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Higher Education for All

Psychology of Gender

COURSE CODE: B23PY04DE

Undergraduate Programme in Psychology
Discipline Specific Elective Course
Self Learning Material

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The State University for Education, Training and Research in Blended Format, Kerala

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Vision

To increase access of potential learners of all categories to higher education, research and training, and ensure equity through delivery of high quality processes and outcomes fostering inclusive educational empowerment for social advancement.

Mission

To be benchmarked as a model for conservation and dissemination of knowledge and skill on blended and virtual mode in education, training and research for normal, continuing, and adult learners.

Pathway

Access and Quality define Equity.

Psychology of Gender

Course Code: B23PY04DE

Semester - V

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Self Learning Material
(With Model Question Paper Sets)

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PSYCHOLOGY OF GENDER

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Edition
September 2026

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ISBN 978-81-686425-4-6

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MESSAGE FROM VICE CHANCELLOR

Dear learner,

I extend my heartfelt greetings and profound enthusiasm as I warmly welcome you to Sreenarayanaguru Open University. Established in September 2020 as a state-led endeavour to promote higher education through open and distance learning modes, our institution was shaped by the guiding principle that access and quality are the cornerstones of equity. We have firmly resolved to uphold the highest standards of education, setting the benchmark and charting the course.

The courses offered by the Sreenarayanaguru Open University aim to strike a quality balance, ensuring students are equipped for both personal growth and professional excellence. The University embraces the widely acclaimed "blended format," a practical framework that harmoniously integrates Self-Learning Materials, Classroom Counseling, and Virtual modes, fostering a dynamic and enriching experience for both learners and instructors.

The university aims to offer you an engaging and thought-provoking educational journey. The undergraduate programme in Psychology is designed to match the high standards of top universities across the country. We have included the most up-to-date methods for teaching psychological concepts and ideas in our curriculum. This approach helps spark learners' interest and encourages them to go deeper into the subject. Our courses cover both theories and real-world examples, giving the learner a well-rounded understanding of psychology. The Self-Learning Material has been meticulously crafted, incorporating relevant examples to facilitate better comprehension.

Rest assured, the university's student support services will be at your disposal throughout your academic journey, readily available to address any concerns or grievances you may encounter. We encourage you to reach out to us freely regarding any matter about your academic programme. It is our sincere wish that you achieve the utmost success.



Warm regards.
Dr. Jagathy Raj V. P.

01-09-2026

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BLOCK

Foundations of Gender Psychology

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Introduction

Learning Outcomes

Upon completion of this unit, the learner will be able to:

- define the concepts of sex, gender, gender identity, and sexuality
- distinguish between sex and gender and explain gender as a social construct
- examine the historical development of gender roles and identities
- explain major theoretical perspectives in gender psychology
- analyse the contributions of social constructionism, feminist theory, and queer theory to the understanding of gender

Prerequisite

Take a moment to think about your daily life. Have you ever wondered why certain toys are often marketed to boys and others to girls? Why are some behaviours described as “masculine” and others as “feminine”? Why do expectations about appearance, career choices, emotions, and relationships often differ for people based on their gender?

Now imagine travelling through different cultures or historical periods. You may find that what is considered appropriate for men and women in one society is completely different in another. Some societies recognise more than two genders, while others maintain strict expectations about gender roles. These differences raise fascinating questions about human behaviour, identity, and social life.

Are gender differences determined solely by biology, or are they shaped by family, culture, education, media, and social experiences? How do individuals

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develop their sense of gender identity? Why have ideas about gender changed throughout history? How do psychological theories help us understand gender diversity in contemporary society?

The answers to these questions lie at the heart of Gender Psychology, a field that explores how gender influences thoughts, emotions, behaviour, relationships, opportunities, and personal identity. Understanding gender is essential not only for understanding others but also for understanding ourselves and the societies in which we live.

This unit invites you to explore the concepts of sex, gender, and sexuality, trace the historical evolution of gender roles and identities, and examine major theoretical perspectives such as Social Constructionism, Feminist Theory, and Queer Theory.

As you progress through the unit, you will gain deeper insight into one of the most influential aspects of human experience and discover how gender shapes both individual lives and society as a whole.

Keywords

Gender, Sex, Sexuality, Gender Identity, Gender Roles, Gender Expression, Social Constructionism, Feminist Theory, Queer Theory, Gender Stereotypes, Gender Diversity

Discussion

1.1.1 Definition and Concepts of Gender, Sex, and Sexuality

Gender influences many aspects of human life, including identity, relationships, behaviour, education, career choices, social opportunities, and psychological well-being. From early childhood onwards, individuals are exposed to social expectations regarding how they should think, behave, dress, communicate, and interact based on their gender. These expectations often shape personal experiences and influence the way individuals understand themselves and others.

Consider a simple situation. A young boy may be encouraged to play with toy cars and participate in outdoor activities, while a young girl may be given dolls and encouraged to engage in nurturing activities. As children grow older, they continue to receive messages from family members, peers, schools, media, and society about what is considered appropriate behaviour for males and females. Such experiences influence the development of gender identity, attitudes, beliefs, and behaviour.

At the same time, ideas about gender are not identical across societies. What is considered masculine or feminine in one culture may be viewed differently in another. Historical changes have also transformed expectations regarding education, employment, family responsibilities, and social roles. These variations suggest that gender is shaped

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not only by biological factors but also by social, cultural, psychological, and historical influences.

Gender Psychology is a specialised area of psychology that examines how gender influences human thoughts, emotions, behaviour, identity, relationships, and social experiences. It explores the interaction between biological factors, psychological processes, and sociocultural influences in shaping gender-related attitudes and behaviours. The field also studies gender roles, gender identity, gender stereotypes, gender development, sexuality, and the impact of gender on mental health and well-being.

The study of gender psychology has become increasingly important in contemporary society due to growing awareness of gender diversity, equality, inclusion, and human rights. Understanding gender helps psychologists, educators, healthcare professionals, and policymakers address issues related to discrimination, stereotypes, identity development, interpersonal relationships, and psychological well-being.

Thus, gender psychology provides a scientific framework for understanding how biological, psychological, social, and cultural factors interact to shape gender-related experiences throughout life. Understanding these influences forms the foundation for exploring the concepts of sex, gender, sexuality, gender roles, and gender identities discussed in the following sections.

Gender, Sex, and Sexuality

Have you ever wondered why people often make assumptions about others based on whether they are perceived as male or female? Why do societies create different expectations regarding appearance, behaviour, occupations, and relationships for different groups of people? Why do individuals experience and express their identities in diverse ways?

Questions such as these highlight the complexity of human identity and social life. Although people frequently use terms such as *sex*, *gender*, and *sexuality* interchangeably in everyday conversations, these concepts represent different aspects of human experience. Each contributes to how individuals understand themselves, interact with others, and participate in society.

Understanding these concepts is essential because they influence personal identity, social relationships, cultural expectations, and psychological well-being. They also help explain why experiences related to gender and sexuality vary across individuals, cultures, and historical periods. Contemporary psychology recognises that human identity cannot always be understood through simple categories and that biological, psychological, social, and cultural factors interact in complex ways.

In the following sections, we will examine the concepts of sex, gender, gender identity, gender expression, and sexuality. Understanding these concepts provides the foundation for exploring gender development, gender roles, diversity, and the psychological perspectives discussed throughout this course.

1.1.1.1 Sex

The concept of *sex* refers to the biological characteristics that are used to classify individuals as male, female, or intersex. These characteristics include chromosomes, hormones, reproductive organs, and other anatomical features that develop during the process of biological growth and development.

Traditionally, sex has been viewed as a biological category based primarily on physical and genetic characteristics. For

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example, individuals with XX chromosomes are typically classified as female, whereas those with XY chromosomes are typically classified as male. Hormonal differences and reproductive anatomy also contribute to this classification.

Although sex is generally considered a biological concept, contemporary research suggests that biological sex is more complex than a simple male–female distinction. Variations in chromosomes, hormones, and reproductive characteristics may result in individuals whose biological characteristics do not fit typical definitions of male or female. Such variations are often referred to as intersex conditions.

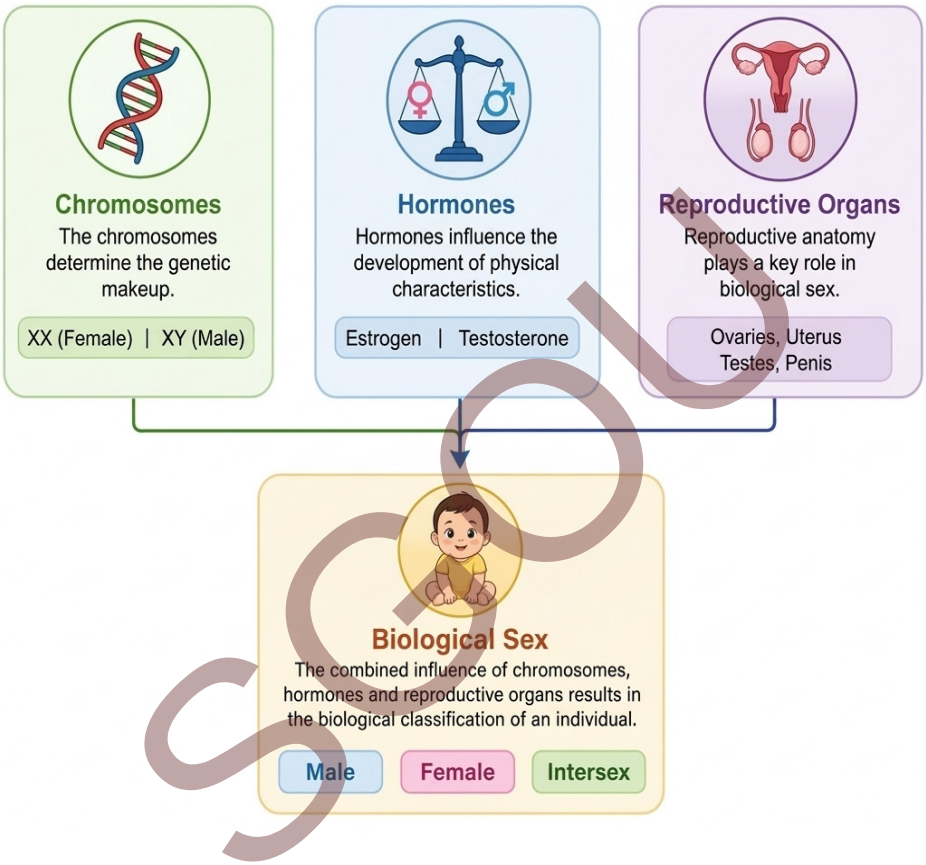


Figure 1.1.1 Biological Components of Sex

Thus, sex provides the biological foundation for understanding human differences, but it represents only one aspect of the broader study of gender and human identity.

1.1.1.2 Gender

While sex refers to biological characteristics, gender refers to the social, cultural, and psychological meanings associated with being male, female, or another gender identity. Gender encompasses the expectations, roles, behaviours, attitudes, and norms that societies associate with different sexes.

Unlike sex, which is primarily based on biological factors, gender is shaped through social interaction and cultural experiences. From childhood onwards, individuals learn gender-related behaviours and expectations through family, peers, schools, media, religious institutions, and society. These

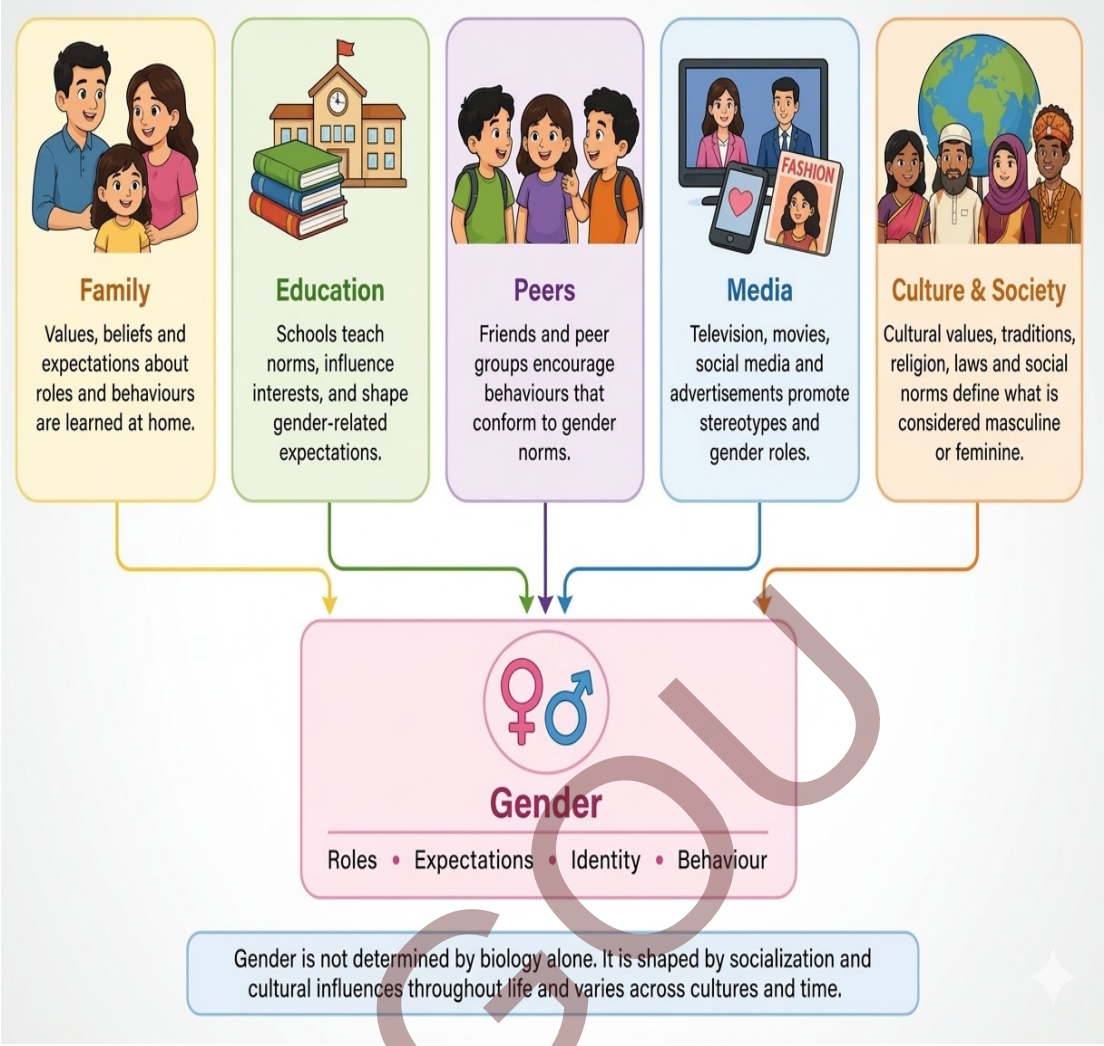


Figure 1.1.2 Social Components of Gender

influences help shape ideas about what is considered appropriate or desirable for different genders.

Gender is expressed in many ways, including patterns of behaviour, interests, occupations, clothing, communication styles, and social roles. For example, certain activities, occupations, or personality traits may be viewed as masculine or feminine within a particular society. However, these expectations are not universal and often vary across cultures and historical periods.

An important characteristic of gender is that it is socially constructed. This means that many ideas about masculinity and femininity are created, maintained, and modified through social and cultural processes rather than being determined solely by biology. As societies change, gender roles and expectations may also change.

Gender is influenced by various social institutions and cultural forces that shape how individuals understand and express their gender. These influences begin in childhood and continue throughout life through everyday interactions and experiences.

Thus, gender refers to the socially and culturally constructed meanings, roles, expectations, and identities associated with sex. Understanding gender is essential for understanding human behaviour, social relationships, and individual experiences within society.

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1.1.1.3 Gender Identity

Gender identity refers to an individual's internal and personal sense of their gender. It reflects how people perceive and identify themselves, whether as a man, woman, both, neither, or another gender identity. Gender identity is a psychological experience and may or may not correspond with the sex assigned to an individual at birth.

For many individuals, there is a match between their assigned sex at birth and their gender identity. Such individuals are referred to as cisgender. For example, a person assigned female at birth who identifies as a woman would be considered cisgender.

However, not all individuals experience this alignment. Transgender individuals have a gender identity that differs from the sex assigned to them at birth. For instance, a person assigned male at birth may identify as a woman, while a person assigned female at birth may identify as a man. Gender identity is therefore distinct from biological sex and reflects an individual's deeply felt sense of self.

Some individuals identify as agender, meaning they do not experience a sense of belonging to any particular gender category. Others may identify beyond the traditional categories of male and female. Contemporary perspectives recognise that gender identity exists along a spectrum and can be diverse and multifaceted.

Researchers have suggested that gender identity is influenced by multiple factors, including personal experiences, social interactions, cultural influences, beliefs, interests, attitudes, and social roles. Individuals may possess different combinations of characteristics that contribute to how they understand and express their gender identity.

Modern perspectives on gender identity also recognise identities such as genderqueer,

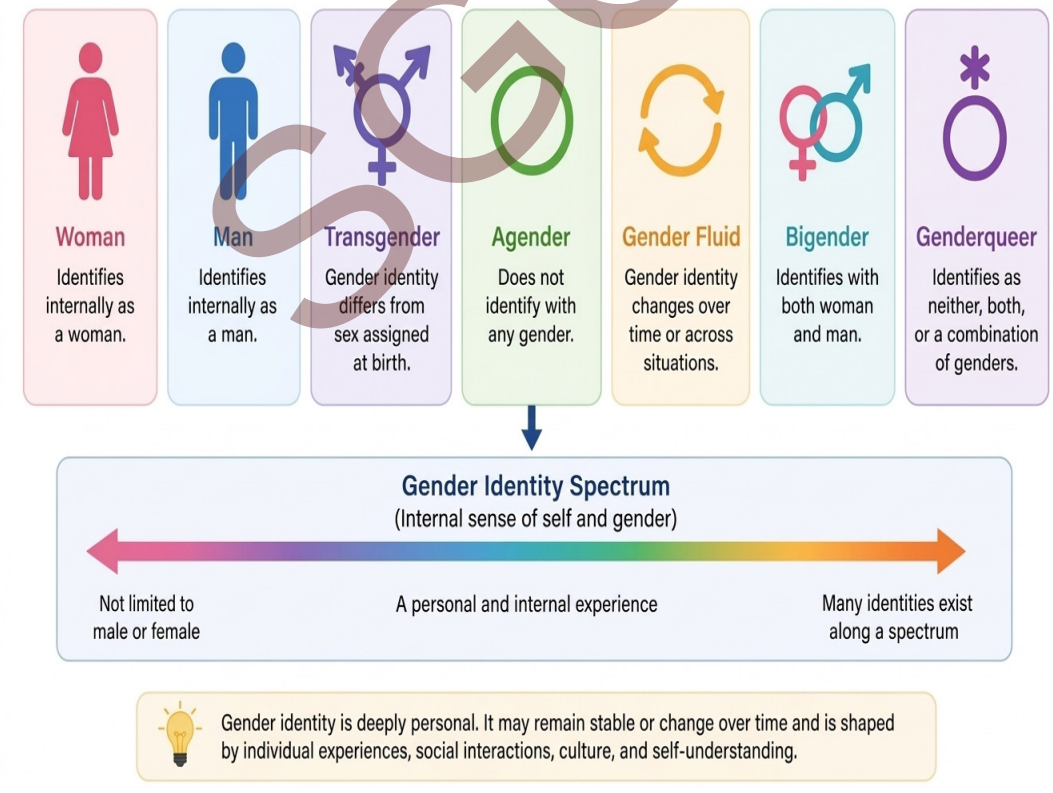


Figure 1.1.3 Diversity of Gender Identities

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gender fluid, bigender, and trigender. Genderqueer individuals may identify as neither exclusively male nor female, or as a combination of both. Gender-fluid individuals experience changes in their gender identity over time or across situations. Bigender individuals may identify with both male and female genders, while trigender individuals may identify with three distinct gender identities.

Contemporary psychologists view gender identity as a dynamic and evolving aspect of human identity rather than a fixed characteristic. Gender identity develops through the interaction of personal experiences, social relationships, cultural expectations, and individual self-understanding. Recognising this diversity promotes greater understanding, inclusion, and respect for individual differences.

Thus, gender identity refers to a person's deeply held psychological sense of who they are in terms of gender and forms an important aspect of overall identity and self-concept.

1.1.1.4 Gender Expression

While gender identity refers to an individual's internal sense of gender, gender expression refers to the outward ways in which people communicate or present their gender to others. Gender expression may be reflected through clothing, hairstyle, appearance, body language, voice, interests, behaviour, and social interactions.

People often express their gender in ways that are considered masculine, feminine, both, neither, or somewhere in between. These expressions are influenced by personal preferences as well as by cultural norms

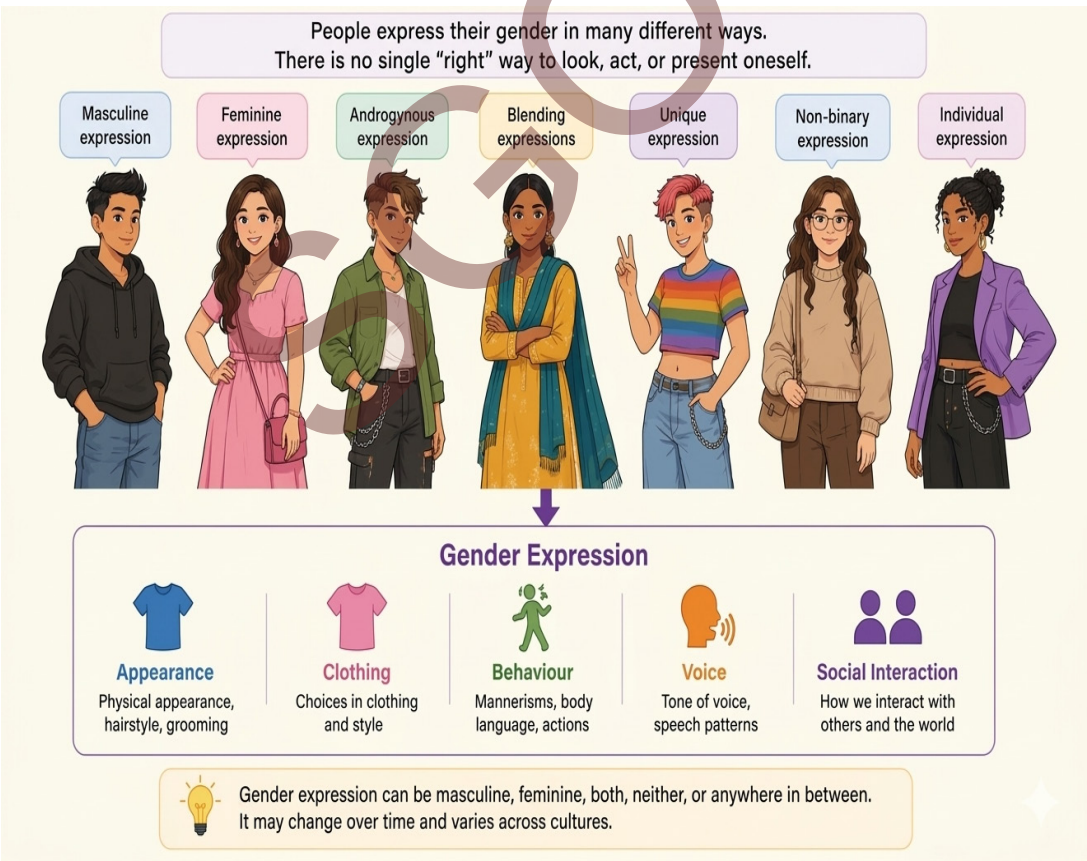


Figure 1.1.4 Gender Expression in Everyday Life

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and social expectations. What is considered masculine or feminine may vary considerably across societies and historical periods.

Gender expression is not necessarily the same as biological sex or gender identity. For example, a person may identify as a woman but choose forms of expression that are traditionally considered masculine. Similarly, a person may identify as a man while expressing characteristics that are traditionally viewed as feminine. Therefore, gender expression should not be used to assume an individual's gender identity or sexual orientation.

Social institutions such as family, peers, schools, media, and culture often influence how individuals express their gender. People may experience pressure to conform to socially accepted forms of gender expression, while others may choose to express themselves in ways that challenge traditional gender norms and stereotypes.

Contemporary perspectives recognise that gender expression exists along a continuum rather than within rigid categories. Individuals may express their gender in diverse ways depending on their personality, cultural background, social environment, and personal experiences.

Gender expression may vary across individuals, cultures, and social contexts. People communicate their gender in different ways through their appearance, clothing, behaviour, and interactions with others.

Thus, gender expression refers to the external presentation of gender through appearance, behaviour, and social interaction. It represents an important aspect of identity and contributes to the diversity of human experience.

1.1.1.5 Sexuality

Sexuality is a broad aspect of human experience that encompasses how individuals experience and express feelings of attraction, intimacy, affection, and relationships. It includes emotional, romantic, physical, and sexual attractions toward others and

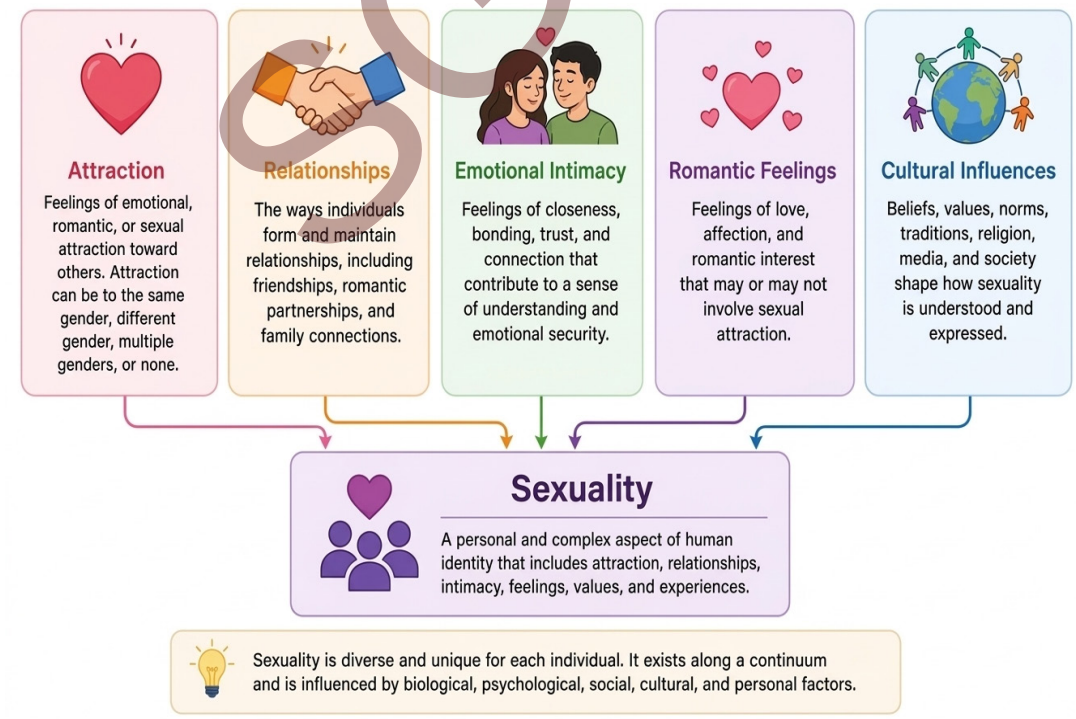


Figure 1.1.5 Components of Sexuality

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plays an important role in personal identity, interpersonal relationships, and overall well-being.

Sexuality is influenced by a complex interaction of biological, psychological, social, cultural, and personal factors. It is not limited to sexual behaviour but also includes thoughts, feelings, values, attitudes, relationships, and emotional connections. As individuals grow and develop, their understanding and expression of sexuality may evolve through personal experiences and social interactions.

An important aspect of sexuality is sexual orientation, which refers to the pattern of emotional, romantic, or sexual attraction that a person experiences. Individuals may be attracted to people of a different gender, the same gender, multiple genders, or may experience little or no sexual attraction. Sexual orientation forms one component of a person's broader sexuality.

Contemporary psychology recognises that sexuality exists along a continuum and can be expressed in diverse ways. Experiences of attraction, intimacy, and relationships may vary considerably across individuals, cultures, and historical periods. Increasing awareness of sexual diversity has contributed to greater understanding and acceptance of different sexual orientations and identities.

It is important to distinguish sexuality from sex, gender, gender identity, and gender expression. While these concepts are related, each refers to a different aspect of human experience. Sex refers to biological characteristics, gender refers to socially constructed roles and expectations, gender identity refers to an individual's internal sense of gender, gender expression refers to the outward presentation of gender, and sexuality relates to attraction, intimacy, and relationships.

Thus, sexuality represents an important dimension of human identity and experience. Understanding sexuality contributes to a more comprehensive understanding of human behaviour, relationships, diversity, and psychological well-being.

1.1.2 Historical Perspectives on Gender Roles and Identities

Ideas about gender roles and identities have changed considerably across time and cultures. What is considered appropriate behaviour, responsibilities, and social status for men and women in one society may differ significantly from another. Gender roles are not fixed or universal; rather, they are influenced by historical events, cultural values, economic systems, religious beliefs, and social institutions.

Throughout history, societies have developed different expectations regarding education, employment, family responsibilities, leadership, and social participation based on gender. While some roles have remained relatively stable, many have changed in response to social, political, and economic transformations. The increasing recognition of gender diversity has further expanded contemporary understandings of gender identities and gender roles.

1.1.2.1 Gender Roles in Traditional Societies

In traditional societies, gender roles were often clearly defined and closely linked to social, economic, and cultural structures. Men and women were generally assigned different responsibilities based on prevailing beliefs about their abilities, social status, and expected contributions to family and community life.

In many societies, men were primarily responsible for activities such as hunting,

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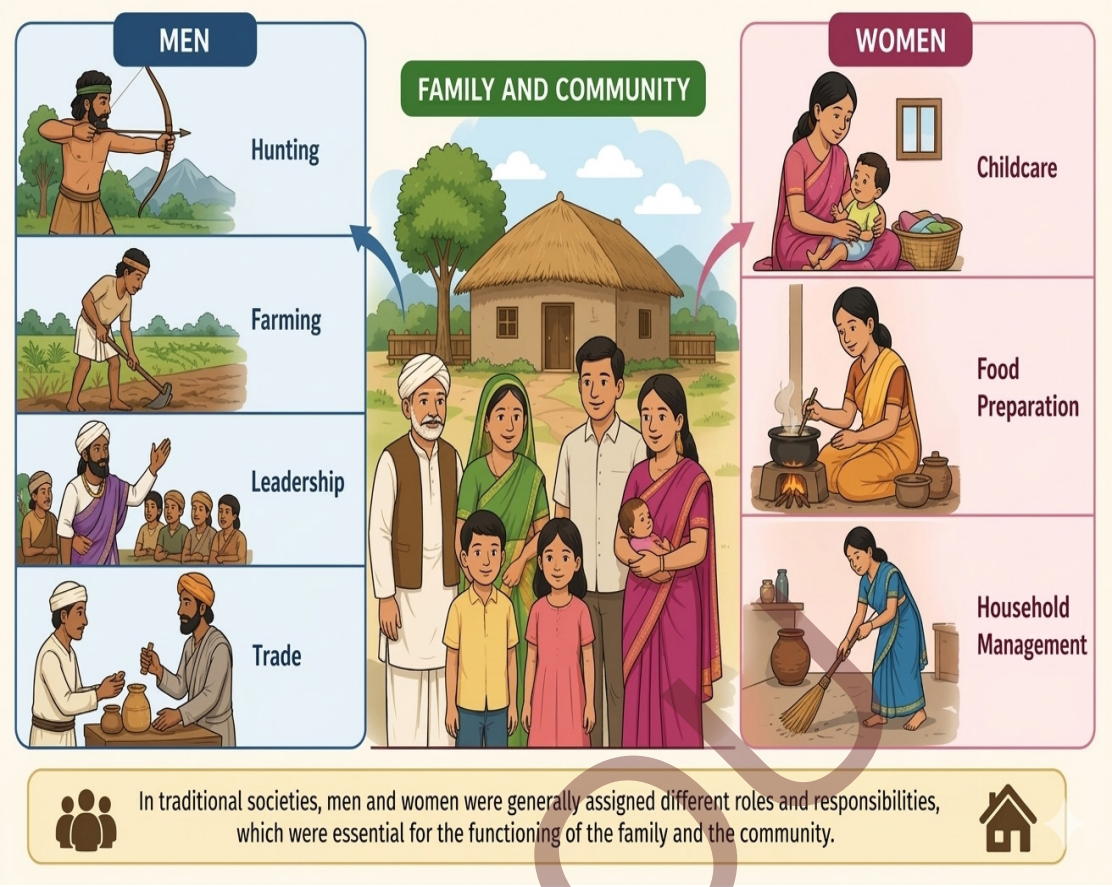


Figure 1.1.6 Gender Roles in Traditional Societies

farming, trade, warfare, leadership, and decision-making. Women were often expected to manage household responsibilities, care for children, prepare food, and perform other domestic tasks. These divisions of labour were frequently justified through cultural traditions, religious beliefs, and social norms.

Gender roles in traditional societies were usually transmitted from one generation to the next through family socialisation, community practices, and cultural customs. Children learned gender-appropriate behaviours from an early age and were encouraged to conform to the expectations associated with their gender.

