

In the case of *Air India v Nargesh Mirza* [34], an air hostess of a government airline brought forth the issue of pay parity with her male counterparts who did the same work as her but were paid more than her and also had better chances of promotion. This was one of the first cases in independent India which challenged the discriminatory practice based on gender norms in an emerging India when women were getting introduced to workplace policies and gender stereotypes. The Supreme Court, while observing the right to equality under Article 14, propounded the concept of intelligible differentia to put women in a separate class of people, which was solely based on sex, to say that the work of air hostesses demanded separate recruitment criteria and educational qualifications.

The Supreme Court in 1979, while dealing with the case of *Tukaram v. State of Maharashtra* [35] sincerely missed the opportunity to really speak up about gender justice. In this case, two policemen were acquitted by the sessions court even though the allegation was of rape solely on the ground that since the woman was habituated to sexual intercourse by her boyfriend, the action of the two policemen could not be qualified as rape. The Supreme Court was in brazen disregard of the sensitivity of the issue, sided with the rationale of the sessions court and held that the allegations were untrue, as there were no visible marks of injury. The Supreme Court once again sparked the controversy of the death of gender justice, due to which the legislature

stepped in to amend Section 114A of the Indian Evidence Act, which removed the presumption of consent on the part of the woman if there were no signs of resistance from her end [36].

After this amendment, the Supreme Court echoed the issue of gender justice and reclaimed its constitutional power in the case of *Bharwada Bhogibhai Hrijibhai v. State of Gujarat* [37]. The Supreme Court took an affirmative and conscious stand for the victim of sexual assault by stating that the court is not entitled to deny the accusation of the victim for the lack of corroborative evidence, as it results in 'adding insult to the injury' [37].

Several other judgements later, in the late 1990s, the Indian Judiciary was seen to focus on the socio-economic rights of the people proactively, which marked the shift in the constitutional position of the judiciary. In *Vishaka v. State of Rajasthan* [38], the infamous case of workplace sexual harassment, the judiciary not only saw the rise of public interest litigation but also found that the realisation of gender justice was quintessential to ensure the socio-economic development of the country by making the workplace accessible and safe for women. The court reiterated the need to uphold the fundamental rights of women and to provide freedom for women to practise their occupation without the threat of harassment.

Numerous cases focusing on gender issues surfaced during the transition period of the judiciary, which metamorphosed itself with the consistent change in society's demand for more gender-neutral interpretation and enforcement of fundamental rights. The courts have taken a more liberal approach by venturing into the personal laws to ensure that even inside homes, women are treated equally by upholding their fundamental rights over the personal laws.

In the same manner, when the Indian judiciary for the first time faced the issue of protecting the sexual autonomy of the LGBTQIA+ community of the country, the courts for the first time borrowed the principle of transformative constitutionalism to ensure that not only is the justice met through international standards but also there is no going back from the liberalistic interpretation of the society that the judiciary was intending to do. In the next segment, the authors will delve into the way the judiciary interpreted the constitution to protect the rights of sexual minorities of India.

4. Transformative constitutionalism and section 377

In light of the subject matter of this research paper, i.e., the rights of sexual minorities of India, it is important to revisit the landmark case of *Lawrence v. Texas*, where the Supreme Court of the United States ('SCOTUS') was also dealing with the 'decriminalization of sexual conduct between homosexuals' [39]. The SCOTUS held that 'the adults may choose to enter upon this relationship...still retain their dignity as free persons...the liberty protected by the Constitution allows homosexual persons the right to make this choice...our obligation is to define the liberty of all, not to mandate our own moral code' [39].

It is not surprising that when the Delhi High Court in *Naz Foundation* and the Supreme Court in *Navtej* were giving historical judgements on the right to freedom of sexual autonomy to LGBTQIA+, this landmark case of SCOTUS was the guiding light to weave the essence of transformative constitutionalism into the Indian Constitution. The courts of India left no stone unturned when they brought international human rights into the picture to protect and safeguard the dignity, liberty and privacy of same-sex couples. The courts quoted extravagantly from Article 12 of the Universal

Declaration of Human Rights ('UDHR') and Article 17 of the International Covenant of Civil and Political Rights, which protects from 'arbitrary interference with privacy' [40]. The court's progressive attitude is showcased by defining terms such as 'sexual orientation' [41], 'gender identity' [42], 'LGBTQI' [43] to name a few, from the vast expanse of international and national judgements along with international standards defined by protocols, treaties and covenants to form an inclusive and informed understanding of the issues of sexual minorities of India.

The court has lamented the existence of Section 377 of the IPC and the state's inability to shrug the cloak of imperialism by not taking an informed view on removing a law which not only infringes minority rights but also reeks of colonial morality. The court in both judgements has spent considerable time in understanding the relics of the past to tilt its earlier view of sexual intercourse for the narrow and normative purpose of procreation practised by a heterosexual couple to a more contemporary meaning of sexual intercourse as a matter of 'sexual autonomy', which factors in the persons' 'sexual orientation', 'sexual expression', 'intimacy' and 'sexual experience/pleasure' as long as it is between two consenting adults. Naz Foundation thus became the first judgement in India which included the right to sexual autonomy as a part of the right to privacy under Article 21.

The court has considered the internationally accepted medical standard by the World Health Organisation, which does not consider non-penovaginal sex between consenting adults either a mental disorder or an illness, to reject the baseless arguments of the state to validate the constitutionality of Section 377 IPC [44]. In the judgement of Navtej Singh Johar, Justice D.Y. Chandrachud remarks that a law which severed the rights of same-gender people to find fulfilment in love was present for 158 years and 'depraved them a simple right as human beings to live, love and partner as nature made them...a criminal law which became a willing instrument of repression...and repressed the human instinct to love...the law has imposed upon them a morality which is an anachronism. Their entitlement should be as equal participants in a society governed by morality of the Constitution. That in essence is what Section 377 denies to them' [45].

So, how exactly did the court transform the position of sexual minorities in India through Naz and Navtej?

The Supreme Court summoned the international perspective on human dignity in relation to sexual minorities. It said that to live with dignity is a recognised human right as per the UDHR, which includes every individual in our world. This principle of human dignity was considered to be an intrinsic aspect of the right to life under Article 21 of the Constitution. It is imperative to quote Justice Krishna Iyer's ground-breaking observation in *Maneka Gandhi v. Union of India* on the aspect of human dignity, which goes like this: 'like is a terrestrial opportunity for unfolding personality and when any aspect of Article 21 is viewed in a truncated manner, several other freedoms fade out automatically' [46].

The Supreme Court has given immense importance to the freedom of identity for the emancipation of the LGBTQIA+ minority. The judiciary added that the freedom of expression of an individual and their identity is a natural right, and the state cannot take it, as it forms the essence of dignity. The Supreme Court in Navtej quoted from the Canadian judgement, which says that 'human dignity means that and individual feels self-respect and self-worth...physical and psychological integrity and empowerment' [47]. The court looked at the statement of the American Psychological Association to unequivocally establish that 'homosexual orientation is in place very early in life, possible even before birth' [48].

The court recognised that self-determination includes the right to sexual orientation and sexual identity and autonomy and hence is a fundamental right under Article 15(1). S.377 was detested at the altar of the right to privacy, which is an absolute component of Article 21, which was coined for the first time in the Naz Foundation. The court reiterated the famous adage of Justice Brandeis that 'right to privacy is the right to be let alone' [49] to mean that the right to express oneself sexually and create intimate ties with people is a matter of privacy, and the state is duty-bound to respect it without taking into account the obscure debate on minority vs. majority opinion. The court finally stated that the maintainability of a right is not weighed down by popular acceptance of an idea, but it is the state and its organ's function to grant substantive equality to all as a matter of right and to prevent the instances of minority ostracisation and ridiculing by the majority.

5. From Naz to Navtej: Testing section 377 at the aisle of articles 14 and 15 of the constitution

The authors believe that the decisions of the court in both Naz and Navtej are transformative in their efforts to ensure that equality, liberty and privacy are not only textual characteristics of the Constitution but are also administered in reality.

The State, arguing in both Naz Foundation and Navtej, justified the criminalisation of S. 377 as a matter of public health, whereby the state was in fact protecting the people from the menace of AIDS, especially those who are more susceptible to it due to same-sex conduct. The state was justified in its rationale as per Article 14, which allows equal treatment for the equals and unequal treatment for the unequal [50]. Additionally, Article 15 prohibits discrimination on 'grounds of religion, race, caste, sex, place of birth or any of them' [51] but the state views 'sex' in a narrow sense where 'sexual orientation' is excluded from its purview.

This view of the state was based on the traditional test of classification, which is founded on 'intelligible differentia' and the 'rational nexus' test [52]. This basically means that the state is within its bounds to classify people into different standards and treatments as long as such classification is based on intelligible differentia and bears a rational nexus, i.e., a casual connection with the basis of such classification and the object it seeks to achieve. The problem identified with the two limbs of the test is that while applying intelligible differentia, the courts often forget to provide a reason as to why such division of people into separate classes took place. It can be deduced from the observation in the case of *Air India v. Nergesh Meerza* [53] ('Nergesh Mirza') where the Supreme Court, even after noting the similarity of work by the male and female cabin crew, did not question the Air India Employee Service Regulation, whereby certain regulations were questioned on the basis of arbitrary disparity in terms of promotional and payment opportunities created between male and female crew on the basis of their gender identity. The court upheld the regulations, which were later called out for their blatant and erroneous interpretation of the classification test.

The 'rational nexus' test, which is the second limb of the classification test, is based on the doctrine of proportionality. The doctrine of proportionality is used to assess whether a particular action of the state impinges on the fundamental rights of the citizen and, if so, to what extent. It factors in questions such as the object of such an impediment, known as the 'objective test'; the 'suitability test', which looks at the connection of the means applied to serve the ends or purpose; and the 'balancing test',

which looks at whether the benefit of the law outweighs the detrimental impact on the rights of the claimant [54].

The proportionality test was used in the progressive realisation of rights by the Supreme Court in the decision of *Anuj Garg v. Hotel Association* [55] ('Anuj Garg'), wherein a statute, i.e., the Punjab Excise Act, prohibiting the employment of women (and men under 25 years) in premises where liquor or intoxicating drugs are consumed, was struck down [55]. The court, while testing colonial legislation on the anvil of Articles 14 and 15, observed that the society has progressed towards applying equality among men and women in all spheres of life and 'classification on the ground of sex would be wholly impermissible' [55]. The court opined that the implications of legislation which blatantly discriminates between a man and a woman need to be analysed with a 'heightened judicial scrutiny' [56].

In the *Naz Foundation*, the Delhi High Court called for the need for a higher standard of review, which is reasonable in a modern democratic society. It added a standard of 'strict scrutiny' or 'deeper judicial scrutiny' to the proportionality test for assessing the impact of legislation like S.377 [1]. The court primarily rejected the contention of the state on the ground of public welfare and quoted the extract from *Toonen v. Australia* to say that 'there is no scientific study or research work by any recognized scientific or medical body, or for that matter any other material, to show any casual connection existing between decriminalization of homosexuality and the spread of the HIV/AIDS' [57].

The court applied a 'deeper judicial scrutiny' test in *Anuj Garg* to observe that the legislative mandates justifying the biological differences as a rational classification to curb the right of one gender over another are often due to the societal conditions based on oppressive cultural norms, which overshadow the real difference [58]. Thus, it is 'upon the court to review that the majoritarian impulses rooted in moralistic tradition do not impinge upon individual autonomy' [59]. The court held that personal autonomy and self-determination are inherent in Article 15 and clarified that the 'heightened review standard does not make sex a proscribed classification....to perpetuate the legal, social and economic inferiority' [59].

The court observed that the reason for the existence of S.377 was the perception of same-sex couples in the larger section of society as a moral wrong. To that, the court held that popular morality of the society cannot pass the scrutiny of Article 14, which is based on the test of constitutional morality as a touchstone for assessing the legitimacy of state objectives. Thus, the court in the *Naz Foundation* held that 'legislation should not only be assessed on its proposed aims but rather on the implications and the effects. The impugned legislation suffers from incurable fixations of stereotype morality and conception of sexual role' [1].

The Supreme Court lost the opportunity of doing away with S.377 in *Suresh Kumar Koushal v. Naz Foundation* [60] when it overturned the decision of the Delhi High Court in *Naz* and left it to the legislative wisdom of the Parliament. The court blatantly overlooked the observation of the court in *Naz* and went with the narrow and regressive interpretation of Articles 14, 15 and 21. The court not only distinguished between the people who indulge in 'carnal intercourse' in the ordinary course and 'against the order of nature' into separate classes, but it also stepped away from providing the rationale for such classification [60]. The court succumbed to social morality over constitutional morality.

However, when the issue of S.377's constitutionality came up again in *Navtej Singh Johar*, the Supreme Court unhesitatingly not only affirmed the decision of *Naz* but also expanded the scope of personal autonomy and privacy. It provided cogent arguments

to include discrimination on the grounds of sexual orientation within the prohibition of Article 15(1). While declaring S. 377 as unconstitutional, the court held that,

‘in any ground of discrimination, whether direct or indirect is founded on a stereotypical understanding of the role of the sex, it would not be distinguishable from the discrimination which is prohibited by Article 15 on the grounds only of sex. If certain characteristics grounded in stereotypes are to be associated with entire classes of people constituted as groups by any of the grounds prohibited in Article 15(1), that cannot establish a permissible reason to discriminate. Such a discrimination will be in violation of the constitutional guarantee against discrimination in Article 15(1)’ [2].

The court in both cases has, firstly, emancipated and expanded the scope of fundamental rights to include the international principles of human rights and human dignity in order to hold that S.377 fails the test of justice, liberty and equality. Secondly, it has also included the right to dignity, bodily integrity, sexual autonomy and other allied principles of the right to privacy in the constitutional realm by broadening the scope of Article 21. Thirdly, the courts have interpreted the phrase ‘discrimination’ on the basis of ‘sex’ under Article 15 broadly, to include discrimination on the basis of sexual orientation as an infringement of one’s fundamental right. These interpretations were made possible as the court looked at the classification test in a pragmatic manner to supplement the understanding of public health by citing medical evidence from the National AIDS Control Organisation, the UN General Assembly Special Session Declaration of Commitment on HIV/AIDS, and others to hold that the real threat of HIV/AIDS, in fact, lies in the criminalisation of homosexuality itself, as it prevents the regulation of safe-sex practices by encouraging people to use risky behaviour and conceal information due to the threat of getting penalised for their innate sexual expression.

6. The significance of constitutional morality in overturning S.377: Insights from NAZ and NAVTEJ

The state in both Naz and Navtej in defending S.377 argued that homosexuality is immoral, and the criminalisation of carnal intercourse simply reflects the social morality of the society. The judgement of Navtej Singh Johar repeatedly talks about how social morality has to succumb to constitutional morality in order to uphold the freedom guaranteed under Articles 14, 15 and 21 of the Constitution to the sexual minority. This raises a two-pronged question on what is constitutional morality and why it is relevant in the context of S.377.

Constitutional morality is defined as ‘morality that has inherent elements in the constitutional norms and the conscience of the Constitution’ [61]. Constitutional morality is not given in the constitution but forms the value on which every constitution is constructed, and therefore, it has to be cultivated and strengthened as per the contemporary demands of the constitution. Constitutional morality is exactly the opposite of social morality. It strives to encompass the diversity of society by a heterogeneous application of fundamental rights and urges the state to curb ‘any propensity or proclivity of popular sentiment or majoritarianism’ [62].

Popular morality, or social morality, is not a valid justification for criminalising an act which can have treacherous effects on its targeted subjects. Instead, constitutional morality is applied because it is ‘based on shifting and subjecting notions of right and

wrong' [63]. As held in the Naz Foundation, 'if there is any type of morality that can pass the test of compelling state interest, it must be constitutional morality and not public morality' [63]. Dr. Ambedkar brought in constitutional morality for the first time in the Constituent Assembly by insisting on it as an 'indispensable condition' of the Constitution [64]. He realised that the administration of constitutional morality was as important as the text of the Constitution and said that 'it is perfectly possible to pervert the Constitution, without changing its form by merely changing its form of administration and to make it inconsistent and opposed to the spirit of the Constitution...constitution morality is not a natural sentiment and has to be cultivated' [64].

The public disapproval of homosexuality found its legitimacy in S.377, as it was justified on the basis of social morality. Popular morality, or social morality, unlike constitutional morality, is not guided by constitutional principles but is blatantly based on the overwhelming support of the majority or widespread consensus over a particular issue on the basis of 'intolerance, indignation and disgust' [65]. Thus, basing a law on the subjective notion of popular morality is not a valid justification for restricting the fundamental rights of sexual minorities. As established before, sexual orientation is naturally present in an individual, and basing discrimination on the subjectivity of the majoritarian society cannot withstand the test of constitutional morality.

7. Conclusion

Despite the idea of transformative constitutionalism being based on egalitarian principles that are similar to the workings of the Indian Constitution, the state has a long way to go in fully accepting the egalitarian needs of society in order to apply the modes of transformation in a more efficacious manner. An archaic interpretation of a text supposed to transcend generations is averse to the Constituent Assembly's intent. However, crucially, the efficacious interpretation of the Constitution requires the legislature and the judiciary to be more candid and conscious of their interpretation of the law and build a formalistic legal culture of justification. The idea that transformative constitutionalism was not only a philosophy that was anti-colonial but also a charter for cosmopolitanism is brought to attention in the judgements of both Naz Foundation and Navtej in a sophisticated manner.

In both judgements, the judiciary struck down S.377 because of its colonial heritage, which did not justify the existence of a vaguely worded law and penalised the sexual conduct of same-sex couples. The decision was also cosmopolitan because it departed from majoritarian morality, which provided insufficient reason to curb the rights of sexual minorities based on an archaic notion of homosexuality, and instead, by choosing to be guided by constitutional morality, the court gave way to an expansive and contemporary interpretation of the constitutional principles which were based on trans-national precedence.

The decision of the Naz Foundation and Navtej definitely provides a refreshing and welcome step towards the attainment of an egalitarian society. The transparency and thoughtfulness of the judiciary in upholding minority rights by providing legitimate reasons for the same marks the departure of the nation, brooding in the shadows of its imperialistic forefathers and moving towards a more independently held pragmatic society that was capable of making its own decisions with the help of comparative constitutional law discourse. The court has successfully brought in international legislation and precedents to transform the classification test of Articles

14 and 15 in order to scrutinise the legislation in a better and more informed fashion. Within the larger project of transformative constitutionalism, the Court in Naz and Navtej decided to adopt an explicit approach to the concept and take an overt stance on an issue of contentious societal morality. The reasoning of the Supreme Court not only expanded the scope of fundamental rights, but it also paved the way for a stronger and more logical way of judicial adjudication.

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Chapter 7

The Evolving Gender Roles in the African American Experience: Reflections across Decades

Christine Johnson McPhail

Abstract

This study is an investigation of the perceptions of African American women regarding changing gender roles within their communities, guided by the question: “How do perceptions of evolving gender roles vary among African American women across different age groups?” Utilizing a mixed-methods approach, the research integrates quantitative survey data with qualitative insights from focus group discussions, engaging participants from various generations. The findings reveal notable generational differences in attitudes toward gender roles. Older women emphasize collective struggle and community responsibility, drawing from historical experiences like the Civil Rights Movement. In contrast, younger participants prioritize individual empowerment and contemporary social justice issues. Key themes include the intersectionality of race and gender, with many expressing feelings of invisibility within both feminist and civil rights movements. Education emerges as a vital pathway for social mobility; however, challenges such as hiring discrimination and the undervaluation of degrees from Historically Black Colleges and Universities (HBCUs) persist. The study also critiques the “Strong Black Woman” narrative, recognizing it as a source of pride yet an emotional burden. Future studies should examine the intersections of gender with other identities, such as sexual orientation and socioeconomic status, and assess the impact of digital activism on modern movements. Additionally, the role of intergenerational mentorship in building community resilience warrants further exploration. In summary, this study highlights the complexities of African American women’s experiences at the intersection of race and gender. It advocates for policies that amplify their voices, promote equity, and address systemic barriers, ultimately benefiting future generations.