Although traditional gender roles varied across cultures, many societies maintained a distinction between public and domestic spheres. In many societies men were more often associated with positions of authority and public life, whereas women were more commonly associated with family and caregiving roles. These gendered expectations and social arrangements influenced access to education, property ownership, political participation and employment opportunities.

However, it is important to recognise that traditional gender roles were not identical across all cultures. Historical and anthropological studies show considerable variation in how different societies organised gender relations, responsibilities, and social status. Some cultures provided women with greater economic or social influence, while others recognised gender identities beyond the male–female binary.

Thus, traditional societies played an important role in shaping early understandings of gender roles and identities. Many contemporary beliefs and expectations

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regarding gender have their roots in these historical social structures.

1.1.2.2 Gender Roles During the Industrial Era

The Industrial Revolution brought major changes in social and economic life, which significantly influenced gender roles and identities. Before industrialisation, many families worked together in agriculture or small-scale home-based occupations. Men, women, and children often shared economic responsibilities within the household.

With the rise of industries and factories, work gradually shifted from homes to workplaces outside the family environment. This change led to a clearer separation between the public sphere and the private sphere. Men were increasingly associated with paid labour, economic provision, and public life, while women were often expected to remain within the domestic sphere and focus on childcare, household management, and family care.

This period strengthened traditional ideas about men as breadwinners and women as homemakers. Social norms began to emphasise masculinity in terms of strength, independence, and financial responsibility, while femininity was linked with nurturing, obedience, and domesticity.

However, industrialisation also created new opportunities for women. Many women entered factories and workplaces, especially during periods of labour shortage and economic necessity. Although their opportunities remained limited and unequal, this marked an important step toward changing gender roles.

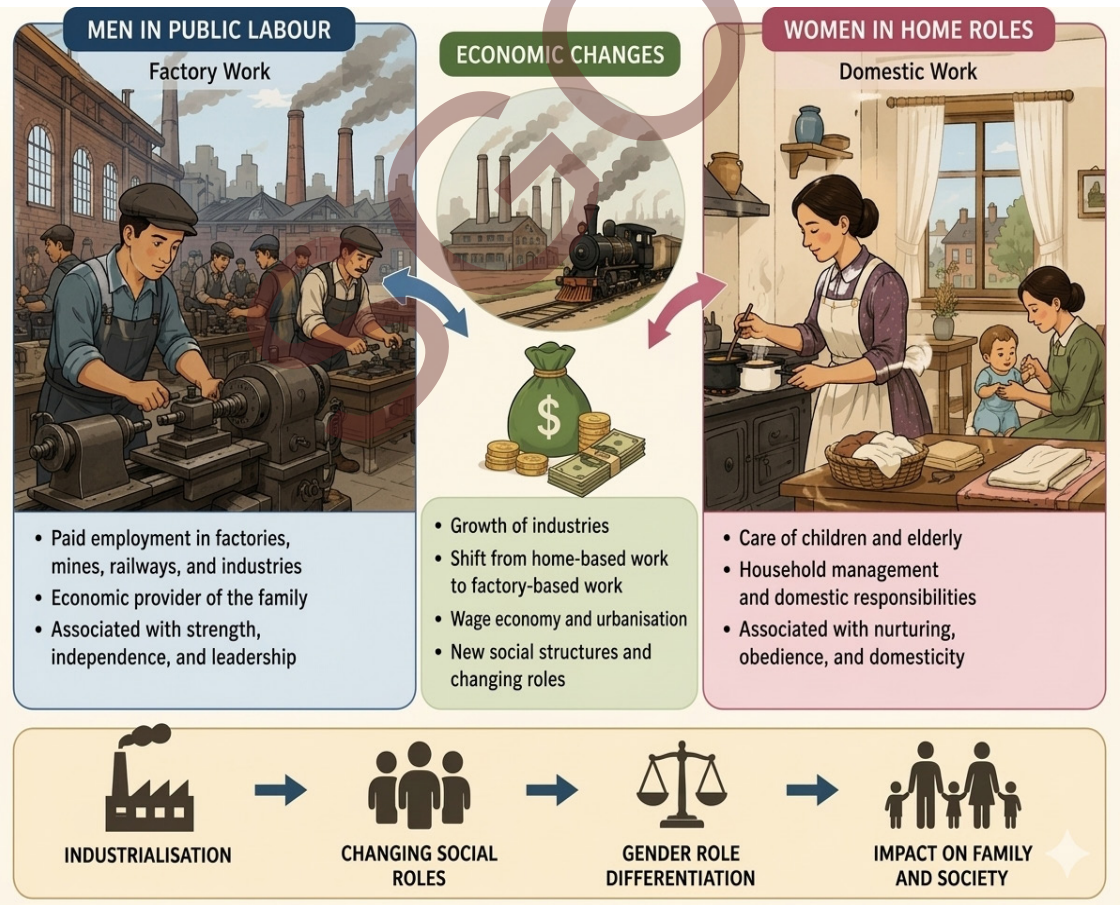


Figure 1.1.7 Gender Roles During the Industrial Era

Thus, the Industrial Era played an important role in reshaping gender roles by reinforcing some traditional expectations while also opening new social and economic possibilities for women.

1.1.2.3 Women's Rights and Gender Equality Movements

The history of gender roles underwent major transformation through women's rights and gender equality movements. For centuries, women in many societies faced restrictions in education, employment, political participation, and property ownership. These inequalities led to organised social movements demanding equal rights and opportunities.

One of the earliest major movements was the women's suffrage movement, which focused on securing voting rights for women. During the nineteenth and early twentieth centuries, women in many countries actively protested for political participation and legal recognition. This movement marked an important step toward gender equality.

The feminist movement further expanded the struggle for equality by challenging traditional gender roles and advocating for equal access to education, employment, healthcare, and legal rights. Feminist scholars also highlighted issues such as workplace discrimination, domestic violence, reproductive rights, and unequal power relations between men and women.

Over time, gender equality movements broadened their focus beyond women's rights to include issues of gender diversity, sexual



Figure 1.1.8 Women's Rights and Gender Equality Movements

rights, and social inclusion. Contemporary movements now advocate for equal rights and protection for individuals of diverse gender identities and sexual orientations.

These movements have significantly transformed social attitudes and legal systems, contributing to greater access to education, employment, leadership opportunities, and personal freedom for many individuals.

Thus, women's rights and gender equality movements played an important role in challenging traditional gender norms and promoting greater equality and social justice in modern society.

1.1.2.4 Contemporary Perspectives on Gender Diversity

Contemporary understandings of gender have expanded significantly beyond traditional binary classifications of male and female. Modern psychology recognises that gender is a complex and multidimensional aspect of human identity that may vary across individuals and social contexts. This shift reflects growing awareness of diversity in gender identities, expressions, and experiences.

Earlier societies often viewed gender as fixed and closely tied to biological sex. However, contemporary perspectives acknowledge that gender identity may not always align with sex assigned at birth. Individuals may identify as transgender, non-binary, genderqueer, agender, gender fluid, or other identities that reflect diverse personal experiences of gender.

Psychological research highlights that gender identity develops through the interaction of biological factors, personal experiences, social relationships, and cultural

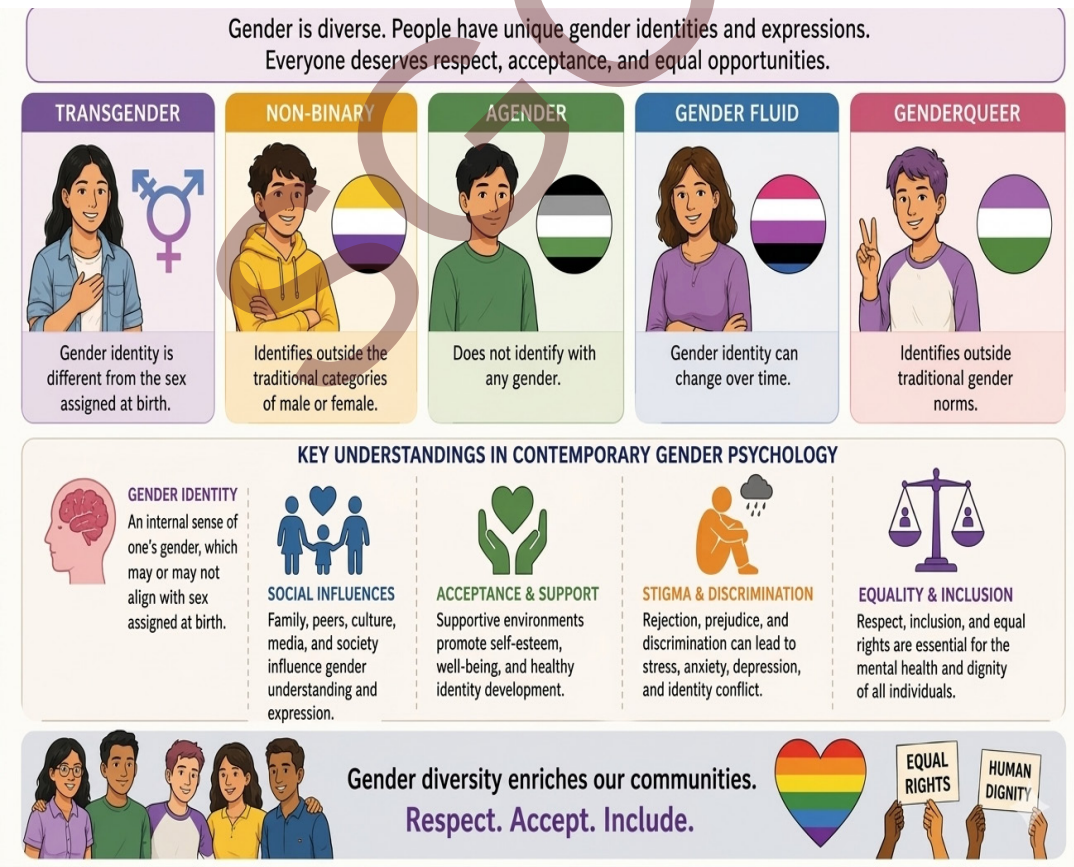


Figure 1.1.9 Contemporary Gender Diversity

influences. Identity formation is viewed as an ongoing and dynamic process rather than a rigid or permanent state. This understanding has broadened psychological approaches to studying gender development and identity.

Contemporary gender psychology also focuses on the mental health experiences of gender-diverse individuals. Research shows that social stigma, discrimination, rejection, and lack of acceptance can negatively affect psychological well-being, leading to stress, anxiety, depression, and identity conflict. At the same time, supportive family environments, inclusive communities, and social acceptance can significantly improve mental health and self-esteem.

Another important aspect of contemporary gender diversity is the recognition of gender expression as flexible and varied. Individuals may express their gender in ways that do not conform to traditional expectations of masculinity or femininity. This has challenged rigid gender stereotypes and encouraged broader acceptance of individual differences.

Thus, contemporary perspectives in gender psychology emphasise that gender is diverse, evolving, and shaped by multiple biological, psychological, and social influences. These perspectives promote greater understanding, inclusion, and respect for human diversity.

1.1.3 Key Theories in Gender Psychology

Understanding gender requires more than examining biological differences or social roles. Psychologists have developed several theoretical perspectives to explain how gender roles, identities, and behaviours are formed, maintained, and challenged. These theories provide important frameworks for understanding the relationship between individuals and society in shaping gender.

Different theories focus on different aspects of gender. Some emphasise the role of social and cultural influences, while others highlight power structures, inequality, identity, and diversity. Together, these perspectives help explain how ideas about masculinity, femininity, and gender diversity are created and understood.

In gender psychology, three major theoretical perspectives are especially important: Social Constructionism, Feminist Theory, and Queer Theory. Each offers a unique way of understanding gender and contributes to the broader study of gender roles, identities, and social experiences.

The following sections discuss these theories and their contributions to the understanding of gender in contemporary psychology.

1.1.3.1 Social Constructionism

Social Constructionism is an important theoretical perspective in gender psychology that explains how gender is created and shaped through social and cultural processes. According to this perspective, many ideas about masculinity and femininity are not purely natural or biological but are developed through social interaction, cultural practices, and shared beliefs.

This theory argues that society plays a major role in defining what behaviours, roles, and characteristics are considered appropriate for different genders. From childhood onwards, individuals learn these expectations through family, education, media, religion, and peer interactions. These social influences contribute to the formation of gender roles and identities.

Social constructionists emphasise that gender norms vary across cultures and historical periods. What is considered masculine or feminine in one society may be very different in another. This variation shows that gender is not fixed but changes according to social and cultural contexts.

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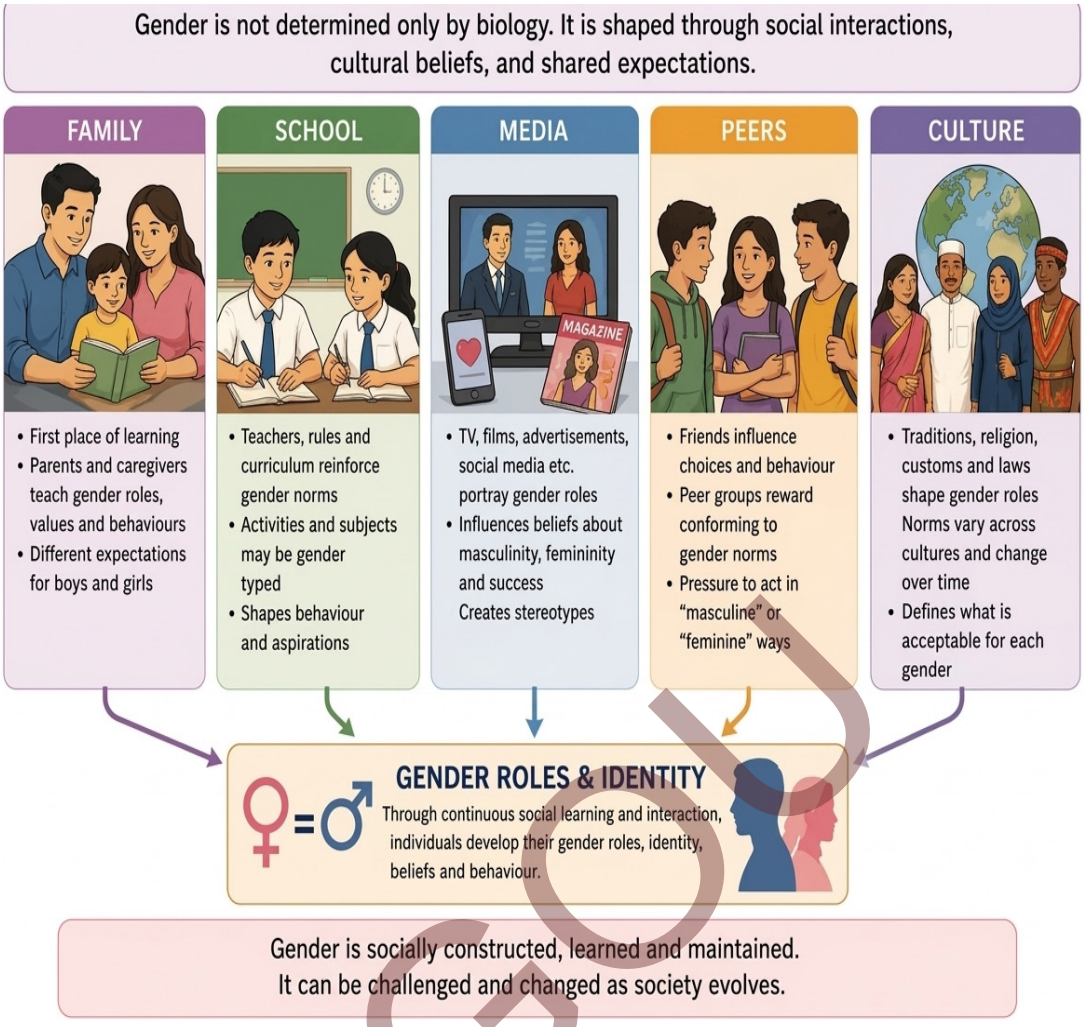


Figure 1.1.10 Social Construction of Gender

The theory also highlights how institutions such as schools, workplaces, and media reinforce gender expectations through rules, practices, and representations. These institutions often shape opportunities, behaviour, and social roles for individuals based on gender.

An important contribution of Social Constructionism is that it challenges the idea that gender differences are entirely biological. Instead, it encourages understanding gender as a product of social learning, cultural meanings, and human interaction.

Thus, Social Constructionism provides an important framework for understanding how societies create, maintain, and transform gender roles, identities, and expectations over time.

1.1.3.2 Feminist Theory

Feminist Theory is an important perspective in gender psychology that examines gender inequality, power relations, and the social experiences of women and other marginalized groups. It emerged as a response to historical inequalities and the unequal treatment of individuals based on gender.

This theory argues that many social structures and institutions have traditionally privileged men while limiting the opportunities, rights, and freedoms of women. Feminist theorists study how these inequalities

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influence education, employment, politics, family life, and psychological well-being.

A major contribution of Feminist Theory is its focus on challenging traditional gender roles and questioning systems of power that maintain inequality. It highlights issues such as discrimination, unequal pay, limited access to education, domestic violence, reproductive rights, and social expectations imposed on women.

Feminist Theory also emphasises that gender cannot be understood in isolation. It interacts with other social factors such as race, class, culture, and sexuality. This broader understanding helps explain how different individuals experience inequality in different ways.

Feminist Theory has contributed to greater awareness of gender bias in research, diagnosis, therapy, and mental health treatment. It has encouraged more inclusive approaches that consider women's experiences and diverse social realities.

Thus, Feminist Theory provides an important framework for understanding gender inequality, social justice, and the need for equal rights and opportunities in society.

1.1.3.3 Queer Theory

Queer Theory is a modern theoretical perspective in gender psychology that challenges traditional ideas about gender, sexuality, and identity. It emerged in the late twentieth century as a response to rigid social categories that classify people strictly as male

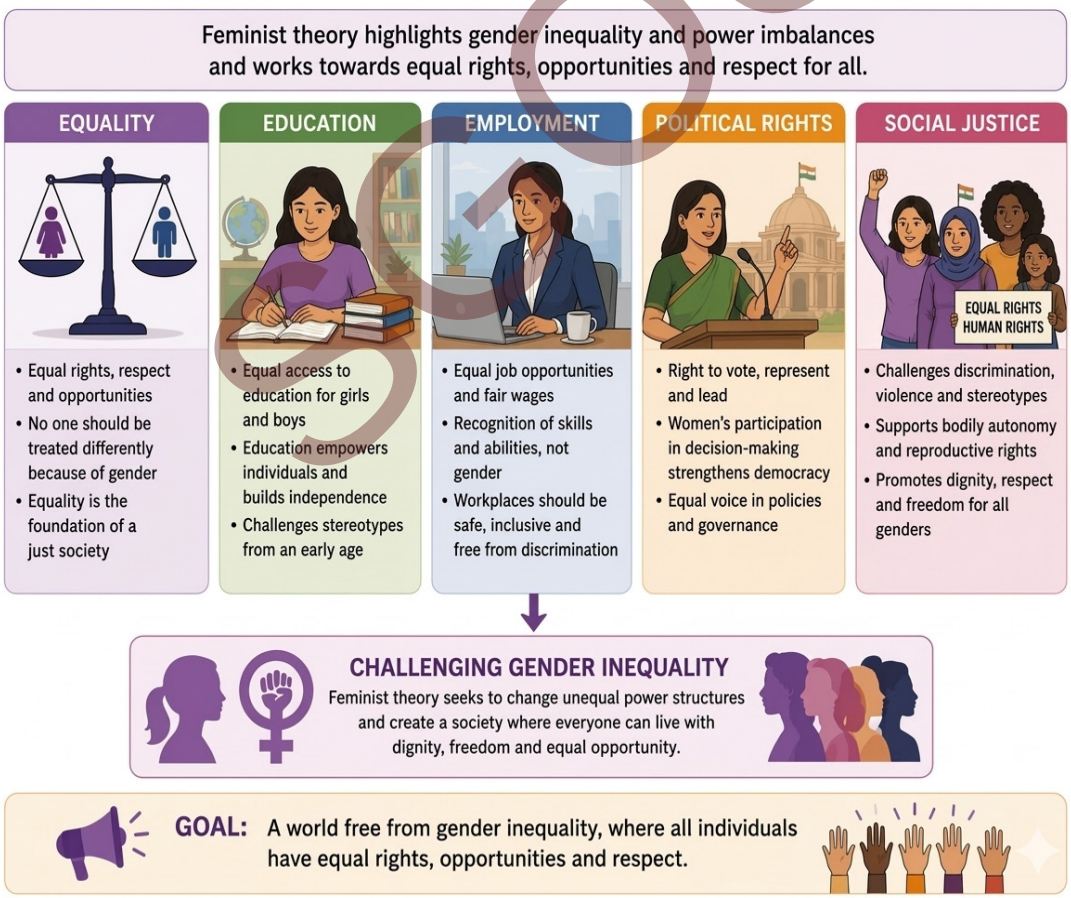


Figure 1.1.11 Feminist Theory and Gender Equality

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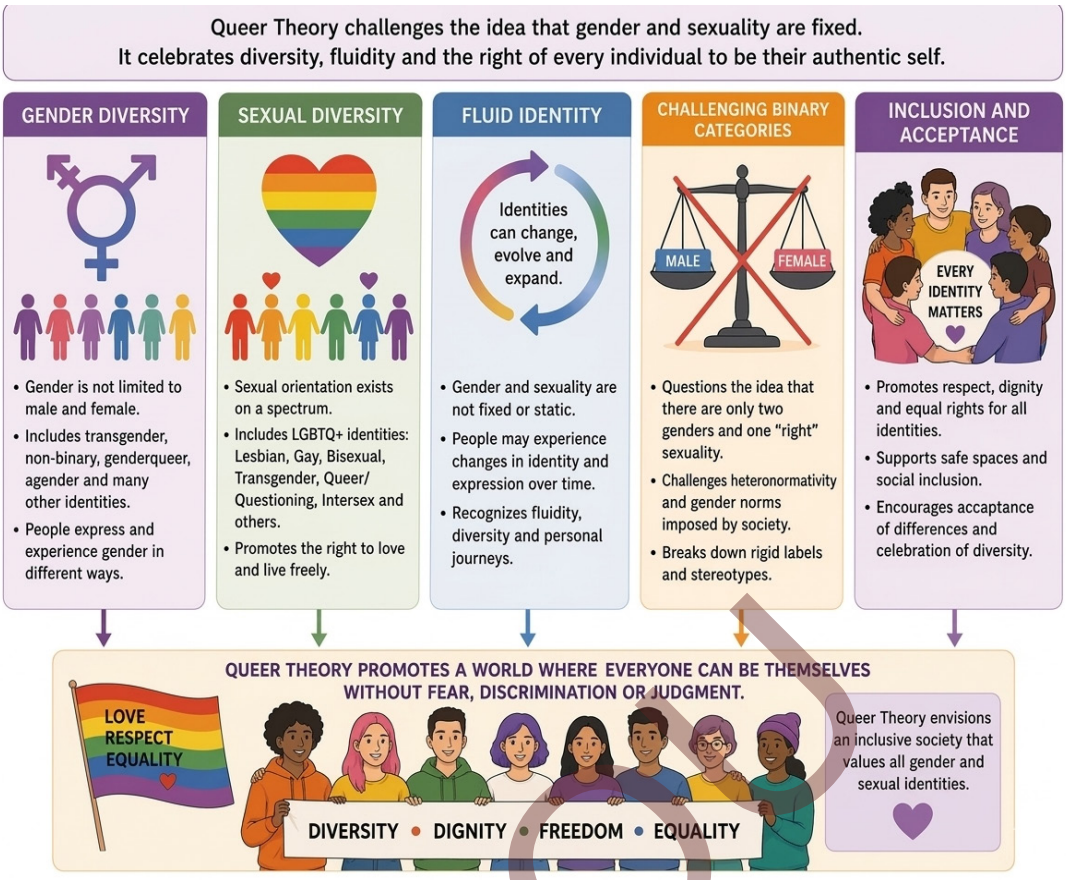


Figure 1.1.12 Queer Theory and Gender Diversity

or female and heterosexual or homosexual.

This theory argues that gender and sexuality are not fixed, natural, or limited to binary categories. Instead, they are flexible, diverse, and shaped by social, cultural, and historical contexts. Queer Theory questions the assumption that heterosexuality and binary gender identities are the norm.

An important contribution of Queer Theory is its challenge to traditional gender binaries. It emphasises that human identity is complex and may include multiple forms of gender identity, gender expression, and sexual orientation. This perspective has helped create greater visibility for transgender, non-binary, genderqueer, and other diverse identities.

Queer Theory has also contributed to the understanding and visibility of LGBTQ+ identities, including lesbian, gay, bisexual, transgender, queer, and other diverse sexual and gender identities. It highlights the importance of recognising identity as diverse and challenges social systems that marginalise non-heteronormative experiences.

Queer theorists also examine how social institutions, language, laws, and cultural practices maintain systems of power and exclusion. They argue that many social norms privilege certain identities while marginalising others. By questioning these structures, Queer Theory promotes inclusion and diversity.

Queer Theory has contributed to a broader understanding of identity development, self-expression, stigma, discrimination, and mental health among gender-diverse and sexually diverse individuals. It encourages psychologists to move beyond rigid classifications and adopt more inclusive approaches.

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Thus, Queer Theory provides an important framework for understanding the diversity and fluidity of gender and sexuality. It challenges traditional assumptions and promotes greater acceptance of human differences.

Recap

- Gender psychology studies how gender influences human thoughts, behaviour, identity, and relationships.
- Sex refers to biological characteristics such as chromosomes, hormones, and reproductive organs.
- Gender refers to the social and cultural meanings associated with being male, female, or another gender identity.
- Gender identity is an individual's internal sense of their gender.
- Gender expression refers to the outward presentation of gender through appearance and behaviour.
- Sexuality includes emotional, romantic, and sexual attraction and forms an important part of human identity.
- Gender roles and identities have changed across historical periods and cultures.
- Traditional societies often assigned separate roles to men and women based on social and economic structures.
- The Industrial Era reinforced gender role divisions but also created new opportunities for women.
- Women's rights and gender equality movements challenged gender inequality and promoted equal rights.
- Contemporary perspectives recognise gender diversity and the fluidity of gender identities.
- Social Constructionism explains gender as shaped by social and cultural influences.
- Feminist Theory focuses on gender inequality, power structures, and social justice.
- Queer Theory challenges traditional binary views of gender and sexuality and supports diversity and inclusion.
- Gender is a dynamic and multidimensional aspect of human life shaped by biological, psychological, and sociocultural factors.

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Objective Questions

1. What refers to the biological characteristics used to classify individuals as male, female, or intersex?
2. What refers to the social, cultural, and psychological meanings associated with gender?
3. What refers to an individual's internal sense of gender?
4. What refers to the outward presentation of gender?
5. What refers to emotional, romantic, and sexual attraction and experiences?
6. What term describes individuals whose gender identity matches their sex assigned at birth?
7. What term describes individuals whose gender identity differs from their sex assigned at birth?
8. What term refers to individuals who do not identify with any gender category?
9. What term refers to changes in gender identity over time or across situations?
10. What refers to socially assigned expectations, behaviours, and responsibilities associated with gender?
11. What theory explains gender as shaped by social and cultural influences?
12. Who were the major contributors to Social Constructionism?
13. What theory focuses on gender inequality, power relations, and equal rights?
14. Who are two important feminist theorists?
15. What theory challenges traditional binary views of gender and sexuality?
16. Who are two major contributors to Queer Theory?
17. What refers to equal rights, opportunities, and treatment for all genders?
18. What movement fought for women's voting rights?

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19. What era reinforced traditional gender roles while creating employment opportunities for women?

20. What field helps understand gender identity, behaviour, diversity, and social relationships?

Answers

1. Sex
2. Gender
3. Identity
4. Expression
5. Sexuality
6. Cisgender
7. Transgender
8. Agender
9. Gender Fluidity
10. Roles
11. Constructionism
12. Berger and Luckmann
13. Feminism
14. Simone de Beauvoir and Judith Butler
15. Queer Theory
16. Judith Butler and Paul-Michel Foucault
17. Equality
18. Women's Suffrage Movement
19. Industrial Era
20. Psychology

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Assignments

1. Explain the concepts of sex, gender, gender identity, gender expression, and sexuality. Discuss their differences and significance in gender psychology.
2. Examine the historical development of gender roles and identities from traditional societies to contemporary perspectives.
3. Discuss the major theoretical perspectives in gender psychology, with special reference to Social Constructionism, Feminist Theory, and Queer Theory.
4. Observe and analyse how gender roles are represented in your family, educational institution, or media. Prepare a brief report based on your observations.
5. Conduct a small discussion or interview with peers to understand their views on gender identity and gender expression. Summarise the findings.

Reference

Bosson, J. K., Vandello, J. A., & Buckner, C. E. (2018). *The psychology of sex and gender*. Sage Publications.

Dess, N. K., Marecek, J., & Bell, L. C. (2018). *Gender, sex, and sexualities: Psychological perspectives*. Oxford University Press.

Eagly, A. H., Beall, A. E., & Sternberg, R. J. (2004). *The psychology of gender* (2nd ed.). Guilford Press.

Suggested Reading

Bem, S. L. (1993). *The lenses of gender: Transforming the debate on sexual inequality*. Yale University Press.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. Routledge.

De Beauvoir, S. (1949/2011). *The second sex* (C. Borde & S. Malovany-Chevallier, Trans.). Vintage Books.

Lorber, J. (1994). *Paradoxes of gender*. Yale University Press.

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UNIT 2

Biological and Psychological Perspectives

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- explain the biological basis of sex differences
- describe the role of genetics, hormones, and brain structure in gender development
- analyse major psychological theories of gender development
- explain psychoanalytic, cognitive-developmental, and social learning theories
- understand the concept of intersectionality in gender psychology
- examine the influence of race, class, and culture on gender experiences

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Prerequisite

In the previous unit, you explored how gender is understood through concepts such as sex, gender, gender identity, gender expression, and sexuality. You also examined how gender roles have changed across history and how theories like Social Constructionism, Feminist Theory, and Queer Theory explain gender as a social and psychological experience. But an important question still remains: Where do these differences begin?

Are gender differences shaped only by society, or do they have biological roots? Why do hormones influence behaviour? How do genes and brain structures contribute to sex differences? At the same time, how do children learn what it means to be "male" or "female"? Why do individuals from different races, cultures, and social classes experience gender differently?

These questions take us deeper into the scientific foundations of gender psychology. While Unit 1 focuses mainly on conceptual, historical, and theoretical understanding, Unit 2 moves into the biological and psychological processes that shape gender development. It explores how genetics, hormones, and brain structure influence sex differences, and how major psychological theories explain the development of gender identity and behaviour.

This unit also introduces the concept of intersectionality, helping us understand that gender does not exist in isolation but interacts with race, class, and culture. By studying these perspectives, learners will gain a deeper understanding of how biological, psychological, and social factors work together in shaping human gender experiences.

Keywords

Biological Sex Differences, Genetics, Hormones, Brain Structure, Gender Development, Psychoanalytic Theory, Cognitive-Developmental Theory, Social Learning Theory, Intersectionality, Race, Class, Culture

Discussion

1.2.1 Biological Basis of Sex Differences

Biological differences between males and females have long been an important area of study in psychology and related sciences. These differences are influenced by several biological factors, including genetics, hormones, and brain structure. Such factors contribute not only to physical development but also to certain behavioural, emotional, and cognitive differences.

The biological perspective suggests that sex differences begin at conception and continue throughout development. Genetic factors determine biological sex, hormones influence growth and behaviour, and brain development contributes to patterns of thinking, emotions, and responses. These biological processes interact continuously during childhood, adolescence, and adulthood.

However, biological influences alone cannot fully explain gender development. Social experiences, learning, and environmental factors also shape how individuals understand and express gender. Therefore, biological factors should be understood as one important part of a broader and more complex developmental process.

Understanding the biological basis of sex differences provides an important foundation for studying gender psychology. It helps explain how biological processes influence human development and how these processes interact with psychological and social factors in shaping gender-related experiences.