Keywords: African American gender roles, intergenerational perceptions, resilience and empowerment, social justice movements, systemic challenges, historical context of slavery, community building, intersectionality, economic and social change, women’s leadership and agency

1. Introduction

African American women have historically occupied a unique position at the intersection of race and gender. As both racial and gender minorities, they have faced systemic challenges that have shaped their identities and societal roles. This chapter

examines how African American women perceive and respond to evolving gender roles in leadership, caregiving, economic contributions, and activism. Through a combination of quantitative survey data and qualitative focus group insights, this research underscores the complexity of gender expectations within the African American community.

The historical experiences of African American women are deeply rooted in struggles for freedom and equality. During slavery, they endured forced labor, sexual exploitation, and the fragmentation of family structures. Often serving as caregivers to both their own families and those of their enslavers, Black women played a central yet unacknowledged role in maintaining social and economic systems. Following the Civil War, they continued to confront racial and gender discrimination under the oppressive structures of Jim Crow laws, which enforced segregation and economic disenfranchisement. Despite these obstacles, African American women consistently redefined their roles, resisting oppression through activism, leadership, and economic participation.

The concept of intersectionality, introduced by Crenshaw [1], provides a critical framework for understanding the overlapping oppressions experienced by African American women. This study utilizes intersectionality to explore how race and gender combine to shape their lived experiences, particularly in workplace dynamics, leadership opportunities, and community expectations. Many participants in this research described feelings of invisibility in both feminist and civil rights movements, highlighting the persistent dual oppression they face.

Through this study, contemporary perspectives on gender roles among African American women emerge. Focus group discussions reveal that expectations regarding leadership, caregiving, and economic contributions are constantly evolving. Many women feel pressure to balance professional ambitions with family responsibilities, often without adequate institutional support. Despite these challenges, African American women continue to demonstrate resilience, carving out spaces for themselves in leadership positions, social activism, and entrepreneurship.

As an 80-year-old African American woman who has witnessed significant societal changes, I feel a deep personal and professional commitment to this research. Growing up during an era of systemic oppression, I observed firsthand how our communities adapted to shifting social, political, and economic realities. From the Civil Rights Movement to contemporary social justice efforts, African American women have continuously navigated and reimagined their roles in response to these challenges.

This research is both an academic contribution and a call to action. It urges equitable policies, greater representation, and a nuanced understanding of the intersectionality of race and gender. The narratives of African American women, often overlooked or misrepresented, deserve scholarly attention that both honors their resilience and addresses the inequities they continue to face. This chapter seeks to illuminate those experiences while advocating for a more equitable future.

African American women's historical and contemporary struggles illustrate the enduring impact of race and gender on identity and opportunity. By highlighting their voices and experiences, this study contributes to a broader understanding of their roles in leadership, caregiving, economic participation, and activism. More importantly, it serves as a call for continued efforts to dismantle systemic barriers and foster a society where African American women are fully recognized and empowered. Their resilience is not just a testament to their past; it is a foundation for future generations to build upon.

2. Diverging perspectives on gender roles: African American women and White women

The discourse on gender roles in the United States has long been shaped by racial and class-based distinctions that influence women's experiences, expectations, and societal positioning. While feminism has historically sought to address gender inequality, African American women's perspectives often diverge from those of White women due to historical oppression, economic disparities, and cultural factors shaping their roles in families, workplaces, and activism.

2.1 Reflections on feminist movement

African American women have long navigated the dual roles of caregivers and financial providers, a reality that resonates with the experiences of many White women. Both groups have historically managed the demands of domestic life while contributing economically to their households. This shared experience highlights a commonality in gender roles that transcends racial lines, suggesting potential for solidarity in the fight against sexism. However, the presence of racial barriers has often hindered the development of a unified feminist movement. The overlap in traditional gender roles between African American and White women points to shared challenges in balancing caregiving responsibilities with economic participation. Both groups have experienced societal expectations to fulfill familial duties, often without adequate support. This common struggle underscores the potential for cross-racial solidarity in advocating for policies that support work-life balance and recognize the dual contributions of women in both domestic and professional spheres.

Despite commonalities, significant differences exist between Black and White feminisms. Black feminism, or womanism, emerged as a response to the limitations of mainstream feminism, which often centered the experiences and concerns of White women. As Gloria Jean Watkins, known by her pen name bell hooks, critiques in her seminal work, *Feminist Theory: From Margin to Center*, White feminist racism during the second-wave feminism undermined the potential for a unified feminist movement. Hooks points out that by failing to address the intersecting oppressions of race and gender, White feminism marginalized women of color and perpetuated racial divisions.

Black feminism emphasizes the intersectionality of race and gender, advocating for a holistic approach that considers the unique challenges faced by women of color. This perspective acknowledges that racial discrimination compounds the effects of gender-based inequality, creating distinct experiences that require targeted advocacy.

The absence of feminist solidarity across racial lines can largely be attributed to the historical and systemic exclusion of women of color from mainstream feminist discourse. Racial barriers, perpetuated by both societal structures and within feminist movements themselves, have prevented the formation of a truly inclusive and unified feminist front. The failure to fully integrate the voices and experiences of African American women into broader feminist agendas has limited the movement's ability to address the full spectrum of gender inequality.

To foster feminist solidarity, it is essential to bridge the divide between Black and White feminisms by prioritizing intersectionality and inclusivity. This involves acknowledging and addressing the historical exclusion of women of color from feminist spaces and ensuring their voices are central to the movement. By recognizing

shared gender struggles and embracing the diversity of women's experiences, the feminist movement can more effectively challenge the systemic barriers that perpetuate inequality.

The women's suffrage movement further illustrates the racial divisions within feminist movements. While fighting for gender equality, many White suffragists refused to march alongside their Black counterparts, effectively sidelining African American women's voices in the pursuit of their own liberation. This raises critical questions about whether the fight for gender equality has, at times, perpetuated racial inequality.

Mainstream feminism, particularly during the second-wave movement, often gender centered White women's concerns—workplace equality, reproductive rights, and sexual liberation—without addressing the compounded racial and economic struggles African American women faced [2, 3]. In response, “womanism,” coined by Alice Walker [4], emerged as a framework that acknowledges the dual oppression of race and gender, emphasizing community, spirituality, and collective empowerment over individualistic feminist goals. White women's activism has routinely focused on gender-centered issues while Black women have led intersectional movements advocating for both racial and gender justice [1]. Figures like Fannie Lou Hamer and Angela Davis exemplify Black women's leadership in bridging civil rights and feminist causes, demonstrating a broader commitment to community uplift over individual gender equality [5].

Feminism, as a movement and ideology, has been marked by racial and class distinctions that shape the experiences and priorities of women within it. While the overarching aim of feminism is to achieve gender equality, the movement has often centered around the experiences of White women, particularly those from middle and upper classes. This has led to the marginalization of African American women and their unique struggles, necessitating a distinct form of feminism that addresses both racial and gender oppression—commonly referred to as Black feminism or womanism.

Black feminism emerged as a response to the limitations of mainstream feminism, which frequently failed to account for the compounded challenges faced by women of color. The complexity of Black feminism stems from its recognition of the intersectionality of race and gender, a concept articulated by Kimberlé Crenshaw. Intersectionality provides a framework for understanding how overlapping identities, such as race, gender, and class, create unique modes of discrimination and privilege. African American women often find their gender identity dismissed within feminist spaces due to racial barriers. Despite this, there exists a shared gender identity across racial lines that is frequently overlooked. Black feminism seeks to bridge this divide by advocating for a more inclusive feminist movement that acknowledges these shared experiences while addressing the specific challenges faced by women of color.

Traditional gender roles within White families have evolved toward egalitarian models, with increasing advocacy for work-life balance policies [6]. In contrast, Black women have long been primary breadwinners and community leaders, a legacy shaped by slavery and segregation [7]. Intergenerational shifts reflect a nuanced evolution: The findings in this study revealed that older Black women emphasize collective struggle, while younger women increasingly advocate for individual empowerment and self-care [8]. Although activism of White women has traditionally centered on gender-specific issues often neglecting the intersecting challenges that women of color face, Black women have historically led movements that address both racial and gender justice, reflecting the dual oppression they encounter. This dual struggle is not

always consistent, as seen in the varied experiences and voices shared by participants in this study.

The focus group results revealed diverse views on the effectiveness of contemporary movements in addressing the intersecting issues of race and gender. Annette, a 46-year-old participant, expressed skepticism about the Black Lives Matter (BLM) movement's impact on gender-specific issues. She argued that BLM, while elevating racial justice, allowed external narratives to overshadow the unique gender challenges faced by Black women. This sentiment reflects a broader concern that movements focused on racial justice may not fully integrate or prioritize gender equity, thereby setting back the community's progress on gender-specific issues.

Participants across focus groups described feeling invisible in both feminist and civil rights spaces, underscoring the dual oppression they experience. This feeling of invisibility highlights a critical disjunction between race and gender struggles, where the needs and voices of African American women are often sidelined. The disjointed nature of race and gender struggles can be attributed to several factors. Within mainstream feminist movements, the focus has often been on gender issues that predominantly affect White women, such as workplace equality and reproductive rights, without fully addressing the racial disparities that intersect with these issues. Conversely, civil rights movements have historically prioritized racial equality, sometimes at the expense of addressing the gender-specific concerns of women within the community.

Sexism within the African American community presents unique challenges that differ from sexism in mainstream society. African American women often contend with a “double jeopardy” of discrimination based on both race and gender. While mainstream sexism may manifest in patriarchal structures and gender-based discrimination, sexism within the African American community can also involve navigating cultural expectations and stereotypes, such as the “Strong Black Woman” trope, which imposes unrealistic expectations of resilience and self-reliance.

Addressing the disjointed struggle between race and gender requires an integrated approach that acknowledges and addresses the dual oppressions faced by African American women. This involves fostering solidarity across racial and gender lines within feminist and civil rights movements, ensuring that the voices of women of color are central to the discourse and decision-making processes.

2.2 The two womanhoods of African American women

Over the years I have grown to believe that African American women have developed two distinct womanhood identities. The concept of “two womanhoods” encapsulates the dual identities that African American women have historically been compelled to cultivate. It speaks to the necessity of balancing a race-based womanhood, characterized by resilience and community solidarity against systemic racism, with a gender-based womanhood, which involves advocating for gender equality and challenging patriarchal norms. This duality demands a strategic adaptability and resilience that I, along with many other African American women, have found essential in navigating the complexities of our intersecting identities.

As an African American woman, working on this chapter has provided me with a profound opportunity to reflect upon my lived experiences of navigating two distinct womanhoods—one shaped by race and the other by gender, *I have been locked in both since birth*. Throughout my life, I have witnessed and participated in the evolving landscape of both racial and gender identities, recognizing the unique challenges

and strengths that arise from maintaining these dual aspects in a society that often struggles to acknowledge or support them.

Reflecting on my journey, I see how the rich tapestry of cultural resources—community networks, spiritual traditions, and creative expression—has been instrumental in nurturing and sustaining these “two womanhoods.” These resources have provided a foundation for emotional and psychological resilience, enabling me and countless others to thrive despite societal divisions.

Through decades of advocacy and activism, I have worked to create spaces where the voices of African American women are elevated, are central, and our experiences are validated. By fostering solidarity among women of color and building coalitions with allies, we have challenged societal structures that marginalize us, striving for a more inclusive and equitable world.

As we continue to advocate for both racial and gender justice, we exemplify the power required to sustain these dual identities in a society that has yet to fully embrace our multifaceted existence. Through our shared experiences and strategies, we make our dual womanhoods work for us, ensuring that their richness and complexity are recognized and appreciated.

The concept of “two womanhoods” for African American women encapsulates the two womanhood identities we navigate in a society that often fails to fully recognize or support either aspect. This duality arises from the intersection of race and gender, compelling African American women to cultivate distinct forms of womanhood to address the unique challenges posed by each identity.

Race-based womanhood is characterized by the resilience and strength developed in response to racial discrimination and systemic inequalities. It reflects the cultural heritage, community solidarity, and collective struggle against racism that African American women have historically championed. This form of womanhood emphasizes community uplift and resistance, drawing strength from shared cultural experiences and historical narratives of survival and empowerment.

Simultaneously, African American women must also navigate the gender-based expectations and challenges that come with being a woman in a patriarchal society. This aspect of womanhood involves advocating for gender equality, challenging sexist norms, and striving for recognition and respect in both personal and professional arenas. It requires balancing traditional gender roles with aspirations for independence and self-realization.

Sustaining these “two womanhoods” in a divided society requires immense resilience and adaptability. African American women have historically drawn upon a rich tapestry of cultural resources, including community networks, spirituality, and creative expression, to nurture and support their dual womanhoods. These resources provide a foundation for emotional and psychological resilience, enabling us to navigate the complexities of our intersecting identities.

Moreover, African American women have often led and participated in movements that address both racial and gender injustices, creating spaces where our voices and experiences are central. By fostering solidarity among women of color and building coalitions with allies, we have worked to challenge societal structures that marginalize us.

In essence, the concept of “two womanhoods” highlights the unique and often overlooked experiences of African American women. It underscores our ability to thrive despite societal divisions by drawing strength from our two womanhood identities and the communities that support them. As we continue to advocate for both racial and gender justice, African American women exemplify the power and

resilience required to sustain ourselves in a society that has yet to fully embrace our multifaceted identities.

3. Methodology

The central research question guiding this study is: “*What are the perceptions of African American women from different age groups regarding evolving gender roles within their community, and how do these perceptions vary across generations?*” This study employed a mixed-methods approach, incorporating survey data and focus group discussions to explore the lived experiences of African American women across various age groups spanning four decades. The data collection process utilized both electronic survey distribution and in-person focus group discussions to engage a broad and diverse participant pool.

The research process began with an extensive literature review, which informed the thematic structures of both the survey and focus group discussions. Survey questions were designed to capture both historical and contemporary perspectives, using Likert-scale measures, demographic comparisons, and open-ended prompts. A pilot test was conducted to refine the survey and focus group protocols, ensuring clarity and relevance. The final survey consisted of 55 thematic questions and was administered electronically via SurveyMonkey, allowing respondents to provide independent quantitative and qualitative insights. The survey explored key themes such as inter-generational dynamics, social justice contributions, and leadership roles.

In addition to survey data, focus groups were conducted in small, intimate, in-person settings, providing a space for participants to engage in open and structured discussions. By conducting focus groups, I sought to take the research to the participants. Clear guidelines ensured that conversations remained respectful and meaningful, allowing participants to reflect on their experiences with gender roles and societal expectations. Focus group participants represented diverse age groups and geographical regions, offering a wide range of perspectives on how generational and regional differences have influenced their views on gender roles. These discussions complemented the survey findings, revealing deeper insights into the lived experiences of African American women. Sessions were recorded and transcribed to preserve the richness of participants’ voices and to capture the nuances of their perspectives. The focus group participants were assigned fictitious names to protect their anonymity.

Both quantitative and qualitative data were analyzed to ensure a comprehensive understanding of the findings. Quantitative data from the survey were examined using descriptive statistics to identify patterns and trends, while qualitative data from open-ended survey responses and focus group transcripts were thematically coded. Key themes emerged from this analysis, including resilience, leadership, collaboration, and systemic challenges, illustrating the intersection of race and gender in shaping the experiences of African American women.

While this research acknowledges certain limitations, such as potential sample bias and the constraints of self-reported data, it provides a multifaceted exploration of evolving gender roles. By integrating survey data with focus group insights, the study offers a holistic understanding of how African American women have navigated and redefined their roles across generations. The findings reflect the complexity of these experiences, highlighting both the challenges and the resilience that characterize their journey.

4. Key findings from the survey

The survey results reveal a complex tapestry of experiences among African American women, highlighting both the enduring challenges and evolving strategies in confronting the dual barriers of race and gender. By applying insights from the distinctions and overlaps between Black and White feminisms, we can better understand the nuances in how different generations navigate these intersecting oppressions.

The research findings emphasize how gender and racial discrimination converge, creating a unique experience of marginalization. The findings from the survey provide a rich and nuanced perspective on the evolving roles, challenges, and contributions of African American women across generations. Analysis of responses from diverse age groups reveals critical insights into how historical experiences, contemporary struggles, and intergenerational dynamics shape the identity and resilience of African American women today. Analysis of the data further revealed that across all age groups, respondents expressed significant pride in how African American women have historically navigated systemic challenges.

Older African American women, having witnessed and participated in pivotal civil rights movements, often approach the dual barriers of race and gender through a lens of collective struggle and community responsibility. These women have historically contended with both racial and gender discrimination, often finding themselves marginalized in both feminist and civil rights spaces. The survey results indicate that older respondents emphasize the importance of resilience and direct action, drawing inspiration from the collective activism of the Civil Rights Movement. Their experiences reflect a deep understanding of the systemic nature of oppression and a commitment to community uplift as a means of overcoming these barriers.

Survey data revealed that 76% of African American women have faced both racial and gender-based discrimination, with 71% reporting pay disparities compared to their white counterparts. This sentiment was strongest among older respondents (71+), with 100% either agreeing or strongly agreeing with this perspective. Younger respondents also expressed pride, though with a more tempered responses, as 75% of respondents aged 31–50 agreed that contemporary challenges for African American women are as significant as those of previous generations, though they take different forms.

Younger African American women, while inheriting the legacy of their predecessors, face new challenges in a rapidly changing social landscape. The survey highlights a generational shift toward individual empowerment and digital activism as preferred methods of engagement. Younger respondents express a desire for self-care and personal advancement, often advocating for intersectional approaches that recognize the multiplicity of their identities. Despite the persistence of the dual barriers, these women are leveraging technology and social media to amplify their voices and advocate for systemic change.

The survey data also revealed younger respondents highlighted the need to adapt to systemic obstacles and navigate new expectations. While older respondents (71+) strongly agreed that the Civil Rights Movement reshaped gender roles within the African American community, younger respondents (18–30) displayed mixed reactions, with 66.67% neither agreeing nor disagreeing, suggesting a generational disconnect. While all respondents agreed that mentorship is crucial for preserving history and identity, older generations emphasized its significance more strongly (42.86% strongly agreed). Younger respondents expressed concerns about navigating race and gender challenges in the workplace and broader society. Across all age

groups, education was recognized as a critical factor in overcoming racial and gender barriers. One hundred percent of respondents aged 31–50 agreed that education empowers African American women. Economic empowerment was also viewed as a necessary tool for strengthening families and communities.

Survey data showed the enduring challenges of navigating both racial and gender barriers are met with varying strategies across different generations. These differences manifest in several ways, including the methods and priorities each generation employs.

Survey results revealed older women often focus on collective action and traditional forms of activism. Their experiences with significant historical movements, such as the Civil Rights Movement, shape their emphasis on community organizing and grassroots efforts as essential tools for social change. They prioritize solidarity and collective struggle as vital components in combating systemic oppression. Conversely, younger women tend to highlight individual empowerment and make use of digital platforms for their activism. Growing up in an era dominated by digital technology, they harness social media and online tools to amplify their voices and drive change. This generation often stresses personal development, mental health, and self-care as critical aspects of their activism, reflecting a broader cultural shift toward individual agency and resilience.

According to survey results, this generational divide underscores the importance of fostering intergenerational dialog and mentorship. Such engagement is crucial for maintaining progress and evolving strategies to address contemporary challenges. By encouraging exchange between generations, the movement can combine the historical insights and experience of older activists with the innovative approaches and technological proficiency of younger ones.

In essence, bridging these generational differences requires an appreciation of the unique strengths each generation brings to the table. Through collaboration and mutual learning, the movement can more effectively address the dual challenges of race and gender, ensuring that the pursuit of justice remains dynamic and responsive to today's rapidly evolving landscape.

Survey results further showed that respondents viewed education as a vehicle for social mobility and leadership. Respondents across all age groups emphasized the transformative power of education in providing opportunities for career advancement, economic independence, and leadership. Older respondents (51+) were more likely to discuss education as a collective investment, viewing it as a means to uplift entire communities. Younger respondents (18–30) tended to see education as a tool for individual success and personal empowerment. Education was frequently connected to leadership development, particularly in social justice movements and professional advancement. Many respondents noted that despite high levels of educational attainment among African American women, structural inequities persist.

Overall, the survey data revealed different intergenerational perspectives on education and gender roles: Older respondents (51–70+) focused on education as a means of collective uplift, with an emphasis on mentorship, community engagement, and activism. Younger respondents (18–30) viewed education as a tool for individual empowerment, particularly in navigating modern challenges such as workplace discrimination and intersectional feminism. The generational divide mirrors the findings of Collins, who notes that while older generations of African American women emphasized collective resistance, younger generations often adopt more individualistic approaches to empowerment [8].