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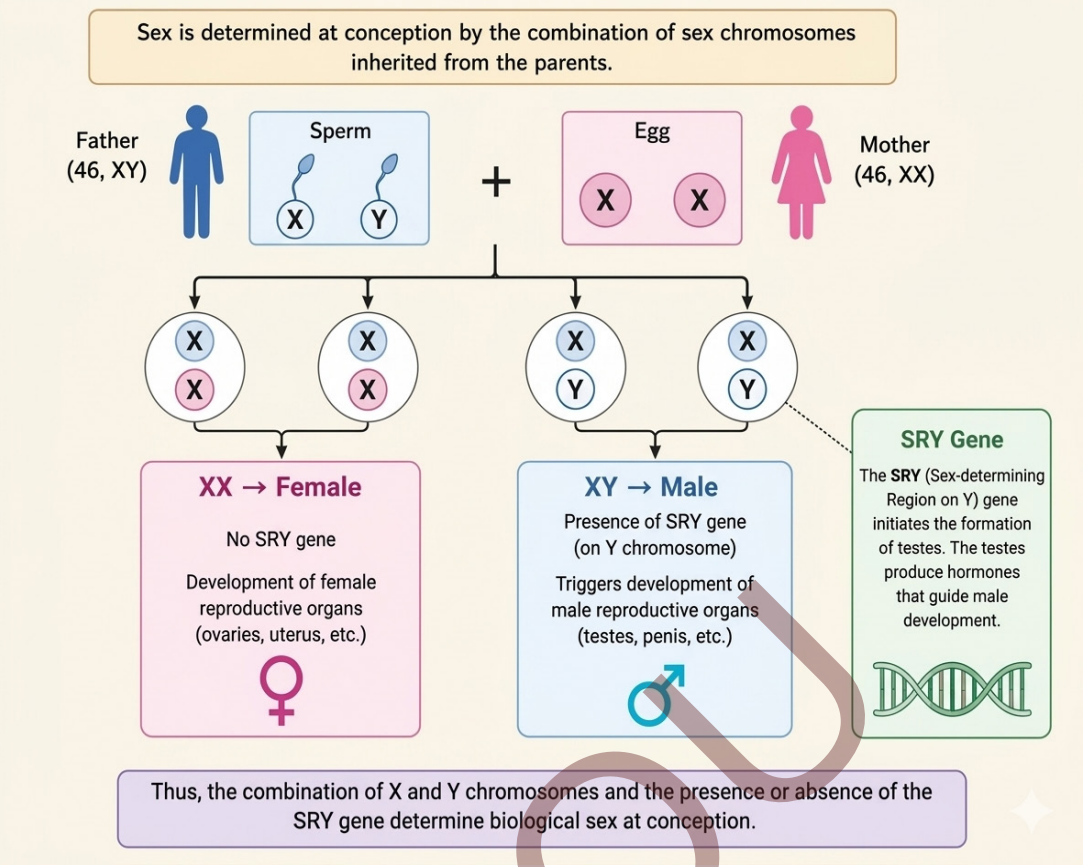


Figure 1.2.1 Genetic Basis of Sex Differences

1.2.1.1 Genetics

Genetics plays a fundamental role in determining biological sex and influencing human development. At the time of conception, individuals inherit chromosomes from their parents, which contribute to the development of sex characteristics. Typically, females possess XX chromosomes, while males possess XY chromosomes. The presence or absence of certain genes, particularly the SRY gene on the Y chromosome, plays a major role in initiating male biological development.

Genes influence the formation of reproductive organs, hormonal systems, and many physical characteristics associated with biological sex. They also contribute indirectly to aspects of behaviour, temperament, and cognitive functioning by influencing brain development and physiological processes.

Research in behavioural genetics suggests that some sex-related differences in personality traits, aggression, emotional responses, and cognitive abilities may have genetic components. However, these influences are often complex and interact with environmental and social experiences.

It is important to understand that genetics provides the biological foundation for sex differences, but genes do not function independently. Their effects are shaped by hormonal activity, brain development, and environmental factors throughout life.

Thus, genetics serves as an important starting point in understanding the biological basis of sex differences and their contribution to gender development.

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1.2.1.2 Hormones

Hormones are chemical substances produced by the endocrine system that play an important role in physical growth, emotional regulation, and behaviour. In the study of gender psychology, hormones are considered significant biological factors that contribute to sex differences and gender-related behaviours.

Two of the most important sex hormones are **testosterone** and **estrogen**. Testosterone is generally associated with male development and influences characteristics such as muscle growth, deeper voice, and facial hair. Estrogen is primarily associated with female development and contributes to the development of reproductive functions and secondary sexual characteristics.

Hormonal influences begin before birth. Prenatal exposure to hormones plays an important role in the development of reproductive organs and brain structures. During puberty, hormonal changes lead to major physical and emotional transformations, further strengthening sex-related characteristics.

Research suggests that hormones may also influence certain behavioural tendencies such as aggression, emotional responses, nurturing behaviour, and sexual motivation. However, hormonal effects do not act independently and are influenced by environmental, social, and psychological factors.

Thus, hormones are an important biological factor in understanding sex differences, as they influence physical development, behaviour, and emotional functioning throughout life.

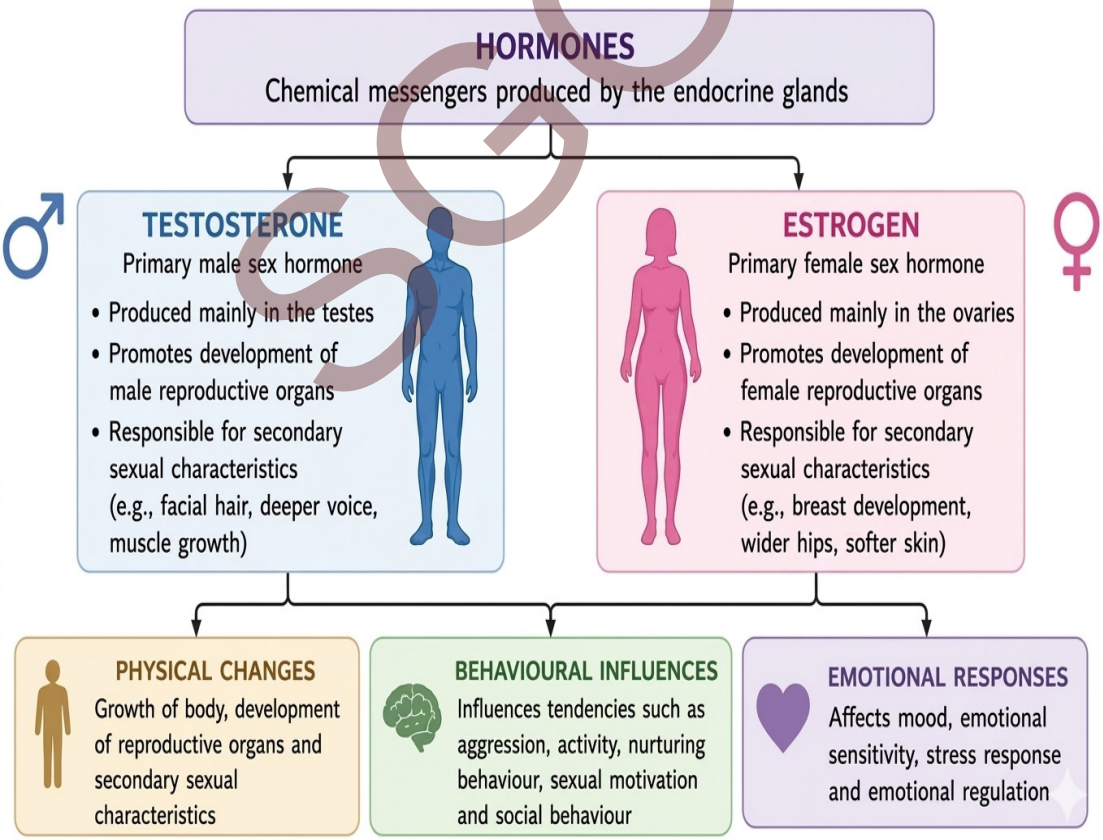


Figure 1.2.2 Role of Hormones in Sex Differences

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1.2.1.3 Brain Structure

Brain structure is another important biological factor that contributes to sex differences and gender-related behaviour. The human brain regulates emotions, cognition, decision-making, memory, and behaviour, and research suggests that certain structural and functional differences may exist between male and female brains.

Some studies have found variations in brain regions such as the hypothalamus, amygdala, hippocampus, and corpus callosum, which are associated with emotional regulation, memory, stress response, and communication between brain hemispheres. These differences may influence patterns of behaviour, emotional responses, and cognitive functioning.

Hormones play an important role in shaping brain development both before birth and during puberty. Prenatal hormonal exposure can affect neural organisation, while hormonal changes during adolescence contribute to further brain development and behavioural changes.

However, modern research emphasises that brain differences should not be viewed in rigid or stereotypical ways. Brain development is highly influenced by environmental experiences, learning, and social interaction. This means that biological structure and life experiences work together in shaping behaviour.

Thus, brain structure provides an important biological foundation for understanding sex differences, but these influences remain

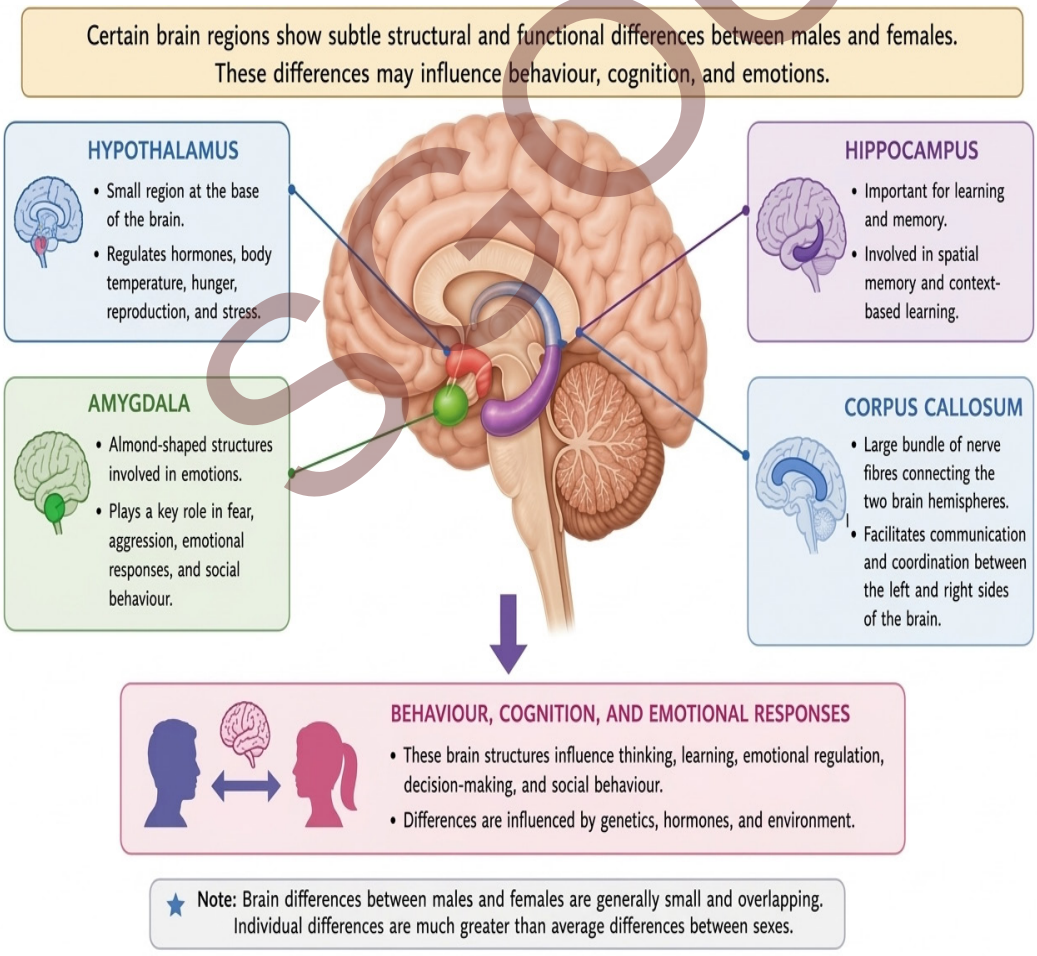


Figure 1.2.3 Brain Structure and Sex Differences

dynamic and interactive with psychological and social factors.

1.2.2 Psychological Theories of Gender Development

Psychological theories of gender development explain how individuals learn, understand, and internalise gender roles, identities, and behaviours. While biological factors provide the foundation for sex differences, psychological theories help explain how children develop a sense of gender and learn what is considered appropriate behaviour within their society.

Different psychologists have proposed various theories to explain this process. Some focus on unconscious emotional experiences and family relationships, while others emphasise cognitive growth and observational learning. These theories show that gender development is not a single process but a combination of biological, cognitive, emotional, and social influences.

Three major psychological theories are particularly important in understanding gender development: Psychoanalytic Theory, Cognitive-Developmental Theory, and Social Learning Theory. Each provides a different explanation for how gender identity and gender roles are formed during childhood and continue to influence behaviour throughout life.

The following sections examine these theories in detail and their contributions to understanding gender development in psychology.

1.2.2.1 Psychoanalytic Theory

The Psychoanalytic Theory of gender development was proposed by Sigmund Freud. This theory explains gender development through unconscious processes, early childhood experiences, and relationships with parents. Freud believed that personality and gender identity develop mainly during the early years of life.

According to Freud, children pass through different stages of psychosexual development. Gender development becomes particularly important during the phallic stage (around 3–6 years), when children become aware of anatomical differences between males and females.

Freud suggested that boys experience the Oedipus complex, in which they develop unconscious attraction toward their mother and feelings of rivalry toward their father. To resolve this conflict, boys identify with their father and adopt masculine behaviours and roles.

Similarly, Freud proposed that girls experience the Electra complex, where they develop attachment toward their father and later identify with their mother, adopting feminine roles and behaviours.

Through this process of identification, children internalise gender roles, values, and expectations associated with their parents. This identification helps shape gender identity and personality development.

Although Psychoanalytic Theory has been criticised for its limited scientific evidence and gender bias, it remains important because it was one of the earliest psychological explanations of gender development and highlighted the role of family relationships and unconscious processes.

Thus, Psychoanalytic Theory provides an early framework for understanding how children develop gender identity through emotional attachment and identification.

1.2.2.2 Cognitive-Developmental Theory

The Cognitive-Developmental Theory of gender development was proposed by

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Lawrence Kohlberg. This theory emphasises that children actively construct their understanding of gender as their cognitive abilities develop. Unlike Psychoanalytic Theory, which focuses on unconscious processes, this theory highlights the role of thinking and reasoning in gender development.

According to Kohlberg, children pass through different stages in understanding gender. The first stage is gender identity (around 2–3 years), where children recognise themselves as male or female. The second stage is gender stability (around 4–5 years), where children understand that gender remains stable over time. The third stage is gender constancy (around 6–7 years), where children realise that gender remains constant despite changes in appearance or activities.

Once children achieve gender constancy, they actively seek behaviours, roles, and information that are considered appropriate for their gender. They begin to imitate same-gender models and adopt behaviours that match social expectations.

This theory suggests that children are not passive recipients of gender roles but active participants in their own gender development. Their understanding of gender becomes more organised and stable as their cognitive abilities mature.

Although the theory has been criticised for underestimating social influences, it remains important because it explains how children's thinking contributes to the development of gender identity and gender roles.

Thus, Cognitive-Developmental Theory provides an important explanation of how children gradually understand and internalise gender through cognitive growth.

1.2.2.3 Social Learning Theory

The Social Learning Theory of gender development was proposed by Albert Bandura. This theory explains that children learn gender roles and behaviours by observing others and imitating them. It emphasises the importance of environmental influences, especially family, peers, media, and society.

According to this theory, children observe the behaviours of parents, siblings, teachers, and other role models. They notice which behaviours are rewarded or approved and which are discouraged. Through this process, children learn what is considered appropriate for their gender.

A key concept in Social Learning Theory is modelling, where children imitate the behaviour of same-gender role models. For example, boys may imitate their fathers or male figures, while girls may imitate their mothers or female figures.

Another important concept is reinforcement. Positive reinforcement, such as praise or rewards, encourages gender-appropriate behaviour, while punishment or criticism may discourage behaviour that does not fit social expectations.

Media also play a major role in gender learning by presenting images and messages about masculinity, femininity, and gender roles. Children often absorb these ideas and incorporate them into their behaviour and self-concept.

This theory highlights that gender development is strongly influenced by observation, imitation, and social experiences. However, it has been criticised for giving less importance to biological and cognitive factors.

Thus, Social Learning Theory provides an important explanation of how gender

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roles and behaviours are learned through interaction with the social environment.

1.2.3 Intersectionality and the Influence of Race, Class and Culture on Gender

Gender experiences are not shaped by gender alone. Individuals' lives are influenced by multiple social identities such as race, class, culture, religion, and ethnicity. These factors interact with gender and affect how people experience opportunities, challenges, discrimination, and privilege in society.

The concept of **intersectionality** helps explain how different aspects of identity overlap and influence one another. This perspective highlights that people's experiences of gender cannot be fully understood without considering the broader social context in which they live.

For example, the experiences of a woman may differ depending on her social class, cultural background, or racial identity. Similarly, individuals from different communities may face unique forms of discrimination or social expectations related to both gender and other aspects of identity.

Understanding intersectionality is important in gender psychology because it provides a broader and more inclusive understanding of human experiences. It recognises that gender development, identity, and social roles are shaped by complex interactions between personal and social factors.

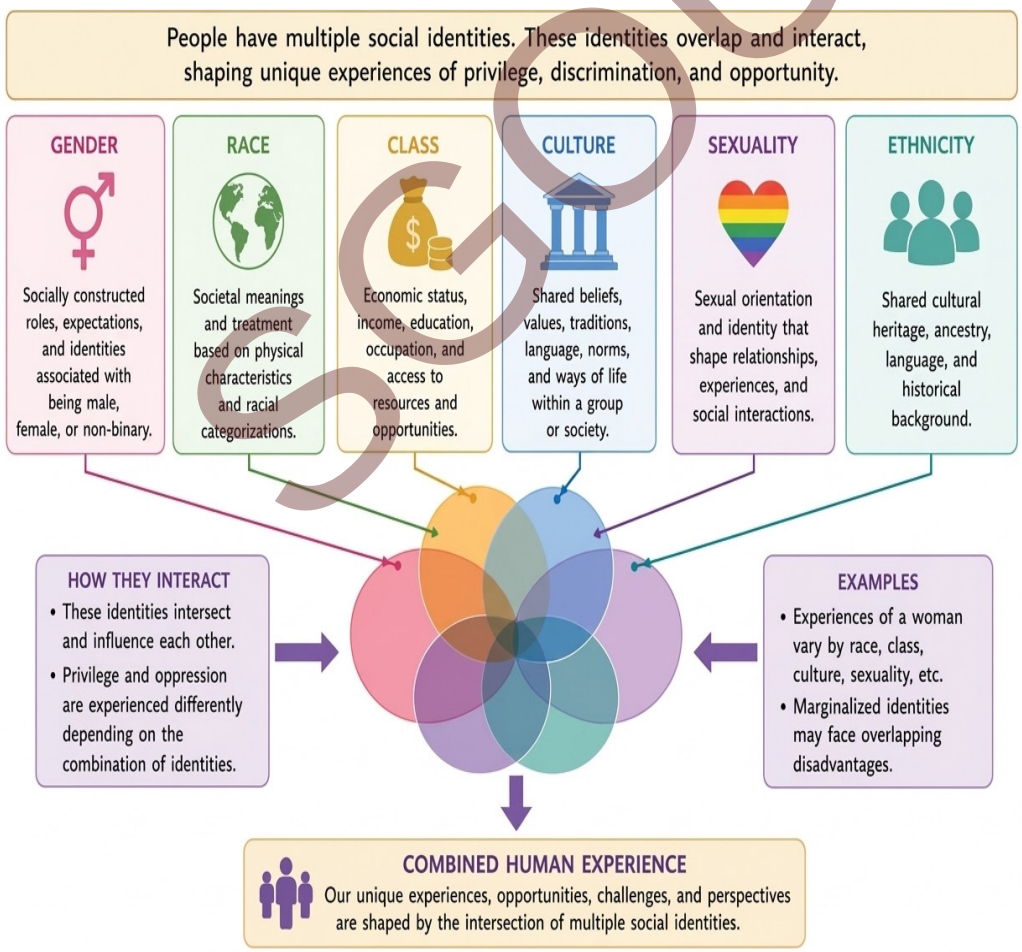


Figure 1.2.4 Intersectionality of Social Identities

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The following sections examine the influence of race, class, and culture on gender and their role in shaping individual experiences.

1.2.3.1 Intersectionality

The concept of intersectionality was introduced by Kimberlé Crenshaw to explain how different social identities interact and shape human experiences. It emphasises that individuals do not experience gender in isolation but through the combined influence of other factors such as race, class, culture, sexuality, and ethnicity.

Intersectionality helps us understand that systems of privilege and discrimination often overlap. For example, a woman may face gender discrimination, but her experiences may also be influenced by her economic status, cultural background, or racial identity. These combined influences can create unique social experiences and challenges.

In gender psychology, intersectionality highlights that people from different social groups may experience gender roles, opportunities, and inequalities in different ways. The challenges faced by a middle-class urban woman may differ significantly from those faced by a rural woman from a marginalised community.

This perspective broadens the understanding of gender by recognising diversity in lived experiences. It also helps psychologists avoid treating gender as a single and uniform category for all individuals.

Intersectionality is especially important in understanding mental health, social identity, discrimination, and access to resources. It encourages a more inclusive and realistic understanding of human behaviour and social experiences.

Thus, intersectionality provides an important framework for understanding how multiple social identities interact with gender and shape individual experiences in society.

1.2.3.2 Race and Gender

Race and gender are important social identities that interact to shape individual experiences in society. The influence of race on gender highlights that people from different racial or ethnic backgrounds may experience gender roles, opportunities, and discrimination in different ways.

Social expectations regarding masculinity and femininity are often influenced by racial and cultural stereotypes. For example, certain racial groups may be associated with specific gender expectations, which can affect education, employment, relationships, and social treatment.

Race can also influence access to resources, power, and opportunities. Women and men from marginalised racial communities may face both racial discrimination and gender discrimination, creating additional challenges in their personal and social lives.

In gender psychology, understanding race and gender helps explain why experiences of identity, social pressure, and inequality are not the same for everyone. It highlights the importance of considering cultural and social diversity when studying gender.

Thus, the relationship between race and gender provides a deeper understanding of how social identities interact and shape human experiences.

1.2.3.3 Class and Gender

Social class is another important factor that influences gender experiences. Class refers to an individual's economic status, education, occupation, and access to resources. The interaction between class and gender affects opportunities, responsibilities, and social expectations in everyday life.

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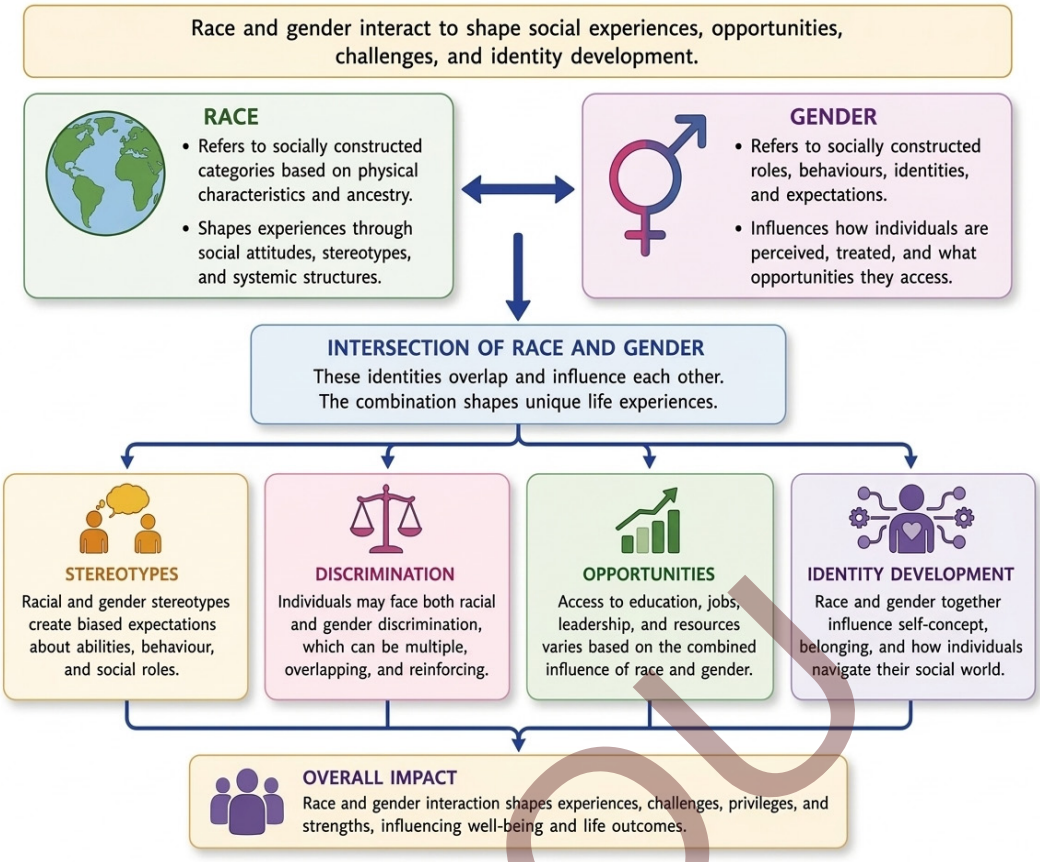


Figure 1.2.5 Race and Gender Interaction

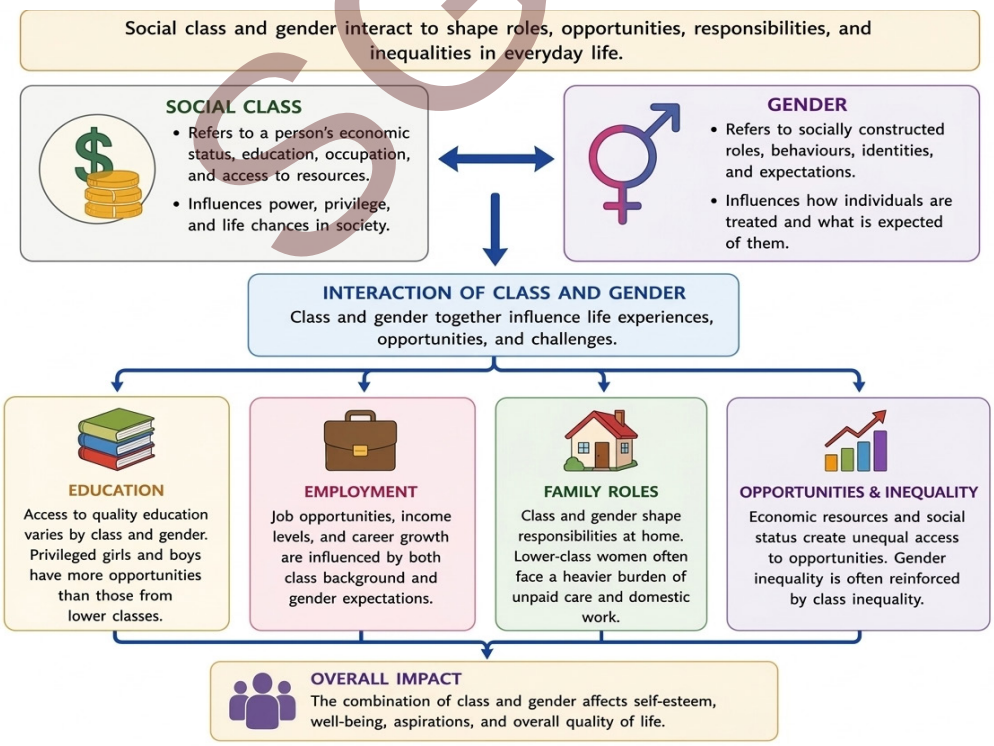


Figure 1.2.6 Class and Gender Interaction

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People from different social classes may experience gender roles differently. For example, women from economically privileged backgrounds may have greater access to education, employment, and healthcare compared to women from lower-income groups. Similarly, men from different class backgrounds may face different expectations regarding work, family responsibilities, and social status.

Economic inequality can also influence gender-based opportunities and limitations. In many societies, lower-class women may experience greater burdens related to unpaid labour, limited education, and financial dependence. At the same time, men from lower-income backgrounds may experience pressure to fulfil traditional provider roles.

In gender psychology, understanding the relationship between class and gender helps explain how economic conditions shape identity, self-esteem, stress, and life opportunities. It highlights that gender inequality is often closely connected with economic inequality.

Thus, class and gender together influence social experiences, opportunities, and psychological well-being in important ways.

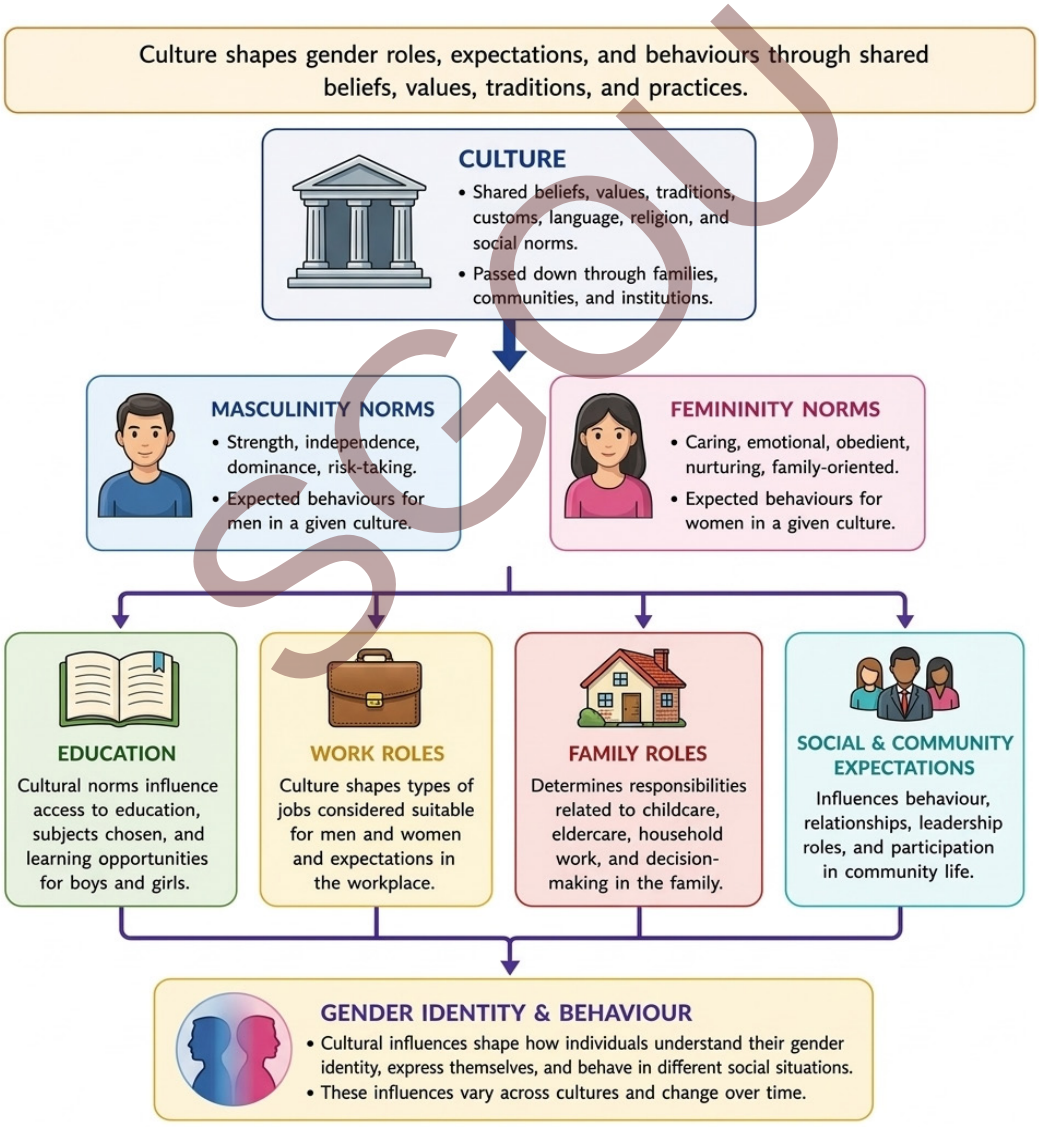


Figure 1.2.7 Cultural Influence on Gender

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1.2.3.4 Culture and Gender

Culture plays a major role in shaping gender roles, identities, and expectations. It includes the shared beliefs, values, traditions, customs, and practices of a society that influence how individuals understand and express gender. Cultural norms often determine what behaviours are considered appropriate for men and women.

Different cultures have different expectations regarding masculinity and femininity. In some societies, men may be expected to be strong, independent, and dominant, while women may be expected to be caring, obedient, and family-oriented. However, these expectations vary widely across cultures and historical periods.

Culture also influences important life experiences such as education, marriage, employment, parenting, and leadership roles. In some cultures, gender roles may be more flexible, while in others they may be more rigid and strongly enforced through traditions, religion, and social institutions

In gender psychology, understanding cultural influences is important because it helps explain why gender roles and identities differ across societies. It also highlights that many ideas about gender are socially learned rather than biologically determined.

Thus, culture is a powerful factor in shaping gender experiences, identities, and social roles, and it plays an important role in understanding diversity in human behaviour.

Recap

- Biological sex differences are influenced by genetics, hormones, and brain structure.
- Genetics determines biological sex through chromosomes such as XX and XY.
- The SRY gene on the Y chromosome plays an important role in male development.
- Hormones such as testosterone and estrogen influence physical growth, behaviour, and emotional functioning.
- Hormonal influences begin before birth and continue throughout life.
- Brain structures such as the hypothalamus, amygdala, hippocampus, and corpus callosum contribute to sex-related differences in cognition and behaviour.
- Biological factors alone cannot fully explain gender development.
- Psychoanalytic Theory explains gender development through unconscious processes and parental identification.
- Freud's concepts of the Oedipus complex and Electra complex are central to psychoanalytic theory heory.
- Cognitive-Developmental Theory explains that children actively understand gender through stages of cognitive growth.
- Kohlberg's stages include gender identity, gender stability, and gender constancy.

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- Social Learning Theory explains gender development through observation, imitation, and reinforcement.
- Family, peers, school, and media are important agents of gender learning.
- Intersectionality explains how gender interacts with race, class, culture, and other social identities.
- Race influences gender experiences through stereotypes, discrimination, and opportunities.
- Social class affects access to education, employment, and life opportunities.
- Culture shapes gender roles, expectations, and identities through shared values and traditions.
- Gender development is a complex process shaped by biological, psychological, and sociocultural factors.