The survey results underscore the importance of recognizing the distinct yet overlapping experiences of Black and White feminisms. While there are shared struggles in gender roles, the racial barriers that African American women face necessitate a unique feminist perspective that addresses both race and gender. By integrating these insights into the analysis, we avoid the pitfall of a “generic” or “universal” feminism that fails to account for the specific challenges faced by African American women.

5. Key focus group findings

The focus groups provided an in-depth exploration of the challenges, resilience, and agency of African American women across generations, revealing key themes that align with broader discourses on race, gender, economic inequities, and activism. This section contextualizes the findings within scholarly frameworks, offering a nuanced understanding of how historical and contemporary factors shape the lived experiences of African American women. The focus group discussions further illuminate how these challenges manifest in workplace dynamics, leadership opportunities, and community expectations. A sample of focus group participants included:

Ethel, aged 71+, shared a critical perspective, stating that BLM and similar movements failed to address intra-community gender issues. She expressed frustration over the movement being hijacked by media and politics, which she believed undermined its original intent. “The women at the forefront of BLM were ostracized and harassed,” she noted, lamenting the damage caused by these distortions.

Katherine, 59, offered a more optimistic take, suggesting that BLM inadvertently elevated the visibility of Black women in leadership roles within the social justice sphere. She referenced how media was forced to acknowledge Black women’s contributions, a departure from historical patterns of erasure.

Anna, 36, acknowledged progress but argued that it was limited. She felt that BLM opened the door for conversations about Black women’s roles but did not go far enough in fostering change. “We’re still not where we need to be,” she said, emphasizing the importance of Black women standing together when no one else does.

Annette, 46, contributed a skeptical viewpoint, arguing that BLM did little to address gender-specific issues and, in some ways, set the community back by allowing external narratives to dominate.

Participants described feeling invisible in both feminist and civil rights spaces, highlighting the dual oppression they experience.

One of the most pressing concerns expressed by participants was the persistence of structural inequities that hinder African American women’s socio-economic mobility. Hiring discrimination, the devaluation of degrees from Historically Black Colleges and Universities (HBCUs), and the glass ceiling were recurring topics. These concerns align with existing literature on labor market disparities, which highlights how Black women face a “double jeopardy” of race and gender discrimination [8, 9]. Participants discussed how systemic biases often force African American women to work twice as hard to attain the same level of recognition and career advancement as their White and male counterparts. This burden contributes to financial precarity and emotional exhaustion, underscoring the need for policies that address racialized and gendered labor discrimination.

Resilience was a dominant theme, often described as both a strength and a burden. Participants viewed resilience as a survival mechanism ingrained in African American women’s historical experience, dating back to slavery and Jim Crow segregation.

However, the expectation to constantly embody strength was critiqued for its emotional and psychological toll. Scholars have argued that the “Strong Black Woman” stereotype, while rooted in historical resistance, often results in neglecting emotional well-being and discourages vulnerability [10]. Participants emphasized the necessity of balancing resilience with self-care, echoing recent movements advocating for Black women’s mental health and the rejection of overburdening societal expectations.

A generational divide emerged in perceptions of activism and leadership. Older participants emphasized collective struggle and direct action, often referencing the Civil Rights Movement as a model for effective social change. Younger participants, while valuing historical struggles, leaned toward individual empowerment and digital activism. Some elders critiqued social media activism as performative, lacking the sustained engagement necessary for systemic change. This mirrors broader academic debates about generational shifts in activism, where social media is both celebrated for democratizing access to advocacy and criticized for fostering ephemeral engagement [11, 12].

Despite these differences, both generations acknowledged the importance of inter-generational mentorship and dialog to sustain progress. Bridging these perspectives requires recognizing that modern activism takes multiple forms, and each generation contributes uniquely to the ongoing fight for justice.

Participants expressed concern over the misrepresentation and erasure of African American women’s experiences in mainstream media. Many noted that while movements like Black Lives Matter (BLM) have increased Black visibility, they have not always sufficiently addressed intra-community gender disparities. Some participants criticized BLM for reinforcing patriarchal leadership structures, a criticism echoed by scholars who argue that Black women’s activism is frequently overlooked in favor of male-led narratives [13]. Others acknowledged the role of BLM in elevating Black women’s leadership but called for intentional efforts to center gender justice within racial justice frameworks.

The current discussion aligns with the broader discourse on narrative reclamation, which emphasizes the necessity for Black women to tell their own stories. Participants underscored the role of education, community-building, and media literacy in countering negative stereotypes and fostering authentic representations.

Participants across all generations discussed the shifting gender roles within African American communities. While traditional gender norms historically positioned men as providers and women as caregivers, economic shifts and educational advancements have reshaped these expectations. African American women are increasingly primary breadwinners, a trend supported by national labor statistics [14]. However, participants noted that this shift has not necessarily translated into greater gender equity within relationships and community leadership.

The differences and the commonalities between Black and White feminisms, and the reason for the absence of feminist solidarity is due to the role of African American women as primary breadwinners. It is increasingly recognized, reflecting broader shifts in labor market participation and economic responsibility. According to national labor statistics, African American women are taking on significant financial roles within their families [14]. However, participants in this study noted that this economic shift has not necessarily resulted in greater gender equity, either within relationships or in community leadership. Understanding the barriers that prevent African American women from realizing full gender equality requires a multifaceted exploration of both intra-community dynamics and broader societal structures. Examining the internal dynamics within the African American community reveals

how traditional gender roles and cultural expectations can serve as obstacles to achieving gender equity.

Within the African American community, traditional gender roles and cultural expectations can hinder progress toward gender equity. Despite their economic contributions, African American women often face expectations to fulfill traditional caregiving roles, leading to a “double burden” of professional and domestic responsibilities. This dynamic is compounded by cultural narratives, such as the “Strong Black Woman” stereotype, which valorizes resilience and self-reliance but can also perpetuate unrealistic expectations and overshadow the need for shared responsibilities within households. Beyond the confines of community and cultural expectations, African American women encounter formidable systemic barriers that further impede their journey toward gender equality.

In a broader sense, African American women face systemic barriers that impede their progress toward gender equality. These include persistent wage gaps, hiring discrimination, and the devaluation of degrees from Historically Black Colleges and Universities (HBCUs). Such systemic inequities limit career advancement opportunities and economic mobility, reinforcing gender disparities despite high levels of educational attainment and professional engagement. The intersection of these systemic obstacles with racial discrimination gives rise to unique challenges that African American women must navigate in their professional lives.

Additionally, African American women often encounter unique forms of sexism that intersect with racial discrimination, a phenomenon known as “double jeopardy.” This intersectional discrimination can manifest in workplace dynamics, where African American women may be overlooked for leadership positions or subjected to biased evaluations of their capabilities. The challenges extend into the realm of community leadership, where representation and inclusion remain critical areas needing attention.

Within community leadership, African American women are frequently under-represented in decision-making roles. This lack of representation can be attributed to both cultural factors and systemic barriers, which together create environments where women’s voices are marginalized. The study participants highlighted the need for greater inclusion of women in leadership positions within both community organizations and broader social movements. Such representation is crucial for addressing the unique challenges faced by African American women and advocating for policies that promote their equity and empowerment. Addressing these multifaceted barriers requires a comprehensive approach that tackles both cultural and systemic issues head-on.

To advance gender equality for African American women, it is essential to address both the cultural expectations and systemic barriers that contribute to their marginalization. This involves fostering equitable partnerships within households, promoting shared responsibilities, and challenging cultural stereotypes that limit women’s roles. On a systemic level, policy reforms are needed to enforce anti-discrimination laws, promote equitable hiring practices, and support the advancement of women in leadership roles. With these efforts in place, society can make strides toward a more equitable future, where the contributions of African American women are fully recognized and valued.

Focus group participants described tensions between traditional and modern expectations of gender roles, particularly regarding emotional labor and caregiving responsibilities. The discussion reflected existing scholarship on Black feminist thought, which argues that African American women’s leadership is often

undervalued in both professional and personal spheres [8]. The focus group emphasized the need to seek new leadership models that are inclusive of women's contributions, acknowledging both historical matriarchal traditions and contemporary gender dynamics.

Faith emerged as a critical element of resilience for many participants, reinforcing existing scholarship on the role of spirituality in African American communities. Women highlighted how religious institutions have historically served as spaces of resistance, empowerment, and healing. However, some criticized the patriarchal structures within many Black churches that have limited women's leadership roles. This tension reflects ongoing debates about the intersection of faith, feminism, and gender equality within religious spaces [15]. Several participants discussed the need for safe spaces where African American women can heal from historical and contemporary trauma. The emphasis on healing aligns with movements such as the Black Women's Health Imperative, which advocate for holistic wellness as a critical component of empowerment.

Similar to previous survey observations, many participants saw higher education as essential for breaking barriers that have historically limited African American women's opportunities in professional fields. Although participants saw higher education as essential to breaking barriers, they also noted challenges despite educational attainment. Participants reported that hiring discrimination and workplace bias prevent African American women from advancing in leadership positions at the same rate as their White counterparts. The devaluation of degrees from HBCUs emerged as a strong concern, with participants stating that employers often undermine the credibility of Black educational institutions despite their historic academic rigor. These findings align with Patton and Croom [16], who discuss how African American women often experience "double jeopardy"—discrimination due to both race and gender—even in spaces where they are highly qualified.

According to focus group participants, education is seen as essential for economic empowerment, allowing African American women to navigate racial and gender disparities in wages and job opportunities. The traditional role of African American women as both caregivers and financial providers was reinforced by participants who highlighted their dual responsibility within families. Many younger participants expressed frustration that higher education does not always lead to economic stability, particularly given the rising costs of education and wage stagnation. This finding supports research by Gordon [17], who notes that African American women's high rates of degree attainment do not necessarily translate into economic equity due to systemic barriers.

The "Strong Black Woman" narrative emerged during the focus group conversations. Participants discussed how education reinforces the expectation that African American women must be self-reliant and resilient, often at the cost of their well-being. While many celebrated the strength and perseverance of African American women in educational and professional settings, others noted that this expectation creates emotional burdens and prevents vulnerability. This finding aligns with that of Beauboeuf-Lafontant [10], who criticizes the "Strong Black Woman" trope for placing unrealistic expectations on Black women to endure hardship without acknowledgment of their struggles.

Young focus group participants had mixed reactions to the phrase "*We're not our ancestors*" when it emerged in the focus group discussion. Some felt it dismissed the strength, resilience, and sacrifices of those who came before them, arguing that their ancestors fought with every tool available—whether through rebellion, resistance, or

simply survival. They believed that rather than distancing themselves, they should embrace their ancestors' wisdom and courage as a source of empowerment.

Others interpreted the phrase differently, seeing it as a call to action, meaning they have new opportunities, resources, and freedoms their ancestors did not, and they must continue the fight in new ways. They emphasized that while times have changed, the struggle for justice and equality persists, and their duty is to push forward, using modern strategies to advance their communities.

Ultimately, the conversation underscored these women's deep respect for their ancestors while also recognizing the responsibility to carry their legacy forward in ways that reflect today's challenges and opportunities.

Education as a tool for reclaiming the narrative evolved from the focus group discussions. Participants stressed the importance of education in shaping the representation of African American women in media, history, and academia. Many participants saw education as a tool to counter negative stereotypes, ensuring that African American women's voices and experiences are accurately portrayed. Participants emphasized the need for curricula that reflect African American history and the contributions of Black women, highlighting the importance of representation in textbooks, media, and leadership roles.

The findings from this study affirm that African American women's gender role perspectives are shaped by distinct historical, economic, and cultural experiences that diverge from those of White women. By reframing feminist narratives to include the lived experiences of Black women, scholars can expand the discourse on gender justice, ensuring inclusivity and intersectionality in research and activism. Future studies must continue to highlight these differences, fostering policies and movements that address the unique challenges African American women face in their ongoing fight for equity.

To achieve meaningful progress in gender equity research, it is essential to work directly with Black women to understand their perspectives, lived realities, and evolving roles in society. Collaborative and participatory research approaches that center Black women's voices will not only strengthen academic discourse but also contribute to policies and advocacy efforts that address their unique challenges. This study underscores the importance of amplifying these voices and ensuring that Black women's experiences inform both scholarly inquiry and social change.

Future studies must continue to highlight these differences, fostering policies and movements that address the unique challenges African American women face in their ongoing fight for equity.

Future research should continue exploring these themes, particularly the intersection of race, gender, class, and geography. Policies addressing labor discrimination, pay inequity, and gender representation in leadership must be prioritized to dismantle systemic barriers. Additionally, fostering intergenerational mentorship and expanding platforms that amplify Black women's voices are essential for sustaining progress. Ultimately, the findings of this study underscore the necessity of reimagining gender roles beyond the constraints of the "Strong Black Woman" trope, advocating for a more holistic understanding of African American women's identities that includes resilience, vulnerability, and self-determination.

The focus group findings reinforce the complexity of African American women's experiences, shaped by interwoven histories of oppression, resilience, and resistance. The discussions revealed critical insights into how Black women navigate systemic inequities, redefine gender roles, and engage in activism across generations.

6. Future directions and implications for research, policy, and advocacy

The findings from this research provide a foundation for further inquiry into the evolving gender roles of African American women and the systemic challenges they navigate. The intersectionality of race, gender, and economic inequities demands continued exploration through interdisciplinary research, policy reform, and community-driven initiatives. This study highlights the complex interplay of historical, social, and economic factors that shape African American women's experiences, revealing critical areas for future research, policy recommendations, and advocacy.

Expanding research on intersectionality and gender dynamics is essential to understanding the evolving roles of African American women. A longitudinal approach could track how their perceptions of gender roles shift over time in response to political, economic, and social changes. Comparative analyses across different marginalized groups, including Afro-Latinx, Afro-Caribbean, and African immigrant women, would provide insight into cross-cultural variations in gender role perceptions. While this study focused on a heteronormative framework, future research must include the unique challenges faced by LGBTQ+ African American women and non-binary individuals navigating similar structural barriers. Additionally, the impact of social movements, particularly the varied responses to Black Lives Matter and digital activism, should be further examined to understand how African American women engage in advocacy across generations.

The experiences of African American women, while unique, are part of a broader tapestry of narratives within the African diaspora. By conducting comparative analyses across different marginalized groups, such as Afro-Latinx, Afro-Caribbean, and African immigrant women, we can gain valuable insights into how cultural contexts shape gender role perceptions and feminist identities. This cross-cultural exploration enriches Black gender studies and feminism, emphasizing the intersection of gender and cultural studies.

Afro-Latinx women navigate the intricate intersections of race, gender, and ethnicity, often contending with both anti-Black racism and gender discrimination within their communities. The cultural nuances of Latinx identity, combined with the legacy of colonialism and *mestizaje*, influence their perceptions of gender roles [18]. These women may experience unique challenges in asserting their identities within broader Latinx and Black communities, where their contributions are frequently marginalized. Comparative analyses can illuminate how Afro-Latinx women negotiate these layered identities and advocate for both racial and gender justice.

Afro-Caribbean women bring their own rich cultural traditions and experiences to the discourse on gender roles. The historical legacy of colonialism, combined with diverse cultural practices across the Caribbean region, shapes their approach to feminism and gender equality. Afro-Caribbean women often engage in community-based activism, drawing on cultural narratives of resilience and resistance [19]. By examining these experiences, we can better understand how Afro-Caribbean women navigate the intersections of race, gender, and culture, and how these intersections inform their feminist practices.

African immigrant women in the diaspora face distinct challenges related to migration, assimilation, and identity preservation. These women often balance traditional gender roles from their countries of origin with the realities of life in new cultural contexts [20]. The intersection of immigration status, race, and gender creates unique barriers to social and economic mobility. Comparative analyses can

provide insights into how African immigrant women redefine gender roles in their communities, contributing to a more nuanced understanding of Black feminism that incorporates transnational perspectives.

By integrating the experiences of Afro-Latinx, Afro-Caribbean, and African immigrant women into Black gender studies, we can develop a more comprehensive framework that acknowledges the diversity of Black women's experiences worldwide. This approach challenges monolithic narratives of Black feminism and highlights the importance of cultural context in shaping gender role perceptions.

Cross-cultural analyses underscore the need for an inclusive and intersectional approach to Black feminist thought that respects and amplifies diverse voices within the African diaspora. By embracing the multiplicity of Black women's experiences, we can foster solidarity across cultural and national boundaries, strengthening the collective pursuit of gender and racial equity.

This chapter aimed to contribute to the growing field of cross-cultural Black gender studies by advocating for research that explores the intersections of gender, race, and culture. Through these efforts, we can expand the discourse on Black feminism and promote a more inclusive understanding of the diverse realities faced by Black women globally.

The study's findings also underscore the need for systemic policy changes to dismantle economic, educational, and social barriers. Stronger enforcement of anti-discrimination laws is necessary to ensure that African American women receive equitable pay and advancement opportunities. Leadership development programs and mentorship initiatives should be expanded to address workplace inequities and the glass ceiling effect. Concerns about the devaluation of degrees from Historically Black Colleges and Universities (HBCUs) highlight the need for increased funding and strategic recruitment partnerships with major corporations to enhance graduates' employment prospects. Healthcare and mental wellness policies must also be prioritized, as the resilience narrative often discourages African American women from seeking mental health care. Culturally competent mental health services and workplace wellness programs tailored to Black women's needs are critical for long-term well-being. Furthermore, maternal health remains a pressing issue, with African American women experiencing disproportionately high maternal mortality rates. Addressing implicit bias in medical settings and ensuring access to quality maternal care should be central to policy efforts.

Beyond research and policy, strengthening community advocacy and representation remains vital. African American women must reclaim and control their narratives to challenge systemic marginalization. The media plays a pivotal role in shaping public perceptions, and authentic storytelling that reflects the diversity of African American women's experiences should be prioritized. Community-driven media platforms and independent Black-owned productions offer opportunities to reshape mainstream narratives. The generational divide in perceptions of activism suggests the need for structured mentorship programs that foster dialog between older and younger African American women. Organizations such as the National Council of Negro Women (NCNW) and Black sororities can lead initiatives that bridge these generational gaps. Grassroots organizing for economic empowerment, including financial literacy programs, cooperative economics, and entrepreneurship support, should be expanded to enhance economic independence for African American women. Black-owned businesses and cooperative ventures provide avenues for sustainable economic growth and community stability.

Bridging academia and activism is another key consideration for future efforts. Scholars must ensure that research on African American women's gender roles is not only theoretical but also actionable. Community-based research models that directly engage African American women in shaping research questions and solutions would create more inclusive and impactful scholarship. Universities should collaborate with advocacy organizations to translate research findings into policy recommendations and public awareness campaigns. Public scholarship initiatives, including digital storytelling and accessible publications, can make academic insights more widely available and impactful beyond academic circles.

A recurring theme throughout this study was the dual nature of resilience—both as a source of pride and as an emotional burden. Future research and advocacy should explore alternative frameworks that balance strength with self-care and vulnerability. Wellness retreats, Black women-led healing spaces, and community-driven mental health campaigns can help reframe resilience in a way that does not perpetuate emotional exhaustion. During the focus group discussions, participants emphasized the necessity of a fresh approach to leadership and community-building. There was a shared urgency in reclaiming narratives and investing in self-sustaining systems, reinforcing the need to move beyond external validation.

Several of the focus group participants shared ideas about moving forward. Ethel proposed utilizing the resources and networks of HBCUs and Black entrepreneurs to develop education and mentorship programs tailored to the community's specific needs. Katherine envisioned a coalition of organizations, including the Divine Nine and HBCUs, working together to establish an education system centered on Black excellence. "We don't need to depend on White systems for validation," she stated. The group's call for a new model reflected a shared aspiration for transformative, self-sustaining institutions that empower the Black community. This vision extended beyond mere resistance to external pressures, focusing instead on creating frameworks designed to meet the unique needs of African Americans.

The focus group further underscored the importance of redefining the African American woman, particularly in the face of increasing attacks on diversity, equity, and inclusion (DEI) initiatives and public education. The dialog revealed both challenges and opportunities, encouraging participants to leverage collective resources and knowledge to establish systems that prioritize Black excellence. The discussion highlighted the importance of making this new model both practical and aspirational, balancing immediate action with a long-term vision for equity and empowerment.