Objective Questions

1. What is the biological basis of sex differences called?
2. What field studies genes and heredity related to sex differences?
3. What chromosome combinations are typically associated with females and males?
4. Which gene initiates male biological development?
5. Name the two major sex hormones.
6. Which hormone influences male physical development and secondary sexual characteristics?
7. Which hormone supports female reproductive development and secondary sexual characteristics?
8. What influences emotions, aggression, nurturing, and sexual motivation?
9. Name any two brain structures associated with sex differences.
10. Which brain structure regulates hormones and body functions?

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11. Who proposed the Psychoanalytic Theory of gender development?

12. What is Freud's concept of boys' unconscious attachment to the mother and rivalry toward the father called?

13. What is the concept referring to girls' attachment toward the father and identification with the mother called?

14. Who proposed the Cognitive-Developmental Theory?

15. What are Kohlberg's three stages of gender development?

16. What term refers to the understanding that gender remains stable despite changes in appearance or activities?

17. Who proposed the Social Learning Theory?

18. What is learning behaviour by observing and imitating others called?

19. What is the interaction of multiple social identities called?

20. Who introduced the concept of intersectionality?

21. What can influence gender experiences through stereotypes and discrimination?

22. What can affect gender roles through access to education, work, and resources?

23. What shapes gender through beliefs, traditions, roles, and social expectations?

24. What concept helps explain how multiple identities shape individual experiences?

25. What three types of factors interact to influence gender development?

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Answers

1. Biology

2. Genetics

3. XX and XY
4. SRY
5. Testosterone and Estrogen
6. Testosterone
7. Estrogen
8. Hormones
9. Hypothalamus and Amygdala
10. Hypothalamus
11. Sigmund Freud
12. Oedipus Complex
13. Electra Complex
14. Lawrence Kohlberg
15. Identity, Stability, Constancy
16. Gender Constancy
17. Albert Bandura
18. Modelling
19. Intersectionality
20. Kimberlé Williams Crenshaw
21. Race
22. Class
23. Culture
24. Intersectionality
25. Biological, Psychological, Social

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Assignments

1. Explain the biological basis of sex differences with reference to genetics, hormones, and brain structure.

2. Discuss the major psychological theories of gender development, with particular reference to Psychoanalytic Theory, Cognitive-Developmental Theory, and Social Learning Theory.

3. Analyse the concept of intersectionality and explain how race, class, and culture influence gender experiences.

4. Observe and analyse how gender roles are influenced by family, media, and school in everyday life. Prepare a short report based on your observations.

5. Conduct a small interview or group discussion with peers to understand how culture and social class influence gender expectations. Summarise your findings.

Reference

Eagly, A. H., Beall, A. E., & Sternberg, R. J. (2004). *The psychology of gender* (2nd ed.). Guilford Press.

Henley, N. M. (1985). Psychology and gender. *Signs, 11*(1), 101–119.

Magnusson, E., & Marecek, J. (2012). *Gender and culture in psychology: Theories and practices*. Cambridge University Press.

Suggested Reading

Bandura, A. (1977). *Social learning theory*. Prentice Hall.

Bussey, K., & Bandura, A. (1999). Social cognitive theory of gender development and differentiation. *Psychological Review, 106*(4), 676–713. https://doi.org/10.1037/0033-295X.106.4.676

SGOU

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241–1299. https://doi.org/10.2307/1229039

Freud, S. (1923). *The ego and the id*. Hogarth Press.

Kohlberg, L. (1966). A cognitive-developmental analysis of children's sex-role concepts and attitudes. In E. E. Maccoby (Ed.), *The development of sex differences* (pp. 82–173). Stanford University Press.

Wood, W., & Eagly, A. H. (2012). Biosocial construction of sex differences and similarities in behavior. *Advances in Experimental Social Psychology, 46*, 55–123. https://doi.org/10.1016/B978-0-12-394281-4.00002-7

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BLOCK

Gender Identity and Expression

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UNIT 1

Gender Identity Development

Learning Outcomes

Upon completion of this unit, the learner will be able to:

- explain the stages and processes of gender identity development
- analyse the factors influencing the development of gender identity
- understand transgender and non-binary identities
- examine the experiences and challenges of gender-diverse individuals
- explain the concept of gender dysphoria and its psychological implications
- discuss diagnosis, treatment, and ethical considerations in supporting gender-diverse individuals

Prerequisite

In the previous block, you explored the foundations of gender psychology by examining concepts such as sex, gender, sexuality, and the major theories that explain gender roles and identities. You also examined the biological and psychological factors that influence gender development. But an important question still remains: How does a person come to understand their own gender identity?

Is gender identity formed in childhood, or does it continue to evolve across life? Why do some individuals experience a strong alignment between their assigned sex and internal identity, while others experience discomfort, conflict, or fluidity in their sense of self? How do social experiences, family support, culture, and personal reflection shape this journey?

In contemporary psychology, understanding gender identity has become increasingly important due to growing awareness of transgender, non-binary, and other diverse

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identities. These experiences challenge traditional assumptions and expand our understanding of human identity.

This unit explores the stages and processes of gender identity development, the experiences of transgender and non-binary individuals, and the psychological and ethical aspects of gender dysphoria. It provides a deeper understanding of identity, diversity, mental health, and the importance of inclusive psychological support.

Keywords

Gender Identity, Identity Development, Gender Diversity, Transgender, Non-Binary, Gender Dysphoria, Identity Formation, Transition, Mental Health, Ethical Considerations

Discussion

Gender identity is a central aspect of human psychological development and plays an important role in shaping how individuals understand themselves and relate to the world around them. It refers to a person's deeply felt internal sense of being male, female, both, neither, or another gender identity. This internal experience forms an important part of personal identity and influences thoughts, emotions, behaviour, and social relationships.

The development of gender identity begins early in life and continues through different stages of growth and self-understanding. During childhood, individuals begin to recognise and label gender categories, while later experiences in adolescence and adulthood may further shape and refine their sense of identity. This process is influenced by biological, psychological, social, and cultural factors.

In many cases, gender identity aligns with the sex assigned at birth. However, for some individuals, gender identity may differ from assigned sex, leading to diverse experiences such as transgender, non-binary, or gender-fluid identities. Contemporary psychology recognises that gender identity exists along a spectrum and that human experiences of gender are varied and complex.

Understanding gender identity development is important because it helps explain individual differences in self-concept, emotional well-being, social interaction, and identity formation. It also promotes greater awareness, acceptance, and support for diverse gender experiences.

This unit explores the stages and processes of gender identity development, the experiences of transgender and non-binary individuals, and the psychological and ethical considerations related to gender dysphoria.

2.1.1 Stages and Processes of Gender Identity Development

Gender identity develops gradually through different stages of life as individuals grow, interact with others, and develop a sense of self. This process is influenced by biological factors, cognitive development, family relationships, social learning, and

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cultural experiences. Although the process may vary from person to person, psychologists have identified certain common stages in the development of gender identity.

One of the most influential explanations of gender identity development was proposed by Lawrence Kohlberg through his Cognitive-Developmental Theory. According to Kohlberg, children develop an understanding of gender through a series of stages. The first stage is gender identity, where children recognise themselves as male or female. The second stage is gender stability, where they understand that gender remains stable over time. The third stage is gender constancy, where they realise that gender remains unchanged despite differences in appearance or activities. These stages form an important foundation for later gender identity development.

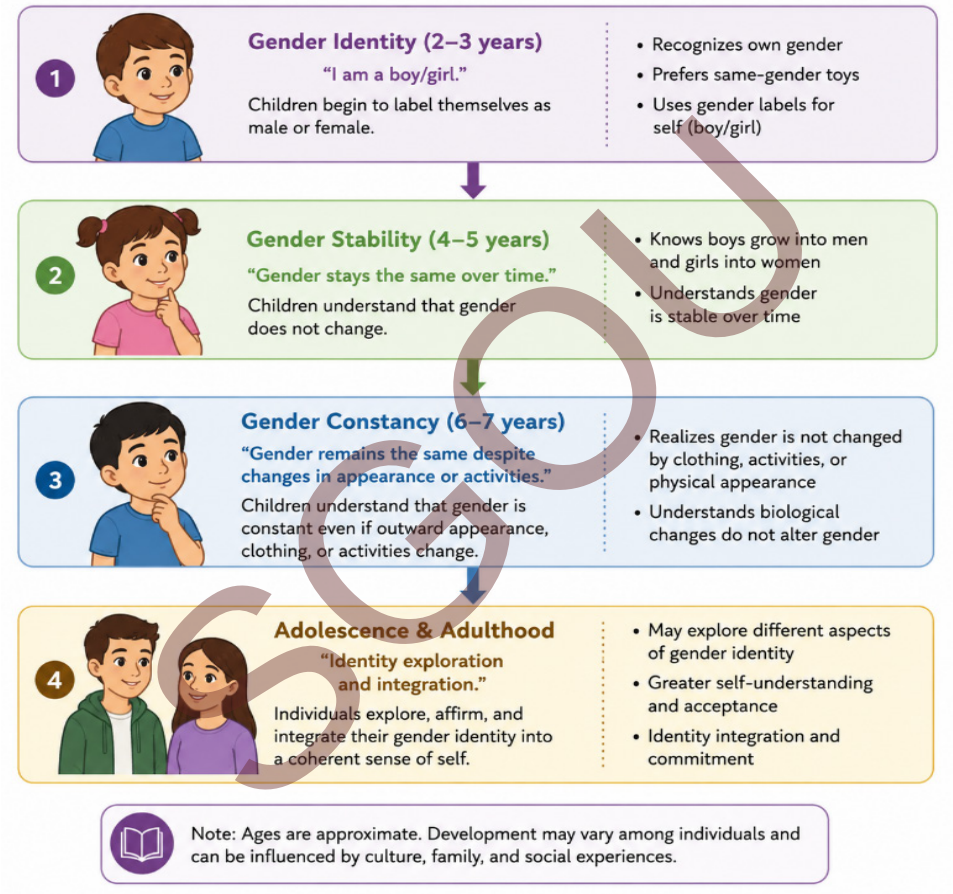


Figure 2.1.1 Kohlberg's Stages of Gender Identity Development

Another important explanation of gender identity development was proposed by Sandra Bem through her Gender Schema Theory. According to Bem, children develop mental frameworks called gender schemas, which help them organise information about gender and guide their behaviour. These schemas are formed through social experiences such as family interactions, cultural expectations, media influences, and observation of others. Once developed, gender schemas influence how children interpret the world, what behaviours they consider appropriate, and how they shape their own identity. This theory highlights that children actively process gender-related information and use it to understand themselves and others.

Beyond early childhood, gender identity continues to develop through broader life experiences. During adolescence, identity often becomes more complex as individuals experience physical, emotional, and social changes. Adolescence is an important period of self-exploration, where many individuals begin to question, confirm, or redefine their gender identity. Social influences, peer relationships, and personal experiences play a major role during this stage.

In adulthood, gender identity often becomes more integrated and stable, although for some individuals it may continue to evolve over time. Life experiences, relationships, cultural expectations, and personal reflection contribute to this ongoing process of identity development.

Thus, gender identity development is a dynamic and lifelong process that reflects the interaction between personal growth and social experiences.

2.1.2 Transgender and Non-Binary Identities: Understanding and Supporting Diverse Experiences

Contemporary psychology recognises that gender identity encompasses a diverse range of experiences and is not limited to binary categories. Some individuals experience their gender in ways that differ from the sex assigned to them at birth, leading to diverse gender identities such as transgender and non-binary. Understanding these identities is essential for promoting inclusion, mental health, and social acceptance.

Transgender refers to individuals whose gender identity differs from the sex assigned to them at birth. For example, a person assigned male at birth may identify as a woman, or a person assigned female at birth may identify as a man. Being transgender is related to gender identity and is distinct from sexual orientatio

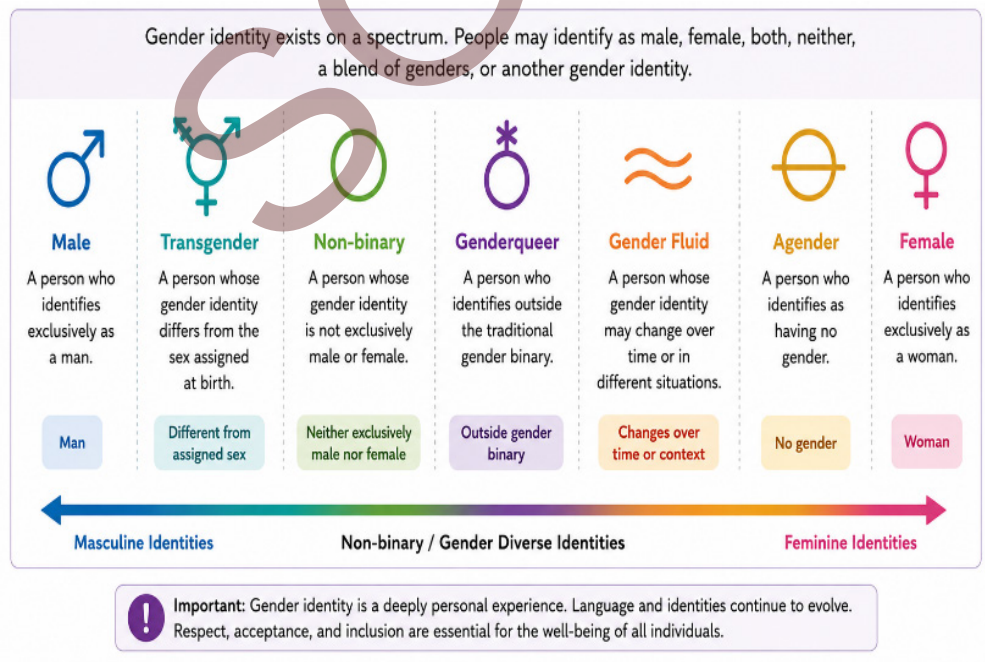


Figure 2.1.2 Spectrum of Gender Identities

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Non-binary is an umbrella term used for individuals whose gender identity does not fit exclusively within the categories of male or female. Some non-binary individuals may identify as both genders, neither gender, or move between different gender identities. Terms such as genderqueer, gender fluid, bigender, and agender are often included within non-binary experiences.

The experiences of transgender and non-binary individuals can vary greatly depending on personal, family, social, and cultural contexts. Many individuals may face challenges such as misunderstanding, discrimination, stigma, social rejection, and mental health difficulties. At the same time, supportive families, inclusive schools, healthcare access, and accepting communities can significantly improve psychological well-being and self-esteem.

Case Study: The Role of Social Support in Gender-Diverse Individuals

Ananya, a 20-year-old college student, identifies as a transgender woman. During her first year of college, she experienced difficulty adjusting to her new environment because some classmates did not understand her gender identity and occasionally made insensitive comments about her appearance and identity. A few peers avoided interacting with her, and she was sometimes excluded from social activities. These experiences made Ananya feel isolated and misunderstood. She gradually became reluctant to participate in classroom activities and began experiencing low self-esteem, anxiety, and difficulty concentrating on her studies. Initially, she was also hesitant to seek professional help because she feared being judged.

Ananya's situation improved when she received support from her family, who listened to her concerns and respected her gender identity. At college, a supportive teacher encouraged her to participate in academic and social activities, while the institution's inclusive policies provided a safer and more accepting environment. She also accessed a healthcare professional who provided respectful, non-judgmental support and helped her understand and address her concerns. Over time, Ananya developed stronger social connections, became more confident in expressing herself, and experienced improvement in her psychological well-being and self-esteem. This case illustrates how social support and inclusive environments can promote psychological well-being and self-esteem among gender-diverse individuals.

An important explanation for the mental health challenges faced by gender-diverse individuals is provided by the Minority Stress Theory. This theory explains that stigma, discrimination, prejudice, and social rejection can create additional psychological stress for individuals belonging to minority groups, including transgender and non-binary people. Continuous exposure to negative social experiences may increase the risk of anxiety, depression, low self-esteem, and emotional distress. However, social acceptance, family support, inclusive environments, and affirming relationships can reduce this stress and promote resilience and psychological well-being.

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In psychology, supporting diverse gender experiences involves respect, acceptance, affirming communication, and recognition of individuals' chosen names and pronouns. Ethical psychological practice emphasises creating safe and inclusive environments that support identity exploration and emotional well-being.

Thus, understanding transgender and non-binary identities broadens the study of gender psychology and promotes greater awareness of the diversity of human experiences.

2.1.3 Gender Dysphoria: Diagnosis, Treatment, and Ethical Considerations

Gender dysphoria refers to the psychological distress or discomfort that may arise when an individual's gender identity does not align with the sex assigned at birth. It is important to understand that being transgender or non-binary is not itself considered a disorder. Rather, gender dysphoria refers specifically to the distress that some individuals may experience due to this incongruence.

This distress may affect a person's emotional well-being, self-concept, and social functioning. The intensity of gender dysphoria can vary from person to person. Some may experience mild discomfort, while others may face significant emotional suffering.

Thus, gender dysphoria is best understood as a psychological response to the mismatch between identity and assigned sex, rather than as a disorder of identity itself.

2.1.3.1 Diagnosis and Clinical Features

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), gender dysphoria is characterised by a marked incongruence between an individual's experienced/expressed gender and assigned gender, accompanied by clinically significant distress or impairment in important areas of functioning.

In children, the diagnosis requires the presence of at least six specified features associated with the incongruence, persisting for at least six months. These may include a strong desire to be or insistence that one is another gender, a strong preference for cross-gender roles or activities, and a strong dislike of one's sexual anatomy.

In adolescents and adults, the diagnosis requires at least two specified features, persisting for at least six months. These include a marked incongruence between experienced/expressed gender and primary or secondary sex characteristics, a strong desire to be rid of one's primary or secondary sex characteristics, a strong desire for the primary or secondary sex characteristics of another gender, a strong desire to be of another gender, a strong desire to be treated as another gender, and a strong conviction that one has the typical feelings and reactions of another gender.

In the International Classification of Diseases (ICD-11), the term gender incongruence is used rather than gender dysphoria and is classified under conditions related to sexual health rather than mental disorders. This reflects a less pathologising approach to gender diversity.

The experience of gender dysphoria may differ across developmental stages. In children, it may involve distress related to gender or gender-related roles and activities. In adolescents, physical changes during puberty may intensify distress, while in adults, gender-related distress may affect relationships, work, and overall psychological well-being.

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Differential diagnosis is important in assessing gender dysphoria because some conditions or experiences may have overlapping features. Gender non-conformity refers to behaviours, appearance, or interests that do not conform to traditional gender expectations and is not, by itself, a mental disorder. Body Dysmorphic Disorder involves preoccupation with perceived defects or flaws in physical appearance, whereas gender dysphoria involves distress associated with incongruence between experienced gender and assigned sex. Transvestic Disorder involves recurrent sexual arousal associated with cross-dressing and differs from gender dysphoria, in which gender identity and related distress are central. Psychotic disorders should also be considered when unusual beliefs about sex or gender occur in the context of psychotic symptoms. Variations in sex characteristics may also be relevant during assessment and should be distinguished from gender dysphoria while recognising that they may coexist.

2.1.3.2 Psychological Impact of Gender Dysphoria

Gender dysphoria may have significant psychological effects when individuals experience distress associated with incongruence between their experienced gender and assigned sex. The nature and intensity of this distress can vary considerably across individuals. Some may experience anxiety, depression, low self-esteem, social withdrawal, emotional distress, and difficulties in self-concept or identity-related adjustment. These difficulties may become more pronounced when the individual lacks understanding, acceptance, or appropriate psychological support.

The psychological impact may also extend to interpersonal and social functioning. Individuals experiencing gender dysphoria may face difficulties in family relationships, peer interactions, educational settings, workplaces, or other social environments. Fear of rejection, negative judgement, or discrimination may lead some individuals to conceal aspects of their gender identity or avoid situations in which they may feel unsafe or misunderstood. Such experiences can contribute to loneliness, reduced social participation, and reduced psychological well-being.

Non-binary individuals may also experience psychological challenges associated with living outside traditional binary expectations of gender. Some may experience identity-related distress, anxiety, low self-esteem, social isolation, or emotional difficulties, particularly when their gender identity is not recognised or accepted by others. Psychological difficulties may arise from the individual's social experiences, discrimination, lack of acceptance, or difficulties in expressing their identity in environments that assume only binary gender categories.

Non-binary individuals may also experience misgendering, invalidation, misunderstanding, and pressure to identify as either male or female. Repeated experiences of being addressed incorrectly, having their identity questioned, or being expected to conform to binary gender roles may create emotional stress and affect self-esteem and social confidence. Difficulties in accessing supportive healthcare, educational environments, or family acceptance may further contribute to psychological burden.

The experience of non-binary individuals is highly diverse. Some individuals may experience little or no psychological distress, particularly when they have strong social support and are able to express their identity freely. Supportive families, accepting peers, inclusive educational and workplace environments, respectful use of names and pronouns, and access to affirming

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psychological support can contribute to greater self-acceptance, resilience, and emotional well-being.

An important explanation for the psychological difficulties experienced by gender-diverse individuals is Minority Stress Theory. The theory proposes that people belonging to socially stigmatised groups may experience additional stress as a result of prejudice, discrimination, stigma, rejection, and social exclusion. For transgender and non-binary individuals, repeated exposure to such experiences may increase psychological burden and contribute to anxiety, depression, low self-esteem, and emotional distress.

Thus, the psychological impact of gender dysphoria and the difficulties experienced by some non-binary individuals cannot be understood solely in terms of individual identity. Social, cultural, interpersonal, and environmental factors play an important role in shaping psychological well-being. Acceptance, social support, inclusion, and affirming environments can reduce distress and promote resilience among gender-diverse individuals.

2.1.3.3 Treatment and Therapeutic Approaches

Treatment approaches for gender dysphoria focus on reducing distress and promoting psychological well-being rather than changing an individual's gender identity. The primary goal of treatment is to support individuals in understanding, accepting, and affirming their gender identity while improving overall mental health and quality of life.

Gender-affirmative therapy is a supportive approach that may be used with transgender and non-binary individuals to explore and affirm their gender identity, address identity-related concerns, and promote psychological well-being. This therapeutic approach provides a safe and supportive space for individuals to explore their gender identity, develop self-acceptance, and improve emotional adjustment.

Psychological counselling may also help in managing associated difficulties such as anxiety, depression, trauma, stress, and identity-related conflicts. Cognitive-behavioural strategies, supportive psychotherapy, and coping-skills training may be used to reduce emotional distress and improve resilience.

Family support is an important part of treatment, as acceptance from family members has been shown to improve self-esteem, resilience, and emotional well-being. Family therapy and psychoeducation can help family members understand gender diversity and provide effective emotional support.

Social transition, such as changing names, pronouns, clothing, and social roles, may help reduce distress and strengthen identity affirmation. This process often improves self-confidence and social comfort by allowing individuals to express their authentic identity.

In some cases, medical interventions such as hormone therapy or gender-affirming surgery may be considered based on the individual's needs and informed consent. Before such interventions, psychological assessment is often important to evaluate readiness, emotional stability, and the ability to make informed decisions.

Support groups and peer communities can also play a significant role in treatment by providing a sense of belonging, reducing isolation, and increasing social support. Thus, treatment for gender dysphoria is multidisciplinary, involving psychological, social, and medical support to promote long-term well-being.

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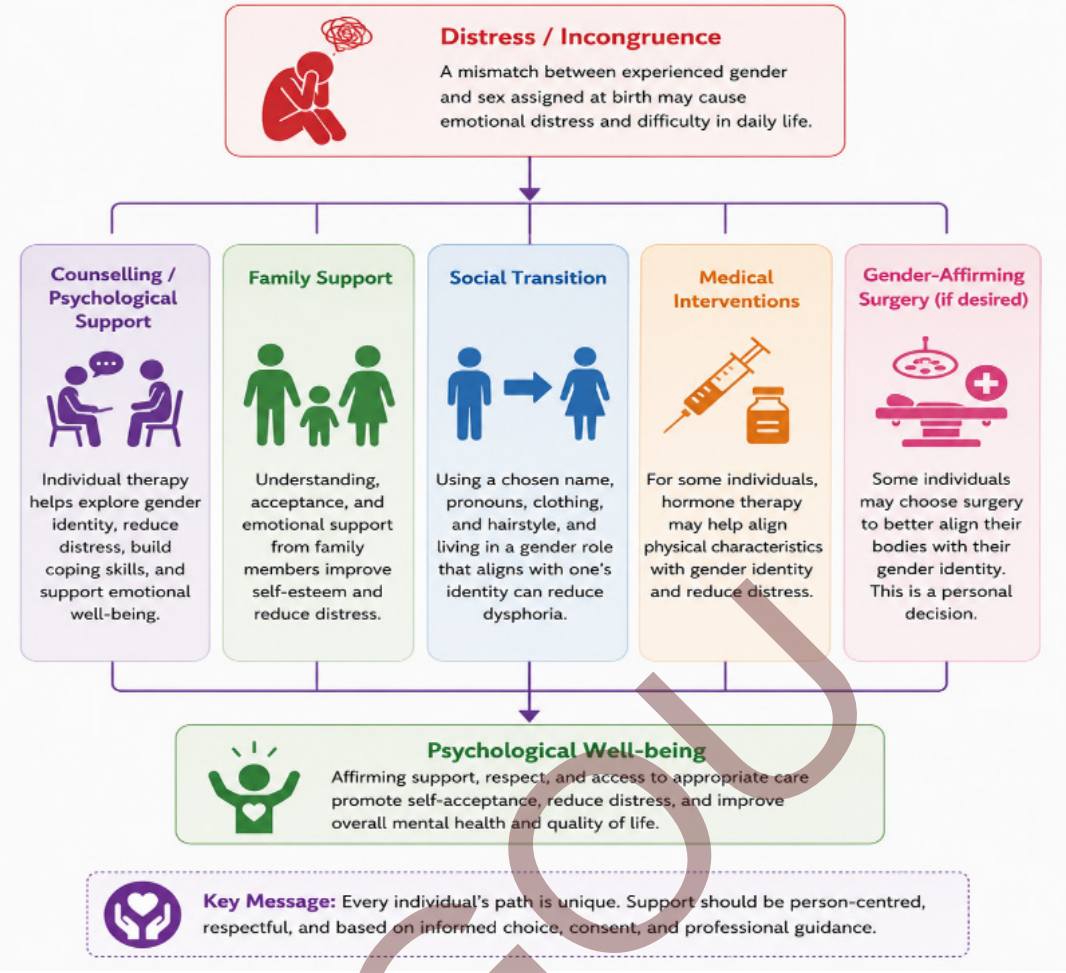


Figure 2.1.3 Gender Dysphoria: Pathways of Support

2.1.3.4 Ethical Considerations

Ethical considerations are especially important when working with individuals experiencing gender dysphoria, as they often involve sensitive issues related to identity, mental health, and social stigma. Psychologists and healthcare professionals must ensure respect for the individual's gender identity, maintain confidentiality, and obtain informed consent before any therapeutic or medical intervention.

An important ethical principle is autonomy, which means recognising the individual's right to define and express their own gender identity without coercion. Mental health professionals must avoid imposing personal beliefs or societal expectations on clients.

Another major ethical concern is avoiding conversion or reparative practices, which attempt to force individuals to conform to their assigned sex. Such practices are considered unethical because they can increase psychological distress, anxiety, and trauma.

Professionals must also practice non-discrimination and provide gender-affirmative care, creating safe and supportive therapeutic environments. Special care should be taken when working with children and adolescents, ensuring both emotional support and developmentally appropriate approaches to decision-making.

Thus, ethical practice in gender dysphoria involves protecting dignity, promoting well-being, and ensuring evidence-based, inclusive, and compassionate care.

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Recap

- Gender identity refers to an individual's deeply felt internal sense of being male, female, both, neither, or another gender identity.
- Gender identity is an important part of self-concept and psychological development.
- The development of gender identity begins in early childhood and continues throughout life.
- Biological, psychological, social, and cultural factors influence gender identity development.
- Lawrence Kohlberg's Cognitive-Developmental Theory explains gender development through the stages of gender identity, gender stability, and gender constancy.
- Kohlberg's stages of gender identity development describe how children understand and organise gender-related concepts.
- Sandra Bem's Gender Schema Theory explains that children develop gender schemas through social experiences and use them to guide behaviour.
- Gender identity continues to evolve during adolescence through self-exploration and social interaction.
- In adulthood, gender identity often becomes more integrated and stable.
- Transgender individuals have a gender identity different from the sex assigned at birth.
- Non-binary identities include gender experiences that do not fit strictly within male or female categories.
- Gender diversity includes identities such as genderqueer, gender-fluid, bigender, and agender.
- Gender-diverse individuals may experience challenges such as stigma, discrimination, and social rejection.
- Minority Stress Theory explains how social prejudice can increase psychological stress among minority groups.
- Supportive environments can improve resilience, self-esteem, and mental health among gender-diverse individuals.

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- Gender dysphoria refers to distress caused by incongruence between gender identity and assigned sex.
- The DSM-5 recognises gender dysphoria as a clinical condition when distress is significant.
- The ICD-11 uses the term gender incongruence and places it under sexual health conditions.
- Treatment for gender dysphoria may include counselling, family support, social transition, and, where appropriate, medical interventions.
- Ethical psychological practice requires respect, confidentiality, informed consent, and non-discrimination.
- Understanding gender identity development promotes awareness, acceptance, and inclusive support for diverse gender experiences.

Objective Questions

1. Who proposed the Cognitive-Developmental Theory of gender development?
2. Who proposed Gender Schema Theory?
3. What stage involves recognising oneself as male or female?
4. What stage involves understanding that gender remains stable over time?
5. What stage involves understanding that gender remains unchanged despite appearance?
6. What term refers to a gender identity different from the sex assigned at birth?
7. What term refers to identities that do not fit exclusively into male or female categories?
8. What term describes an identity that may change over time?
9. What term describes an absence of gender identity?
10. What theory explains psychological stress caused by stigma and discrimination?

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11. What term refers to distress associated with gender incongruence?

12. Which classification uses the term "gender incongruence"?

13. What type of therapy provides support for exploring and affirming gender identity?

14. What process involves changing names, pronouns, clothing, or social roles?

15. What principle refers to the individual's right to make decisions about their own identity?

16. What principle requires protection of a client's private information?

17. What principle requires voluntary agreement before intervention?

18. What ethical principle requires equal treatment without prejudice?

19. What type of intervention involves educating family members about gender diversity?

20. What type of support provides connection with others who have similar experiences?

Answers

1. Lawrence Kohlberg
2. Sandra Bem
3. Gender Identity
4. Gender Stability
5. Gender Constancy
6. Transgender
7. Non-binary
8. Gender-fluid

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9. Agender
10. Minority Stress Theory
11. Gender Dysphoria
12. ICD-11
13. Gender-affirmative therapy
14. Social Transition
15. Autonomy
16. Confidentiality
17. Informed Consent
18. Non-discrimination
19. Psychoeducation
20. Peer Support

Assignments

1. Analyse the stages of gender identity development with reference to Kohlberg's Cognitive-Developmental Theory and Bem's Gender Schema Theory.
2. Discuss the experiences of transgender and non-binary individuals and explain the importance of social support and acceptance in promoting psychological well-being.
3. Analyse the concept of gender dysphoria with reference to diagnosis, treatment approaches, and ethical considerations in psychological practice.
4. Observe and analyse how gender identity is expressed and understood in your family, educational institution, or community. Prepare a brief report based on your observations.

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5. Conduct a small interview or group discussion with peers to understand their views on gender diversity, transgender identities, and social acceptance. Summarise your findings.

6. Analyse the major psychological and social approaches used in supporting individuals experiencing gender dysphoria, including counselling, family support, social transition, and medical interventions.

7. Evaluate the ethical principles involved in psychological practice with gender-diverse individuals, with particular reference to autonomy, confidentiality, informed consent, respect, and non-discrimination.

Reference

American Psychological Association. (2015). *Guidelines for psychological practice with transgender and gender nonconforming people*.

Bem, S. L. (1981). Gender schema theory: A cognitive account of sex typing. *Psychological Review*, *88*(4), 354–364.

Dess, N. K., Marecek, J., & Bell, L. C. (2018). *Gender, sex, and sexualities: Psychological perspectives*. Oxford University Press.

Eagly, A. H., Beall, A. E., & Sternberg, R. J. (2004). *The psychology of gender* (2nd ed.). Guilford Press.

Kohlberg, L. (1966). A cognitive-developmental analysis of children's sex-role concepts and attitudes. In E. E. Maccoby (Ed.), *The development of sex differences* (pp. 82–173). Stanford University Press.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697.

Rogers, S.W. & Rogers, R.S. (2004). The Psychology of Gender and Sexuality: An Introduction. Open University Press.

Wood, G.W. (2018). The Psychology of Gender. Routledge.

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Suggested Reading

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

Bem, S. L. (1993). *The lenses of gender: Transforming the debate on sexual inequality*. Yale University Press.

Kohlberg, L. (1966). A cognitive-developmental analysis of children's sex-role concepts and attitudes. In E. E. Maccoby (Ed.), *The development of sex differences* (pp. 82–173). Stanford University Press.

Lev, A. I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. Haworth Clinical Practice Press.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697.

World Health Organization. (2019). *International classification of diseases for mortality and morbidity statistics (11th rev.)*. World Health Organization.

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UNIT 2

Gender Expression and Roles

Learning Outcomes

Upon completion of the unit, the learner will be able to:

- explain the concept of gender expression and gender roles
- analyse societal norms and expectations regarding gender expression
- examine the influence of media and culture on gender roles
- understand the relationship between gender stereotypes and social behaviour
- discuss gender non-conformity and its psychological significance
- evaluate the importance of breaking gender stereotypes in contemporary society

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Prerequisite

In the previous unit, you explored how gender identity develops across different stages of life and how individuals may experience gender in diverse ways. You also examined transgender and non-binary identities, as well as the psychological and ethical dimensions of gender dysphoria. But understanding identity alone is not enough. An important question remains: How do people express their gender in everyday life, and how does society respond to it?