7. Implications for African American women: The African American woman agent of change

These research findings suggest that African American women have historically been and continue to be powerful agents of change, driving social, political, and economic transformation. Through leadership in activism, education, and community organizing, they have played a pivotal role in advancing civil rights, advocating for justice, and shaping policies that impact marginalized communities. Their resilience, strategic advocacy, and commitment to collective progress highlight their enduring influence in movements for equity and systemic change.

The role of African American women as agents of change is both vital and multifaceted, reflecting a rich legacy of resilience, leadership, and activism. Throughout history, these women have transcended adversity, utilizing their unique perspectives

and experiences to drive social change within their communities and beyond. As the findings of this study demonstrate, African American women are not only navigating the complexities of their identities at the intersection of race and gender but are also actively redefining societal norms and expectations.

Based on this research, I envision the evolving role of the African American woman as multifaceted, reflecting both historical resilience and adaptation to contemporary challenges. This redefined role positions African American women as pivotal leaders who navigate modern obstacles with strength, vision, and a profound sense of purpose.

In this section, we will explore the implications of their evolving roles as agents of change, emphasizing the necessity of recognizing and supporting their contributions in various spheres, including social justice, economic empowerment, and community building. By acknowledging the strengths and insights of African American women, we can foster an environment that promotes their agency and leadership, ultimately facilitating a more equitable and inclusive society.

These women serve as advocates for cultural preservation while simultaneously embracing innovation, ensuring that their rich heritage is celebrated and adapted to meet contemporary needs. Their influence is further amplified by their collaborative spirit and ability to build robust networks, enhancing their impact across various spheres.

Today, the role of the African American woman is being redefined through a unique combination of empowerment, leadership, and cultural innovation. As illustrated in **Figure 1**, African American women are emerging as powerful agents of change, characterized by their commitment to social justice, economic independence, and holistic well-being. They are not only educated and knowledgeable but also serve as community builders and mentors, fostering growth and resilience within their neighborhoods:

- **Empowered leader:** African American women are increasingly assuming leadership roles across various sectors, leveraging their unique perspectives and experiences to drive change and influence decision-making processes.
- **Advocate for social justice:** Today's African American women actively engage in movements addressing systemic inequalities, such as racial discrimination, gender bias, and economic disenfranchisement, serving as vocal advocates for social justice.
- **Educated and knowledgeable:** Education remains a cornerstone of empowerment for African American women as they pursue higher education and continuous learning to enhance their personal and professional development.
- **Community builder and mentor:** The role of community builder is essential in the African American community, as these women cultivate networks of support, mentorship, and empowerment for peers and younger generations, ensuring the continuity of shared values and cultural heritage.
- **Economically independent:** The significance of economic empowerment cannot be overstated. There is a compelling need for all African Americans to embrace entrepreneurship, with African American women increasingly becoming entrepreneurs, financial providers, and key contributors to economic growth within their communities.



Figure 1.
African American women as agents of change.

- Cultural preserver and innovator: African American women act as custodians of cultural heritage, preserving traditions while also embracing innovation to adapt cultural practices to modern contexts.
- Holistic well-being advocate: Recognizing the importance of self-care, it is imperative for African American women to evolve as advocates for holistic well-being, balancing their responsibilities with personal health and mental wellness.
- Collaborative and networked: In today's interconnected world, African American women are skilled collaborators who build and sustain networks across diverse communities, fostering collective advancement and solidarity.

Overall, the new role of African American women is one that synthesizes historical strengths with modern opportunities, positioning them as influential agents of change in both their personal lives and the broader society.

8. Conclusion

In this chapter, “The Evolving Gender Roles in the African American Experience: Reflections across Decades,” I posed the central research question: “What are the perceptions of African American women from different age groups regarding evolving gender roles within their community, and how do these perceptions vary across generations?” This inquiry aimed to explore the dynamic interplay of historical, cultural, and systemic forces shaping gender roles within the African American community. By examining the dual burdens placed on African American women as both caregivers and breadwinners, I sought to highlight their resilience and agency in navigating oppressive structures while redefining power dynamics.

The study effectively addressed this research question by revealing both shared and divergent perceptions of evolving gender roles among African American women across generations. Common themes of resilience, pride, and the importance of education and empowerment emerged, showcasing a collective appreciation for historical strength and personal development. Generational differences surfaced regarding connections to historical movements, with older women feeling a stronger link to past struggles, while younger women focused on contemporary social justice issues. Additionally, the study underscores the critical role of intergenerational mentorship and community building, valued by all ages, while emphasizing the influence of regional and cultural contexts on perceptions.

Based on the research findings, several major conclusions can be drawn:

1. **Intersectionality of race and gender:** The research highlights the unique intersection of race and gender that African American women experience, shaping their societal roles and identities. Utilizing Crenshaw’s [1] concept of intersectionality, the study shows how systemic racism and sexism compound, creating distinct challenges for these women. Participants frequently reported feelings of invisibility and marginalization, particularly in feminist and civil rights movements, underscoring the need for a nuanced understanding of their experiences.
2. **Generational perspectives on gender roles:** Significant generational differences were revealed in how African American women perceive and respond to evolving gender roles. Older participants emphasized collective struggle and community responsibility, rooted in historical contexts like the Civil Rights Movement. In contrast, younger women focused on individual empowerment and navigating contemporary challenges, indicating a shift in priorities and approaches to activism and leadership.
3. **Economic empowerment and education:** Education emerged as a critical vehicle for social mobility and leadership among African American women. Across all age groups, participants recognized the transformative power of education in overcoming barriers to economic independence. However, they also acknowledged that despite high educational attainment, systemic inequities—such as hiring discrimination and the devaluation of degrees from Historically Black Colleges and Universities (HBCUs)—persist. The findings suggest that while education is essential, it is not a panacea for the challenges African American women face.

4. Resilience and the “Strong Black Woman” Narrative: The theme of resilience was prevalent, with many participants viewing it as both a strength and a burden. The “Strong Black Woman” trope, while celebrated, was criticized for imposing unrealistic expectations that can lead to emotional exhaustion. Participants highlighted the necessity of balancing resilience with self-care, advocating for a broader understanding of strength that includes vulnerability and mental health.
5. Diverging perspectives from White feminism: The study emphasizes that the feminist movement often centers the experiences of White women, leaving the specific struggles of African American women unaddressed. Participants articulated a preference for “womanism,” which encompasses a more inclusive approach that considers race, gender, and community. This perspective is crucial in advocating for policies that reflect the unique challenges faced by African American women.
6. Need for systemic change: The findings call for systemic reforms to address the structural barriers that hinder the progress of African American women. This includes policy changes that ensure equitable hiring practices, enhance support for HBCUs, and promote mental health resources tailored to the needs of Black women. The research highlights the importance of community advocacy and representation, urging for narratives that accurately reflect the experiences of African American women.
7. Intergenerational mentorship and activism: Both older and younger participants expressed the importance of intergenerational mentorship to sustain progress in activism. While older women emphasized traditional forms of activism rooted in collective struggle, younger women pointed to the relevance of digital activism. Bridging these perspectives is essential for fostering a cohesive movement that honors historical contributions while adapting to modern challenges.

Through this work, I aimed to contribute to the field of Women’s and Gender Studies by weaving together historical narratives, personal reflections, and cross-cultural gender ideologies. My Sankofian approach—learning from the past to inform the present—has bridged academic scholarship with lived experiences, emphasizing the intersection of race, gender, and socio-economic class. I hope that future research will build on these foundations, creating new opportunities for dialog, inclusion, and equity.

By centering African American women as agents of change in social and political movements, I sought to challenge rigid binaries and showcase the fluidity of roles within African American households and communities. While I am proud of the insights this chapter offers, I recognize there is more work to be done. Incorporating recent theoretical developments, such as queer theory and transnational feminism, and engaging explicitly with non-binary and LGBTQ+ perspectives would further deepen this analysis. Additionally, exploring the roles of African American men as allies in dismantling patriarchal structures could provide a fuller picture of contemporary strides toward gender equality.

This chapter represents my commitment to advancing transformative scholarship and fostering a deeper understanding of the complexities of gender, power, and resilience within the African American experience. The work ahead is both exciting

and urgent. By addressing gaps in our understanding and fostering interdisciplinary approaches, we can ensure that the evolving gender roles within African American communities are not only documented but also celebrated as a testament to resilience, creativity, and the unyielding pursuit of justice.

Ultimately, through the voices of the women who participated in this study, a deeper narrative emerges—one that acknowledges historical struggles, celebrates progress, and envisions a path forward in the ongoing evolution of gender roles. This study has provided a critical exploration of African American women's evolving gender roles, illuminating the structural inequities they continue to face while highlighting their resilience and leadership.

As we look to the future, continued research, policy intervention, and advocacy are essential to ensuring that African American women's voices remain central to discussions on gender, race, and social justice. By integrating these insights into tangible change, we can create a future where African American women's experiences are not only acknowledged but also celebrated as integral to broader movements for equity and progress. Together, we can build a sustainable future where African American women's agency, leadership, and well-being are at the forefront of social progress.

In summary, this study highlights that while African American women have historically navigated complex societal landscapes and contributed significantly to social change, the journey toward true equity requires ongoing effort, advocacy, and a commitment to understanding the multifaceted nature of their experiences. The lessons learned from this research can guide future initiatives aimed at empowering African American women and ensuring their voices are heard and valued in all spheres of life.

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Unheard Voices: Older Women's Experiences of Living with Sexual Abuse in Intimate Relationships across the Life Course

Rebecca Zerk, Elize Freeman and Joshua Roberts

Abstract

This chapter draws on qualitative longitudinal data from the research initiative: Dewis Choice (2015–2024). It examines the often-overlooked experiences of older women, aged 60 years and older, who have been subjected to sexual abuse within marriage. Focusing on three case studies, this chapter highlights the interplay of personal, societal, and systemic influences on older women's help-seeking behaviours. Moreover, the chapter discusses the significant impact of sexual abuse on older women's health and wellbeing, emphasising the need for tailored support services and interventions. Through a sensitive exploration of older women's stories, this chapter seeks to amplify the voices of older female survivors, addressing a significant gap in the literature.

Keywords: sexual abuse, older women, trauma, survivor experience, intimate partner abuse, insights, support strategies, help-seeking

1. Introduction

Sexual violence is a widespread issue that represents a serious violation of human rights, with profound and lasting effects on the physical, psychological, and emotional wellbeing of victim-survivors. Although sexual violence can impact people of all ages and backgrounds, research has predominantly focused on the victimisation experiences of young to middle-aged women.

Older people have poor visibility in domestic abuse and sexual violence data collection and in the availability of specialised support services. The experiences of older women, particularly those subjected to sexual violence within marriage, have received far less attention in research and practice. As a result, there is a significant gap in understanding the nature and prevalence of sexual violence among older female victim-survivors, whose experiences and subsequent needs may differ from those of younger women. Furthermore, there is limited knowledge about the specific challenges older women face when seeking help.

This chapter seeks to enhance understanding of the lived experiences of older women who have been subjected to domestic abuse and sexual violence, examining

the unique barriers they encounter in accessing support. The chapter concludes with key findings on what constitutes an effective response from support services, advocating for a more tailored approach to better meet the needs of older women.

2. Defining sexual violence within a domestic abuse context

The Sexual Offences Act 2003 provides the definitions of rape and sexual offences for England and Wales, encompassing all victims and perpetrators regardless of age and relationship type [1]. Victims and perpetrators who are ‘personally connected’ in the context of intimate relationships, also fall within the definition of domestic abuse.

Section 1 of the Domestic Abuse Act 2021 [2] (England and Wales) defines domestic abuse as abusive behaviour by and towards individuals aged 16 and over who are or have been, personally connected. The Act’s definition of sexual abuse includes rape, sexual assault, and unwanted or coerced sexual activity. The accompanying guidance states that domestic abuse has no upper age limit, emphasising that older victims can be subjected to all forms of domestic abuse including sexual abuse. However, the intersection of age and historical legal practices has created a complex landscape for understanding and addressing the sexual violence victimisation of older married women in the context of domestic abuse.

Historically, developments in criminal law regarding sexual violence positioned married women who were subjected to rape and sexual abuse by their husbands at a distinct disadvantage. Prior to 1991, men who raped their wives were effectively granted “immunity” from prosecution under English common law. The common law held that through entering a contract of marriage women irrevocably consented to sex with their husbands [3]. Thus, rape within marriage was legitimised and primarily viewed by society as a private matter between husband and wife [4].

In 1991, following a review by the Law Commission [5], England and Wales abolished “immunity” from prosecution for men who raped their wives. Women’s groups cited in the review stated that “rape by husbands is just as painful and traumatic as rape by a stranger, in some ways worse ...” [5, p. 9]. This reform in the legal system has been critical in providing married women with legal recognition for their victimisation. For older women, their early experiences of marital rape and sexual violence have been invalidated by both the legal system and societal attitudes, which often disregarded their experiences of violence and abuse. To date, research examining older women’s lived experiences, and the data on prevalence remain limited.

3. Prevalence of sexual violence

Historically, older women have been excluded from data samples examining the prevalence of sexual violence [6]. For example, prior to 2017, the largest European victimisation survey, namely the Crime Survey for England and Wales, did not collect sexual assault or domestic abuse data for individuals above the age of 59 years. According to Walby and Allen, older people were not included in the data collection for two main reasons [7]. First, the self-completion module on interpersonal violence required participants to use a computer, and it was believed that older individuals might be resistant or unable to use this technology. Second, there were concerns that older participants might have difficulty distinguishing between violence from

intimate partners and violence from other family members, leading to potential confusion in their responses.

The upper age threshold has now been removed from crime survey data collection. The survey data collected between October 2021 and March 2022, estimates that 2.3% of women aged 60–74 years experienced sexual assault (including attempts) over the past 12-months [8]. However, there is no data available for women aged 75 years and above in the crime survey data publication due to disclosure constraints- disclosure constraints are applied to the release of survey data to protect the anonymity of respondents when the number of respondents falls below the required threshold.

In police-recorded offences in England and Wales, women aged 60 years and over accounted for 3.1% of female victims of sexual offences in the year ending March 2022, with 1% of those victims aged 75 years and above [8]. Police data show a fall in the prevalence of recorded sexual assault offences in correlation to increased victim age- a finding echoed in empirical data [9–11]. It should be noted that police data is limited to reported and prosecuted cases, and conviction rates for sexual violence are notoriously low [12]. This trend is even more pronounced for older victims, who often face additional barriers to reporting and seeking justice [13].

It is challenging to gauge the prevalence of rape and sexual assault of older women in intimate relationships. This is due to lack of available data disaggregated by age and offender relationship in both victimisation surveys and police-recorded offences. Bows' study began to address this gap by examining police data across 45 police forces in England, Wales and Northern Ireland [14]. Bows' study found that from 2009 to 2013, 20% of female victims of the most serious forms of sexual assault who were aged 60 and over identified the suspect as a partner or husband [14]. However, this data should be considered in the context that older women may be less likely to identify sexual abuse in marriage as a crime and subsequently less likely to report it [15].

4. Barriers to help-seeking

Barriers to seeking help for victims of sexual and domestic abuse are multifaceted, involving individual, societal, and systemic challenges. Research shows that less than one in six victims of sexual assault report the assault to police, often due to feelings of embarrassment, humiliation and fear that police will not be able to help [16]. Whilst it is acknowledged that all victims of domestic and sexual violence face barriers to reporting and accessing support, older women may face unique and additional barriers to seeking help [9, 13, 17].

Older women are more likely to have endured domestic abuse over decades compared to their younger counterparts and are less likely to leave [18]. This has been attributed to reduced coping abilities with age [19], feelings of loss of power with increasing age [20], and chronic illness or mobility issues [21], limiting opportunities to leave. Additionally, lack of financial autonomy and years of control are significant barriers to leaving an abusive partner [22].

Women who experience domestic abuse report feelings of frustration, anger, helplessness, hopelessness and low self-esteem [23]. For older women who have also experienced sexual abuse, the emotional challenges are likely to be intensified due to the historical absence of open discourse around sexual violence and the societal invalidation of their experiences [24]. Consequently, older women may not view themselves as victims of sexual abuse [25]. These misconceptions can discourage older victims from disclosing abuse [26] hindering them from recognising that they

are eligible for support services [27, 28]. In addition, older women may not understand the concepts or language of intimate partner violence [29], further isolating them from support. Continued efforts are needed to increase awareness of sexual abuse among older people and to encourage help-seeking.

A consistent finding in the literature highlights how older women's experiences of sexual abuse, and their subsequent disclosures, are influenced by social and generational gender norms and values [30–32]. Shame and embarrassment are significant barriers for older women, often compounded by internalised beliefs that they contributed to the abuse by not being good partner [25]. This is intensified by the historical context of their lives, where marital rape was not legally recognised [33]. The expectation of providing sex to their partner may influence older women to accept sexual abuse as an aspect of their relationship [13]. In this context, learning to “live with the abuse” and normalising sexual abuse can be understood as a coping mechanism, when opportunities for support were at best limited and for some non-existent [34].

Older women's reluctance to seek help is often deeply rooted in traditional attitudes towards marriage and gender roles, where enduring abuse to maintain family unity was a common expectation [32, 35] and reinforced by family members, who are not always supportive of older women's decisions to leave [31, 32, 36]. Older women report that family members do not comprehend the complex relationship dynamics between the perpetrator and the victim, in some cases denying the abuse [36, 37]. The lack of validation from family, coupled with the potential loss of relationships with adult children and grandchildren, exacerbates the decision-making process for older women and can leave victims feeling they need to remain in the relationship [38]. For older women who are more likely to have diminishing social networks both informally and formally [39–41], the fear of isolation from family members can inhibit help-seeking [42, 43].

Fear of the perpetrator and coercive control have been widely cited as significant barriers to reporting for young to midlife women [44, 45]. The research on how interpersonal dynamics and coercive control influence help-seeking for older victims is limited. The perpetrator's continuous monitoring and surveillance limits women's physical, emotional and economic ‘space for action’ [46]. The sense of the perpetrator as omnipresent creates highly constrained environments for seeking help [47]. Fear of retaliation, including escalated abuse upon disclosure, results in women being hyper-aware of the dangers of help-seeking and continuously assessing strategies to remain safe [47–49]. Victim non-disclosure may be a protective strategy to avoid escalation of harm [50] and minimise risks or losses associated with the abuse including social, financial and legal [51].

The research examining older women's help-seeking in the context of sexual abuse has been limited to investigating what prevents initial disclosure in the form of reporting. However, for younger women, it has been recognised that help-seeking is a complex and continuous practice that contributes to a victim's journey to gaining crisis support through to recovery [52]. According to Stewart et al., victim-survivors disclose their experiences incrementally, divulging only some aspects of their victimisation [53]. This allows them to ‘test the waters’ and develop trust in an agency. Once trust has been established and when the victim feels safe and in control, they will become more forthcoming about their experiences [54].

Older women's help-seeking is shaped by a range of unique factors related to age. Thus, their experiences and needs are likely to require a different practice response than their younger counterparts [13]. Support services are ill-equipped to respond to the unique barriers older women face when seeking help [24, 33]. Addressing the

barriers to seeking help requires a nuanced understanding of the unique challenges older women face and the development of targeted support services to facilitate their access to help and justice.

5. Inadequate practice responses

The United Kingdom (UK) Government has stated a commitment to tackle sexual violence against women and girls [55]. In adherence to Article 25 of the Council of Europe Convention on preventing and combating violence against women and domestic violence, the UK must ensure “all” victims of sexual violence can access appropriate support, including trauma support and counselling [56]. However, specialist sexual violence services are still woefully underfunded and ‘chronically oversubscribed’, with long waiting lists for support and counselling [55, 57].

For victim-survivors who have experienced sexual violence from an intimate partner, consistent and specialised support is critical for effective recovery [58]. As a pattern of coercive and controlling behaviour [59], perpetrators of domestic abuse often restrict victim-survivors ability to form or maintain meaningful social connections, isolating them from the broader community [47, 60]. Older women report that sexual abuse has adversely affected their relationships with friends, family, and colleagues [24].

The lack of positive close and intimate relationships can lead to emotional and social loneliness [61]. This sense of loneliness is often exacerbated for older women, whose social networks may already be diminished due to retirement, age-related losses, declining physical and cognitive health and increasing mobility limitations [62]. This contrasts with younger survivors, who may have more opportunities to rebuild their social networks and support systems.

The nature and severity of sexual violence experienced by older women is not fully understood [14, 24]. Older women report various physical issues following sexual violence, including musculoskeletal problems, gastrointestinal disorders, and genital trauma [63]. Women aged 65 years and above are more likely than their younger counterparts to suffer from broken bones or dislocated joints during sexual assault [13]. These heightened risks are largely due to physiological and anatomical changes associated with ageing, necessitating increased medical care for older women [33, 64].

Similar to women of reproductive age, older victims of intimate partner abuse including sexual abuse, frequently report persistent feelings of fear, shame, and self-blame [65]. Even after sexual violence ends, women of all ages often endure the persistent threat, fear, and belief that the perpetrator still holds power over them, fostering a continuous sense of imminent danger [11].

The psychological impacts for victims of sexual abuse include anxiety, sleep problems, and severe depression [66]. When comparing the impacts of sexual violence on older women to those on younger women, there are significant differences in the long-term physical and psychological challenges faced by older survivors, which affect their overall quality of life [11, 67]. For older women, the psychological repercussions are particularly severe and long-lasting, especially if they have endured repeated abuse throughout their lives [29]. For older victims, the cumulative impacts of repeated sexual violence over prolonged periods from an intimate partner, place them at an increased risk of developing Complex Post-Traumatic Stress Disorder (C-PTSD) [68]. Women who were sexually abused earlier in life continue to report high levels of Post-Traumatic Stress Disorder in older adulthood [29, 69]. The psychological impact

of sexual abuse can undermine a victim-survivor's self-esteem and sense of autonomy resulting in feelings of powerlessness [67].

Research indicates that the effects of abuse and coping mechanisms can evolve over time [70]. Older survivors report that ageing reduces their physical and emotional resilience to handle abuse experiences [19], although the manifestation of these issues in later life remains underexplored [13].

The brief overview of the impact of sexual violence on older people evidences the need for age-responsive support services and interventions specifically tailored for older victim-survivors [58]. Sufficient funding is essential for services to meet the specific needs of older victims of sexual violence, enabling them to provide long-term support to address the cumulative physical and psychological impacts. The development of this response is currently lacking [71, 72] which is particularly concerning when older women are underrepresented within specialist sexual violence [24] and domestic abuse services [18]. Research evidences the need for active listening, which involves attention, empathy, and respect to address the emotional needs of older victims [73]. However, there is a lack of a coordinated community response to respond to older women's need to support recovery in the aftermath of trauma [74].

6. The Dewis choice initiative

Dewis Choice (2015–2024) is a research initiative based at the Centre for Age, Gender and Social Justice at Aberystwyth University. Established in 2015, the initiative incorporates a co-produced service, providing intensive long-term support to women, men and non-binary people, aged 60 years and over, who have experienced domestic abuse from an intimate partner, ex-intimate partner or family member [75]. At the point of referral to the service, older victim-survivors may be experiencing current abuse or have been subjected to abuse earlier in their lives.

Comprising of highly skilled support workers with specialisms in domestic abuse, sexual violence and mental health, the service team works with multi-agency partners as part of a coordinated community response to support older victim-survivors from crises through to recovery. Addressing a significant gap in support for older victim-survivors, Dewis Choice is cited as a best practice model by the Older People's Commissioner for Wales [72]. In addition, the ACE (Adverse Childhood Experiences) Hub Wales, identified Dewis Choice as the only Project, Programme or Intervention (PPI) providing a trauma-informed response to older victim-survivors of domestic abuse in Wales [76].

Globally, Dewis Choice research fills a significant gap in knowledge by capturing the first longitudinal data on the 'lived experiences' of older victim-survivors of domestic abuse. The data is primarily drawn from the narratives of victim-survivors aged between 60 and 93 years, including older women who have experienced rape and sexual abuse in the context of intimate relationships.

7. Research methods: A qualitative approach

All participants were recruited from the Dewis Choice initiative. The sample included three Dewis Choice practitioners and, three older female victim-survivors who received support from the Dewis Choice service team. The three older women were aged between 61 and 89 years and had been subjected to sexual violence in the context of domestic abuse within marriage.

Of the three women interviewed, all experience marital rape and sexual violence. Two women experienced sexual violence as a continuation of long-term abuse within their marriages. One woman experienced sexual violence earlier in her life, which ceased upon separation from the perpetrator at the age of 50–55 years. All three women reported experiencing additional forms of domestic abuse, including physical, emotional, psychological, economic, and coercive control.

Practitioners and victim-survivors contributed to the research through a series of guided conversations with a researcher. Instead of following a structured format with predetermined questions, the conversations were guided by questions that emerged as the data was being collected. This flexible approach utilised open-ended questions that enabled the participants to explore what they deemed as important and empowered the participants to influence the interviewing process. The guided conversations aimed to examine the nature and impact of domestic abuse and sexual violence in later life and the help-seeking experiences of older women.

Although there were no predetermined questions, the women were invited to share their thoughts, feelings, and experiences of abuse and to discuss their decision-making processes regarding help-seeking. The practitioners were prompted to provide their experiential insights about their clients' experiences of help-seeking in the context of domestic abuse. Practitioners were also encouraged to reflect on their experiences of working with older women and the factors they felt influenced their clients' decision-making process.

Interviews were conducted over 45 months. The data was collected prospectively from the point women initially engaged with the Dewis Choice service to 3 months after they stopped receiving support. The older women were invited to speak with a researcher at key junctures in their help-seeking journey which were determined by their Dewis Choice support worker i.e. point of separation from the perpetrator, changes in help-seeking goals, before and after engagement with criminal and civil processes, and following recovery support.

In total, 26 guided conversations were conducted: 12 with practitioners and 14 with the three older women. Seventeen of these conversations took place face-to-face, whilst nine were held over the telephone, each lasting between 35 minutes and 2 hours. All conversations were audio-recorded and transcribed verbatim. At the point of transcription, participants' details were pseudonymised to protect confidentiality.

The study obtained ethical approval from the NHS and adhered to the ethical guidelines set by Aberystwyth University.

8. Findings

The findings section highlights three case studies, constructed using data captured from victim-survivors and practitioners. The case studies examine help-seeking behaviours and experiences across the life course. The findings feature the lifelong patterns of violence and the cumulative impacts of abuse affecting older women in later life. A life course perspective has been provided to contextualise women's experiences within the continuity of their victimisation [77]. The case studies highlight the 'lived experiences' of older women subjected to sexual violence within a domestic abuse context, thereby enhancing our understanding of the nature and dynamics of sexual violence across the life course and the factors influencing decisions to seek help in later life.

8.1 Case study one: Margaret

“People weren’t really interested in what happened to me”

The case study of “Margaret” presented below will outline the victim’s help-seeking goals across the duration of the intimate relationship and post-separation. Key to Margaret’s help-seeking was the need to feel heard and validated in her experiences of domestic and sexual abuse. At the time Margaret was experiencing abuse, the societal and institutional responses were underdeveloped with little known about domestic and sexual violence victimisation and the lasting impacts. As a consequence, Margaret’s attempts to seek help were undermined and she remained living with the abuse for 30+ years. When Margaret did leave, the support for recovery and wellbeing was not available. Margaret was referred to Dewis Choice 30 years after the abuse ended to help address the lasting impacts of the abuse in later life.

Margaret, aged 89, had met her husband when she was 16 years old and married him in her early 20’s. Margaret experienced domestic abuse including physical, psychological, emotional and sexual abuse throughout the 30-year marriage. Margaret also experienced financial abuse post-separation as she was denied access to joint assets. Margaret had four children with her husband and described how the physical abuse began when the eldest was 4 months old. It was not clear from Margaret’s research interviews or Dewis Choice support workers’ case notes when the sexual abuse began. However, during research interviews, Margaret had referred to experiencing sexual abuse from her husband when her youngest child was in his teenage years.

Margaret reflected that throughout her marriage, her avenues for support or escape had been limited. Margaret had confided in female friends about the physical and emotional abuse, but their response was to encourage her to try to “make the marriage work” for the sake of the children, suggesting that she altered her behaviour to better meet her husband’s needs. The lack of validation of her experiences, or condemnation of her husband’s behaviour, from friends, left Margaret feeling that she had little choice but to live with the abuse, which was the experience for many women at the time [36, 38].

Margaret reflected that the first time she felt external validation for the sexual element of the abuse was through an announcement on television that rape within marriage was to be recognised as a crime. Margaret, who was in her 50s at the time, recalled:

... when the news came on the eight o’clock news ... at dinnertime when they said that there could be rape in marriage. [gasps] If you would have seen him [husband]! He said, ‘How can men be masters in their own house if that’s going to happen?’, he went absolutely bezerk! [husband said] ‘I’m so over women, and equal pay, women and rape in marriage.’

Margaret’s account of her husband’s reaction to the criminalisation of rape within marriage expressed through disbelief and anger, highlighted his resistance to advances in women’s rights, perceiving the developments as a challenge to his authority and control within the household. The quote also highlighted the perpetrator’s failure to recognise Margaret’s rights as an individual to exercise bodily autonomy. Despite the shifts in law, Margaret said she still felt pressure from family and friends to stay in the marriage and protect the family unit, a finding echoed by Tetterton and Farnsworth [32].

Around the same time as the change in law to include marital rape, Margaret said her husband's physical violence was escalating and she became increasingly fearful that he would kill her. After an assault was directed at her youngest son, who was now in his late teens, Margaret felt that it was her duty as a mother to leave the relationship to protect her child and herself. However, the consequences of leaving were the loss of home, financial assets and security. As a woman in her fifties, with a teenage son to support, and no access to independent finances, Margaret sought help from Citizen's Advice who connected her to a domestic abuse service. Margaret said she was surprised she was eligible for domestic abuse support because she had believed support was only available for young women and children [27, 28].

With domestic abuse support, Margaret gained access to housing and employment, however, she received no support with the emotional impacts of the abuse. It is important to note that, during this period in the 1990s, domestic abuse services were in their infancy. Services were heavily reliant on volunteers, and support for women and their children was centred on the practical aspects of leaving an abusive partner. Margaret described how she felt isolated in dealing with the impact of the abuse, stating that her family, friends and community had disapproved of her decision to leave, and did not believe her disclosures of abuse. Margaret said:

I used to hate when I realised that people weren't really interested in what happened to me at all. I used to watch their faces. And you could tell by their eyes, whether they were listening to you or not. And that- that really depressed me. And it got to the point where I thought ... I'm just gonna shut up.

The quote illustrates that Margaret had become attuned to the non-verbal cues of those who she had confided in and was acutely aware of their lack of interest in her victimisation. The absence of a validating response from friends and family ceased Margaret's disclosures. In the aftermath of the abuse, Margaret felt isolated and frustrated.

The lack of opportunity for Margaret to be truly heard and validated resulted in excessive rumination. For Margaret, rumination was amplified in later life at a point where she had more time for self-reflection. Research into later life has found that older people tend to spend more time alone during their daily lives than their younger counterparts [40], with fewer obligations from work and family [41]. With more time in later life for self-reflection, Margaret felt that her emotional responses to the abuse were amplified.

At 89 years old, Margaret continued to suffer the effects of abuse and was subsequently referred to Dewis Choice for support. Reflecting on Margaret's needs, the Dewis Choice support worker stated:

She wants the opportunity to share her story and needs to be heard and understood when she does. Sadly, she's always been denied this in the past, and she has tried to talk about it and reach out so many times, but she feels no one wants to listen ... I have been supporting Margaret for 10 months now and I still don't think she has disclosed everything.

This quote illustrates the importance of active listening, which involves attention, empathy, and respect [73]. The support worker emphasised the need to be sensitive to the cumulative trauma of being repeatedly dismissed and to work on rebuilding the survivor's trust in others and support systems.

Despite the long-term support provided to Margaret, the worker believed she had not yet disclosed everything. This suggested Margaret needed significant time to disclose and process the 30 years of abuse she experienced. The incomplete disclosure of abuse could also suggest that Margaret needed time to build trust with the worker to protect herself from the risk of further rejection and judgement. Margaret received long-term, intensive support for 12 months. For Margaret, the power of active listening in a safe, non-judgemental space was essential to her recovery from the abuse.

Margaret's case study highlights the enduring impact of domestic abuse and sexual violence into later life, particularly when exacerbated by a lack of support and validation. Her help-seeking journey highlights the historical inadequacies in responding to domestic and sexual abuse, specifically in addressing the emotional impact of the abuse. Despite societal progress in acknowledging the effects of domestic and sexual abuse on women, older women who experienced abuse earlier in life often continue to grapple with its impact well into later life. For older women who have experienced sexual abuse, the emotional challenges are likely to be intensified due to the historical absence of open discourse around sexual violence and the societal invalidation of their experiences [30]. The case study emphasises the importance of providing survivors with safe spaces to share their stories and be heard without judgement, even decades after the abuse occurred.

8.2 Case study two: Lynette

"I was very frightened all round".

The case study of "Lynette" presented below focuses on her help-seeking practices during and post treatment for cancer in later life. The continuation of emotional and sexual abuse by Lynette's husband, at a point when she felt physically and emotionally vulnerable, led her to reevaluate her husband's behaviour and begin to identify the perpetration as abuse. No longer able to normalise her husband's behaviour, Lynette was supported by Dewis Choice to overcome the barriers she experienced to leave the perpetrator. The case demonstrates how long-term person-centred support can mitigate the barriers to leaving. The case also highlights how Lynette only felt able to disclose the sexual element of the abuse post-separation evidencing the need for continuation of specialist support to facilitate further disclosures.

Lynette, aged 69 years, was diagnosed with cancer and subsequently underwent surgery and a course of chemotherapy. Post-surgery, Lynette was referred to Dewis Choice by a health professional. The referral indicated that Lynette was experiencing emotional abuse and neglect from her husband. Lynette disclosed to Dewis Choice that her husband refused to accept that she was ill. He failed to meet her care and support needs and denied her access to emotional cancer support services. During this time, the emotional abuse escalated with her husband calling her "fat and lazy" and expecting her to continue fulfilling household chores. Lynette described feeling "let down" by her husband and isolated in coping with the cancer diagnosis and treatment.

Lynette also disclosed patterns of threatening behaviour by her husband. Dewis Choice practitioners attributed the escalation of abuse to the perpetrator's jealousy over Lynette shifting her attention from his needs to her own. Despite experiencing sexual violence at the time, this was not disclosed until after she had left. In interactions with Dewis Choice support, Lynette was described by practitioners as feeling physically and emotionally drained and constantly living on "eggshells." Lynette said that she wanted to leave her husband but did not feel she was able to. Lynette said:

Because with the chemotherapy it drained me. I had no energy, I got very little self-worth, I was frightened of dying. I was frightened of leaving, I was getting frightened of [husband's name] and I was very frightened all round.

Lynette's quote highlights the complex and multifaceted barriers she faced to leaving. The combination of physical illness, psychological distress, and external threats, along with eroded self-worth made the prospect of leaving seem insurmountable. Fear of repercussions and lack of self-worth are frequently cited in the literature as a barrier to leaving [21]. Lynette also expressed conflicted emotions over wanting to leave her husband but also feeling obligated to stay to uphold her marital vows due to her religious beliefs [32, 35].

Lynette's primary objective in seeking help was to receive emotional support to cope with the abuse, given her feelings of inability to leave. The Dewis Choice practitioners said they felt uncomfortable with Lynette's decision to stay in the relationship given her heightened risk of abuse but were also conscious that pressurising Lynette to leave would have led to disengagement. The Dewis Choice practitioner said:

"It can be difficult at times to completely let the client lead, without rushing to offer solutions. But it is important that they choose a response they feel best suits their situation and their needs, as they have been told for so long what to do by the perpetrator. This approach helps to build a relationship of trust with the practitioner and a strong foundation for ongoing support."

The quote illustrates how the Dewis Choice response was tailored to Lynette's needs and choices. Dewis Choice practitioners conducted dynamic and ongoing risk assessments, with Lynette's safety plan continuously reviewed. Over 12 months of intensive support, the practitioners sought to build Lynette's confidence to leave her abusive husband. They did this by addressing the specific barriers Lynette faced: fear of the perpetrator, unmet emotional needs related to cancer care, and religious beliefs to uphold her marital vows. To mitigate her fear, the practitioner explored various safety measures, including refuge, police engagement, home security, and legal protections, to increase her safety if she chose to leave.

The Dewis Choice practitioner accompanied Lynette to attend a holistic cancer support group, which provided emotional and physical support and offered validation for her illness. Additionally, Dewis Choice practitioners created a safe, non-judgemental environment, allowing Lynette to reflect on her religious values related to marital duties within the context of domestic abuse.

12 months into receiving support, Lynette felt able to leave. It was after leaving that she began to incrementally disclose the sexual abuse she had endured throughout her marriage and stated that this had been her motivating reason to leave. Sexual abuse disclosures were made to her Dewis Choice support worker and the researcher over 3 months. Whilst it is unclear why she chose to disclose the abuse at that time, it is possible that Lynette's focus had shifted from overcoming the barriers to leaving and understanding her husband's behaviour. Additionally, the lengthy period of support may have helped Lynette build trust in the worker and overcome any feelings of shame and embarrassment about discussing the abuse.

Reflecting back Lynette said that she had normalised the sexual abuse earlier on in the relationship, although she described how sex with her husband had been "quite rough and always for his satisfaction, not mine." The normalisation of the sexual abuse shifted during her cancer treatment when Lynette's husband's sexually

abusive behaviour failed to cease despite her illness. At a point where she felt emotionally and physically vulnerable, she described how her husband's demands for sex were incomprehensible to her and she felt 'disgust' towards him. Lynette said that, despite her ongoing treatment for cancer, her husband had continued to invade her privacy and violate her bodily autonomy, which included watching her when she bathed. Lynette said:

I got in the bath, and he came to the door, and he just stood there and looked at me I couldn't cover myself, I couldn't do anything, and he was just looking at me and I found that absolutely horrendous. I felt as though it was almost pornographic, I can't really describe it.

The quote emphasises Lynette's difficulty in articulating her experiences and she would often become emotionally distressed when talking about the sexual abuse. Lynette could only talk about the sexual abuse for short periods before changing the subject and returning to it at a later point in the conversation. This fragmented process of disclosure suggests Lynette was finding a balance between wanting to share her experiences and managing her mental wellbeing. The Dewis Choice support worker supported Lynette to disclose at her own pace and provided the space and time needed to process the abuse gradually.

Lynette's case study illustrates how escalating abuse combined with ill-health can create a highly constrained environment to seek help. Adopting a person-centred approach, Dewis Choice was able to work with Lynette and partner agencies to reduce her risk and mitigate the barriers to leaving. The slow and gradual process of supporting Lynette to regain a sense of control and build her confidence to leave was essential to ensure Lynette's continued engagement with services.

In the case of Lynette, all forms of abuse increased in later life, at a point when Lynette was mentally and physically vulnerable due to her cancer and increased dependency on care and support. This finding is significant when considering the risk older perpetrators pose to older women in the context of intimate relationships. Whilst the literature focuses on reasons why older women do not feel able to disclose sexual abuse, little attention is given to the factors that facilitate disclosures. In the case of Lynette, this involved long-term intensive support that continued post-separation. What was clear from Lynette's narrative is the need for older victim-survivors to have the opportunity to disclose the sexual abuse after their immediate safety concerns had been addressed. Providing ongoing support, the practitioners were able to provide a safe space for Lynette to navigate her complex emotions and eventually disclose the full extent of the abuse, including sexual violence.

8.3 Case study three: Jill

"I felt that nobody knew what to do with me"

The case study of "Jill" presented below highlights how, older victims alter their help-seeking practices in reaction to negative responses to help-seeking at earlier stages in the relationship, and escalations in perpetrator behaviour across the course of the relationship. For Jill, fear of retaliation, and escalation of violence, by the perpetrator, were a significant barrier to leaving. Conversely, due to Jill's increased awareness of her declining physical and mental health in later life, the fear that an

assault by the perpetrator could lead to severe injury or homicide became a significant factor in her decision to seek help to leave. Due to the cumulative effects of repeat sexual and physical violence, along with other forms of abuse, over a long duration, Jill had complex physical and mental health needs. Due to the abusive behaviour of the perpetrator, Jill also had reduced social networks and experienced isolation at the point of leaving. However, the underdeveloped trauma response to older victims of domestic abuse and sexual violence, and the lack of a holistic coordinated response, left Jill feeling an increased sense of isolation in the aftermath of the abuse.