Why are some behaviours, clothing styles, or occupations labelled as masculine or feminine? How do media, culture, and social institutions shape our ideas about gender roles? What happens when individuals challenge these expectations?

This unit explores the social and cultural dimensions of gender expression and gender roles. It examines societal expectations, the influence of media and culture, and the experiences of gender non-conformity. Understanding these topics helps us recognise how gender is expressed, regulated, and transformed within society.

Keywords

Gender Expression, Gender Roles, Gender Norms, Gender Stereotypes, Media Influence, Culture, Masculinity, Femininity, Gender Non-conformity, Social Expectations

Discussion

2.2.1 Introduction to Gender Expression and Roles

Gender expression and gender roles are important aspects of human social life that influence how individuals present themselves and interact within society. While gender identity refers to an individual's internal sense of gender, gender expression refers to the outward ways in which people communicate or display their gender through appearance, clothing, behaviour, voice, and social interactions. Gender roles, on the other hand, refer to the socially defined expectations, behaviours, and responsibilities associated with different genders.

From early childhood, individuals are exposed to social messages about how they are expected to behave, dress, speak, and interact based on their gender. These expectations are shaped by family, peers, schools, media, religion, and cultural traditions. Over time, such influences contribute to the formation of gender roles and patterns of gender expression.

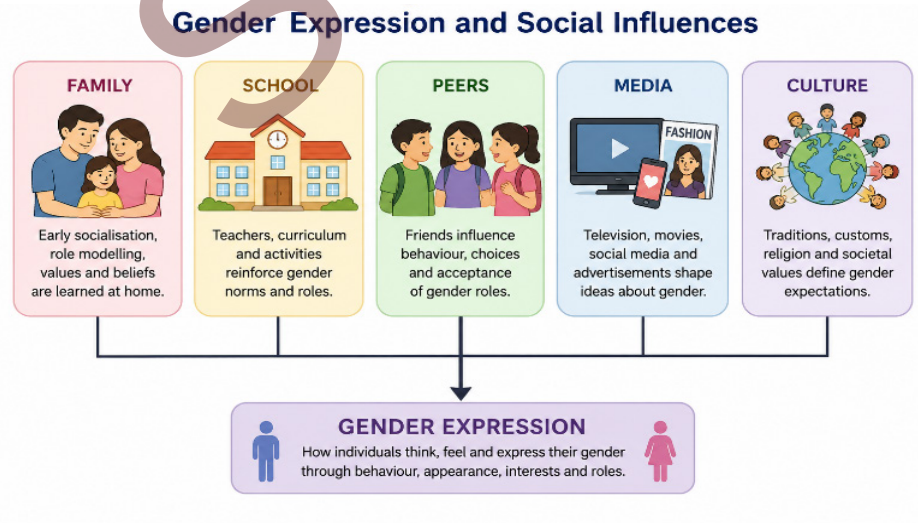


Figure 2.2.1 Gender Expression and Social Influences

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From the perspective of Symbolic Interactionism, gender expression develops through social interactions and shared meanings. This perspective suggests that individuals learn to understand and perform gender through communication, observation, and interpretation of social symbols such as clothing, language, gestures, and behaviour. Through everyday interactions with family, peers, and society, people gradually construct their understanding of what it means to be masculine, feminine, or gender-diverse. Thus, gender expression is not only personal but also socially created and maintained.

Societies often classify behaviours and roles as masculine or feminine, creating norms that guide social behaviour. However, these norms are not fixed and may vary across cultures and historical periods. What is considered appropriate for one gender in one society may differ greatly in another.

In contemporary psychology, gender expression is understood as diverse and flexible rather than rigidly limited to traditional expectations. Many individuals express their gender in unique ways, and not all expressions conform to conventional gender roles. This diversity challenges stereotypes and broadens our understanding of human identity and social behaviour.

This unit examines societal norms regarding gender expression, the influence of media and culture on gender roles, and the experiences of gender non-conformity and breaking stereotypes in modern society.

2.2.2 Societal Norms and Expectations Regarding Gender Expression

Societal norms play a major role in shaping how individuals express their gender. These norms consist of shared beliefs, values, and expectations about what is considered appropriate behaviour, appearance, and roles for different genders. From childhood onwards, individuals learn these expectations through socialisation and everyday interactions.

In many societies, gender expression is often linked to traditional ideas of masculinity and femininity. For example, boys may be encouraged to be strong, independent, and emotionally controlled, while girls may be expected to be caring, gentle, and expressive. Clothing, hairstyles, toys, occupations, and behaviour are often influenced by these expectations.

Family is one of the earliest and most powerful influences in shaping gender expression. Parents and caregivers may consciously or unconsciously encourage behaviours that align with traditional gender norms. Schools, peer groups, and community institutions also reinforce these expectations through rules, rewards, and social approval.

Societal norms can influence opportunities, self-expression, and identity formation. Individuals who conform to expected gender roles may receive acceptance and approval, while those who challenge these expectations may face criticism, rejection, or discrimination.

However, contemporary perspectives recognise that gender expression is diverse and not limited by rigid social expectations. Increasing awareness and social change have encouraged greater acceptance of varied forms of gender expression, allowing individuals more freedom to express themselves authentically.

Thus, societal norms and expectations significantly shape gender expression, but these norms continue to evolve as societies become more inclusive and aware of gender diversity.

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2.2.2.1 Gender Norms in Childhood

Gender norms begin to develop in early childhood as children learn socially accepted behaviours, roles, and expectations associated with their gender. From a young age, children are exposed to messages about what is considered appropriate for boys and girls through family, toys, clothing, language, and everyday interactions.

In many societies, boys are often encouraged to engage in activities associated with strength, competition, and independence, while girls may be encouraged to participate in nurturing, cooperative, and expressive activities. Toys, colours, and play behaviours are often divided along gender lines, reinforcing early ideas of masculinity and femininity.

Children gradually internalise these norms through observation, imitation, and social reinforcement. Parents, siblings, teachers, and peers all play important roles in teaching children what behaviours are considered suitable for their gender. These early experiences shape children's self-concept, interests, and patterns of behaviour.

Psychologists suggest that childhood gender norms can have long-term effects on identity development, emotional expression, career aspirations, and social relationships. While these norms provide structure, they may also limit self-expression if they are rigidly enforced.

Thus, gender norms in childhood form an important foundation for later gender roles and expressions, influencing how individuals understand themselves and interact within society.

2.2.2.2 Family and Socialisation of Gender Roles

Family is one of the earliest and most influential agents of gender socialisation. From birth onwards, parents and caregivers often shape children's understanding of gender through the way they interact with them, the expectations they set, and the behaviours they encourage or discourage.

Children learn gender roles by observing family members and the way responsibilities, emotions, and decision-making are expressed within the household. Through these daily interactions, they begin to form ideas about what roles and behaviours are considered appropriate for different genders. For example, children may notice how tasks are divided between parents and how each parent responds to social expectations. These observations become an important source of learning and influence children's attitudes, interests, and future aspirations.

According to Social Role Theory, proposed by Alice Eagly, society assigns different roles and responsibilities to men and women, and these roles shape behaviour over time. Traditionally, men have often been expected to take on provider, leadership, and decision-making roles, while women have been associated with caregiving, emotional support, and household responsibilities. These socially assigned roles create expectations about how individuals should behave and interact within society.

Eagly's theory suggests that many behavioural differences between genders are shaped by social roles rather than being purely biological. As societies change and gender roles become more flexible, these behavioural patterns may also change. Thus, Social Role Theory helps explain how family and society together contribute to the development and maintenance of gender roles.

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Parents may also consciously or unconsciously reinforce traditional gender roles through choices related to clothing, toys, activities, and behaviour. Boys may be encouraged to be independent and assertive, while girls may be guided toward nurturing and cooperative roles. Such practices can shape children's beliefs, interests, and future aspirations.

Family values, cultural traditions, and religious beliefs often influence these patterns of socialisation. In some families, gender roles may be strictly defined, while in others they may be more flexible and supportive of individual choice.

Thus, family plays a major role in the socialisation of gender roles by providing the first environment in which children learn about gender expectations and social behaviour.

2.2.2.3 Social Rewards and Punishments

Social rewards and punishments play an important role in shaping gender expression and maintaining gender norms within society. From childhood onwards, individuals often receive positive or negative responses based on whether their behaviour aligns with socially accepted gender expectations.

Social rewards include praise, acceptance, encouragement, and approval when individuals behave in ways considered appropriate for their gender. For example, a boy may be praised for being strong or independent, while a girl may receive appreciation for being caring or polite. Such rewards reinforce traditional gender roles and encourage conformity.

On the other hand, social punishments may include criticism, teasing, rejection, or disapproval when individuals behave in ways that challenge gender expectations. For instance, boys showing emotional vulnerability or girls choosing activities considered masculine may face negative reactions from family, peers, or society.

According to Albert Bandura's Social Learning Theory, children learn gender roles by observing others and imitating behaviours that are rewarded. Parents, siblings, peers, teachers, and media figures often serve as models for gender-related behaviour. When children observe that certain behaviours are praised or accepted, they are more likely to repeat them. Similarly, when behaviours are criticised or discouraged, children may avoid them. In this way, society rewards gender-conforming behaviour and punishes non-conforming behaviour, making these patterns stronger and more deeply internalised over time. This process plays an important role in shaping gender expression and maintaining traditional gender norms.

B.F. Skinner's Operant Conditioning Theory explains that behaviour is shaped through reinforcement and punishment. According to this theory, behaviours followed by positive consequences are more likely to be repeated, while behaviours followed by negative consequences are less likely to continue. In the context of gender, children who display socially approved gender behaviours may receive praise, acceptance, or encouragement, which strengthens those behaviours. On the other hand, behaviours that challenge traditional gender expectations may be met with criticism, rejection, or punishment, leading individuals to suppress or modify them. Thus, Operant Conditioning helps explain how gender norms are maintained and reinforced through everyday social experiences.

These rewards and punishments influence self-esteem, behaviour, and identity development. Over time, individuals may adjust their actions to gain acceptance or avoid rejection, even if those behaviours do not reflect their true preferences or personality.

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Case Study: Operant Conditioning and Gendered Behaviour

Riya, a 7-year-old girl, enjoys playing football and often chooses to play with boys during recess. Her parents and relatives praise her when she participates in activities considered traditionally feminine, such as helping with household tasks, but sometimes discourage her from playing football by telling her that it is "not suitable for girls." When Riya helps with household activities, she receives praise and affection, which encourages her to repeat the behaviour. When she chooses football, negative comments and disapproval make her less likely to engage in the activity around adults. Over time, Riya may learn to modify her behaviour to gain approval and avoid criticism. This example illustrates how reinforcement and punishment can shape gender-related behaviours and contribute to the maintenance of socially learned gender norms

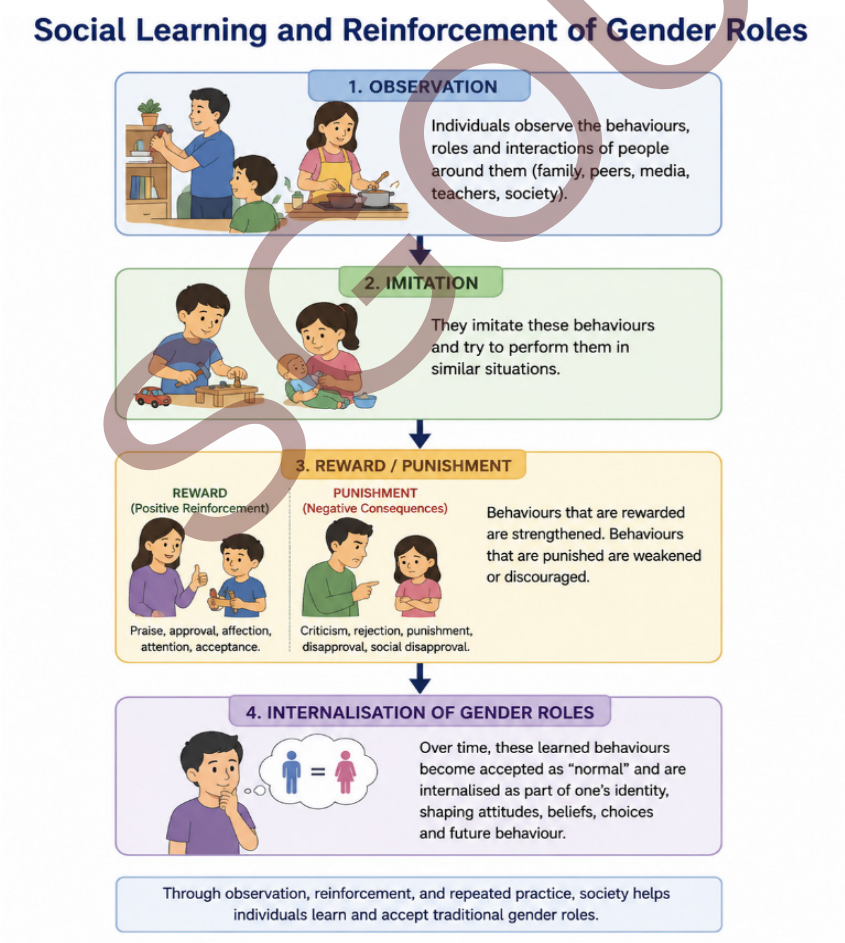


Figure 2.2.2 Social Learning and Reinforcement of Gender Roles

However, changing social attitudes and greater awareness of gender diversity have begun to challenge rigid systems of reward and punishment. Increasing acceptance of varied gender expressions allows individuals greater freedom to express themselves authentically.

Thus, social rewards and punishments are powerful mechanisms through which societies regulate gender expression and maintain or transform gender norms.

2.2.3 The Impact of Media and Culture on Gender Roles

Media and culture are powerful influences in shaping gender roles and gender expression. They play an important role in teaching individuals what behaviours, appearances, and responsibilities are considered appropriate for different genders. Through television, films, advertisements, social media, literature, and cultural traditions, people are constantly exposed to messages about masculinity and femininity.

Alice Eagly's Social Role Theory explains that gender differences in behaviour are shaped by social expectations and the division of roles in society. According to this theory, individuals learn behaviours that fit socially assigned roles, which are then reinforced through culture and institutions. Society often assigns men and women different responsibilities based on traditional expectations, such as men being viewed as providers and women as caregivers.

These role divisions influence how individuals think, behave, and interact with others. From childhood, people observe these patterns within families, schools, workplaces, and communities, gradually learning what is considered appropriate for their gender. Over time, repeated participation in these roles strengthens gender-related behaviours and creates social norms.

Eagly's theory suggests that many differences in behaviour between men and women are not purely biological but are shaped by the social roles they are expected to perform. As social roles change over time, gender behaviours and expectations may also change. Thus, Gender Role Theory helps explain how society and culture influence the development and maintenance of gender roles.

The media often portrays men and women in stereotypical ways. Men may be represented as strong, dominant, and independent, while women may be shown as caring, emotional, and focused on appearance or family responsibilities. These repeated representations can influence how individuals understand gender and what roles they believe they should follow.

Culture also shapes gender roles by establishing values, customs, traditions, and beliefs that define expected behaviour for different genders. In some cultures, gender roles may be rigid and strongly enforced, while in others they may be more flexible and open to change. Cultural practices related to education, marriage, work, and leadership often reflect these expectations.

In modern society, social media has created new spaces for self-expression and has challenged traditional gender roles by giving visibility to diverse gender identities and lifestyles. At the same time, it can also reinforce stereotypes through trends, beauty standards, and public opinion.

Thus, media and culture significantly influence gender roles by shaping perceptions, expectations, and opportunities. Their impact can either reinforce traditional stereotypes or contribute to greater diversity and inclusion in gender expression.

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2.2.3.1 Media Representation of Masculinity and Femininity

Media plays a major role in shaping ideas about masculinity and femininity by presenting repeated images, behaviours, and roles associated with men and women. Through television, films, advertisements, magazines, and social media, individuals are exposed to powerful messages about how different genders are expected to look, behave, and interact.

Masculinity in media is often represented through qualities such as strength, power, independence, competitiveness, and emotional control. Male characters are frequently shown as leaders, protectors, or decision-makers, reinforcing traditional expectations of dominance and authority.

Femininity, on the other hand, is often portrayed through qualities such as beauty, sensitivity, nurturing, and emotional expressiveness. Female characters are commonly associated with caregiving roles, relationships, and physical appearance, which may reinforce traditional ideas about women's roles in society.

An important concept in understanding media representation is Objectification Theory, proposed by Fredrickson and Roberts. This theory explains that the media often presents women as objects of appearance and attractiveness rather than as complete individuals with thoughts, abilities, and emotions. Such portrayals may place strong emphasis on physical beauty, body image, and external appearance. Continuous exposure to objectifying images can lead individuals, especially women, to internalise these standards and evaluate themselves based on appearance. This may negatively affect self-esteem, body satisfaction, and psychological well-being, increasing risks of anxiety, shame, and body-related concerns. Thus, Objectification Theory highlights the psychological impact of media on gender representation.

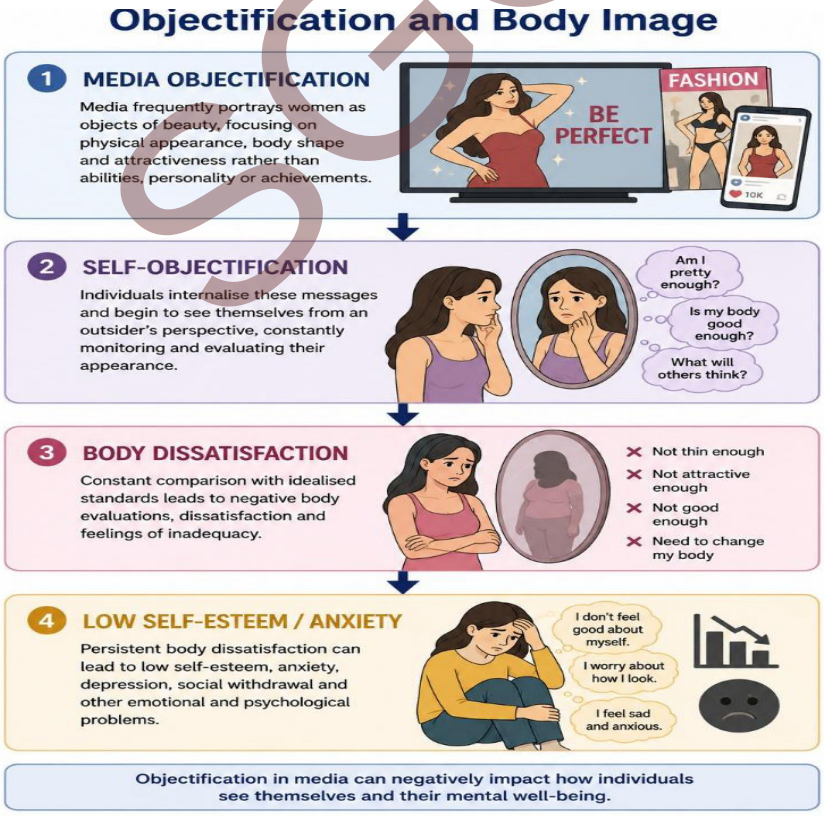


Figure 2.2.3 Objectification and Body Image

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These repeated portrayals can influence self-image, behaviour, aspirations, and social expectations. Children and adolescents, in particular, may internalise these media messages and use them as models for understanding gender roles.

Cultivation Theory, proposed by George Gerbner, suggests that repeated exposure to media shapes people's perceptions of reality. According to this theory, individuals who are continuously exposed to particular media messages may begin to view those messages as normal and realistic. In the context of gender, repeated portrayals of men as strong, dominant, and independent, and women as nurturing, emotional, and appearance-focused, can influence people's beliefs about how genders should behave.

Over time, these repeated images may strengthen traditional stereotypes and affect self-image, aspirations, and social expectations. Children and adolescents are especially vulnerable because they are still developing their understanding of gender roles. Thus, Cultivation Theory explains how media can play a powerful role in maintaining and reinforcing gender stereotypes in society.

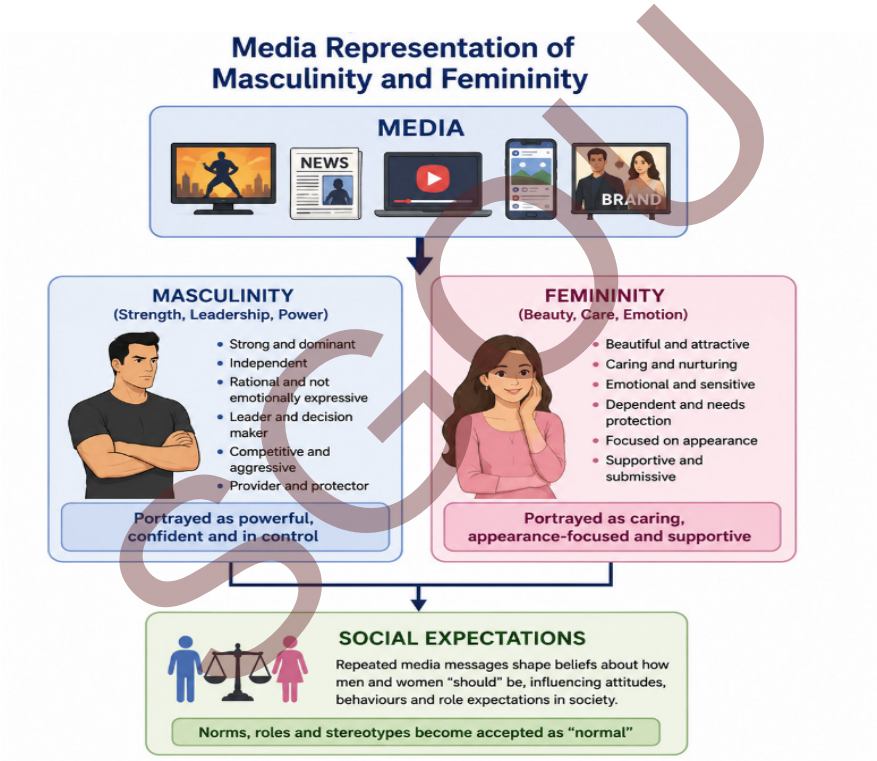


Figure 2.2.4 Media Representation of Masculinity and Femininity

However, contemporary media has also begun to challenge traditional representations by showing more diverse and flexible expressions of masculinity and femininity. Increasing visibility of strong female characters, emotionally expressive men, and gender-diverse individuals has contributed to changing perceptions of gender.

Thus, media representation plays an important role in both maintaining and transforming societal ideas about masculinity and femininity.

2.2.3.2 Cultural Variations in Gender Roles

Gender roles vary significantly across cultures, reflecting the influence of social values, traditions, customs, and belief systems. What is considered appropriate

behaviour for men and women in one culture may differ greatly in another. These variations show that gender roles are not universal but are shaped by cultural context.

In some cultures, traditional gender roles may emphasise men as providers, leaders, and protectors, while women may be expected to focus on caregiving, household responsibilities, and family life. In other cultures, gender roles may be more flexible, allowing both men and women to share responsibilities in work, parenting, and decision-making.

Cultural practices related to education, marriage, occupation, and social participation often reflect gender expectations. For example, access to education or employment opportunities may differ for men and women depending on cultural norms. Similarly, cultural rituals and traditions may reinforce specific gender roles and responsibilities.

Globalisation and social change have influenced cultural views on gender, leading to greater awareness and questioning of traditional roles. Exposure to different cultures through travel, media, and technology has contributed to changing attitudes toward gender equality and diversity.

Thus, cultural variations in gender roles highlight the importance of understanding gender within its social and cultural context, recognising both diversity and change across societies.

2.2.3.3 Social Media and Contemporary Gender Expression

Social media has become an important platform for shaping and expressing gender in contemporary society. Unlike traditional media, social media allows individuals to actively create, share, and present their identities, making it a powerful space for self-expression and social interaction.

Through platforms such as Instagram, YouTube, Facebook, and TikTok, people are exposed to a wide range of gender expressions, lifestyles, and identities. This increased visibility has helped challenge traditional gender norms by creating awareness about transgender, non-binary, and gender non-conforming experiences.

Social media also provides opportunities for individuals to connect with supportive communities, access information, and share personal experiences related to gender identity and expression. For many, these online spaces can promote self-acceptance, empowerment, and a sense of belonging.

At the same time, social media can reinforce gender stereotypes through beauty standards, popularity trends, and societal expectations regarding appearance and behaviour. Online criticism, cyberbullying, and social pressure may negatively affect self-esteem and mental health, especially among adolescents.

Thus, social media plays a dual role in contemporary gender expression. It can both challenge traditional gender roles and reinforce existing stereotypes, depending on how it is used and experienced.

2.2.4 Gender Non-conformity and Breaking Stereotypes

Gender non-conformity refers to behaviours, appearances, or identities that do not align with the traditional expectations associated with a person's assigned gender. It involves expressing oneself in ways that challenge socially accepted ideas of masculinity and femininity. Gender non-conformity may be seen in clothing, behaviour, interests, occupations, or emotional expression.

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An important contemporary perspective related to gender non-conformity is Queer Theory. Queer Theory challenges fixed categories of gender and sexuality, arguing that identity is fluid, flexible, and socially constructed rather than rigidly defined. It questions traditional binary ideas of masculinity and femininity and highlights the diversity of human experiences. This perspective encourages society to move beyond strict gender classifications and supports broader acceptance of diverse identities and expressions. In psychology, Queer Theory contributes to understanding gender as dynamic and shaped by social and cultural contexts.

Not all individuals conform to traditional gender roles, and this diversity reflects the complexity of human identity. For example, a man may express sensitivity and nurturing qualities, while a woman may display assertiveness and leadership. Such expressions challenge rigid stereotypes and broaden the understanding of gender.

Individuals who are gender non-conforming may face social challenges such as criticism, rejection, discrimination, or misunderstanding from family, peers, and society. These negative experiences can affect self-esteem, mental health, and social relationships. However, acceptance and supportive environments can help individuals feel safe and valued.

Breaking gender stereotypes is important for promoting equality, freedom of self-expression, and psychological well-being. Challenging rigid expectations allows individuals to explore their interests and abilities without fear of judgement. It also helps society move toward greater inclusion and respect for diversity.

In contemporary psychology, gender non-conformity is understood as a natural variation in human expression rather than a problem or disorder. This perspective encourages greater awareness, empathy, and support for diverse ways of being.

Thus, understanding gender non-conformity and breaking stereotypes helps create a more inclusive society where individuals can express themselves authentically and freely.

2.2.4.1 Understanding Gender Non-conformity

Gender non-conformity refers to expressions of behaviour, appearance, or interests that do not match the traditional expectations associated with one's assigned gender. It challenges the idea that all individuals must behave according to fixed social definitions of masculinity and femininity.

Gender non-conformity can appear in many forms. It may be reflected in clothing choices, hairstyles, body language, occupations, hobbies, or emotional expression. For example, a boy who enjoys activities traditionally labelled as feminine or a girl who prefers activities considered masculine may be expressing gender non-conformity.

It is important to understand that gender non-conformity is not the same as sexual orientation or gender identity. A person may express themselves in non-traditional ways while still identifying with their assigned gender. Similarly, gender non-conformity does not necessarily mean that an individual is transgender or non-binary.

Psychologists view gender non-conformity as a natural variation in human behaviour and self-expression. It highlights the diversity of human identity and shows that gender expression is broader and more flexible than traditional social norms often suggest.

Understanding gender non-conformity helps reduce stereotypes, promotes acceptance, and encourages respect for

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individual differences in gender expression.

2.2.4.2 Challenges Faced by Gender Non-conforming Individuals

Gender non-conforming individuals often face various social and psychological challenges due to the mismatch between their self-expression and societal expectations. Since many societies strongly enforce traditional gender norms, individuals who express themselves differently may encounter misunderstanding, judgement, and discrimination.

One of the most common challenges is social rejection. Family members, peers, or community groups may disapprove of non-conforming behaviours, leading to feelings of isolation and lack of belonging. In some cases, individuals may experience bullying, teasing, or exclusion, especially during childhood and adolescence.

Gender non-conforming individuals may also face stigma and prejudice in educational institutions, workplaces, and public spaces. These negative experiences can create stress, anxiety, depression, and low self-esteem. Fear of criticism may also lead some individuals to hide their authentic expression.

An important psychological concept related to these challenges is Stereotype Threat, proposed by Claude Steele. Stereotype Threat refers to the fear of confirming negative stereotypes associated with one's social group. Gender non-conforming individuals may experience anxiety, stress, and self-consciousness due to social expectations and fear of judgement. This psychological pressure can affect confidence, emotional well-being, and performance in social or professional settings. Over time, repeated experiences of stereotype threat may contribute to withdrawal, reduced self-esteem, and increased emotional distress. Thus, this concept helps explain the deeper psychological burden of living under rigid gender expectations.

Lack of awareness and rigid cultural beliefs often make it difficult for society to accept diverse forms of gender expression. This can limit opportunities for personal growth, social participation, and emotional well-being.

However, supportive families, inclusive educational environments, and accepting communities can reduce these challenges significantly. Psychological support, social acceptance, and awareness programs can help promote resilience and positive mental health.

Thus, understanding the challenges faced by gender non-conforming individuals is essential for creating a more inclusive and compassionate society.

2.2.4.3 Breaking Gender Stereotypes and Promoting Inclusion

Gender stereotypes are fixed and oversimplified beliefs about how individuals should behave based on their gender. These stereotypes often limit personal freedom by creating rigid expectations regarding appearance, behaviour, emotions, and roles. Breaking these stereotypes is important for promoting equality and allowing individuals to express themselves authentically.

Challenging gender stereotypes helps individuals explore their abilities, interests, and identities without fear of judgement. For example, encouraging boys to express emotions openly or supporting girls in leadership roles can reduce the pressure of traditional expectations and promote personal growth.

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Promoting inclusion means creating environments where diverse gender expressions are respected and valued. Families, schools, workplaces, and communities play an important role in encouraging acceptance and reducing discrimination. Inclusive practices such as respectful language, equal opportunities, and awareness programs help build supportive spaces for everyone.

From the perspective of Self-Concept Theory, individuals develop their sense of identity through personal experiences and social feedback. Positive self-concept develops when individuals are accepted and valued for their authentic gender expression. Inclusive environments strengthen confidence, emotional security, and identity development by allowing people to express themselves freely without fear of rejection. In contrast, rigid stereotypes and social exclusion may weaken self-esteem and create identity conflicts. Thus, promoting inclusion is essential for healthy psychological development and emotional well-being.

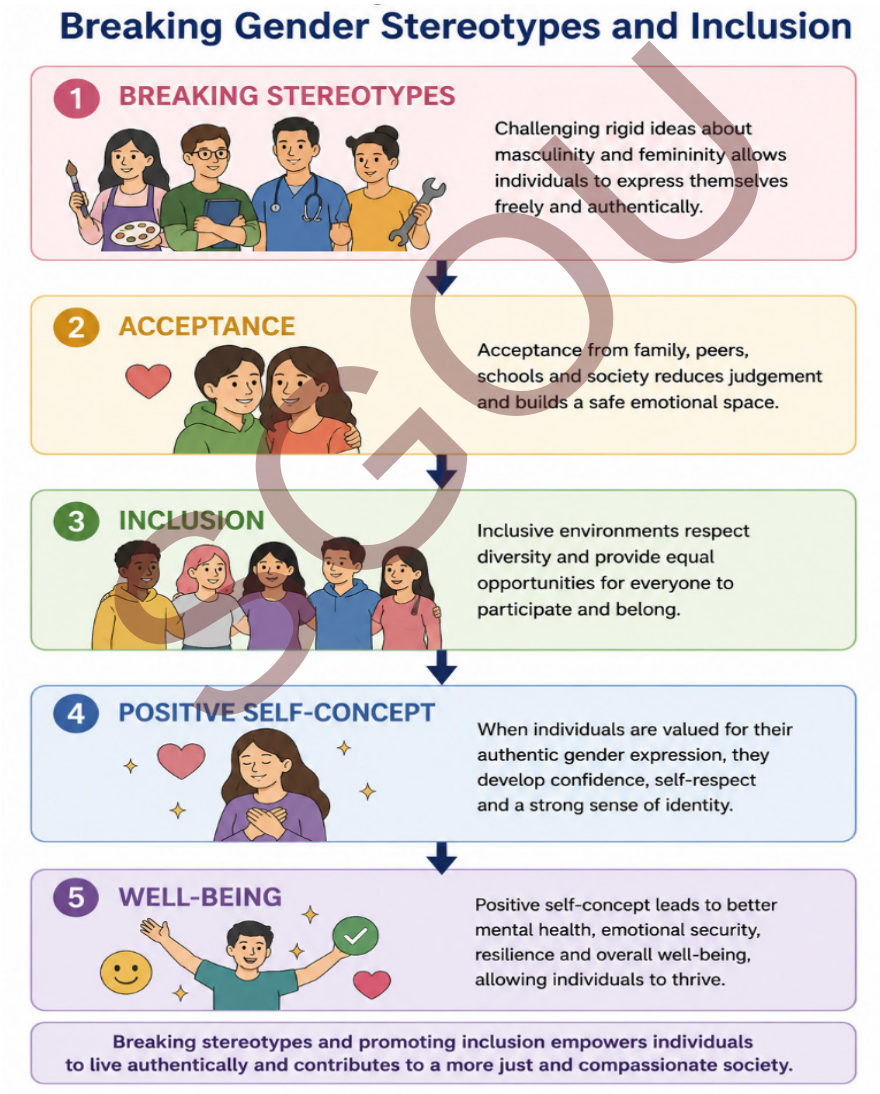


Figure 2.2.5 Breaking Gender Stereotypes and Inclusion

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Education and media also play a powerful role in breaking stereotypes by presenting diverse role models and challenging outdated beliefs about masculinity and femininity. Greater visibility of varied gender experiences can increase understanding and empathy within society.