Jill, aged 61 years, was referred to Dewis Choice by a high-risk Independent Domestic Violence Advisor (IDVA). Jill had been supported by the IDVA throughout a court case after her husband was charged and convicted of a physical assault against her. The assault charge was subsequently quashed on appeal; however, an investigation was ongoing into allegations of rape and sexual assault made by Jill against her husband, which had taken place across the course of their relationship.

Jill met her husband when she was 14 years old and married him when she was 20; he was a few years older than her. Throughout the marriage, Jill's husband subjected her to physical violence; coercive control; emotional and psychological abuse; economic abuse; isolation; and rape and sexual violence. She described how the physical and sexual violence escalated at points during the relationship as her husband used these forms of abuse both to exert control over her and as a form of punishment.

The physical and sexual abuse escalated at points in the relationship, including when Jill was pregnant and after the birth of her son. Jill recalled that her husband had resented her having a baby and had raped her the day after she had given birth. For Jill, the sexual abuse was never normalised as it was interconnected with the physical abuse. Instead, she endured the abuse because she was fearful of the consequences if she resisted or tried to leave [44].

Jill's help-seeking was an ongoing and continuous process [52] throughout the marriage, with repeated disclosures of physical assault made to family and formal services. It is important to note that Jill did not disclose the sexual abuse, nor was she asked if she had experienced sexual abuse. Jill said the perpetrator always knew when she had sought help, and she was subsequently "punished," resulting in further victimisation, including extreme levels of physical abuse—a finding echoed by Wydall and Zerk examining younger women's help-seeking experiences [47].

Experiencing extreme levels of coercive control, in the form of monitoring and surveillance of her every activity, Jill felt the perpetrator was omnipresent and her opportunity to seek help was highly constricted [47]. Jill became hyperaware that help-seeking was dangerous and could potentially lead to her death [48]. Therefore, Jill's decision-making to seek help was balanced with continuous assessment of strategies to remain safe [49]. Operating within the confinements of the perpetrator's control, Jill described covertly planning her escape route, secretly making plans to leave and trying to save the little money she had access to. However, Jill said she felt her husband would sense her readiness to leave and punish her, undermining her confidence. The readiness to leave and subsequent punishment was an ongoing pattern for 16 years.

In the final months of the relationship Jill noticed a shift in her husband's behaviour, which made her reevaluate the risks of attempting to leave against the risks of staying. Jill said:

"I was starting to get a lot worse with mobility now, his violence was getting worse and he was acting very odd. Creeping around the house. He'd come out and make comments which were scary. But that night made me realise that he was planning [to kill me]."

Due to repeated assaults, Jill experienced deteriorating physical and mental health, which made her feel increasingly vulnerable and aware of her reduced resilience to withstand further violence. Jill explained that the fear that she would become disabled after an assault, leaving her physically unable to escape, outweighed the fear that her husband would kill her. Jill was thinking not only about the immediate risks of homicide but the potential long-term risks to her physical health. After the final assault, Jill, now 61 years of age, knew she had to leave and contacted the police to request a telephone number for an emergency refuge.

The perpetrator was arrested and charged with assault, which initiated a multi-agency response bringing Jill into contact with a range of services including a solicitor, housing officer, victim support, financial advisor and domestic abuse support. The coordinated community response supported Jill with her immediate safety needs and the practical aspects of living independently.

Although Jill was physically separated from the perpetrator, mentally she felt unsafe, and that the perpetrator was still controlling her life. Jill continued to relive the abuse through her trauma responses which presented as hypervigilance, panic attacks, and daily flashbacks. She was also experiencing extreme anxiety, depression, low self-esteem, insomnia, and expressed suicidal ideation. Jill was diagnosed with Complex Post-Traumatic Stress Disorder (C-PTSD), which is unsurprising given the severity, extent and duration of the physical and psychological abuse [68] over 4 decades.

Jill was referred for sexual violence counselling, but this was not available for approximately 18 months post-leaving. Requiring an immediate response, Jill was engaged with her GP and community mental health services, including the crisis team. These services were responding in silo to one another, operating within the boundaries of their organisational remits and providing short-term, symptomatic treatment which was not sufficient to address Jill's underlining trauma. Jill did not feel any services were able to meet her complex and diverse needs. Jill reflected:

I felt that nobody knew what to do with me. I felt I was fobbed off [dismissed and passed on] from one organisation to the next. There should be one organisation, one person you deal with, and you're not passed around where you have to go through it all over and over again. That feels like you're moving backwards when all you want to do is move forwards.

The underdeveloped service response to trauma resulted in Jill feeling re-traumatised due to repeat disclosures of abuse [74]. Research with younger survivors of domestic and sexual violence evidence that consistent and specialised support is critical for effective recovery [58]. However, this need appears to be more significant for older women who are more likely to have endured long-term trauma over decades [18], have reduced coping abilities with age [19], and often face increased levels of isolation [39].

Jill's case study highlights the lasting impact of trauma on older victim-survivors and evidences a need for an integrated, holistic approach to trauma in the immediate aftermath of leaving- one that avoids silo working and instead provides continuous, comprehensive support tailored to the unique needs of older survivors like Jill.

9. Conclusion

Drawing on the lived experiences of three older women and the perspectives of the practitioners supporting them, this chapter has provided detailed insights into the nature and impact of sexual violence within the context of marriage. For each of the three older women, sexual violence persisted throughout the relationship, albeit changing in nature. Through a sensitive exploration of older women's experiences, the immediate and long-term impacts of domestic abuse and sexual violence were highlighted.

The chapter provided unique insights into the barriers the older women faced in their help-seeking over decades of victimisation. Whilst the existing literature focuses on the internalised barriers older women face in seeking help, the findings in this study have highlighted the complex interplay of personal, societal, and systemic factors in obstructing help-seeking. The findings supported existing literature that suggests older women may face additional barriers to help-seeking than their younger counterparts [13, 24, 33], calling for a more nuanced approach from services to facilitate disclosure and access to help and support.

A large body of research evidence that help-seeking is a complex and continuous practice [52] - a finding echoed in this study. Previous studies have focused on help-seeking in terms of first disclosure or concealment i.e. what prevents individuals from disclosing. Adopting a life course approach, this study examined older women's repeated attempts to seek help across the life course, including after leaving the perpetrator and the subsequent response they received.

The three women's narratives demonstrated the cumulative effect of negative help-seeking experiences on older women's decision-making and help-seeking goals in later life. The chapter discussed how practitioners can work towards redressing the harm caused by previous inadequate responses to help-seeking. A common theme across all three case studies was the need for older women to be heard as part of their recovery. This was achieved through a person-centred approach, which incorporated time, empathy, and validation. Emphasis was placed on the need for a coordinated community response to address the holistic needs of older women, addressing both the immediate safety needs and long-term recovery support.

Given that older women may experience increased isolation in later life, it is likely that they may be more dependent on services to meet their support needs than their younger counterparts. It is thus, concerning that the practice response for older women is underdeveloped. Further research is needed to inform the development of specialist provision and dedicated funding is required to deliver long-term, intensive support to meet the multifaceted support needs of older victim-survivors.

As with all studies, this research is not without its limitations. The chapter focused on a subset of clients who engaged with the Dewis Choice initiative and therefore, the findings should be considered within this context. Given the small sample, it is not possible to make generalisations of the data, however, the chapter provides a platform for the often-overlooked experiences of older victims of domestic and sexual abuse. The findings evidence the need for further research to provide an evidence base to inform the development of policy and practice.

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Chapter 9

Perspective Chapter: Alice Norwood Spearman Wright and White Women Civil Rights Activists in South Carolina

Marcia G. Synnott

Abstract

What sustained Alice Norwood Spearman as executive director of the South Carolina Council on Human Relations from 1954 to 1967 was her network of women friends. In 1958, four of Spearman's close allies served on the Council's fifty-member board of directors: Mary Frayser, Wil Lou Gray, Rebecca Reid, and Eunice Stackhouse. Two other women board members were also part of Spearman's support network: volunteer Charlotte A. Hickman, and Elizabeth Ledeen, director of Presbyterian student work. Complimenting her style as executive director., Reid attributed the growth in the Council's membership to Spearman's "ability to avoid antagonizing people, even those with whom you most drastically disagree." Spearman not only made friends, she kept them. At a dinner with Spearman, Stackhouse, Gray, and Frayser "agreed that [she was] holding down handsomely a most difficult job and growing in the process." Moreover, she convinced the African American community that there were indeed white South Carolinians committed to racial justice.

Keywords: civil rights, South Carolina, council on human relations, white women, African Americans

1. Introduction

Alice Norwood Spearman Wright (1902–1989) was the most significant white woman civil rights activist in South Carolina during the 1950s and 1960s and deserves recognition alongside of such other southern white women who also made significant strides in advancing civil rights, among them Frances Freeborn Pauley and Dorothy Rogers Tilly in Georgia and Anne Braden in Kentucky. In assessing Spearman's contributions to civil rights, scholars should first examine how she developed her enlightened views in each stage of her life, beginning with her college years and continuing throughout her life.

Spearman's participation in the student Young Women's Christian Association (YWCA) at Converse College prepared her for personal and social activism in ways similar to the preparation of a later generation by the women's movement in the 1960s

and 1970s. Her liberal Baptist religious beliefs led her into social service. After earning a master's degree in religious education from Columbia Teachers' College, she worked for the Germantown Pennsylvania YWCA [1, 2]. During her 3 years of world travel, she developed a cosmopolitan outlook. The great depression made her learn how to deal with economic changes, including the losses experienced by her banker father. Appointed as South Carolina's first woman to administer a county relief program, she was later made the State Supervisor of Education for federal programs in adult and worker education. In November 1935, she married Eugene H. Spearman and moved to his Newberry farm. She then was a wife and a mother after their son, Eugene, Jr. was born on January 14, 1937. Remaining a partner in marriage, she helped her husband write campaign speeches four county supervisor [3].

During the decades of the 1940s, 1950s, and 1960s, Spearman found opportunities to apply what she had learned as a young woman, first, as a relief administrator and director of workers' education during the New Deal, and then as an activist in human relations work. She also developed values, skills, and a network of friends that would guide the rest of her adult life. Before committing herself to projects, Spearman explained that she labored philosophically long and hard. But when she "move[d] into action, boy, you know, breezes started." One cousin told her that she did not "understand why you are such a driven woman." Despite the internal tensions between being "a questioning rebel" and a woman "restricted by [her] cultural conditioning," Spearman determined to act "in accordance to [her] inner dictates regardless of the price" that both she and those she held "dear" might have to pay. But "in order to lessen the friction or hurt," she "often tried to conceal my actions or otherwise deceive," which caused her "sense of uneasiness and guilt" [4, 5]. Self-driven, determined to rebel against social constraints, stubborn, yet able to veil her actions, even though often feeling a sense of guilt, Spearman was unswerving in her long-term commitment to progressive reform and civil rights, which she pursued with her sophisticated skill in working effectively behind the scenes. These commitments defined her life [6].

In 1943, Alice Spearman helped organize the South Carolina Division of the Southern Regional Council (SRC). But needing income, she became, in 1951, executive director of the South Carolina Federation of Women's Clubs and associate editor of *Club Women* magazine. Then, in October 1954, she was unanimously chosen the first full-time, paid executive director of the South Carolina Council on Human Relations (SCCHR), the new name for this Southern Regional Council state affiliate. Her 13-year tenure was the longest of any state council executive director, man or woman [7-9].

After the May 17, 1954 *Brown v. Board of Education of Topeka, Kansas* decision and the Supreme Court's May 1955 implementation decree, Spearman navigated the Council during massive white resistance and sought to build a biracial organization committed to racial justice and open discussion. Because most whites, including club-women had closed their minds to desegregation, she turned to middle class African American women and men who sympathized with the South Carolina Council's goals.¹

¹ U.S. Supreme Court, *Brown v. Board of Education of Topeka*, 347 U.S. 483 (1954). In *Profile in Black and White* (1958), Howard H. Quint used the editorial opinions, letters to the editor, and articles in the *Charleston News and Courier*, *Columbia Record*, *Anderson Independent*, and *Florence Morning News* as the official version of what most, if not all, South Carolinians in these communities were thinking on the racial issue. In 1991, *Charleston's News and Courier* and *Evening Post* were merged into a single morning newspaper, *The Post and Courier*.

She knew all her energy, skills, and ardent commitment were needed to improve race relations. She also respected southern traditions by dressing like a lady and signing herself “(Mrs.) Eugene H. Spearman.” What made her successful as executive director was her “sharp intellect and a quiet, very ladylike manner,” remembered Rose (Mrs. Hyman) Rubin. Spearman gained acceptance which “a louder person would not have.” Mrs. Rubin emphasized that there were “very few white women eager to enter the fight,” either because they “did not give a damn,” or “were scared,” or “actually liked the role of the protected southern white lady.” Rubin was inspired by Spearman, who convinced her and others that “anybody could make a difference.” Spearman, who gave Rubin a history book on South Carolina, hoped “that subsequent writings would reflect the change in the status of the Negro.” When she died in 1989, Spearman had, observed Rubin, “lived to see the advancement of the Negro in our own society.”²

In 1958, four of Spearman’s close white women allies served on the South Carolina Council on Human Relations’ fifty-member board of directors: Mary Frayser, Wil Lou Gray, Rebecca Reid, and Eunice Stackhouse. Two other white women board members were also part of Spearman’s support network: volunteer Charlotte A. Hickman, and Elizabeth Ledeen, director of Presbyterian student work, who became a part-time Council staff member 2 years later³. These women allies complimented her style as executive director. In May 1958, Reid commented on the growth in the Council’s membership, which she attributed to Spearman’s “ability to avoid antagonizing people, even those with whom you most drastically disagree.” She not only made friends, she kept them. At a dinner with Spearman, Stackhouse, Gray, and Frayser “agreed that [she was] holding down handsomely a most difficult job, and growing in the process.” Spearman had, Mrs. Stackhouse believed, “developed your skills in the demanding years.” Reid reiterated enthusiastic support in 1961, emphasizing that Spearman was successfully reaching a diverse audience as she felt her “way with a pioneering spirit⁴.”

Spearman was quite critical of Dr. Wil Lou Gray, Director of the Opportunity School of South Carolina, in Columbia, for young adults, that excluded black students until the mid-1960s. Gray spoke at Council meetings, but not to the public at large, fearing to jeopardize the school’s financial support. Born in 1883, Gray complimented the much younger Spearman on “the fine way in which you have kept your head and have been willing to be the interpreter of justice and fair play” and expressed her disappointment in the current racial situation and lack of leadership. Gray had “struggled so long and worked so hard in order that we might have better

² Hyman Rubin III, Interview with grandmother, Rose (Mrs. Hyman) Rubin, July 22, 1991, Columbia, S.C.; notes by Marcia G. Synnott.

³ An annotated list of the Board of Directors members of the South Carolina Council on Human Relations, July 7, 1958, SCCHR, Box 2, file Jul.-Sep. 1958.

⁴ Rebecca Reid, memorandum to [Alice Spearman], May 2, 1958, South Carolina Council on Human Relations (SCCHR), Box 2, file May 1958. [Rebecca Reid] to Alice [Spearman], [October 1961], SCCHR, Box Spearman Persl. & Planning Notes, file Corres. Spearman. Spearman’s reports and correspondence in the South Carolina Council Collection at the South Caroliniana Library in Columbia and various oral interviews, including her own, reveal both her consensus-building style of leadership and the positive role of the Council in serving both races and generations during the 1950s and 1960s. South Carolinians, Spearman recognized, held a range of opinions on the issues of segregation versus desegregation.

education and better conditions in South Carolina, but when I read the papers I am heartsick⁵”

Encouraged by Spearman's leadership, Gray contributed \$100 to the Council, which was helpful, given Spearman's surmise “that Mr. Beverly Herbert, Columbia attorney and former state chairman of S.C. Division of SRC, is blocking contributions from former contributors.” Though Gray suggested that she would be more outspoken after retirement, Spearman observed that “once you have developed that as a life pattern that you are not apt to change it.” Gray, a “sentimentalist from the word go,” and Eunice Stackhouse “felt that the range of their social and educational reforms and activities were such that if they went out on a limb and publicly took a stance, you see, on the racial issue that it would ruin their influence.” Stackhouse did write a letter to the editor of *The State*, August 23, 1955, emphasizing the biracial meetings in which she participated since the 1947 South Carolina Citizens Committee on Children and Youth. Notable meetings were held by the South Carolina Conference of Social Work, the South Carolina Council of Church Women, and the board of the Bethlehem Center of the Washington Street Methodist Church. Stackhouse also called for biracial PTA conferences and frequent biracial meetings of educational, civic, and religious groups. Complimenting her “perspective,” Spearman personally benefited from conversations with “conservative leaders” like Eunice Stackhouse and Miss Marguerite Tolbert, South Carolina State Supervisor of Adult Education⁶.

2. African American protests continued to impact Alice Spearman

Prompted by the African American student sit-in movement in February 1960, Spearman emphasized “the urgent need for leadership recruitment and training, and for developing meaningful communication among Negroes and white people.” In response, the South Carolina Council launched a human relations council for students. During an 18-month pilot project, from December 1960 to June 1962, some 280 students from twenty higher educational institutions--seven black and thirteen white--participated in at least one program, a one-day workshop, or a weekend conference, often meeting at the Penn Center, formerly the Penn School, at Frogmore on St. Helena Island. After serving as the first school in the southern

⁵ Wil Lou Gray to Finance Chairman, SCCHR, September 3, 1955, SCCHR, Box 1, file September 1955. Alice Spearman Wright, Interview by Synnott, July 10, 1983, OHP, SCL. Mary Mac Ogden Motley, “The Making of a Southern Progressive, South Carolina's Wil Lou Gray 1883–1920” (Master's thesis, University of North Carolina at Wilmington, 1997); Mary Macdonald Ogden's “Wil Lou Gray and the Politics of Progress in South Carolina” (Ph.D. diss., University of South Carolina, 2011). Mary Macdonald Ogden, *Wil Lou Gray: The Making of a Southern Progressive from New South to New Deal* (Columbia, SC: University of South Carolina Press, 2016).

⁶ Alice Spearman Wright, Interview by Marcia G. Synnott, July 10, 1983, digital oral version and transcript at the Oral History Program (OHP), South Caroliniana Library (SCL), University of South Carolina (USC), Columbia, S.C. Alice Spearman Wright, Interview by Marcia G. Synnott, July 11, 1983, Linville, Falls, N.C., OHP, SCL. Spearman, Report, September, 1955, SRC Microfilm, IV:425: 1403. (Mrs.) Alice N. Spearman, Executive Director, (Mrs.) Ethel P. Ruff, Assistant Director, Quarterly Report of the South Carolina Council on Human Relations, Oct.-Dec. 1957, SCCHR, Box 9, File SCCHR Admin. Staff; Exec. Dir. Reports, 1957–1960, #279. Mrs. T.B. Stackhouse, letter to the editor of *The State*, August 23, 1955, typescript copy, SCCHR, Box 1, file August 1955. Spearman continued to address her friend as “Mrs. T.B. Stackhouse” in her letters, though closing with “Fondly yours” ((Mrs.) Alice N. Spearman to Mrs. T.B. Stackhouse, July 7, 1966, SCCHR, Box 3, file Apr.-May 1966).

states for African Americans, the Penn Center hosted numerous biracial conferences. Advised by Elizabeth Cowan Ledeen, a part-time South Carolina Council employee, the Student Council discussed such issues as “the role of the student in the changing South with a special consideration of problems in higher education; economic growth and development; political life; citizenship; religious life and the churches.” These student meetings endeavored to break through “the ‘conspiracy of silence’” and create “a social climate in which, hopefully, desegregation may take place peacefully.” Ledeen’s assessment proved to be true when Clemson College and the University of South Carolina calmly desegregated in, respectively, January and September 1963. By helping to bring moderate white students into the civil rights movement and by encouraging black students’ demands for equal rights, the South Carolina Student Council became, said Paul Anthony, Southern Regional Council executive director, a model for other state student councils⁷.