In psychology, promoting inclusion is essential for improving mental health, self-esteem, and social belonging. When individuals feel accepted for who they are, they are more likely to develop confidence and emotional well-being.

Thus, breaking gender stereotypes and promoting inclusion contribute to a more equal, flexible, and compassionate society where people can live authentically and freely.

Recap

- Gender expression refers to the outward ways individuals communicate their gender through appearance, clothing, behaviour, voice, and social interaction.
- Gender roles are socially defined expectations, behaviours, and responsibilities associated with different genders.
- Gender expression and gender roles are shaped by family, peers, schools, media, religion, and culture.
- Symbolic Interactionism explains that gender expression develops through social interactions and shared meanings.
- Societal gender norms are learned through socialisation, beginning in early childhood.
- Family is one of the earliest and strongest agents of gender role socialisation.
- Social Role Theory (Alice Eagly) explains that gender differences are shaped by socially assigned roles and responsibilities.
- Social rewards and punishments reinforce gender-conforming behaviour and discourage non-conforming behaviour.
- Social Learning Theory (Albert Bandura) explains that children learn gender roles through observation, imitation, and modelling.
- Operant Conditioning (B.F. Skinner) explains how reinforcement and punishment strengthen gender-related behaviours.
- Media and culture play a powerful role in shaping ideas about masculinity and femininity.
- Media representations often associate masculinity with strength and dominance and femininity with beauty and nurturing.

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- Objectification Theory (Fredrickson & Roberts) explains how media can emphasise women's appearance and affect body image and self-esteem.
- Cultivation Theory (George Gerbner) explains how repeated media exposure can shape perceptions of social reality.
- Gender roles vary across cultures and are influenced by traditions, customs, and social values.
- Social media can both challenge traditional gender stereotypes and reinforce them through trends and beauty standards.
- Gender non-conformity refers to behaviours or expressions that do not fit traditional gender expectations.
- Queer Theory challenges fixed gender categories and views gender as fluid and socially constructed.
- Gender non-conforming individuals may experience rejection, stigma, discrimination, and psychological distress.
- Breaking gender stereotypes and promoting inclusive environments can support self-esteem, psychological well-being, and freedom of self-expression.

Objective Questions

1. What term refers to the outward ways an individual communicates gender?
2. What term refers to socially defined expectations associated with different genders?
3. What term refers to an individual's internal sense of gender?
4. What term refers to shared expectations about appropriate gender behaviour?
5. Which social institution is an important early influence on gender expression?
6. Which perspective explains gender expression through social interaction and shared meanings?

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7. What term refers to socially learned expectations about gender in childhood?

8. What process describes the learning of gender roles within society?

9. Which theory explains gender differences through socially assigned roles?

10. Who proposed Social Role Theory?

11. What term refers to positive responses that encourage behaviour?

12. Who proposed Social Learning Theory?

13. Which theory explains behaviour through reinforcement and punishment?

14. Which medium strongly influences perceptions of masculinity and femininity?

15. Which theory explains the portrayal of women as objects of appearance?

16. Which theory explains the effects of repeated media exposure on perceptions of reality?

17. What term refers to expressions that do not conform to traditional gender expectations?

18. Which theory challenges fixed categories of gender?

19. What term refers to the fear of confirming negative stereotypes?

20. What concept promotes equality, inclusion, and freedom of self-expression?

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Answers

1. Gender expression
2. Gender roles
3. Gender identity
4. Norms

5. Family
6. Symbolic Interactionism
7. Gender norms
8. Socialisation
9. Social Role Theory
10. Alice H. Eagly
11. Reinforcement
12. Albert Bandura
13. Operant Conditioning
14. Media
15. Objectification Theory
16. Cultivation Theory
17. Non-conformity
18. Queer Theory
19. Stereotype Threat
20. Inclusion

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Assignments

1. Analyse how gender expression is shaped by socialisation and explain the roles of family, peers, schools, and society in this process.
2. Analyse how Social Role Theory and Social Learning Theory explain the development and maintenance of gender roles.
3. Examine how social rewards and punishments reinforce gender-conforming behaviour and discourage gender non-conformity, using suitable examples.

4. Analyse the influence of media and culture on perceptions of masculinity and femininity, with reference to Objectification Theory and Cultivation Theory.

5. Evaluate how social media can both challenge and reinforce traditional gender stereotypes and discuss its implications for contemporary gender expression.

6. Analyse the psychological and social challenges experienced by gender non-conforming individuals and explain how supportive environments can promote their well-being.

7. Evaluate the importance of breaking gender stereotypes and promoting inclusion for self-concept, emotional well-being, and freedom of self-expression.

Reference

Bosson, J. K., Vandello, J. A., & Buckner, C. E. (2018). *The psychology of sex and gender.* Sage Publications.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. Routledge.

Carter, M. (2014). Gender socialization and identity theory. *Social Sciences*, *3*(2), 242–263.

Dess, N. K., Marecek, J., & Bell, L. C. (2018). *Gender, sex, and sexualities: Psychological perspectives.* Oxford University Press.

Eagly, A. H. (1987). *Sex differences in social behavior: A social-role interpretation*. Lawrence Erlbaum Associates.

Eagly, A. H., Beall, A. E., & Sternberg, R. J. (2004). *The psychology of gender.* Guilford Press.

Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, *21*(2), 173–206.

Magnusson, E., & Marecek, J. (2012). *Gender and culture in psychology: Theories and practices.* Cambridge University Press.

Martin, C. L., & Ruble, D. N. (2004). Children's search for gender cues: Cognitive perspectives on gender development. *Current Directions in Psychological*

SGOU

Science, *13*(2), 67–70.

Mead, G. H. (1934). *Mind, self, and society: From the standpoint of a social behaviorist*. University of Chicago Press.

Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology*, *69*(5), 797–811.

Wood, G. W. (2018). *The psychology of gender.* Routledge.

Suggested Reading

American Psychological Association. (2015). *Guidelines for psychological practice with transgender and gender nonconforming people.* American Psychologist, 70(9), 832–864.

Bem, S. L. (1993). *The lenses of gender: Transforming the debate on sexual inequality.* Yale University Press.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity.* Routledge.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697.

West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & So*

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Gender and Socialisation

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UNIT 1

Family and Peer Influences

Learning Outcomes

Upon completion of the unit, learners will be able to:

- explain the role of family in gender socialisation
- analyse the impact of peer groups on gender behaviour and attitudes
- examine the process of gender socialisation across developmental stages
- evaluate the social and psychological factors that contribute to the formation of gender roles

Prerequisite

Did you know that children begin to understand gender categories and expectations during the preschool years? In early childhood, family members are usually the most immediate and consistent influence because children spend much of their time observing and interacting with their caregivers. Peer influence also begins in the early years through play, but it becomes stronger and more complex as children enter school and later adolescence. Everyday interactions with family members and peers, therefore, contribute to the development of gender-related attitudes, behaviour, and identity.

Let us explore:

1. How do parents and family members influence the way children learn gender roles?
2. In what ways do friends and peer groups affect behaviour and attitudes related to gender during childhood and adolescence?
3. Why do children and adolescents sometimes choose different interests, subjects or careers as they grow up, and how can binary expectations affect those whose gender identity or expression does not fit traditional categories?

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Keywords

Gender Socialisation, Family Influence, Parenting Styles, Sibling Dynamics, Social Learning, Peer influence, Gender Roles, Gender Stereotypes, Gender Segregation, Media Influence.

Discussion

3.1.1 Role of Family in Gender Socialisation

Gender socialisation refers to the process through which children learn the behaviours, roles, expectations, and attitudes that society considers appropriate for males and females. The family is the first and most influential agent of socialisation because children begin learning gender roles at home long before they enter school or interact with society at a broader level (Santrock, 2021).

From early childhood, children actively interpret gender-related messages within the family. They learn through observational learning, imitation, reinforcement, conversation, and enculturation—the gradual learning of the values and practices of their culture. Parents and other family members may communicate expectations consciously through direct instruction or indirectly through toys, clothing, language, household roles, emotional responses, and everyday interactions (Berk, 2018; Bussey & Bandura, 1999).

3.1.1.1 Family as a Context for Gender Learning

Parenting practices and parental expectations influence what behaviours children perceive as acceptable, valued, or discouraged for different genders. Children also observe how responsibilities, authority, care work, paid work, and decision-making are distributed among family members. The

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division of household roles can communicate whether domestic work, caregiving, earning, and leadership are viewed as shared responsibilities or as gender-specific duties. Sibling relationships provide opportunities for comparison, negotiation, imitation, cooperation, and challenge, making them another important context for gender learning. Cultural and religious beliefs can shape family expectations, but their influence varies across communities and families and may be interpreted in more traditional or more gender-flexible ways.

These factors together shape the child's understanding of gender identity and gender roles. The family is usually the earliest sustained social context in a child's life. Children observe family members, test behaviours, receive feedback, and gradually compare family expectations with messages from school, peers, media, and the wider culture. Gender socialisation is therefore interactive: children do not simply receive rules passively; they interpret, negotiate, accept, resist, and sometimes reshape them as they grow.

According to social learning theory, children learn by observing and imitating the behaviour of people around them, especially parents (Bandura, 1977).

For example:

- A child may learn that strength is valued by observing a parent or caregiver who handles difficulties with confidence.
- A child may learn caring behaviour by observing any parent, caregiver, or family member.
- Children may imitate behavioural examples provided by parents and other significant people, regardless of gender.

Children may identify with parents or other admired family members and learn from their behaviour, but modelling is not restricted to a same-gender parent. A child may learn caregiving, leadership, emotional expression, technical skills, or household responsibilities from any significant family member. Thus, family behaviour can serve as one of several influences through which children develop their understanding of gender roles.



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3.1.2 Parenting Styles and Sibling Dynamics

Parenting style refers to the general pattern of behaviour that parents use in raising their children. Diana Baumrind, a developmental psychologist known for her research on parenting styles, identified four main parenting styles: authoritative, authoritarian, permissive, and neglectful. Each of these styles influences the way children learn gender roles (Baumrind, 1991).

1. Authoritative Parenting

Authoritative parents are warm, supportive, and firm. They set clear rules but also encourage independence. In such families, children are more likely to develop flexible gender attitudes because parents allow both boys and girls to explore different interests without strict restrictions.

For example, authoritative parents may allow both sons and daughters to participate in sports, household work, or academic activities equally. Research shows that this parenting style promotes confidence, independence, and balanced gender identity (Santrock, 2021).

2. Authoritarian Parenting

Authoritarian parents are strict, controlling, and expect obedience without discussion. In such families, traditional gender roles are often strongly enforced. Boys may be encouraged to be strong, competitive, and independent, while girls may be expected to be obedient, polite, and caring.

This style may lead to rigid gender beliefs because children are not given the freedom to question gender expectations (Berk, 2018).

3. Permissive Parenting

Permissive parents are loving but provide few rules or restrictions. Children in such families may experience greater freedom in choosing activities, which can result in less stereotypical gender behaviour. However, the lack of guidance may sometimes create confusion about social expectations.

Permissive parenting may allow children to explore interests beyond traditional gender roles, but the absence of clear direction may affect the development of consistent gender identity (Santrock, 2021).

4. Neglectful Parenting

Neglectful parenting is characterised by low involvement and limited guidance. Children in such families may depend more heavily on peers, media, school, extended family, or community messages when interpreting gender expectations. An "unclear" understanding here does not mean that a child must adopt a fixed gender role; rather, it means the child may receive inconsistent messages without a supportive adult helping them evaluate stereotypes, fairness, and respect (Berk, 2018).

Gender role models matter because children learn not only how to understand themselves but also how to treat other people. In two-parent, single-parent, joint-family, blended, or extended-family household, adults can model behaviours that demonstrate that competence, care, authority, work, and emotional expression are human capacities rather than qualities associated exclusively with one gender. For example, a father who cooks and provides emotional care, and a mother who manages finances or repairs equipment can broaden children's expectations. By contrast, consistently giving sons greater freedom and daughters greater service responsibilities may teach children that one gender is entitled to more authority than another.

Thus, parenting style plays an important role in shaping whether children develop traditional or more flexible attitudes towards

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gender .

3.1.2.1 Parental Expectations and Daily Behaviour

Parents influence gender socialisation through both explicit expectations and everyday modelling. In observational learning, children notice who performs particular tasks, who receives approval, and what happens when someone challenges an expectation. They may reproduce behaviours that appear rewarded. Enculturation adds another layer: repeated family customs, language, dress practices, role divisions, and expectations gradually communicate what the surrounding culture considers appropriate or desirable (Bandura, 1977; Bussey & Bandura, 1999).

Parental messages may be implicit or openly stated. A parent may unconsciously give a son more freedom to travel alone, but may also explicitly tell a daughter that she should choose a "safe" career or behave more cautiously. Similarly, boys may be directly encouraged to appear brave and independent while girls are encouraged to be caring and accommodating. Toys, clothing, chores, curfews, educational expectations, and freedom of movement can therefore communicate gendered expectations.

For example:

- Boys may be given cars, tools, or sports equipment.
- Girls may be given dolls, kitchen sets, or soft toys.

Such differences can shape opportunities for practice. Toys involving construction, tools, movement, or exploration may encourage spatial skills, risk-taking, problem-solving, and autonomy, while repeated emphasis on dolls, domestic sets, and caregiving may signal that nurturing and household responsibility are expected more strongly from girls. The concern is not the toy itself, but the restriction of children's opportunities solely on the basis of gender. .

These small differences gradually teach children what society expects from males and females (Leaper, 2015).

Parents may also respond differently to emotional behaviour. Imagine two siblings who both return home upset after being teased at school. If the boy is told, "Do not cry; be strong," while the girl is comforted and encouraged to talk, they receive different lessons about acceptable emotion. Over time, the boy may suppress vulnerability while the girl may learn that emotional expression is more acceptable for her. A gender-flexible response would validate both children's feelings and teach each of them constructive emotional regulation.

3.1.2.2 Sibling Dynamics in Gender Socialisation

Within the family, siblings are important agents of gender socialisation because they interact frequently and often occupy a more equal social position than parents and children. Through play, negotiation, imitation, disagreement, comparison, and shared responsibilities, siblings can reinforce, reinterpret, or challenge gender messages present in the household (McHale, Updegraff, & Whiteman, 2003).

Sibling dynamics refer to patterns of interaction and influence among children in the same family. Siblings can introduce perspectives that differ from those offered by parents. An older sibling who has encountered diverse peers, teachers, or media may encourage a younger child to question a restrictive gender rule.Alternatively, an older sibling may police the same rule through teasing or correction. Gender learning

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among siblings is therefore reciprocal and negotiated rather than simply transmitted in one direction.

3.1.2.3 Siblings as Agents of Gender Socialisation

Siblings act as important social partners during childhood. Unlike parents, siblings interact in a more equal and informal manner, which allows children to practice social roles and behaviours. Through daily play, arguments, cooperation, and shared activities, children learn gender-related expectations (Berk, 2018).

For example:

- Brothers may encourage one another to engage in physically active play.
- Sisters may encourage one another to participate in communication-based or cooperative activities.
- Siblings of different genders may expose one another to activities and viewpoints that might otherwise remain separate. For example, a sister may invite her brother to join pretend caregiving play, while a brother may include his sister in a strategy game or outdoor activity. Either sibling may also introduce music, art, technology, sports or household skills, regardless of gender.

These experiences help children understand how society expects males and females to behave.

3.1.2.4 Older Siblings as Role Models

Older siblings often serve as influential models, but the process extends beyond passive imitation. Younger siblings ask questions, seek approval, resist suggestions, compete, cooperate, and sometimes influence older siblings in return. An older sibling who confidently chooses a non-traditional subject or activity can broaden what a younger child sees as possible. Conversely, teasing or exclusion by an admired sibling can make a gender norm feel especially powerful (Bandura, 1977; McHale et al., 2003).

For example:

- A younger sibling may copy an older sibling's approach to sports, hobbies, or other interests.
- Such imitation can occur between siblings of any gender and may broaden or restrict interests depending on the example provided.

Through such imitation, siblings may acquire interests and behaviours, but the effect does not depend on matching gender and may either broaden or reinforce gender norms.

Research shows that younger siblings often adopt attitudes and behaviours similar to those of older siblings, particularly when the relationship is close and positive (McHale et al., 2003).

3.1.2.5 Same-Gender and Opposite-Gender Siblings

The gender composition of siblings influences gender socialisation.

5. Same-Gender Siblings

Children who grow up with same-gender siblings may share activities and interests, but these experiences vary across families and do not inherently produce traditional gender behaviour.

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Examples:

- Same-gender siblings may share competitive, cooperative, creative, or communication-based activities.
- Their shared interests are shaped by individual preferences and social context, not by gender alone.

These shared experiences can contribute to social learning, but they do not necessarily reinforce traditional gender roles.

6. Siblings of Different Genders

Children who grow up with siblings of different genders may be exposed to a wider range of toys, games, interests, and viewpoints, which may reduce strict gender stereotypes (McHale et al., 2003).

For example:

- Either sibling may introduce the other to household tasks, sports, outdoor play, art, technology, or caregiving.
- These exchanges can broaden interests when families encourage participation without gender-based restrictions.

Such exposure may help children understand that abilities and interests are not limited by gender.

Opposite-gender siblings do not automatically develop flexible attitudes. The effect depends on how the family treats them. If a brother is allowed greater freedom, receives fewer household duties, and is consulted in decisions while his sister is expected to serve, obey, or sacrifice opportunities, both may learn that males have higher status. If responsibilities, freedoms, education, and respect are distributed fairly, the same sibling relationship can communicate equality. Children therefore learn gender comparatively by observing how rules and privileges differ within their own household.

3.1.2.6 Sibling Interaction and Play Behaviour

Play behaviour is an important way through which children learn social roles. Siblings often play together, and the activities they share influence social development.

Siblings may engage in competitive, cooperative, physical, imaginative, or communication-based play, and each sibling may influence the other's participation and preferences (Berk, 2018).

For example:

- One sibling may introduce another to a competitive game, creative activity, or outdoor play.
- Another may encourage cooperation, communication, caregiving play, or problem-solving.

Through such interactions, children practise a wide range of social, emotional, and practical skills; the activities are not inherently limited by gender.

Sibling relationships are often a child's earliest sustained experience of negotiating with another young person. A child may learn turn-taking while sharing a toy, fairness while dividing chores, power when an older sibling controls a game, or resistance when a sibling challenges an unfair rule. For example, a brother who is asked to help his sister with a technical task may discover that she is more skilled than he is, while a sister expected to clear the table may ask why her brother is exempt. Such everyday exchanges can reproduce a gender hierarchy or create opportunities to practise equality, empathy, cooperation, and mutual respect.

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3.1.3 Peer Influences on Gender Behaviour and Attitudes

Peer influence becomes increasingly important as children spend more time in school, neighbourhood, and friendship groups. During adolescence, growing independence from the family is accompanied by stronger investment in peer belonging and identity exploration. Friends provide a social space in which adolescents compare themselves with others, experiment with appearance and roles, discuss relationships, and explore more nuanced ideas about masculinity, femininity, and gender diversity. Peer groups can therefore reinforce family expectations, challenge them, or provide alternative ways of understanding gender (Steinberg, 2017).

3.1.3.1 Peers as Agents of Gender Socialisation

Peers act as powerful agents of socialisation because they provide opportunities for social comparison, acceptance, and rejection. Children often try to behave in ways that help them fit into their peer group. When certain behaviours are considered appropriate for boys or girls, children tend to follow those expectations to gain approval (Berk, 2018).

For example, boys may feel pressure to behave in a strong or competitive manner, while girls may feel expected to be polite and cooperative. When children behave according to these expectations, they are more likely to be accepted by their peer group. When they do not follow these norms, they may be teased or excluded.

According to Social Learning Theory, peers influence gender behaviour through modelling and social consequences. Reinforcement may include praise, laughter, invitations to join a group, online approval, or increased status after behaviour that matches group expectations. Punishment may include ridicule, exclusion, rumours, negative comments, or loss of status when someone violates a peer norm. For example, a boy may receive approval for joining a competitive sport but be mocked for choosing dance; a girl may be praised for appearance-focused behaviour but criticised for being "too assertive." These consequences can strengthen gender-typed behaviour even when no adult explicitly teaches the rule (Bandura, 1977).

3.1.3.2 Development of Gender Attitudes through Peer Interaction

Peer interaction helps children develop attitudes about gender equality, stereotypes, and social roles. When peers hold traditional beliefs, children are more likely to develop similar attitudes. When peer groups support equality, children may develop more flexible views about gender (Leaper, 2015).

For example:

- When peers challenge the expectation that science is 'for boys', girls who are encouraged to study science may feel more confident in their academic ability.
- When peers challenge the expectation that boys should hide emotion, boys who are encouraged to express emotions may develop stronger emotional skills.

Thus, peer groups can either reinforce stereotypes or promote equality.

For example, a peer group that celebrates a girl's success in robotics can strengthen her sense of belonging in science, technology,

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engineering, and mathematics (STEM), while a group that repeatedly jokes that "girls are bad at coding" may weaken confidence. Similarly, friends who respond positively when a boy talks about fear or sadness can make emotional openness socially acceptable, whereas ridicule may encourage emotional suppression. Peer interaction can therefore reproduce stereotypes or actively challenge them.

3.1.3.3 Peer Pressure and Gender Behaviour

Peer pressure refers to the influence that peers have on an individual's behaviour and decisions. Children and adolescents may change their behaviour to gain acceptance from friends. Peer pressure plays an important role in shaping gender behaviour, especially during adolescence (Steinberg, 2017).

For example:

- Boys may avoid activities considered feminine to prevent teasing.
- Girls may avoid activities considered masculine to fit in with friends.
- Adolescents may follow gender-based expectations in clothing, speech, and hobbies.

Peer approval becomes increasingly important during adolescence, and individuals may feel uncomfortable behaving differently from their peer group Such pressure can reinforce traditional gender roles..

Peer groups play a major role in gender socialisation, especially during childhood and adolescence. Through interaction, approval, and pressure, peers influence behaviour, attitudes, and identity. Gender segregation, peer pressure, and cultural expectations all contribute to the development of gender roles. While peer influence can strengthen stereotypes, it can also promote equality when social environments are supportive. Understanding the role of peers helps in creating a more inclusive and balanced society.

3.1.3.4 Positive and Negative Effects of Peer Influence on Gender Development

Peer influence can have both supportive and restrictive effects. Supportive groups can provide belonging, confidence, opportunities to cooperate, and permission to explore interests beyond traditional gender expectations. Restrictive groups may use teasing, exclusion, or status pressure to enforce conformity, narrowing identity exploration and creating anxiety. The effects depend on group norms and on whether diversity is treated with respect. The table below summarises these contrasting influences.

Table 3.1: Positive and Negative Effects of Peer Influence on Gender Development

Aspect	Positive Effects of Peer Influence	Negative Effects of Peer Influence
Social behaviour	Encourages development of social skills	Creates pressure to behave according to group expectations

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Interaction	Promotes cooperation and teamwork	May lead to exclusion if behaviour is different
Identity formation	Supports identity development and self-understanding	Limits personal identity due to fear of rejection
Gender attitudes	Can promote gender equality and acceptance	Strengthens gender stereotypes
Freedom of choice	Encourages exploration of different interests in supportive groups	Limits freedom of choice when strict norms are enforced
Emotional development	Helps in gaining confidence through peer support	May cause anxiety, bullying, or discrimination
Overall impact	Leads to flexible and healthy gender attitudes when diversity is accepted	Leads to rigid gender roles when peer norms are strict

3.1.4 Gender Socialisation in Childhood and Adolescence

The earlier sections described the major agents of gender socialisation. This section brings those influences together across development and shows how their relative importance changes from childhood to adolescence. Family influence is especially central in early childhood, peer and school contexts become increasingly important during middle childhood, and adolescence brings more active identity exploration. Media operates across all these stages and can connect family, peer, school, and cultural messages (Berk, 2018; Martin & Ruble, 2010).

3.1.4.1 Gender Segregation in Childhood

Research shows that children often play with peers of the same gender, a socially influenced pattern known as gender segregation. This pattern begins in early childhood and may become stronger during middle childhood (Maccoby, 1998).

Some studies have observed group-level differences in peer activities and interaction styles, but these patterns reflect social expectations and opportunities rather than inherent characteristics of boys and girls. Peer interaction can influence the development of gender-related skills and attitudes.

For example:

- In some peer contexts, boys may be encouraged towards leadership, competition, and independence.
- In some peer contexts, girls may be encouraged towards communication, empathy, and cooperation.

When children spend more time with same-gender peers, repeated gendered

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expectations may strengthen stereotypes; these are social patterns rather than inherent differences.

3.1.4.2 Influence of Media on Gender Socialisation

Media is an important source of gender-related models and expectations. Television, films, advertising, music, games, social media, and online influencers repeatedly present ideas about appearance, work, relationships, emotion, power, and success. Children and adolescents may compare themselves with these representations and use them when judging what is considered normal or desirable for different genders (Martin & Ruble, 2010).

Media can reinforce stereotypes when women and girls are shown mainly in appearance-focused or caregiving roles, men and boys mainly as dominant or technically competent, or gender-diverse people are absent or represented negatively. It can also challenge stereotypes by showing women in leadership and STEM, men in caregiving and emotionally expressive roles, and transgender or non-binary people as ordinary members of families, schools, workplaces, and communities. Media literacy helps learners question who is represented, who is missing, and what consequences follow from repeated portrayals.

3.1.4.3 Gender Socialisation in Middle Childhood

During middle childhood, peer influence becomes stronger, and children often spend more time in same-gender groups. Gender segregation refers to the tendency for children to select and maintain friendships and play groups mainly with peers they perceive as belonging to the same gender. It is not absolute: many children have mixed-gender friendships, and the strength of segregation varies across activities, schools, cultures, and individual preferences (Maccoby, 1998).

Same-gender peer groups can encourage behaviour that aligns with traditional gender roles. .

For example:

- A same-gender group may reward competitive sports, gaming, fashion, collaborative play, or particular styles of communication and gradually treat these interests as part of the group identity.
- Children may also diverge from these group patterns—for instance, a girl may prefer competitive outdoor play while a boy may prefer imaginative or relationship-focused activities—showing that group tendencies do not determine individual interests.

Children whose interests, appearance, behaviour, or gender expression do not match peer expectations may be teased or excluded. A child may simply prefer activities labelled for another gender, may resist being restricted by a male–female binary, or may be developing a transgender, non-binary, or otherwise gender-diverse sense of self. In an unreceptive environment, repeated ridicule or rejection can reduce belonging, confidence, classroom participation, and willingness to express interests openly. Supportive adults and peers can protect against these effects by making it clear that interests, abilities, and respectful self-expression are not restricted to one gender.

School also contributes to gender socialisation. Gendered expectations communicated through teaching, curriculum, and classroom interaction can influence students' self-beliefs, subject choices, and future aspirations (Eccles, 2011).

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3.1.4.4 Gender Socialisation in Adolescence

Adolescence is a period of major physical, emotional, and social change. During this stage, gender socialisation becomes more complex because individuals begin to develop a strong sense of identity. Peer influence becomes stronger, and adolescents often depend on friends for approval and support (Steinberg, 2017).

In adolescence, gender expectations often become connected with dating, body image, popularity, online presentation, subject choice, and future plans. For example, an adolescent boy who enjoys classical dance may weigh his interest against anticipated peer judgement, while an adolescent girl interested in mechanical engineering may question whether she will feel that she belongs in a male-dominated classroom. A transgender or non-binary adolescent may face additional pressure when school uniforms, forms, teams, or peer language assume only two gender categories. These situations show how gender socialisation becomes intertwined with identity, belonging, and autonomy. Such binary gender expectations may influence clothing, behaviour, hobbies and career choices.

During adolescence, individuals also begin to think about future roles, such as career and family life. Gender stereotypes may affect these decisions. Some students may avoid certain subjects because they believe those subjects are not suitable for their gender (Eccles, 2011).

Contemporary adolescents may encounter more flexible gender models through education, diverse peer networks, media, social movements, and changing workplace roles. These influences can support more equal attitudes and greater freedom of self-expression, although acceptance varies considerably across families, communities, cultures, and institutions.

Gender socialisation in childhood and adolescence is a gradual process influenced by family, peers, school, media, and culture. In early childhood, children learn gender roles through observation and imitation. In middle childhood, peer groups strengthen gender behaviour, and in adolescence, identity formation becomes more important. Although gender socialisation helps individuals understand society, strict stereotypes may limit personal growth. Encouraging flexible and equal gender roles supports healthy development and social equality.

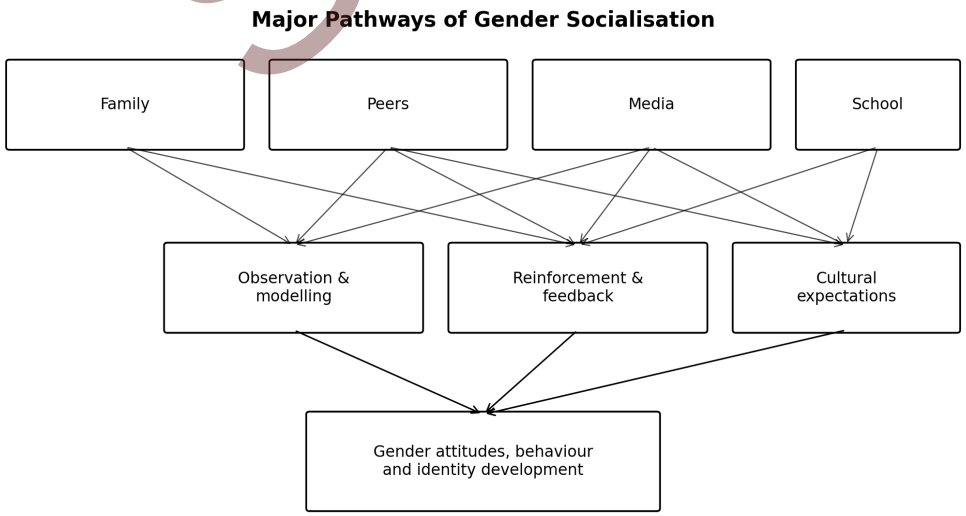


Figure 3.1: Major agents and processes involved in gender socialisation

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Recap

- Gender socialisation is a gradual learning process shaped by social interaction.
- Family is usually the earliest context in which children encounter gender-related expectations and role models.
- Children actively learn gender through observation, imitation, reinforcement, conversation, and enculturation.
- Parenting practices can either reinforce traditional gender stereotypes or support flexible interests and roles.
- Authoritative parenting combines warmth and guidance and can support exploration without rigid gender restrictions.
- Authoritarian parenting may reinforce rigid gender expectations, particularly when obedience is linked to traditional gender roles.
- Permissive parenting may allow broad exploration, although children may receive less guidance when outside messages conflict.
- Neglectful parenting can increase reliance on peers, media, and other social sources for gender-related guidance.
- Explicit parental expectations and subtle everyday practices both influence children's understanding of gender.
- The division of household work, freedom, discipline, toys, and emotional responses can communicate gendered expectations.
- Siblings influence gender learning through modelling, negotiation, comparison, cooperation, competition, and feedback.
- Older siblings can reinforce family norms or introduce alternative perspectives based on their wider experiences.
- How parents distribute freedom, responsibilities, and respect among siblings can communicate equality or gender hierarchy.
- Peer groups become increasingly influential as children seek belonging, comparison, approval, and identity exploration.
- Peer reinforcement can reward conformity to gender norms, while ridicule or exclusion can punish behaviour seen as nonconforming.
- Supportive peer groups can challenge stereotypes and encourage broader emotional, academic, and social choices.
- Media provides repeated models of appearance, occupations, relationships, power, emotion, and gender identity.
- Gender segregation is common in childhood but varies across individuals, activities, cultures, and social settings.

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- Adolescence brings greater identity exploration, peer influence, and reflection on gender, relationships, subjects, and future roles.
- Healthy gender socialisation supports equality, respect, flexible opportunities, and acceptance of gender diversity rather than rigid stereotypes.

Objective Questions

1. Which is the first agent of gender socialisation?
2. What is learning by observing others called?
3. Which theory proposed by Bandura explains imitation and observational learning?
4. Which parenting style combines warmth with clear rules?
5. Which parenting style is strict and controlling?
6. Which parenting style allows considerable freedom with few restrictions?
7. Which parenting style is characterised by low parental involvement?
8. What term refers collectively to brothers and sisters?
9. What is the interaction between brothers and sisters called?
10. What is the preference for playing with peers of the same gender called?
11. What is the influence of friends on an individual's behaviour called?
12. What is the pressure from friends to behave in a particular way called?
13. What are mental ideas or beliefs about gender roles called?
14. What is the process of learning gender roles through family, peers, and society called?
15. What term describes children forming and playing in same-gender groups?
16. What is copying the behaviour of parents or other role models called?
17. During which developmental stage do children begin learning gender roles?
18. What is the influence of brothers and sisters on the learning of gender roles called?

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19. What term refers to socially expected behaviours associated with gender?
20. What type of learning occurs when behaviour is shaped through reward and punishment from peers?