In recognition of her constructive leadership and consensus building, Spearman was awarded an honorary doctorate in humanities (1964) by Morris College, a historically African American institution in Sumter; and, in 1965, she was appointed to the South Carolina Advisory Committee to the U.S. Civil Rights Commission. Under her direction, the South Carolina Council participated in a Voter Education Project, encouraged compliance with the 1964 Civil Rights Act, and developed programs targeting illiteracy, lack of job skills, and rural and urban poverty. Spearman quickly prepared, in 1965, applications for county Head Start programs. In addition, the South Carolina Council and its student members initiated the Student Program for Educational and Economic Development for Underprivileged People (SPEED-UP), under an Office of Economic Opportunity demonstration grant. Both Head Start and SPEED-UP “have greatly stepped up SCCHR’s communication with leaders in small county, town and rural areas,” reported Spearman in 1966. Drawing on “these contacts and experiences we hope gradually to organize more local, democratically structured citizens groups in the less progressive areas of South Carolina.” Retiring in September 1967, Spearman took pride in advancing civil rights in South Carolina and giving “Negroes the confidence that they could win,” though more economic and political progress was needed to enable “‘people to help themselves’ through informed use of governmental programs and through well-conceived collective action.” There were few women in her generation that could continue this work, although a younger generation of students began to accept the challenges⁸.

⁷ Alice N. Spearman, Quarterly Reports, 1957–1960, #279 December 1959–February 1960, September 1960–November 1960, and December 1960–February 1961, South Caroliniana Library (SCL), University of South Carolina (South Carolina Council on Human Relations Collection USC SCCHR), Box 9, file Admin. Staff: Executive Director Reports 1960–1962, #280. [Elizabeth C. Ledeen], The Situation in the Colleges in South Carolina [c. fall of 1960]; The Purpose of the Student Program of the South Carolina Council on Human Relations [c. December 1960; and Student Program of the S.C. Council on Human Relations, January 9, 1961, SCCHR, Box 10, file 1961 Student Council, 1960–1969 & n.d., SCL).

⁸ Alice Spearman Wright, Interview by Synnott, July 10, 1983, OHP, SCL Alice N. Spearman, Report of Executive Director, September 1966–November 1966, SCCHR, Box 9, file Admin. Staff: Exec. Dir. Reports 1962–1967, #281. Eugene H. Spearman, Jr., Interview by Marcia G. Synnott, September 26, 1990, at the South Caroliniana Library (SCL), digital oral version and transcript at the Oral History Program (OHP), USC. Alice Spearman Wright, Interview by Jacquelyn Dowd Hall, February 28, 1976, Linville Falls, NC. Transcribed by Joe Jaros for the SOHP, Manuscripts Department, SHC, Louis Round Wilson Library Special Collections, UNC-CH), # G-65-14,007-G, [also listed as G-0065-1], pp. 40.

Widowed when Eugene Spearman died on June 4, 1962, Alice Spearman married Marion A. Wright on March 24, 1970. a widower and a longtime friend and ally, who was an attorney and former Southern Regional Council president. Both were awarded the Frank Porter Graham Civil Liberties Award of the North Carolina Civil Liberties Union. In her 1973 acceptance speech, she voiced her feminism, which had grown stronger with age. Alice Spearman Wright should always be remembered as voice of an informed white woman civil rights activist in the southern states. Though more of a behind-the-scenes “subversive” than an open challenger of the South’s white male power structure, she herself superbly embodied “the qualities of persistence, patience and compassion” that dedicated women, could bring to the civil rights movement and to “our political, social and economic life”⁹.

3. Conclusion

Asked the question of whether in life she wanted to be a lady, a woman, or a person, Alice Spearman said that the cost of being a lady was much too high, so she preferred to be a “person.” Her mother had been a “southern lady” and much of Spearman’s career illustrated how she transcended this definition. By breaking out of the traditional feminine stereotype, she became, in that sense, a radical. When Spearman was at **Columbia** Teachers’ College one of the students in her class described her as being “the most feminine person he knew to take masculine positions on issues.” She consciously adopted philosophical positions, worked things through in her own mind where she stood on issues pertaining to race relations, the labor movement, women’s status, and spiritual values. Not content simply to be a philosopher in an ivory tower, Spearman believed that she had to implement change by being a person who would do some of the necessary hard groundwork. But she attributed her greatest success in life to her ability to motivate others to carry on her work. A unique individual and an extremely courageous one--Spearman was a remarkable woman, a polar opposite of the women self-described as sheltered “ladies” or the typical housewives with the “dishrag mentality” that kept them preoccupied with recipes, cooking, and children. Spearman became, in the fullest sense of the words, a citizen of humanity. Parallels are hard to find: Jane Addams and Eleanor Roosevelt come to mind, but Spearman was different from them as well. She was one of those individuals who had a richness in understanding that surpassed all other kinds of riches that people seek to accumulate¹⁰.

⁹ Alice Norwood Spearman Wright, speech, “People on the March,” delivered in Chapel Hill, N.C., when she received the Frank Porter Graham Civil Liberties Award, October 20, 1973, excerpted in the program of the University South Caroliniana Society, Sixty-sixth Annual Meeting, USC, April 27, 2002, pp. 64–65. This program (pp. 62–65) describes her recently processed manuscripts and printed items that were added to her existing collection of personal papers in SCL.

¹⁰ Marcia G. Synnott added oral comments within 12 hours to taped interview with Alice Spearman Wright, July 10–11, 1983, Linville Falls, N.C.

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“But He’s Your Husband”: Legislative, Cultural, and Individual Impacts on Marital Rape Survivors’ Disclosure and Treatment Experiences

Angela M. Kaufman-Parks and Christian Williams

Abstract

Marital rape is a unique yet prevalent form of sexual violence. Despite the progress that has been made in recent years, significant gaps remain in society’s understanding of and response to marital rape. Consequently, survivors of marital rape encounter numerous challenges in recovering from their victimization, including difficulty identifying their experiences as rape, stigmatization, and other negative reactions from individuals and systems designated to support them, and reduced access to resources, services, and delivery of justice within health care and criminal legal settings. This chapter reviews how both historical and contemporaneous legislative and sociocultural contexts impact survivors’ understandings and perceptions of their experiences of marital rape, their willingness to disclose their victimization to others, and the societal responses they receive when they do disclose, from individuals, institutions, systems, and communities. Grounded in research acknowledging the diversity of marital rape survivors’ experiences and the importance of honoring their unique needs, the second half of the chapter provides an in-depth review of how healthcare providers, criminal justice system personnel, policymakers, and communities, which can challenge harmful norms and stigmas that allow for the perpetuation of marital rape and improve systems of care to be more compassionate, responsive, and effective in supporting marital rape survivors’ healing journeys.

Keywords: marital rape, sexual violence, stigma, rape myths, disclosure, help-seeking, trauma-informed care, survivor-centered care, cultural sensitivity

1. Introduction

Marital rape stands out as a unique form of sexual violence, frequently marked by its chronic nature and its common overlap with other types of intimate partner violence [1, 2]. Survivors of marital rape are particularly vulnerable to recurrent abuse and face a higher likelihood of repeated assaults compared to survivors of other forms

of rape, with many reporting 20 or more incidents by the same perpetrator [1, 3, 4]. Contrary to the decreasingly prevalent yet still persistent myth that rape by a partner is relatively inconsequential, evidence shows that marital rape can lead to profound and lasting trauma for survivors [5]. The persistent proximity to the perpetrator, combined with societal and cultural norms that downplay or deny the reality of rape in marriage, along with the legal and financial ties typical in marriage, makes marital rape distinct from other forms of sexual violence.

Marital rape can have severe physical, psychological, emotional, and social impacts on survivors, leading to a marked decline in their overall quality of life [2, 6]. Research has demonstrated that survivors of marital rape are more likely to experience heightened levels of self-blame, diminished self-esteem, and distorted body image, along with increased negative feelings toward men and sex [7]. These survivors are also more likely to experience mental health symptoms such as depression, anxiety, posttraumatic stress, psychosomatic symptoms, hyperarousal, and phobias compared to those who endure physical abuse without rape [2, 8–10]. Additionally, the trauma associated with marital rape can lead to increased distrust of others, reluctance toward intimacy and sexual activity, changes in sexual identity, heightened anger, desires for revenge, and social withdrawal [3, 4]. These factors collectively contribute to a profound and enduring impact on survivors, often leading to chronic victimization, deepened cognitive dissonance, and significant barriers to seeking help or leaving the abusive relationship.

A particularly troubling aspect of marital rape is its occurrence during times of heightened vulnerability. Research indicates that many cases involve assaults that occur during a woman's illness or immediately after a woman is discharged from the hospital. Furthermore, pregnancy has been recognized as a factor that increases the risk of both physical and sexual abuses [9, 11]. These instances suggest a deliberate exploitation of the survivor's weakened physical and emotional state, adding to the trauma and exacerbating the already significant effects of marital rape. The timing of these assaults highlights the need for greater awareness and intervention by health-care providers and support systems, as these vulnerable moments can intensify the survivor's sense of helplessness and further entrench the cycle of abuse.

2. Legal and historical context

Recent data from the United Nations Development Programme demonstrates that a system of patriarchy still dominates most contemporary societies [12], resulting in women holding less status, power, privilege, and rights than their male counterparts. As just one consequence of this gender inequality, patriarchal societies perpetuate beliefs and practices that allow for violence against women. While these beliefs and practices can and often do exist at the micro-level, with 25 percent of people globally believing it is justified for a man to beat his wife [12], it is of even greater importance to acknowledge that patriarchies are systems that cannot be reduced to the individual people who participate in them; that is, individuals participate in institutions such as the family and economy that perpetuate gender biases even if they themselves do not hold such biased beliefs [13]. Take, for example, the income gap by gender, which persists even in countries where women outpace men in advanced educational degrees [12], giving men permission to enact violence against female partners, knowing they oftentimes do not have access to finances that would allow them to leave violent

relationships and survive independently (e.g., [14]). Consider too, and specific to the legislative landscape that allows for marital rape, that only 10 percent of heads of state or government throughout the world are female [12], leading to policies and laws that place prominence on protecting the rights of men, including their right to enact violence against lower-status female partners and female spouses more specifically.

Given the prominence of patriarchies globally, a lack of recognition of or consequences for sexual violence against women that occurs within marital relationships persists. Originating in English Common Law, men were granted a spousal exemption that protected them from being criminally charged or prosecuted with the rape of their wives. This exemption was granted under the premise that rape was originally codified in English Common Law as a property offense; and since wives were deemed to be the property of their husbands at this time in history, it was considered legally impossible for husbands to “steal” their own “property” [3]. It was similarly argued that when a woman entered into marriage, she was relinquishing rights of her body to her husband. As stated by Sir Matthew Hale in what is the first known legal statement concerning marital rape, “But the husband cannot be guilty of a rape committed by himself upon his lawful wife, for by their mutual matrimonial consent and contract the wife hath given up herself in this kind unto her husband, which she cannot retract” [3].

As with many pieces of legislation that found their way to the United States, eighteenth-century American political leaders adopted the view of English Common Law that it was legally impossible for a husband to rape his wife, and this viewpoint remained unchallenged for nearly two centuries. It was not until the second wave of the women’s rights movement in the 1970s that such a view was challenged by feminist activists who, in pushing for gender equality in social, political, and economic domains, advocated for improving the legal response to rape in several ways, including reforming states’ rape laws and eliminating the spousal rape exemption. Two decades later, in 1993, spousal rape was considered a crime in all 50 U.S. states [15]. Yet, in reforming their laws, many states continued to retain a marital rape exemption in at least some form, a practice that continues today. According to a 2019 report by AEquitas, a nonprofit organization focused on prosecution practices related to gender-based violence and human trafficking, 41 jurisdictions throughout the country provide marital exemptions for statutory rape offenses; 20 jurisdictions provide spousal exemptions based on the victim’s lack of capacity to consent to sexual relations; 27 jurisdictions have exemptions that would otherwise prohibit sexual conduct between two people in certain custodial, therapeutic, academic, and/or supervisory relationships; and 11 jurisdictions have exemptions for spouses who commit sexual offenses against otherwise competent adults who have not consented to sexual relations during a specific incident or who have been subject to sexual conduct by force or coercion [16]. In short, in the United States, only *some women*, in *some kinds of relationships*, under *some circumstances*, and *some of the time* can file a charge of rape and seek justice in the American criminal legal system when they are married to their rapist.

The United States is not alone either in their provision of exemptions for individuals, and most notably men, who rape or otherwise sexually assault their spouses. In fact, in societies plagued by even greater degrees of gender inequality than the United States, there can be a complete lack of recognition or consequence for any type of sexual assault that occurs within the context of a marital relationship. For example, under Section 375 of the Indian Penal Code, “sexual intercourse between a husband and his wife is not considered rape if she is over 15 years of age” [17]. Similarly,

in Kenya, while there are laws against both sexual assault and domestic violence, whether and how marital rape is criminalized is unclear [18]. Specifically, under Section 43 of the Sexual Offenses Act of 2006, it is explicitly stated that rape shall not apply in respect of persons who are lawfully married to each other. Nine years later, the Protection against Domestic Violence Bill was passed, providing protection and relief to victims of domestic violence, including spouses, children, and other dependent persons. However, this Act fails to expressly provide for the criminalization of marital rape, leaving it unclear in much of the country if marital rape can be prosecuted under the 2015 Protection against Domestic Violence Bill or whether the exemption for marital rape as provided in the 2006 Sexual Offenses Act remains in place despite more recent legislation. Finally, as for just one more example of one of the 18 countries where marital rape is legal according to the Child Rights International Network [19], the 2016 Anti-Domestic Violence Law of the People's Republic of China defines domestic violence as "physical, mental or other abusive acts committed by family members through beating, binding, maiming, restriction of personal freedom, frequent verbal abuse, intimidation or other means" [20]. Clearly absent from this definition is sexual violence, including marital rape, which is argued to be as equally prevalent as physical and psychological forms of domestic violence in China [21].

Whether focusing on the United States specifically then, which is where the majority of the empirical research referenced in this writing comes from, or a more global context, it is clear that legislators have failed to address as seriously the phenomenon of spousal rape compared to other forms of violence both within and outside the confines of marriage. As a result, and consistent with the notion that people who participate in or are exposed to gender-biased social institutions often come to hold views that perpetuate this inequality [13], this legal perspective has permeated the cultural contexts of many societies across the world.

3. Sociocultural context

Given the long-held belief that wives are the property of husbands and that by entering into a marital union a woman is agreeing to provide unlimited access to her sexuality, many people today continue to view sexual assault of a wife by her husband as legally impossible or not as serious as sexual assault perpetrated by non-spouses, even when such individuals are unaware of marital rape exemptions or live in a geographical area where such exemptions do not exist. These views are just one broader example of rape myths, a term first coined in the 1970s and which refers to "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" [22, 23]. Rape myths are likewise said to stem from the broader sociocultural context in which individuals live, particularly in societies where gender role socialization includes women as passive and men as aggressive, both generally and when interacting with each other specifically. As noted by sociologist Kathleen Basile: "In this kind of culture, the definition of rape is ambiguous when women's consent is given under conditions of dominance and inequality... The marital situation makes this already ambiguous situation even more confused" [24].

In a 2011 review of rape myths by Edwards and colleagues, the prevalence of the rape myth that "husbands cannot rape their wives" across time is explored. Reviewing findings from previous empirical research, the authors note that one study of college students found almost one-fifth of women and one-third of men believed a husband

having sex without his wife's consent did not constitute rape. Further, as demonstrated in a different study with different respondents, even when college students reported believing that husbands could rape their wives, they were still unlikely to believe that the sexual act violated the wife's legal rights or that she was harmed psychologically by the act given previous sexual relations in which consent was provided [25]. Reiterating the stance that such views are not based on individual actions but rather are the result of deeply ingrained cultural values and norms, a more recent study of college students found that adherence to adversarial heterosexual beliefs (e.g., "a woman should not contradict her man in public") and stereotypical gender beliefs (e.g., "most women like to be pushed around") were better predictors of rape myth acceptance and views of sex and sexuality than were individual-level measures of sexual deception (e.g., "told someone 'I care for you' just to have sex with them") and sexual compulsivity (e.g., "I think about sex more than I would like to") [26].

It is likewise potentially important to note that prior research indicates certain groups of people are more likely to endorse rape myths or hold more accepting views of marital rape. Specifically, most prior research has found men to hold more rape myths and be less likely to identify a situation of marital rape as rape compared to women (e.g., [24–26]). While studied less extensively than gender or biological sex, research has likewise found that older individuals, people of color, and those with lower levels of education are less likely to believe that wife rape occurs or believe that a forced sex scenario between a husband and wife constitutes rape (e.g., [24, 25, 27]). Yet, these same studies likewise show that a proportion of every demographic group holds some level of rape myth acceptance or ambiguity concerning when marital rape has occurred, which is also consistent with the United Nations Development Programme's (UNDP) 2023 Gender Social Norms Index (GSNI) report's finding that nearly 9 out of 10 men and women hold biases against women, and that these biases hold across regions, income levels, and cultures. In fact, because gender biases broadly and rape myth acceptance specifically are so deeply engrained parts of the culture in many societies, even survivors of marital rape may accept these biases as true, thereby making it more difficult or altogether preventing their ability to disclose their victimization to others.

4. Legal, sociocultural, and psychological impacts on disclosure

As individuals who have been sexually assaulted by spouses live in the same societies as those without such experiences, marital rape survivors are equally exposed to gender biases, stereotypes about men's and women's roles in marriage, and rape myths. As a result, survivors may be less willing to disclose their experiences to others in fear of negative reactions; or they may not even view themselves as sexual assault victims or label their experiences as rape.

According to results from the National Violence Against Women Survey [28], sexual assault survivors are much less likely to report their assault if they know their offender; female survivors' reporting rates of male intimate partners are also lower compared to not only stranger offenders but also compared to when they know their offender in any capacity. When assessing the various reasons for not reporting their assault to police in this same survey, one of the most common was the belief that survivors did not think the police could do anything to help them, and this belief was significantly greater when the victim's offender was a romantic partner. Beyond

the view that police may simply be unable to help, some sexual violence survivors may not report their assault to police if they feel they will not be believed or they will experience otherwise negative reactions. In particular, research has found that sexual assault survivors are more likely to report when their assault aligns with more stereotypical rape myths, including that the assault is perpetrated by a stranger, when force is used, there is a display of weapons, or they are physically injured (e.g., [29, 30]). Finally, of the three most common reasons for not reporting their sexual assault to police among women showing up in emergency room departments following the assault was the feeling that police would blame them or be insensitive [31].

Although it is possible that sexual assault survivors may not report their victimization to police because they do not trust police or have had previous negative interactions with them, it is also possible that this hesitation or unwillingness to report is a result of survivors' own views of their assault. More precisely, survivors will not report to police, or any other source of support for that matter, if they do not believe they were sexually assaulted. Research likewise finds that the failure to label an experience as rape or identify as a rape victim is particularly likely when offenders are romantic partners and spouses specifically (e.g., [27, 32–34]). This disconnect between a survivor's experiences and their labeling of those experiences may be best understood through script and cognitive dissonance theories, both of which connect the survivor's perspective to the larger sociocultural context in which they are a part.

According to script theory, people make sense of the social world through a bundling together of different experiences or "scenes" and the patterns and rules that emerge from them, these patterns and rules being "scripts" [35, 36]. Of the 10 general features of scripts, according to the theory, four are perhaps most relevant to the present argument. These are that scripts require additional information, which may come in part from culturally derived theories; scripts contain variables and conditions, which are supplied by the sources of additional information; scripts tend to be self-validating in that they are more likely to confirm a hypothesis than disconfirm it; and scripts have varying degrees of accuracy or inaccuracy [35, 36]. When applied to the phenomenon of rape specifically, then, rape scripts are beliefs that individuals carry about what constitutes a "typical" rape, including that it is a spontaneous, violent attack committed by a stranger [32]; and when someone's rape does not align with these rape scripts, they may have difficulty labeling their experience as rape [34]. Providing empirical support for this notion, data from both college [33] and community-based [37] samples finds that the more well-known the perpetrator is to the victim, the less likely the victim is to label their experience as rape, particularly when the perpetrator is a dating or marital partner.

In addition to script theory, cognitive dissonance theory also provides insight as to why survivors of marital rape may not label their experiences as rape or identify themselves as either rape victims or rape survivors. According to the theory, individuals experience discomfort or "dissonance" when their beliefs and behaviors or beliefs and experiences do not align [38]. Based on the previously discussed rape myths and rape scripts (e.g., [30, 32]), this dissonance is likely to occur when rape survivors' perpetrators are their spouses. In order to resolve this discomfort and restore cognitive consistency, the individual can either change one of the conflicting elements [38] or add new cognitions to create consistency [39]. For many victims, changing the experience of being sexually assaulted by a partner, particularly a spouse, may be difficult or near impossible. Having a spouse arrested or getting a divorce may result

in destitution, revenge victimization of themselves or loved ones, or loss of custody of children; these decisions may be particularly difficult for victims who are socially isolated from others or who have strong religious or cultural beliefs that discourage divorce (e.g., [14, 27, 40, 41]). Accordingly, some victims may choose to change their beliefs regarding a spouse's sexual assault to relieve the cognitive dissonance they are experiencing.