Answers

1. Family.
2. Observational.
3. Social.
4. Authoritative.
5. Authoritarian.
6. Permissive.
7. Neglectful.
8. Siblings.
9. Dynamics.
10. Segregation.
11. Influence.
12. Pressure.
13. Schemas.
14. Socialisation.
15. Segregation.
16. Imitation.
17. Childhood.
18. Influence.
19. Roles.
20. Social.

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Assignments

1. Provide a critical Analysis of the role of the family in gender socialisation with real-life examples.
2. Evaluate the Influence of peers on gender behaviour and attitudes among children and adolescents.
3. Critically examine gender socialisation across childhood and adolescence using relevant psychological theories.
4. Assess the impact of parenting styles on the development of gender roles.
5. Compare the positive and negative effects of peer influence on gender development
6. Analyse the influence of media on gender socialisation and identity development.
7. Critically examine sibling dynamics and gender-role learning in diverse family contexts.

Reference

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence, 11*(1), 56–95. https://doi.org/10.1177/0272431691111004

Berk, L. E. (2018). *Development through the lifespan* (7th ed.). Pearson.

Bussey, K., & Bandura, A. (1999). Social cognitive theory of gender development and differentiation. *Psychological Review, 106*(4), 676–713. https://doi.org/10.1037/0033-295X.106.4.676

Eccles, J. S. (2011). Gendered educational and occupational choices. *International Journal of Behavioral Development, 35*(3), 195–201. https://doi.org/10.1177/0165025411398183

Leaper, C. (2015). Do I belong? Gender, peer groups, and STEM achievement. *International Journal of Gender, Science and Technology, 7*(2), 166–179.

Martin, C. L., & Ruble, D. N. (2010). Patterns of gender development. *Annual Review*

SGOU

of Psychology, 61, 353–381. https://doi.org/10.1146/annurev.psych.093008.100511

Santrock, J. W. (2021). *Child development* (15th ed.). McGraw-Hill.

Steinberg, L. (2017). *Adolescence* (11th ed.). McGraw-Hill Education

Suggested Reading

Bandura, A. (1977). *Social learning theory*. Prentice Hall.

Blakemore, J. E. O., Berenbaum, S. A., & Liben, L. S. (2009). *Gender development*. Psychology Press.

Maccoby, E. E. (1998). *The two sexes: Growing up apart, coming together*. Harvard University Press.

McHale, S. M., Updegraff, K. A., & Whiteman, S. D. (2003). Sibling relationships and influences in childhood and adolescence. *Journal of Marriage and Family, 65*(4), 913–930. https://doi.org/10.1111/j.1741-3737.2003.00913.x

Wood, W., & Eagly, A. H. (2012). Biosocial construction of sex differences and similarities in behavior. *Advances in Experimental Social Psychology, 46*, 55–123. https://doi.org/10.1016/B978-0-12-394281-4.00002-7

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UNIT 2

Educational and Occupational Influences

Learning Outcomes

Upon completion of the unit, learners will be able to:

- explain gender biases in educational settings
- analyse gender disparities in academic achievement and career choices
- evaluate how educational and occupational environments shape gender roles and opportunities, and how existing gender roles, in turn, influence these environments
- propose strategies for promoting gender equity in education and the workplace

Prerequisite

The Story of Kalpana Chawla – Breaking Gender Barriers in Education and Career

Kalpana Chawla, the first woman of Indian origin to go to space, faced several challenges during her educational journey. When she chose to study aeronautical engineering, many people discouraged her because it was considered a field suitable mainly for men. In her school and college days, she often found that very few girls selected science and engineering subjects, while most boys were encouraged to pursue technical careers.

Despite these challenges, Kalpana continued her studies with determination. Teachers who supported her played an important role in motivating her, but she also had to overcome social expectations that limited girls' career choices. Through

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hard work and confidence, she became an astronaut at NASA and inspired many young women to enter science and technology fields.

Think about your own surroundings and consider the following questions:

- Think of a professional woman in your family or community. What barriers or sources of support may have influenced her education and career?
- How can schools, teachers, peers, and workplaces influence career choices for girls, boys, transgender, non-binary, and gender-nonconforming individuals?
- What strategies can educational institutions and workplaces use to reduce gender bias and promote equal opportunities?

Keywords

Gender Bias, Gender Stereotypes, Curriculum, Teacher Expectations, Peer Interactions, Hidden Curriculum, Gendered Language, Peer Pressure, Academic Achievement, Career Choices

Discussion

3.2.1 Gender Biases in Educational Settings: Curriculum, Teacher Expectations, and Peer Interactions

Education plays a major role in shaping the attitudes, abilities, and future opportunities of individuals. Schools are expected to provide equal opportunities for all students regardless of gender. However, research shows that gender bias may exist in educational settings through curriculum content, teacher expectations, classroom interaction, and peer behaviour. These biases can influence academic performance, self-confidence, subject choice, and career decisions of students (Santrock, 2021).

Consider a classroom in which the teacher repeatedly asks boys to connect the projector and move laboratory equipment, while girls are asked to prepare the notice board and record group work. The teacher may believe this arrangement is practical or even helpful because students are being given tasks they are "naturally comfortable" with. Repeated role allocation, however, can communicate that technical competence belongs to boys and organisational or decorative work belongs to girls, influencing confidence and future participation.

Gender bias in education refers to unequal treatment or different expectations for boys and girls that may limit their learning opportunities. Such bias may be intentional or unintentional, but it affects the way students see themselves and their abilities. Understanding gender bias in educational settings is important for promoting equality and helping students develop their full potential.

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Gender bias is not always openly discriminatory. Teachers may sincerely believe that treating students differently based on gender benefits them —for example, by protecting girls from physically demanding activities, expecting boys to tolerate harsher discipline, or steering students toward subjects thought to suit their gender. Such protective or benevolent assumptions can still restrict learning opportunities because they replace individual assessment with gender-based expectations.

Gender bias in education refers to unequal representation, treatment, opportunities, or expectations based on gender. It may appear in teaching methods, learning materials, teacher attitudes, peer interactions, rules, or school routines. For example, boys may receive more encouragement to answer technical questions, girls may be given more caretaking responsibilities, or students may be teased for choosing activities that do not fit conventional expectations. A strict tendency to classify every learner only as "boy" or "girl" can also marginalise transgender, non-binary, and gender-nonconforming students whose identities or expressions do not fit those assumptions (Berk, 2018).

Gender bias can affect:

- Subject choice
- Academic confidence
- Participation in class
- Career aspirations
- Self-esteem

Educational institutions play a key role in either reducing or reinforcing gender stereotypes.

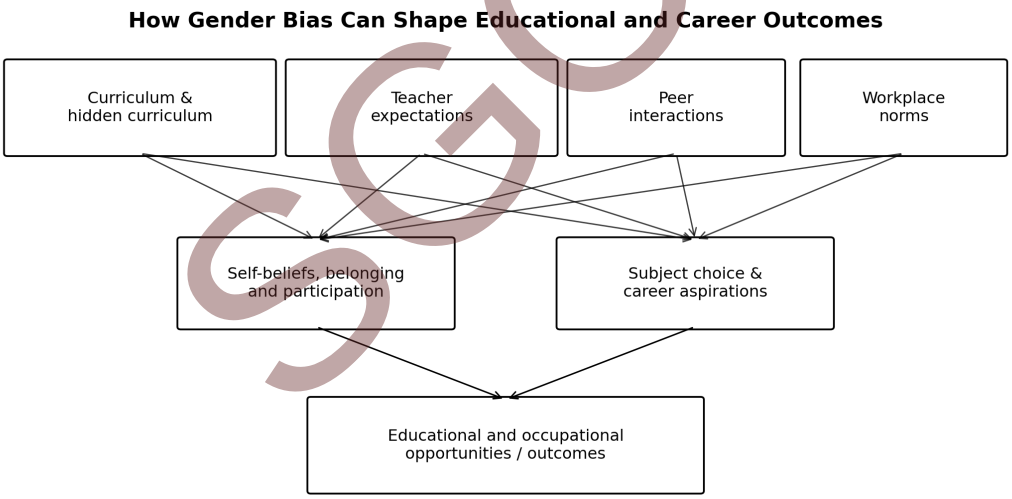


Figure 3.2: Pathways through which gender bias can influence educational and career outcomes

3.2.1.1 Gender Bias and Curriculum

The curriculum is broader than the syllabus. A syllabus usually specifies the content, topics, learning outcomes, and assessment requirements of a particular course, whereas the curriculum includes the wider planned learning experience: textbooks, examples, teaching methods, classroom activities, assessment, co-curricular experiences, and values communicated by the

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institution. Because the curriculum shapes both knowledge and social meaning, unequal or stereotypical gender representation can influence students' confidence, interests, and career expectations (Sadker & Sadker, 1994).

Educational institutions are expected to promote equality, but curriculum content may unintentionally reproduce traditional stereotypes. In language lessons, stories may repeatedly present men as decision-makers and women as caregivers. In art, recognised male artists may dominate the examples; in science, male scientists may receive more attention than women contributors; and in history, political and military narratives may focus heavily on men while giving less space to women's work, social movements, and everyday experiences. Repeated exposure can make a socially produced pattern appear natural.

Meaning of Gender Bias in Curriculum

Gender bias in curriculum occurs when teaching materials, textbooks, and classroom examples show unequal treatment or representation of males and females. This bias may appear in the form of:

- More male characters than female characters
- Women shown mainly in domestic roles
- Men shown in leadership or professional roles
- Lack of female role models in science and technology
- Use of language that favours one gender

For example, a textbook that repeatedly depicts male doctors and female nurses, or male engineers and female teachers, can imply that ability and occupational suitability are gendered. Likewise, a history lesson that discusses national development almost entirely through male leaders can make women's contributions appear secondary. Such patterns may influence how students imagine their own possibilities (Berk, 2018).

Gender bias may be intentional or unintentional. Intentional bias occurs when a person or institution knowingly gives different opportunities or imposes different rules because of gender. Unintentional bias occurs when stereotypes operate automatically—for example, a teacher repeatedly calling on boys for difficult mathematics questions without consciously deciding to exclude girls. Both forms can shape students' self-beliefs and future choices.

Types of Gender Bias in Curriculum

1. Unequal Representation

In many textbooks, male characters appear more often than female characters. Men may be shown as scientists, leaders, doctors, or engineers, while women may appear less frequently or in supporting roles.

For example:

- Stories may include more male heroes than female heroes.
- Historical lessons may focus mainly on male achievements.
- Women's contributions may be ignored.

When students see fewer female role models, girls may feel less confident about their abilities.

Bias can also appear through selective historical emphasis. Scientific and historical

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accounts have sometimes foregrounded male figures while giving limited attention to women contributors. Including scientists such as Janaki Ammal, Asima Chatterjee, and Rosalind Franklin alongside male contemporaries helps students see that discovery is collaborative and that women have contributed substantially to science. Similarly, history teaching can include women's political participation, labour, social reform, and everyday experiences rather than treating history mainly as the actions of male leaders.

2. Stereotypical Roles

Curriculum materials may portray men and women in traditional roles.

Examples:

- Men working outside the home
- Women cooking or caring for children
- Boys playing sports
- Girls doing household work

These representations can strengthen the belief that certain roles are naturally suited to one gender.

Such stereotypes may limit students' interests and career choices.

3. Gendered Language

Language used in textbooks and teaching may also show bias. Words like "he", "chairman", or "policeman" may be used more often than gender-neutral words. This may create the impression that important roles belong mainly to men.

Using gender-neutral language such as "they", "chairperson", or "police officer" helps in promoting equality.

4. Lack of Female Role Models

In many educational materials, achievements of women in science, politics, literature, and sports may not be given equal importance. When girls do not see examples of successful women, they may believe that certain careers are not suitable for them (Eccles, 2011).

For example:

- Few female scientists in science textbooks
- Few female leaders in history lessons
- Less discussion about women's contributions
- Language classes can include works by women and gender-diverse writers and can examine how literature represents power, work, family roles, identity, and gender expectations.

Including more examples of both men and women can help students develop confidence.

5. Hidden Curriculum

Apart from textbooks, students also learn from the hidden curriculum, which includes the values and messages given indirectly through school activities and classroom behaviour.

Examples of hidden curriculum:

- Boys encouraged to take leadership roles
- Girls encouraged to be quiet and obedient
- Boys given more opportunities in sports

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- Girls given more responsibilities in decoration or cleaning

These experiences may teach students that some roles are suitable only for one gender (Jackson, 1968). A teacher may communicate the hidden curriculum by routinely asking boys to carry equipment, appointing boys as group leaders, asking girls to keep the classroom tidy, praising girls mainly for neatness, or tolerating disruptive behaviour more readily from boys. The lesson is conveyed through routine practice even when it is never stated in the formal syllabus.

3.2.1.2 Gender Bias and Teacher Expectations

Teachers play a very important role in the educational development of students. They not only provide knowledge but also influence students' confidence, motivation, behaviour, and future goals. However, sometimes teachers may have different expectations for boys and girls, either consciously or unconsciously. These differences are known as gender bias in teacher expectations. Such bias can affect academic performance, participation in class, subject choice, and career aspirations of students (Eccles, 2011).

Gender bias in teacher expectations occurs when teachers assume that students have different abilities, interests, or appropriate behaviours because of gender stereotypes. These expectations may influence feedback, task allocation, discipline, leadership opportunities, and encouragement. Students who question such treatment may be labelled argumentative or "difficult," may withdraw from participation, or may lose trust in the classroom. When a teacher responds constructively, however, a student's objection can become an opportunity to recognise bias and revise classroom practice.

Meaning of Gender Bias in Teacher Expectations

Teacher expectations refer to the beliefs that teachers hold about students' abilities, behaviour, and potential for success. When these expectations differ according to students' gender, they may reflect gender bias.

For example:

- Teachers may expect boys to perform better in mathematics and science.
- Teachers may expect girls to perform better in language and the arts.
- Boys may be perceived as active and confident.
- Girls may be perceived as polite and obedient.

Such expectations may not always be intentional, but they can influence students' behaviour and performance (Berk, 2018).

When teachers treat students differently based on gender, students may begin to believe that certain subjects or careers are not suitable for them.

Teacher expectations can also influence career choices. Students often believe what teachers say about their abilities. If teachers expect boys to succeed in technical fields and girls to succeed in caring professions, students may choose careers based on these beliefs.

Examples:

- Girls may avoid engineering or technology.
- Boys may avoid teaching or nursing.

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- Students may feel uncomfortable choosing careers not accepted by society.

Such influence may limit individual potential and reinforce gender inequality.

When students choose subjects or careers that depart from gender norms, reactions from teachers and peers can strongly influence persistence. A girl choosing robotics may receive surprise, excessive scrutiny, or discouragement. A boy choosing nursing, early-childhood education, or dance may face teasing about masculinity. Supportive feedback can strengthen self-efficacy and belonging, while ridicule or lowered expectations can lead students to conceal interests or abandon a preferred path.

Reducing Gender Bias in Teacher Expectations

Teachers can reduce gender bias by becoming aware of their own attitudes and treating all students equally. Some important strategies include:

- Encouraging both boys and girls in all subjects
- Using gender-neutral language
- Giving equal attention to all students
- Avoiding stereotypes about ability
- Providing equal opportunities for leadership
- Promoting confidence in every student

Teacher training programs should also include awareness about gender equality so that teachers can create inclusive classrooms.

Importance of Equal Teacher Expectations

Equal expectations help students develop confidence, motivation, and interest in learning. When teachers believe that all students can succeed, students are more likely to perform well.

Benefits of equal expectations:

- Improves academic achievement
- Increases participation
- Reduces stereotypes
- Encourages diverse career choices
- Promotes gender equality

Schools that support equality help students develop their full potential without being limited by gender roles.

3.2.1.3 Gender Bias and Peer Interactions

Peers play an important role in the social and emotional development of students. In educational settings, students spend a large amount of time interacting with classmates, friends, and group members. These interactions influence behaviour, attitudes, confidence, and academic choices. Sometimes, peer interactions may also create gender bias by encouraging stereotypes about what boys and girls should do. Gender bias in peer interactions refers to the unequal treatment, expectations, or behaviour among students based on gender (Maccoby, 1998).

Peer influence becomes stronger during childhood and adolescence, and students often change their behaviour to gain acceptance from their friends. Because of this, peer groups can either support gender equality or strengthen gender stereotypes.

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Meaning of Gender Bias in Peer Interactions

Gender bias in peer interaction occurs when students treat each other differently based on gender. This may include teasing, exclusion, pressure to behave in a certain way, or discouraging others from participating in certain activities.

Examples of socially influenced gender bias:

- A student may be mocked for playing a sport that peers label as unsuitable for that student's gender.
- A student may be teased for expressing emotion because of gendered expectations.
- Students may describe some subjects as suitable only for boys or only for girls.
- Peers may discourage participation in activities they associate with another gender.

Such behaviour can affect confidence, participation, and interest in learning (Berk, 2018).

Peer interactions are powerful because students often want to be accepted by their friends. When peer groups follow stereotypes, individuals may feel pressure to behave in the same way.

Gender Segregation in Peer Groups

Research shows that children often interact with peers of the same gender, a socially influenced pattern called gender segregation. It begins in early childhood and may become stronger during middle childhood (Maccoby, 1998).

Same-gender peer groups may form because children respond to social expectations, school routines, or concerns about acceptance. These groupings do not indicate inherent differences in boys' and girls' interests.

Examples of socially influenced gender segregation:

- Students selecting activities because peers label them as appropriate for one gender
- Friendship groups excluding classmates whose interests do not match gender expectations
- Boys and girls sitting separately in class because such separation has become a peer norm
- Students choosing different games after observing gendered expectations from peers or adults

Because children spend more time with same-gender peers, they may develop stronger gender stereotypes.

Peer Pressure and Gender Behaviour

Peer pressure refers to the influence that friends have on an individual's behaviour. Students often change their behaviour to be accepted by their peer group. Peer pressure can strengthen gender bias when students believe they must follow traditional gender roles (Steinberg, 2017).

Examples of gender-related peer pressure:

- A boy avoiding dance or art because of the stereotype that these activities are not masculine
- A girl avoiding science because of gender-related peer expectations

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A student choosing subjects because friends describe them as appropriate for a particular gender

A boy acting aggressively because peers equate aggression with masculinity

During adolescence, peer approval becomes very important. Students may feel uncomfortable doing something different from their friends, even if they are interested in it.

Peer pressure can limit freedom of choice and reduce confidence, but peer acceptance can also provide belonging, identity, emotional support, information, and access to wider social networks. These benefits help explain why students may adopt values held by their group even when those values conflict with personal interests. Conformity can reduce the immediate risk of teasing or exclusion, while supportive peer groups can make non-traditional subject choices and gender expression feel safer and more socially acceptable.

3.2.2.1 Gender Differences in Academic Achievement and Career Choices

Education shapes knowledge, skills, self-beliefs, and access to future occupations. Gender patterns in achievement and career choice should not be interpreted as evidence of fixed differences in ability. They are produced through interactions among opportunity, expectations, stereotype exposure, family resources, teacher feedback, peer culture, confidence, belonging, and wider labour-market conditions (Eccles, 2011).

National and Global Picture

Recent Indian data illustrate why access and choice must be considered separately. UDISE+ 2024–25 reported that girls constituted 48.3% of school enrolment. In higher education, AISHE 2023–24 reported a female Gross Enrolment Ratio of 31.2 and a Gender Parity Index of 1.08; women also accounted for 44% of STEM enrolment. These figures show substantial participation by women, but they do not by themselves demonstrate equality in subject experience, institutional climate, occupational transition, pay, or leadership (Ministry of Education, 2025, 2026).

Globally, UNESCO reports that 133 million girls and 140 million boys are out of school, illustrating that gender disadvantage can affect different groups in different contexts. UNESCO also reports that women make up about 35% of STEM graduates worldwide, showing that gendered educational and occupational patterns persist even where overall access has improved (UNESCO, 2026).

3.2.2.2 Meaning of Gender Differences in Academic Achievement

Academic achievement refers to students' performance across areas such as mathematics, science, language, and social studies. A "gender difference" in achievement describes an average statistical pattern between groups; it does not mean that every member of one gender performs better than every member of another, nor does it establish an innate difference in intelligence. There is substantial overlap among individuals, and the size and direction of average gaps can change across countries, age groups, subjects, and educational conditions (Santrock, 2021).

Research often finds a female advantage in reading and language outcomes, while gender gaps in mathematics and science are generally smaller, more variable, and sensitive to social and educational context. Differences in confidence, stereotype exposure, course-taking, teaching practices, and opportunity

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can contribute to these patterns; achievement should therefore be interpreted in context rather than as a fixed property of gender (Berk, 2018; Eccles, 2011).

Academic achievement is influenced by:

These influences work together. A student who repeatedly receives lower expectations may participate less, develop weaker confidence, and avoid advanced courses; another student who receives encouragement, role models, and supportive peers may persist even in a field where their gender is underrepresented. The following points summarise some common influences on achievement.

- Teacher expectations
- Family encouragement
- Peer influence
- Curriculum and teaching methods
- Self-confidence and motivation

When students receive equal encouragement and support, differences in achievement become smaller.

3.2.2.3 Causes of Gender Differences in Career Choice

Career choice develops gradually from interests, perceived competence, values, opportunities, expected rewards, and beliefs about whether one will belong in a field. Gender stereotypes can shape each of these processes. The factors below are therefore best understood as social influences on choice rather than as natural preferences of women or men.

1. Social Expectations

Social expectations may encourage men towards high-paying or technical careers and women towards caring or family-friendly careers..

2. Lack of Role Models

When students do not see people of their gender represented in certain careers, they may perceive those careers as less accessible or suitable for them.

3. Confidence and Self-Belief

Gender stereotypes may affect students' confidence in different fields. For example, girls may underestimate their abilities in science because of stereotypes about gender and scientific ability, while boys may avoid subjects associated with care or communication because they fear negative judgements about their masculinity.

4. Work–Family Expectations

Gendered social expectations may influence career choices by encouraging women to prioritise careers that are perceived to offer greater flexibility for balancing work and family responsibilities, while encouraging men to view higher earnings as an important measure of their expected role as earners.

5. Educational Opportunities

Unequal access to education, training, guidance, or encouragement may also influence career choices.

3.2.2.4 Reducing Gender Differences in Education and Career

Educational institutions can help reduce gender differences by promoting equality.

Important steps include:

- Encouraging both boys and girls

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in all subjects

- Providing career guidance without stereotypes
- Including male and female role models
- Using gender-neutral teaching methods
- Supporting students' interests equally
- Promoting equal opportunities in education and the workplace

When students are free from stereotypes, they choose careers based on interest and ability.

3.2.3 Strategies for Promoting Gender Equity in Education and the Workplace

Gender equity refers to fairness and equal opportunities for individuals regardless of gender. In education and the workplace, gender equity means that both males and females should have the same access to learning, participation, career opportunities, and decision-making roles. Although many societies have made progress toward equality, gender bias and stereotypes still exist in schools, colleges, and workplaces. These biases can limit the confidence, achievement, and career growth of individuals (Eccles, 2011).

Promoting gender equity requires conscious effort from educational institutions, teachers, employers, and society. By using inclusive policies, fair practices, and awareness programs, it is possible to create environments where everyone can develop their abilities without being restricted by gender expectations.

3.2.3.1 Strategies for Promoting Gender Equity in Education

1. Gender-Inclusive Curriculum

One of the most important steps in promoting gender equity is to ensure that the curriculum represents both men and women equally. Textbooks and learning materials should include examples of successful women and men in different fields.

Strategies:

- Include female role models in science, politics, and leadership
- Avoid stereotypical images of men and women
- Use gender-neutral language in teaching materials
- Present equal contributions of both genders

An inclusive curriculum helps students believe that all subjects and careers are open to everyone (Sadker & Sadker, 1994).

2. Equal Teacher Expectations

Teachers should treat all students equally and avoid assumptions based on gender. When teachers expect boys and girls to perform equally, students develop confidence and motivation.

Strategies:

- Encourage both boys and girls in all subjects
- Give equal attention during classroom interaction
- Avoid praising students differently based on gender

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- Support students who choose non-traditional subjects

Equal expectations help reduce stereotypes and improve academic performance (Eccles, 2011).

3. Encouraging Equal Participation

Schools should create opportunities for all students to participate in academic, sports, and leadership activities.

Strategies:

- Mixed-gender group activities
- Equal opportunities in sports and competitions
- Encouraging girls in science and boys in arts
- Providing leadership roles for all students

Participation helps students develop confidence and social skills.

4. Awareness and Sensitisation Programs

Students and teachers should be educated about gender equality through workshops, discussions, and training programs.

Strategies:

- Gender awareness sessions
- Anti-bullying programs
- Discussions on stereotypes
- Inclusion of gender studies topics

When students understand equality, they are more likely to respect differences.

5. Safe and Supportive School Environment

A safe environment is necessary for gender equity. Schools should prevent discrimination, teasing, and harassment.

Strategies:

- Strict rules against bullying
- Complaint and support systems
- Respectful classroom behaviour
- Encouraging mutual respect

When students feel safe, they can focus on learning without fear.

3.2.3.2 Strategies for Promoting Gender Equity in the Workplace

1. Equal Employment Opportunities

Employers should provide equal opportunities for hiring, promotion, and training.

Strategies:

- Fair recruitment policies
- Equal pay for equal work
- Transparent promotion systems
- Equal access to leadership roles

Equal opportunities increase productivity and fairness.

2. Removing Gender Stereotypes in Jobs

Many jobs are still considered suitable

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only for men or women. Workplaces should encourage diversity in all fields.

Strategies:

- Encourage and support women's participation in technical and other traditionally male-dominated fields
- Encourage and support men's participation in caregiving and other traditionally female-dominated professions
- Provide training for all employees
- Avoid gender-based job assignments

When stereotypes are reduced, individuals choose careers based on ability.

3. Work–Life Balance Support

One reason for gender inequality in the workplace is the expectation that women should take primary resposibility for family and caregiving responsibilities. Providing support that enables people of all genders to balance work and family responsibilities can help promote greater fairness..

Strategies:

- Flexible working hours
- Maternity and paternity leave
- Childcare facilities
- Support for family responsibilities

Work–life balance helps both men and women succeed in their careers.

4. Gender Sensitisation Training

Workplaces should provide training programs to create awareness about equality and respect.

Strategies:

- Workshops on gender equality
- Training on respectful communication
- Policies against harassment
- Awareness about diversity and inclusion

Such programs help create a positive work environment.

5. Strong Policies Against Discrimination

Organizations should have clear rules against gender discrimination and harassment.

Strategies:

- Anti-harassment policies
- Equal opportunity laws
- Complaint committees
- Fair disciplinary action

When rules are clear, employees feel safe and respected.

Recap

- Gender bias in education involves unequal representation, treatment, opportunities, or expectations based on gender.
- Bias may be intentional or may operate indirectly through stereotypes and routine institutional practices.

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- Curriculum is broader than a syllabus and includes learning materials, teaching methods, activities, assessment, and institutional values.
- Unequal representation in textbooks and examples can influence students' beliefs about who belongs in particular roles or professions.
- Gendered language and limited role models can make occupations or achievements appear associated with one gender.
- The hidden curriculum communicates gender expectations through everyday routines, responsibilities, discipline, and leadership opportunities.
- Teacher expectations can influence confidence, participation, achievement, subject choice, and career aspirations.
- Bias can also be justified as protective or helpful even when it restricts students' opportunities.
- Students who challenge gendered expectations may face resistance, but supportive teachers can use such challenges to improve classroom practice.
- Peer interactions can reinforce gender stereotypes through teasing, exclusion, approval, and pressure to conform.
- Peer acceptance is powerful because it provides belonging, identity, support, and social opportunities.
- Gender segregation in peer groups can strengthen stereotypes when different groups receive different experiences and expectations.
- Academic gender differences describe average group patterns and do not demonstrate fixed differences in intelligence or ability.
- Achievement patterns are influenced by expectations, opportunities, confidence, curriculum, family support, and peer culture.
- Career choices are shaped by social expectations, role models, self-beliefs, work–family expectations, and access to guidance and training.
- Gender equity in education requires inclusive curriculum, equal expectations, broad participation, awareness, and safe learning environments.
- Gender equity also requires respect and inclusion for transgender, non-binary, and gender-nonconforming learners.
- Workplace equity involves fair recruitment, pay, promotion, training, leadership opportunities, and protection from discrimination and harassment.
- Work–life policies such as parental leave, flexible arrangements, and childcare can reduce unequal career penalties linked to caregiving.

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- Gender-equitable educational and occupational environments allow people to choose subjects, careers, and roles according to interests and abilities rather than stereotypes.

Objective Questions

1. What is unequal treatment based on gender in education called?
2. What are teaching materials used in school called?
3. What is the indirect learning of values and expectations in school called?
4. What is a teacher's belief about a student's ability called?
5. What is the influence of friends on learning and behaviour called?
6. What is the preference for interacting with people of the same gender called?
7. What is performance in school subjects called?
8. What is the selection of a job or profession called?
9. What are beliefs about the roles of men and women called?
10. What is fair treatment of all genders called?
11. What principle supports equal pay for equal work?
12. What does encouraging all genders equally in the classroom reflect?
13. What is the influence of society on career decisions called?
14. What is confidence in one's own ability called?
15. What is equal access to job selection called?
16. What are formal rules against discrimination in organisations called?
17. What is the belief that girls should choose arts and boys should choose science called?
18. What is training aimed at increasing awareness of gender equality called?

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19. What is a curriculum that represents all genders fairly called?

20. What is the balance between employment and family responsibilities called?

Answers

1. Gender bias.
2. Curriculum.
3. Hidden curriculum.
4. Teacher expectation.
5. Peer influence.
6. Gender segregation.
7. Academic achievement.
8. Career choice.
9. Gender stereotypes.
10. Gender equity.
11. Equality.
12. Teacher expectation.
13. Social expectation.
14. Confidence.
15. Equal opportunity.
16. Workplace policies.
17. Gender stereotype.
18. Gender sensitisation.
19. Gender-inclusive curriculum.
20. Work-life balance.

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Assignments

1. Analyse gender biases in educational settings with reference to curriculum, teacher expectations and peer interaction.
2. Examine gender differences in academic achievement and career choices among students.
3. Evaluate the role of educational and occupational environments in the development of gender roles.
4. Evaluate strategies for promoting gender equity in education, with practical examples from schools or colleges.
5. Critically examine workplace practices for ensuring gender equity and equal opportunities.
6. Analyse gender stereotypes, self-beliefs and STEM/career choices.
7. Develop an inclusive gender-equity plan for an educational institution or workplace.

Reference

Berk, L. E. (2018). *Development through the lifespan* (7th ed.). Pearson.

Eccles, J. S. (2011). Gendered educational and occupational choices. *International Journal of Behavioral Development, 35*(3), 195–201. https://doi.org/10.1177/0165025411398183

Global Education Monitoring Report Team. (2024). *Global education monitoring report 2024: Gender report*. UNESCO.

Ministry of Education, Government of India. (2025). *Unified District Information System for Education Plus (UDISE+) 2024–25: Report on school education of India*. Department of School Education & Literacy.

Ministry of Education, Government of India. (2026). *All India Survey on Higher Education (AISHE) 2023–24*. Department of Higher Education.

Sadker, M., & Sadker, D. (1994). *Failing at fairness: How America's schools cheat girls*. Scribner.

SGOU

Santrock, J. W. (2021). *Child development* (15th ed.). McGraw-Hill.

UNESCO. (2019). *Gender equality in education*. UNESCO Publishing.

UNESCO. (2026). *Gender equality and education: From access to agency*. UNESCO.

Suggested Reading

Leaper, C. (2015). Do I belong? Gender, peer groups, and STEM achievement. *International Journal of Gender, Science and Technology, 7*(2), 166–179.

Master, A., Cheryan, S., & Meltzoff, A. N. (2016). Computing whether she belongs: Stereotypes undermine girls' interest and sense of belonging in computer science. *Journal of Educational Psychology, 108*(3), 424–437. https://doi.org/10.1037/edu0000061

UNESCO. (2026). *Gender equality and education: From access to agency*. UNESCO.

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BLOCK

Gender and Mental Health

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UNIT 1

Gender Differences in Mental Health

Learning Outcomes

Upon completion of this unit, the learner will be able to:

- explain the relationship between gender and mental health
- describe the prevalence and major types of mental health disorders across genders
- examine gender-specific risk factors associated with internalising and externalising disorders
- differentiate various coping mechanisms and help-seeking behaviours among different genders

Prerequisite

Gender and other social factors deeply influence popular conceptions of mental health. Reported differences in the rates and manifestations of depression, anxiety, somatic complaints, substance use and conduct disorders must be interpreted in relation to age, social circumstances, diagnostic methods and access to care, rather than attributed to gender alone. World Health Organisation (WHO) and cross-national data frequently cite major depression prevalence around 4.8% to 5.5% for women compared to 3.2% to 3.3% for men and anxiety prevalence showing women at roughly 5.5% and men at 3.3%.

Consider the following three hypothetical situations:

- A young person experiencing intense panic and persistent worry discusses these concerns with trusted friends and seeks professional counselling when supportive services are available.

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- Another young person experiencing similar symptoms hesitates to seek help because of anticipated judgment or concerns about confidentiality; this hesitation is not specific to any gender.

- A transgender individual avoids clinical settings because of concerns about misgendering and institutional discrimination.

These situations illustrate group-level patterns reported in psychological research and should not be viewed as universal. Help-seeking behaviour is shaped by biological, psychological, social, cultural, and structural factors, not by gender alone. Population research indicates that men, on average, are less likely than women to consult health professionals for mental health concerns; however, patterns vary by symptom severity, type of provider, perceived need, stigma, caregiving responsibilities, financial constraints, and access to services (Harris et al., 2016). People of any gender may seek, delay, or avoid professional support. Thus, gender differences in prevalence and help-seeking represent broad, context-dependent trends rather than fixed characteristics of individuals.