Common strategies employed by victims to reduce cognitive dissonance include denying the abuse, minimizing the severity of the abuse, rationalizing the abuse to make it more understandable or acceptable [42], blaming themselves for their partner's behavior, and holding onto hope that their partner will change. For example, survivors might hold the core belief that marriage is a loving, supportive partnership where they should feel safe and respected, but their experiences of non-consensual, abusive behavior from their spouse directly contradict this belief [5]. To reduce dissonance, survivors may rationalize or minimize the abuse to align with their positive view of marriage [42], through thoughts such as "This is just part of marriage" or "It's my duty to fulfill my spouse's needs." Survivors may also use rationalization to attribute the cause of the sexual assault to external factors, such as their partner's drinking habits or a history of childhood abuse, rather than holding the abuser fully accountable. Through these processes victims work to convince themselves that their partners did not mean to be abusive [43], which reduces dissonance aroused by the discrepancy between loving their partners and desiring healthy relationships and the reality that they are currently in an abusive relationship [42].

As evidence of these linkages, research from both college [44] and community [37] samples finds that women are less likely to label their experience as rape when it involves an intimate partner. This is especially true if they have feelings for the person or have had previous consensual sexual encounters with them. Women who do recognize and label their experiences of sexual assault by an intimate partner as rape are also much more likely to end the relationship [45]. They also tend to employ fewer cognitive distortions throughout the incident; and their cognitive distortions are positively correlated with changing their mind about leaving abusive partners [46].

In sum, cognitive distortions related to trauma serve a complex function in survivors' coping mechanisms. While potentially protective in the short term, these distortions may impair the survivor's ability to accurately assess the risks associated with abusive situations [47], label their experiences as rape [37], and disclose their experiences or seek help from others in addressing the impacts of their victimization [46]. This underscores the importance of professionals understanding how cognitive appraisals influence survivors' judgment, particularly in evaluating their situation and making decisions about whether to stay in or leave the relationship [43]. With these challenges in mind, we need to consider how clinicians and other social service providers can best support survivors of marital rape. This support must be tailored to accommodate both those who explicitly identify their experiences as rape and those who disclose such experiences within the broader context of other services sought. The challenge lies in striking a balance between honoring survivors' personal experiences and effectively addressing the trauma and safety issues they face. This requires an approach that is both sensitive to how individuals perceive their situations and is aware of the risks that cognitive distortions can create. By fostering an environment where survivors feel understood and supported, professionals can help survivors navigate their recovery journey and empower them to make informed choices about their safety and future.

5. Treatment considerations for marital rape survivors

5.1 Complicated paths to recovery

Survivors of marital rape face numerous challenges when seeking support and interacting with systems of care. Despite evidence showing that rape by an intimate partner can be as, if not more, damaging than rape by a stranger [1, 10], disparities in the availability and quality of support for these survivors persist. Research indicates that survivors of marital rape often receive inadequate assistance from key professionals such as law enforcement, healthcare providers, religious leaders, advocates, and counselors [11, 48]. These survivors are more likely to experience social stigma, victim-blaming, and reduced access to resources and services compared to those assaulted by strangers [49]. These experiences can compound personal deterrents from help-seeking including financial dependence on the perpetrator, fear for their children's safety, and a lack of social support [50]. Many survivors also feel apprehensive about engaging with the justice system, a fear that is often reinforced by dismissive or negative experiences with law enforcement and legal institutions when they attempt to disclose their experiences [11, 50]. This lack of responsiveness can leave survivors feeling even more isolated, discouraging them from seeking further help and increasing the risk of secondary victimization.

5.2 Secondary victimization

Secondary victimization refers to the additional trauma experienced by rape survivors when they encounter negative or harmful responses from systems or individuals designated to support them [8]. This additional harm is often a byproduct of societal attitudes toward IPV that perpetuate the survivor's sense of violation and revictimization. Factors contributing to secondary victimization include the acceptance of rape myths, cultural beliefs about sexual violence, and inadequate training among professionals who interact with survivors [51].

Rape myths—such as the belief that “real” rape only happens between strangers, that survivors invite victimization through their behavior or clothing, or that marital rape is less severe or does not exist—are especially harmful and reinforce negative reactions [52]. Cultural norms surrounding gender roles, sexuality, and marriage further exacerbate secondary victimization, especially in communities where talking about sexual matters is taboo. Survivors from these backgrounds often encounter disbelief, shame, and stigma when they attempt to disclose their abuse, making it even harder for them to seek help and support.

Dismissive or harmful responses from law enforcement, healthcare providers, legal systems, mental health professionals, religious institutions, or community programs include minimizing the abuse the survivor has experienced, engaging in victim-blaming, and questioning the survivor's credibility [8, 49, 53, 54]. These interactions often involve irrelevant or intrusive inquiries about the survivor's sexual history or attire during the assault, which shifts responsibility onto the survivor rather than focusing on the perpetrator's actions [55]. Additionally, survivors may be discouraged from seeking justice via the legal system or be pressured to repeatedly recount and detail their trauma, deepening their emotional distress and reinforcing their sense of isolation [56]. Secondary victimization can also arise from more subtle failures, such as institutional inaction or unconscious biases among providers. These responses invalidate the survivor's experiences, as well as foster feelings of shame,

violation, self-blame, depression, anxiety, disappointment, and revictimization, all which intensify the original trauma and have been widely acknowledged as significant barriers to recovery [8, 54, 57]. Moreover, these responses have been correlated to increased posttraumatic stress symptoms [53] and a reduced likelihood of seeking additional sources of help [49], further isolating survivors and prolonging the effects of their trauma. Addressing secondary victimization within both support systems and mental health care is essential to fostering an environment of validation, empowerment, and healing for survivors.

5.3 Survivor-centered care

Marital rape presents unique challenges for support and treatment interventions, stemming not only from the close relationship between survivor and perpetrator but also from social, cultural, and legal barriers that often downplay or ignore such abuse. Addressing these complexities requires a survivor-centered approach, which tailors care to the survivor's unique experiences and needs. This approach prioritizes the survivor's safety, builds trust, and fosters empowerment, creating an environment where survivors feel respected and validated, allowing them to regain control over their healing process [58]. Given the heightened risk of secondary victimization and the frequent overlap with other forms of IPV, it is crucial that care providers view the situation through the survivor's lens. This means safeguarding the survivor's rights to make their own choices and offering support that is both comprehensive and culturally responsive.

Survivor-centered care starts by ensuring both physical and emotional safety, while consistently respecting the survivor's autonomy [59]. It is crucial for professionals to prioritize giving survivors control over their care by involving them in every decision along the way [60]. This includes honoring their choices about counseling and other formal treatment options, legal actions, and steps toward recovery, whether they decide to stay in or leave the marital relationship. By doing so, survivors regain a sense of agency that the marital abuse may have diminished, giving them tools to make informed decisions about their lives and future [61].

Central to this approach is a trauma-informed perspective that recognizes how deeply exposure to traumatic events affects survivors' emotional, psychological, and physical health [62]. Professionals need to be aware of potential triggers, actively work to prevent re-traumatization, and foster environments where survivors feel safe and their experiences are validated. Professionals must recognize that healing is not linear, and care plans must remain flexible, adapting to the changing needs of survivors over time. Additionally, survivor-centered care requires a holistic and integrative approach, addressing not only mental health but also physical well-being, legal challenges, and the importance of social support [63]. For this approach to be effective, professionals need to collaborate to ensure that survivors receive comprehensive and coordinated care, reducing the isolation that often accompanies trauma.

5.4 Survivor-centered services

For survivor-centered care to be effective, professionals need training in trauma-informed approaches. This training is crucial for building skills and knowledge to assist survivors and for fostering respect for patients' rights, including non-discrimination and self-determination [64]. This approach requires educating a diverse range of professionals, including healthcare providers, mental health practitioners, legal

advocates, social workers, and community-based responders. Each of these groups plays a vital role in supporting survivors, and their specialized training needs to reflect the unique challenges posed by marital rape.

Studies show that trauma-informed training can improve healthcare providers' attitudes toward survivors' rights, helping them overcome personal biases such as victim-blaming and disbelief [64]. Without a trauma-informed approach, professionals might unintentionally retraumatize survivors, which can contribute to poor recovery outcomes. A first step toward ensuring survivor-centered care as a widely used approach is integrating trauma-informed care principles into professional education. Unfortunately, many current curricula fail to include comprehensive training on caring for sexual assault survivors, leaving future healthcare professionals ill-equipped to provide effective, survivor-centered care [65]. By incorporating trauma-informed education into healthcare training, we can better prepare providers to deliver care that truly meets survivors' needs, ensuring that treatment promotes healing and avoids harm [66]. A practical first step could be including sexual assault histories in all routine health assessments, regardless of gender, acknowledging that this experience can profoundly impact overall health.

Beyond health care, the legal system plays a crucial role in a survivor's recovery process, yet it often presents significant challenges. Survivors of sexual assault, especially marital rape, frequently encounter obstacles when reporting incidents or engaging with the legal system. These barriers stem from widespread misconceptions about rape, societal stigma, and a lack of trust in law enforcement. Such issues are particularly acute in cases of marital rape, where survivors' experiences may be downplayed or disbelieved [67]. The adversarial nature of legal proceedings can further deter survivors, with many viewing law enforcement as unsupportive or even hostile [68], which can discourage them from disclosure and follow through. To address these issues, survivor-centered care within the legal context must focus on dismantling these barriers. This involves ensuring that survivors are treated with dignity, respect, and compassion throughout the legal process. Advocacy programs have proven effective in mitigating secondary victimization. By providing survivors with legal support, these programs can help reduce the emotional burden of navigating the complex legal system [68]. Therefore, survivor-centered legal frameworks should prioritize empowering survivors, with or without the use of specially trained courtroom victim advocates, allowing them to engage with the legal system on their own terms and without fear of further traumatization or victimization.

5.5 Evidenced-based treatments for survivors

Providing emotional and psychological support is a vital component of survivor-centered care, particularly given the long-term mental health challenges often associated with sexual violence. For survivors of marital rape, psychological care encompasses a continuum of interventions designed to address the complex emotional, cognitive, and relational effects of trauma. These may include informal supports such as peer-led groups and holistic practices like mindfulness and trauma-informed yoga [69], as well as formal clinical treatments. Practitioners should assess the severity of the survivor's symptoms and consider their trauma history when determining the most appropriate intervention. Regardless of the modality, all approaches must be grounded in a trauma-informed framework and tailored to the individual's level of psychological distress and clinical needs to ensure both safety and efficacy in the healing process.

Among the most well-supported evidence-based treatment interventions for survivors of sexual assault, including marital rape, are trauma-focused cognitive and exposure-based therapies such as cognitive processing therapy (CPT), trauma-focused cognitive behavioral therapy (TF-CBT), and prolonged exposure therapy (PE). These approaches are rooted in cognitive-behavioral principles and have demonstrated strong efficacy in reducing posttraumatic stress disorder (PTSD), depression, anxiety, and related trauma symptoms. CPT, a specific form of cognitive behavioral therapy (CBT) tailored for trauma survivors, enables individuals to confront and process traumatic memories while reevaluating maladaptive beliefs—particularly those related to self-blame and guilt, which are common in marital rape survivors [48]. By integrating trauma into preexisting cognitive schemas, CPT aims to reduce avoidance and intrusive symptoms while fostering cognitive and emotional resolution [70]. TF-CBT combines trauma-sensitive strategies with cognitive restructuring, exposure, and skills training and has been shown to alleviate a broad range of symptoms, including shame, dissociation, and sexual dysfunction [69]. Prolonged exposure therapy (PE) involves systematically confronting trauma-related memories and cues through both imaginal and in vivo exposures. This process promotes emotional processing, disrupts avoidance-based coping, and helps survivors construct a more coherent trauma narrative [70, 71]. When applied within a trauma-informed and survivor-centered framework, these interventions support survivors in reclaiming agency, reducing symptom severity, and fostering long-term psychological recovery.

In addition to cognitive and exposure-based therapies, eye movement desensitization and reprocessing (EMDR) and, more recently, accelerated resolution therapy (ART) have shown promise in treating trauma-related symptoms among survivors of sexual assault, including marital rape. Both approaches utilize structured protocols involving guided eye movements to facilitate the processing and integration of distressing memories [48, 72]. EMDR is particularly effective in reducing the emotional intensity and physiological arousal associated with traumatic recollections, often without requiring survivors to provide detailed verbal accounts of the trauma, which can be beneficial for those who find traditional talk therapies overwhelming [48]. Similarly, ART incorporates imagery rescripting alongside eye movements to rapidly reduce symptoms such as anxiety, hyperarousal, and intrusive memories [72]. These therapies offer a valuable alternative for survivors who experience high levels of emotional distress or who struggle to engage with more verbally intensive modalities, expanding the range of trauma-informed interventions available to support recovery.

5.6 Community-based support

Survivor-centered care also extends to community-based resources and institutional policies. Educational institutions, for instance, play a vital role in shaping response to sexual assault and supporting survivors within their communities. Survivor-centered policies in educational settings should prioritize the autonomy and needs of survivors, ensuring that policies and resources are accessible and do not inadvertently re-traumatize individuals through mandatory reporting or punitive responses [73, 74]. Creating safe spaces for survivors to disclose their experiences, coupled with access to trauma-informed counseling and advocacy services, can significantly improve the support survivors receive in academic environments. Furthermore, implementing broader prevention strategies that challenge

societal norms surrounding sexual violence is essential for fostering a culture of understanding and empathy [75]. By addressing the root causes of sexual violence through education and prevention, institutions can create environments that are not only supportive of survivors but also work proactively to reduce the prevalence of sexual assault.

5.7 Culturally sensitive practices

Cultural sensitivity is crucial when supporting survivors of sexual violence, especially in cases of marital rape. The way survivors perceive, experience, cope with, disclose, and recover from sexual violence is deeply influenced by their cultural background, including their beliefs about marriage, gender roles, and sexual consent. For instance, in many cultures, traditional gender roles often reinforce male dominance and female submissiveness, leaving survivors to endure non-consensual sexual activity within their marriage [76]. Additionally, religious beliefs may either support or hinder a survivor's acknowledgment of their victimization, as some religious frameworks may emphasize forgiveness and reconciliation over seeking justice [77]. In such cases, survivors may feel conflicted about seeking help or leaving an abusive relationship. Professionals working with survivors in these contexts must navigate these complexities with cultural awareness and empathy, while collaborating with trusted community or religious leaders when appropriate.

Culturally sensitive care involves recognizing and respecting the diverse coping mechanisms and support systems that survivors may utilize. In some cultures, community and familial support, or spiritual practices and community rituals, may be favored over more formal therapeutic interventions [63, 78]; understanding these preferences can enhance the effectiveness of support services. Professionals must be prepared to work within these diverse frameworks, respecting and supporting the survivor's preferred methods of processing their experience. Additionally, incorporating culturally relevant practices and beliefs into treatment can help survivors feel more comfortable and understood, fostering a therapeutic alliance that is essential for healing [79].

Barriers to disclosure are another critical consideration. Survivors may face language challenges, mistrust of authorities, or fear of legal repercussions, particularly for those from immigrant or refugee backgrounds. In collectivist cultures, where family and community needs often take precedence over individual well-being, survivors may prioritize preserving harmony over addressing their own trauma [78]; this is especially true in cases of marital rape where acknowledging the presence of sexual violence brings about tension and discordance in the family unit by default. These dynamics highlight the importance of creating spaces where survivors feel safe and supported, free from judgment or pressure, so as to foster trust and engagement in the disclosure and healing processes.

Stigma surrounding sexual assault and mental health also vary significantly across cultural contexts. Professionals must be prepared to navigate these complex social dynamics, working to reduce shame and self-blame while respecting the survivor's cultural norms [80]. This may require broader community education and engagement to create supportive environments for survivors. By embracing these cultural considerations, professionals can provide more inclusive, effective, and compassionate care. This approach not only improves treatment outcomes but also builds trust with survivors who might otherwise be hesitant to seek support. Ultimately, a culturally

sensitive approach recognizes the unique intersectionality of each survivor's experience, honoring their individual journey of healing and recovery.

6. Conclusion and future implications

Marital rape represents a uniquely intimate violation, one that shatters the core foundations of trust, bodily autonomy, and relational safety. Despite its profound impact, it remains widely underrecognized and underreported due to intersecting layers of cultural stigma, societal minimization, and systemic failures within health care, legal, and social service systems.

Persistent gaps in provider training, a lack of social awareness and understanding of marital rape, and systemic responses that are inadequate at best and harmful at worst highlight the need for continued research, education, and policy reform. Addressing these issues likewise requires collective effort from healthcare providers, legal advocates, policymakers, and communities to challenge harmful norms, reduce stigma, and improve support systems.

To address these challenges effectively, professionals must adopt a survivor-centered, trauma-informed approach that is responsive not only to the psychological and emotional needs of survivors but also to the cultural contexts in which their experiences are embedded. Survivor-centered care prioritizes safety, autonomy, and empowerment at every stage of intervention, ensuring that survivors are active participants in their healing journeys rather than passive recipients of care. Survivor-centered services extend beyond clinical encounters, embedding respectful, validating, and responsive practices into the broader systems survivors navigate including law enforcement, advocacy programs, and community-based support.

Culturally sensitive care must be woven into interventions and frameworks. Survivors from diverse racial, ethnic, religious, and cultural backgrounds may face additional barriers to disclosure, such as language access issues, cultural taboos around discussing sexual violence, or fear of ostracization. Recognizing these intersecting identities and tailoring interventions accordingly is essential to providing equitable support. Survivor-centered care that is not culturally responsive risks replicating the fear and invalidation that survivors have experienced within their relationships and communities.

Implementing the frameworks of survivor-centered care, survivor-centered services, and cultural sensitivity in tandem is not only possible but necessary. Integration begins with cross-disciplinary professional training that equips providers with the skills and awareness necessary to address the specific challenges faced by survivors of marital rape and to recognize the nuanced psychological dynamics of marital rape, such as cognitive dissonance, internalized blame, and trauma-induced coping mechanisms. Providers must be trained to proactively screen for intimate partner sexual violence in a nonjudgmental manner and to respond with empathy, flexibility, and an awareness of cultural context. Moreover, survivor-centered services must include accessible peer support networks, legal advocacy, and social services that reduce isolation and reinforce survivors' sense of agency.

Looking forward, systems of care must commit to structural change that institutionalizes these practices. This includes embedding trauma-informed protocols into healthcare policies, incorporating survivor narratives into professional development curricula, and forming interdisciplinary collaborations that ensure seamless, wrap-around support. Ultimately, building a future in which survivors of marital rape are

seen, heard, and supported requires more than individual awareness, and it demands a coordinated, ethical, and compassionate response that bridges trauma-informed principles with cultural competence and system-level reform. When survivor-centered and culturally sensitive care converge, we create not only pathways to healing but a social environment that affirms survivors' dignity, resilience, and the right to live free from violence.

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*Edited by Mimi Yang, Christian Williams
and Angela Kaufman-Parks*

Why is a woman who fights for gender equality considered a feminist? On the contrary, if a man seeks the same equal rights between the male and the female, why does he not have an “ist” attached to him? “Ist,” like chauvinist or sexist, comes to modify him when he wants to be superior to women, that is, when he feels entitled to gender inequality with him as the prime and privileged sex. These taken-for-granted questions spark debates about the socially and culturally constructed gender hierarchy; they also ignite inquiries, critiques, and discussions about long-held but rarely challenged gender roles across cultures. This book juxtaposes gender roles with gender equality in an in-depth examination of how and why the two clash and, at the same time, re-create one another in confronting and competing ways. The chapter authors, representing a diverse range of disciplines and continents, scrutinize histories, cultures, societies, geopolitics, and ideologies that contour and configure sexism, feminism, and postmodernism. The book takes readers into a deconstructive process that deduces and distills the notion and practice of gender equality from gender roles across time and space.

Sandro Serpa, Social Sciences Series Editor

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