Patterns of service use vary across populations, diagnoses, levels of need, and healthcare systems. Survey evidence indicates that men with mental or substance-use disorders may have lower odds than women of consulting health professionals, particularly through primary care, but this finding should not be generalised to every setting or individual (Harris et al., 2016). Exploring these questions allows us to map the complex, multi-layered relationship between gender dynamics and psychology.

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Keywords

Mental health, Gender, Prevalence, Risk factors, Oping mechanisms, Help- seeking behaviour

Discussion

4.1.1 Defining Mental Health

Defining mental illness can be challenging in clinical practice. Clinical psychologists generally agree that a psychological disorder (or mental illness) is a persistent disruption or disturbance of thought, emotion, or behavior that causes significant distress or impairment in functioning (American Psychiatric Association [APA], 2013).

When evaluating whether distress qualifies as a clinical disorder, clinicians rely on standardized diagnostic criteria maintained in formal manuals such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR; APA, 2022) or the *International Classification of Diseases* (ICD-11; WHO, 2019). Diagnostic criteria refer to specific, operationalised sets of symptoms, duration thresholds, and functional impairment levels required to make an official diagnosis. For instance, feeling sad after a breakup does not qualify as a disorder unless symptoms persist, cause marked dysfunction, and meet the specific diagnostic criteria established

in the DSM/ICD systems.

4.1.2 Relationship between gender and mental health

Viewing depression and anxiety as completely separate conditions despite shared heritable tendencies can complicate clinical understanding. Clinical psychology increasingly utilises a transdiagnostic framework (Eaton et al., 2012; Krueger & Markon, 2006). This perspective assumes that most psychological disorders are different phenotypic manifestations of a few core, underlying psychological dimensions. Rather than evaluating dozens of separate disorders, this approach organises common psychological conditions into two broad, primary categories based on where symptoms are directed: Internalising Disorders and Externalising Disorders.

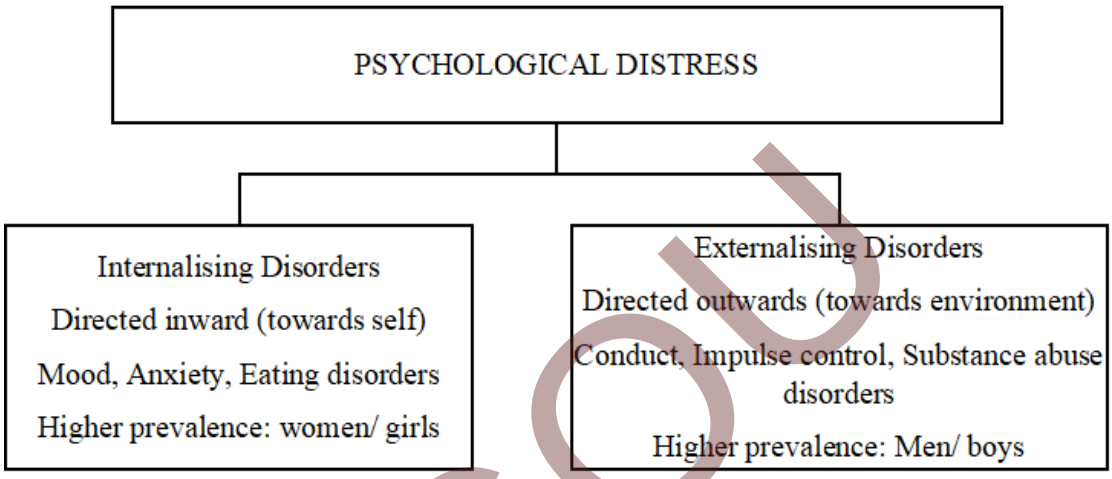


Fig. 4.1.1 Types of psychological distress

Backed by solid empirical research, the transdiagnostic approach offers a useful organising frame for this chapter because there are persistent sex differences across the internalising and externalising disorders.

Internalising Disorders

Characterised by problematic emotions and behaviors that are directed inward, toward the self. The individual experiences symptoms privately and expresses disturbance largely by blaming, punishing, or restricting the self. Symptoms include low self-esteem, chronic worry, social withdrawal, severe panic, restrained eating, and acts of nonsuicidal self-injury (such as cutting).

Externalising Disorders

Characterised by problematic feelings and behaviors that are directed *outward*, toward the environment and other people. These conditions involve deficits in impulse control, emotional regulation, and behavioral restraint. Primary symptoms include physical and verbal aggression, hyperactivity, impulsivity, interpersonal manipulation, delinquency, and substance abuse. These behaviors often involve either victimising others or altering one's consciousness in a manner that impairs judgment and reduces natural inhibitions against harm.

4.1.2.1 Prevalence and types of mental health issues among different genders

Solid empirical research shows persistent gender differences across the internalising and externalising spectrums. In general, women and adolescent girls show significantly higher

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prevalence rates for internalising disorders, whereas men and adolescent boys display significantly higher prevalence rates for externalising disorders.

A landmark epidemiological study of adults found that the effect size (d) for women's higher levels of internalising disorders was small to medium ($d = -0.23$ to -0.35), while the effect size for men's higher rate of externalising disorders ranged from medium to large ($d = 0.21$ to 0.66).

Beyond basic internalising/externalising trends, standard diagnostic manuals (DSM-5-TR) highlight clear gender-based prevalence rates across complex psychiatric conditions:

- **Schizophrenia:** Lifetime prevalence is relatively equal between genders, but males exhibit an earlier age of onset (early 20s vs. late 20s for females), worse premorbid functioning, and higher negative symptom severity (Aleman et al., 2003).
- **Post-Traumatic Stress Disorder (PTSD):** Women show roughly double the lifetime prevalence of PTSD compared to men ($d = -0.53$), driven largely by higher rates of exposure to interpersonal and sexual violence (Tolin & Foa, 2006).

Gender-based differences have been documented across a wide range of psychiatric disorders described in the DSM-5-TR. However, the magnitude and direction of these differences vary considerably across disorders and should not be interpreted as reflecting gender alone. Biological, psychological, social, cultural, and structural factors interact to influence the onset, expression, recognition, diagnosis, and help-seeking associated with mental disorders.

Table 4.1.1. Psychiatric disorders and their prevalence

Disorder	General Pattern reported in the cited literature
Major depressive disorder	Higher prevalence among women
Generalised anxiety disorder	Higher among women
Panic disorder	Higher among women
Specific phobia	Higher among women
PTSD	Higher among women
Eating disorders (anorexia nervosa, bulimia nervosa)	Higher among women, although increasingly recognised in men
Alcohol use disorder	Higher among men
Other substance use disorders	Generally higher among men
ADHD	Diagnosed more frequently among males, especially during childhood
Autism spectrum disorder	Diagnosed more frequently among males
Conduct disorder	Higher among males
Antisocial personality disorder	Higher among men
Gambling disorder	Higher among men, though the gap may vary

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Schizophrenia spectrum disorders	Overall lifetime prevalence is relatively similar, but sex differences occur in age of onset and clinical course
Bipolar disorders	Overall prevalence is broadly similar, with differences in presentation and course
OCD	Overall prevalence is approximately similar, with some sex differences across developmental periods

The Indian Sociocultural Context

Research on children and adolescents indicates that average patterns of psychological difficulty may differ by sex or gender, with girls more often reporting internalising symptoms and boys more often being identified with externalising symptoms; however, effect sizes, measures, developmental stage, and sociocultural context vary across studies (Bosson et al., 2018). Indian evidence should therefore be interpreted in relation to the particular population and method studied rather than treated as a universal national pattern. Gender expectations may also influence symptom expression, recognition, referral, and diagnosis. For example, ADHD in girls may be less readily identified when inattentive symptoms are more prominent than overt hyperactivity.

For instance, take a glance at this case study. Ramesh, a 38-year-old manager, experienced severe occupational burnout and low mood. Conforming to social expectations of male self-reliance, he suppressed emotional vulnerability and instead manifested distress through severe irritability, risk-taking behaviour, and heavy daily alcohol intake. Conversely, his sister Sunitha, facing similar family stressors, manifested distress through somatisation (chronic daily headaches, gastrointestinal distress) and persistent crying spells. While Sunitha received an early diagnosis of Major Depressive Disorder, Ramesh's depression was masked behind an externalising substance pattern until severe functional impairment occurred.

Evidence from India shows that mental-health patterns differ by disorder, age group, social location, and study method. The National Mental Health Survey of India, based on 34,802 adults across 12 states, reported higher overall mental morbidity among men, substantially influenced by psychoactive-substance-use disorders; other research commonly reports higher rates of several internalising conditions among women (Gautham et al., 2020; Bosson et al., 2018). Some women and girls may express distress through somatic symptoms, but this is neither universal nor exclusive to them. Gender-based violence, restricted mobility, unequal caregiving burdens, early marriage, and limited financial autonomy can increase psychological risk in particular contexts. These associations should be understood as structural and context-dependent rather than as inherent characteristics of women or girls.

Conversely, Indian men exhibit significantly higher prevalence rates of conduct problems, alcohol and chemical substance dependence, and antisocial personality traits. Social conditioning in many communities encourages males to suppress emotional vulnerability, viewing it as a sign of weakness, and instead guides

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them to display frustration through outward aggression, risk-taking, or substance use. Notably, while men remain statistically more prone to substance use disorders, modern longitudinal data shows this gap is narrowing as urban women increasingly use psychoactive substances to cope with chronic occupational and role-related stress.

4.1.2.2 Types of mental health issues among different genders

Gender comparisons must account for biological, psychological, social and cultural influences on mental health. Women, men, transgender, non-binary and other gender-diverse people may experience internalising and externalising conditions; gender identity itself is not a mental disorder. Binary comparisons do not represent every identity or individual experience. Gender roles, societal expectations, life experiences and access to resources can shape mental health. For example, unequal caregiving responsibilities, limited social support and financial stress may contribute to distress following childbirth and influence access to professional help.

Table 4.1.2 summarise the gender differences across common internalising disorders and table 4.1.3 summarises the gender differences across common externalising disorders, using standard Cohen's effect size values (d). A negative effect size indicates a higher female prevalence, while a positive effect size indicates a higher male prevalence. (Bosson et.al.,2021)

Table 4.1.2. Internalising disorders

Disorder	Description	Effect Size (*d*) for Sex Difference in Lifetime Rates
Major depressive disorder	All-encompassing low mood, low self-esteem, and a loss of interest in normally enjoyable activities that lasts at least 2 weeks	–0.35
Dysthymia (also called persistent depressive disorder)	Chronic low mood and low self-esteem that lasts at least 2 years but is less severe than major depression	–0.35
Bipolar disorder	Episodes of significantly elevated mood, arousal, and energy levels (mania) interspersed with contrasting episodes of low mood (depression)	0.06
Generalized anxiety disorder	Disproportionate worry about everyday things (such as money, health, and relationships) that is ongoing and uncontrollable	–0.29
Panic disorder	Recurring, brief attacks of panic that come on suddenly and are accompanied by racing heart, shortness of breath, dizziness, numbness, and fears of dying	–0.35
Phobic disorder/ social anxiety disorder	Persistent, irrational, extreme fear of a specific object or situation; in social anxiety disorder, extreme fear is of social interaction	–0.38/ –0.14
Posttraumatic stress disorder (PTSD)	Recurring flashbacks, nightmares, panic, and hypervigilance resulting from a traumatic experience (e.g., sexual abuse, physical assault, and wartime experiences)	–0.53

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Table 4.1.3. Externalising disorders

Disorder	Description	Effect Size (*d*) for Sex Difference in Lifetime Rates
Attention-deficit/ hyperactivity disorder (ADHD)	Difficulty focusing attention on a single task paired with a tendency toward hyperactivity	0.28
Conduct disorder	Ongoing pattern of oppositional, defiant, and antisocial behavior and criminal activity (e.g., theft, vandalism, sexual coercion, physical violence, lying, and running away)	0.38
Oppositional defiant disorder	Ongoing pattern of angry disobedience and defiant behavior toward authority figures	0.12
Antisocial personality disorder	Pattern of callous, manipulative, and deceitful treatment of others, combined with tendencies toward hostility, impulsivity, irresponsibility, and risk taking	0.21
Substance use disorder: alcohol use/ drug use	Recurrent use of alcohol and/or drugs that causes significant impairment, such as health problems, disability, or problems meeting responsibilities at work, school, or home	0.66/ 0.51

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The discussion on the prevalence and types of mental health issues among different genders highlights that mental health disorders are not experienced uniformly across populations. While women are more likely to experience internalising disorders such as depression, anxiety, and eating disorders, men tend to show higher rates of externalising disorders, including substance use disorders and aggressive behaviours. However, the observed differences cannot be explained solely by variations in prevalence rates. A deeper understanding requires an examination of the biological, psychological, social, and cultural factors that place different gender groups at varying levels of risk for mental health disorders.

4.1.3 Gender-Specific Risk Factors for Mental Health Disorders

Psychological disorders do not arise from a single isolated variable. Instead, they result from the continuous interaction of biological vulnerabilities, psychological predispositions, and sociocultural environments. Gender influences an individual's lifetime exposure to environmental stressors, access to socioeconomic resources, defined social

roles, structural opportunities, and learned coping strategies.

4.1.3.1 Gender-Specific Risk Factors for Internalising Disorders

1. **Sociocultural Roles and Structural Inequalities**

- **The Gender Intensification Hypothesis:** This model proposes that the social pressure to adopt strictly sex-typed traits and behaviours intensifies during adolescence as children undergo pubertal changes and prepare for adult roles. As girls are encouraged to adopt stereotypically feminine tendencies, such as emotionality, passivity, and self-sacrifice, they may develop a helpless, passive coping style that increases depressive vulnerabilities. In contrast, boys are encouraged to adopt instrumental qualities like autonomy and confidence, which can buffer them from internalising distress.

- **The Expansion Hypothesis (Baruch & Barnett, 1986) and Role Restraint:** Holding multiple social roles (such as worker, parent, spouse, and community member) benefits health and well-being by providing extra resources, social support, and personal fulfilment. Role restraint refers to the limits or boundaries placed on executing these roles due to time, energy, or societal restrictions. Occupying multiple social roles provides protective buffering against distress. Restrictions to limited roles increase vulnerability.

- **Devaluation of Feminine Labour:** The undervaluation of unpaid domestic and caregiving work may contribute to psychological distress when it is combined with restricted autonomy, unequal power, limited recognition, or economic dependence. Cross-national research indicates that gender differences in depression vary across social contexts and are associated with structural conditions; such findings are correlational and should not be used to characterise every community or individual (Seedat et al., 2009).

2. **Abuse and Violence Factors**

- **Differential Exposure to Trauma:** Childhood sexual abuse and adult interpersonal violence are traumatic life experiences with severe consequences for long-term mental health. Research from many countries indicates that girls and women experience higher rates of sexual violence than boys and men, although these patterns vary across cultural and social contexts. Extensive reviews demonstrate that this differential exposure to sexual victimisation explains up to 35% of the observed gender difference in adult depression.

3. **Psychological and Personality Factors**

- **Neuroticism:** Neuroticism is defined as the chronic, personality-level tendency to experience negative emotional states, including worry, anxiety, and low mood. Neuroticism correlates strongly with the development of internalising

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disorders. Cross-cultural personality assessments reveal that women consistently score significantly higher on measures of neuroticism than men across diverse global populations.

4. **Biological Vulnerabilities**

- **HPA-Axis and Hormonal Sensitivity:** Physiological research indicates that females frequently respond to acute environmental stressors with more extreme, prolonged neuroendocrine and nervous system activity than males. Female sex hormones, particularly fluctuating estrogens that increase rapidly during puberty, can enhance the sensitivity of the Hypothalamic-Pituitary-Adrenal (HPA) axis. This biological mechanism heightens a young woman's vulnerability to the long-term effects of chronic stress and helps explain the sharp rise in anxiety and depression observed among girls during early adolescence.

4.1.3.2 Gender-Specific Risk Factors for Externalising Disorders

1. **Sociocultural Socialisation and Parental Factors**

- **Differential Emotional Socialisation:** From early childhood, boys may encounter social expectations that discourage the expression of emotionsthat imply vulnerability, weakness, or fear, such as sadness, crying, and anxiety. Conversely, parents and socialisation agents treat anger—a high-dominance emotion—as a more acceptable and natural expression for boys. Consequently, males learn to funnel varied forms of internal psychological distress into angry outbursts, risk-taking, and outward aggression.

- **Divergent Parental Discipline:** Parents tend to utilise different disciplinary strategies based on a child's gender, frequently applying harsher physical and verbal strategies with sons than daughters. Harsh, punitive parental punishment (such as frequent screaming, hitting, and aggressive coercion) predicts high rates of conduct disorders, juvenile delinquency, and adult antisocial behaviour. Additionally, inconsistent use of punishment predicts increases in children's conduct problems over time, creating a transactional cycle where aggressive boys elicit increasingly erratic, harsh discipline from frustrated caregivers.

2. **Personality and Trait-Based Factors**

- **Impulsivity versus Effortful Control:** Externalising disorders are associated with dimensions such as sensation-seeking, risk-taking, and difficulties in effortful control. A meta-analysis of 277 studies found that males, on average, scored higher on sensation-seeking and behavioural risk-taking measures, whereas the average male disadvantage in effortful control was very small; several other measures showed no reliable sex difference (Cross et al., 2011). These group-level findings vary across individuals and contexts and do not show that such traits are inherent in males or that they directly cause

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later substance-use or antisocial behaviour.

- **Callous-Unemotional (CU) Traits:** CU traits are characterised by low levels of empathy, severe deficits in guilt, and emotional coldness. These traits underlie the severe aggression, criminal conduct, and lack of remorse seen in conduct disorder and antisocial personality disorder. Adolescent boys score higher than girls on measures of CU traits (d = 0.52), which helps explain their higher representation in externalising clinical categories.

3. **Biological and Neurochemical Factors**

- **Prefrontal Cortex Development:** The prefrontal cortex (PFC) regulates impulse control, emotional regulation, executive functioning, and long-term planning. While the PFC matures gradually throughout adolescence in all individuals, it tends to develop more slowly in boys. Exposure to higher levels of prenatal testosterone predicts lower relative PFC volume among boys aged 8–11, which correlates with an elevated biological vulnerability to ADHD and impulse control failure.

- **Dopaminergic Functioning and Genetics:** On average, women tend to display enhanced, highly regulated dopamine (DA) functioning compared to men. This biological difference may help protect them against disorders characterised by severe impulse control failure, such as substance addictions. Furthermore, a specific variant of the gene that codes for the dopamine transporter protein (DAT1)—which regulates the brain's reuptake of dopamine—is linked to chronic externalising and antisocial behaviour in males. Men are genetically more likely than women to inherit this particular risk-conferring variant.

4.1.4. Coping mechanisms and help- seeking behaviour

4.1.4.1 Defining coping mechanisms

Following a severe flood in their community, many residents experience emotional distress and uncertainty about the future. Anjali, who lost valuable possessions during the disaster, copes by talking to family members, participating in community support activities, and seeking counselling when she feels overwhelmed. Rajesh, who also suffered significant losses, believes that he should handle the situation independently and avoids discussing his emotions with others. Instead, he immerses himself in work and ignores signs of emotional strain.This example highlights how coping mechanisms and help-seeking behaviours are shaped by personal experiences, social support, cultural expectations, and gender-related factors.

Coping refers to the transactional, dynamic process that individuals use to manage everyday demands, internal stress,

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Case Study: Gender-Diverse Populations and Minority Stress Theory

While looking at differences between men and women helps us understand the impact of gender roles, it is vital to examine the experiences of transgender, non-binary, and gender-diverse individuals.

Research shows that gender-diverse individuals face an elevated risk of depression, generalised anxiety, and suicidal behaviour compared to cisgender individuals. To explain this disparity, psychologist Ilan Meyer developed Minority Stress Theory.

1. **Distal Stressors:** Objective, external experiences of discrimination, physical assault, rejection, and institutional transphobia.

2. **Proximal Stressors:** Internalised negative experiences, including the constant anticipation of rejection, hypervigilance in public spaces, and internalised transphobia.

When gender-affirming psychological support, family validation, and legal recognition are present, these elevated mental health risks drop dramatically. This demonstrates that psychological distress can be a direct reflection of societal exclusion rather than an individual pathology.

and external crises. Coping strategies are classified into distinct behavioural and cognitive styles. Table 4.1.4 classifies three types of coping.

Fig 4.1.2. Coping Styles

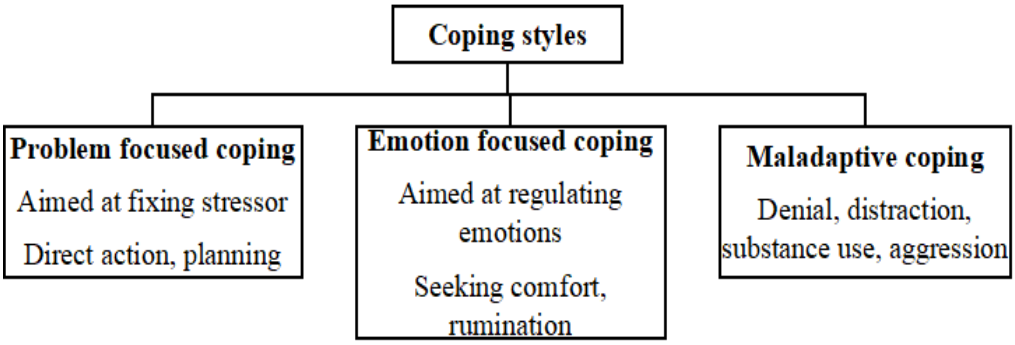
- **Problem-Focused Coping:** Dynamic behavioural activities aimed at directly altering, confronting, or eliminating the stressful situation or stimulus (e.g., time management, problem-solving, planning).

- **Emotion-Focused Coping:** Cognitive or behavioural efforts directed at regulating the internal emotional distress associated with the problem (e.g., emotional expression, positive reappraisal, seeking emotional comfort).

- **Acceptance or Redefinition:** A strategy where an individual acknowledges the reality of an adverse situation and adapts to it without trying to fruitlessly change or deny it.

- **Social Support Seeking:** The tendency to seek external resources, information, and emotional comfort from one's social circle or community networks.

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- **Denial:** A defence mechanism involving a direct refusal to acknowledge the reality of a traumatic event or ongoing stressor to protect the ego from severe anxiety.
- **Destructive/Negative Coping:** Unhealthy, maladaptive behaviours that channel negative emotions into self-defeating or harmful actions (e.g., self-harm, substance abuse, physical lashing out).
- **Religion or Faith:** Managing existential and situational distress through prayer, spiritual practices, and religious community support.

4.1.4.2. Gender differences in coping

Men and women often exhibit distinct coping mechanisms and help-seeking behaviours, heavily influenced by societal norms, socialisation, and biological factors. Generally, women tend to utilise more social and emotion-focused coping, alongside higher rates of professional help-seeking. Men, conversely, often rely on avoidance, distraction, or substance use, and face greater barriers to formal mental health care. Understanding these differences is crucial for tailoring effective mental health support and interventions.

Women's Coping Strategies

1. **Rumination and Response Styles Theory:** According to Susan Nolen-Hoeksema's response styles theory, women score significantly higher in the tendency to utilise rumination when distressed. Rumination involves passively and persistently focusing attention on one's negative mood, overanalysing symptoms, and dwelling on personal flaws without taking active problem-solving steps. While intended to process distress, rumination often prolongs and amplifies depressive and anxious states, contributing to higher rates of internalising disorders.

2. **Social and Relational Support:** People of all genders may use social relationships to process emotional difficulties. Some studies report average gender differences in particular samples; for example, Rose (2002) found higher co-rumination among girls than boys in a school-age sample. Co-rumination refers to extensively revisiting problems and negative feelings with peers and may be associated with both close friendships and

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internalising symptoms. These findings describe group averages and should not be treated as biologically fixed or universally female characteristics.

3. **The Tend-and-Befriend Response:** From a bio-psychosocial perspective, stress can trigger a "tend-and-befriend" survival response in females. This pattern relies on the release of oxytocin to promote nurturing activities (tending to offspring) and seeking social alliances (befriending) rather than the classic adrenaline-fueled fight-or-flight response.

Coping Strategies That Some Men May Use

1. **Avoidance and Distraction:** Some men may manage emotional distress through distraction or avoidance, depending on their circumstances and learned expectations. Activities such as exercise, sports, gaming or work can provide temporary relief, but their function depends on context. These strategies are not exclusive to men, and participation alone does not indicate emotional avoidance.

2. **Maladaptive Externalising Behaviours:** Some men may use alcohol, misuse medication or use illicit drugs in an attempt to manage emotional pain. People of any gender may adopt these harmful strategies. Distress may also be expressed through irritability or aggression, but these responses should not be assumed from gender; coping varies across individuals and circumstances.

4.1.4.3 Help- seeking pattern

The path to getting professional help for mental health struggles also differs widely, often shaped by traditional gender roles and stigmas. On average, men are less likely to seek help for mental health problems than women are, just as men are less likely to visit doctors for physical health issues. However, this sex difference depends on a couple of factors.

First, the type of help provider makes a difference. Sex differences in help-seeking for mental health problems from medical doctors and informal sources (e.g., self-help groups and spiritual providers) are consistently large, but sex differences in help-seeking from mental health professionals (e.g., psychotherapists and social workers) are relatively smaller. Men are thus far less likely than women to bring up emotional or mental health problems during routine doctor visits, which can be an important first step toward getting help.

Second, the type of symptoms that people experience can make a difference. For instance, sex differences in utilisation of mental health services may be larger for anxiety problems than for depression problems.

Finally, professional mental-health services are underused by people of different genders. In an Australian national epidemiological survey of adults meeting criteria for affective, anxiety, or substance-use disorders, men had lower odds than women of consulting a health professional, although many determinants of help-seeking applied to both groups (Harris et al., 2016). Research on masculine norms suggests that stronger endorsement of toughness, self-reliance, and emotional restriction can be associated with less favourable attitudes towards psychological help; these associations

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vary across individuals and social contexts and do not apply to all men. Help-seeking also depends on need, symptom type, service availability, cost, stigma, previous experiences, and knowledge of care options.

The surrounding context can also play a role in whether or not people seek help for emotional problems. Male-dominated and hypermasculine environments, such as competitive sports and the military, tend to press for self-reliance and mental toughness and discourage vulnerability and help-seeking. Community type (rural versus urban) may also play a role in mental health help-seeking. Men from rural communities less frequently seek help for emotional problems than do men from urban communities, likely because of the strong norms of toughness and self-reliance that are especially salient in rural areas. Note that masculine and male-dominated environments do not only influence the behaviour of men. For instance, norms of toughness and self-reliance in the military suppress mental health help-seeking among both women and men

Non-binary and other gender-diverse individuals may encounter barriers to mental-health care, including cisnormative service structures, limited provider competence, misgendering, discrimination, cost, and concerns about safety or confidentiality (Puckett et al., 2018; American Psychological Association, 2015). Experiences are diverse: some people delay or avoid mainstream services, while others use professional care, peer networks, community organisations, or digital support. Access may be improved through affirming providers, inclusive records and language, confidentiality, affordable services, and respect for each person's self-defined identity and care preferences.

Innovative Practices: Improving Support and Accessibility

To successfully bridge the gender gap in help-seeking behaviours, contemporary mental health initiatives are shifting toward gender-sensitive frameworks:

- Tailored Mental Health Campaigns: Campaigns can address barriers faced by people of different genders through accessible, respectful language. Messages may present seeking help as a constructive step towards well-being while validating vulnerability. Their wording should respond to the intended audience's needs without assuming that all members of a gender share the same preferences.

- Accessible Digital Platforms: The expansion of telehealth, specialised mental health applications, and completely anonymous or confinden-tial, text-based crisis services offers private, highly convenient entry points for care. These digital platforms are designed to feel signifi-cantly less intimidating to individuals who actively avoid traditional, face-to-face clinical encounters.

- Inclusive, Affirming Care: Modern public health frameworks focus on expanding specialised training for healthcare providers. This can help clinicians provideculturally competent, gender-affirming care that directly validates transgender and non-binary individuals, mitigating the impact of minority stress.

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Recap

- Mental health disorders involve persistent disturbances in thoughts, emotions, or behaviour that cause significant distress or impairment in functioning and are diagnosed using standardised systems such as the DSM-5-TR and ICD-11.
- Gender and mental health have a complex relationship influenced by biological, psychological, social, cultural, and structural factors rather than gender alone.
- The transdiagnostic framework groups psychological disorders broadly into internalising and externalising disorders.
- Internalising disorders direct distress inward and include symptoms such as anxiety, depression, social withdrawal, panic, low self-esteem, restrained eating, and self-directed harm.
- Externalising disorders direct distress outward and include aggression, impulsivity, hyperactivity, delinquency, substance abuse, and antisocial behaviour.
- Across many studies, women and girls show higher average rates of several internalising disorders, whereas men and boys show higher average rates of several externalising disorders; these are group-level, context-dependent patterns rather than universal characteristics (Bosson et al., 2018).
- Depression, generalised anxiety disorder, panic disorder, specific phobia, PTSD, and several eating disorders are reported more frequently among women in many epidemiological studies, although prevalence varies across populations and diagnostic practices (Bosson et al., 2018; Tolin & Foa, 2006).
- Alcohol and other substance-use disorders, ADHD, conduct disorder, antisocial personality disorder, and gambling disorder are generally reported or diagnosed more frequently among males, with variation across age, culture, and assessment practices (Bosson et al., 2018; Gautham et al., 2020).
- Some disorders show similar overall prevalence across genders but differ in presentation or course. For example, schizophrenia has broadly similar lifetime prevalence across women and men, while males show an earlier average age of onset in many studies (Aleman et al., 2003).
- In the Indian sociocultural context, girls tend to report more internalising symptoms such as anxiety, withdrawal, and somatisation, whereas boys show more hyperactivity, conduct problems, and rule-breaking.
- Gender differences in mental health may reflect not only actual prevalence but also differences in symptom expression, recognition, diagnosis, and help-seeking.

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- Internalising risk factors include restrictive gender roles, structural inequalities, devaluation of unpaid feminine labour, trauma and violence exposure, neuroticism, and biological stress sensitivity.

- The Gender Intensification Hypothesis proposes that pressure to conform to traditional gender roles increases during adolescence and may contribute to psychological vulnerability.

- According to the Expansion Hypothesis, occupying multiple meaningful social roles can provide resources, support, and fulfilment, whereas role restraint may increase vulnerability to psychological distress.

- Girls and women experience disproportionately high exposure to sexual and interpersonal violence in many populations; this differential exposure is an important contributor to observed gender differences in depression and PTSD, while individual experiences and cultural contexts vary (Tolin & Foa, 2006).

- Externalising risk factors include male emotional socialisation, harsh or inconsistent parental discipline, impulsivity, low effortful control, callous-unemotional traits, and developmental and neurobiological factors.

- Minority Stress Theory explains elevated mental health risks among transgender and gender-diverse individuals through chronic social stressors such as discrimination, rejection, anticipated stigma, and internalised negativity.

- Coping mechanisms include problem-focused coping, emotion-focused coping, acceptance/redefinition, social support seeking, denial, destructive coping, and religious or faith-based coping.

- Women are generally more likely to use emotion-focused and social coping, although rumination and co-rumination may prolong distress. Men may be more likely to use avoidance, distraction, substance use, or externalising behaviours, though these are broad trends rather than universal characteristics.

- Help-seeking is strongly influenced by gender norms and social context: traditional ideals of toughness, self-reliance, and stoicism can discourage help-seeking, while stigma, financial constraints, caregiving responsibilities, lack of access, cisnormativity, and fear of discrimination can create barriers for different groups.

- Gender-sensitive campaigns, telehealth, anonymous services, and inclusive gender-affirming care can improve accessibility.

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Objective Questions

1. Which psychological framework assumes that most mental disorders are different phenotypic expressions of a few core, underlying dimensions?

2. What specific term describes psychological disorders where problematic emotions and behavioural changes are directed inward toward the self?

3. Which gender reports higher rates of anxiety disorders?

4. Which specific internalising disorder shows a balanced gender distribution across global populations?

5. Which hypothesis states that the pressure to adopt strict sex-typed traits intensifies during the transition into puberty?

6. Which sociological hypothesis states that occupying multiple social roles serves as a protective buffer against psychological distress?

7. Which personality trait, defined as a chronic tendency to experience negative emotions, is highly correlated with anxiety and is statistically higher in women?

8. What specific psychological theory developed by Susan Nolen-Hoeksema focuses on the maladaptive habit of passively dwelling on symptoms of distress?

9. Which behavioural response pattern describes a female physiological tendency to protect offspring and seek social alliances under stress?

10. Which brain region involved in executive function, planning, and impulse control tends to develop more slowly in adolescent boys?

11. Which primary neurotransmitter involved in reward processing shows enhanced baseline functioning in women, protecting them from impulse-control disorders?

12. What specific psychological traits include low levels of empathy, guilt, and warmth, underlying the development of conduct disorders in boys?

13. What framework developed by Ilan Meyer describes how chronic discrimination and stigma lead to elevated mental health risks for gender-diverse populations?

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14. Which specific environment type emphasises extreme toughness, discouraging vulnerable help-seeking?

15. What socio-geographic community type shows significantly lower rates of male help-seeking due to highly salient cultural norms of tough self-reliance?

Answers

1. The transdiagnostic framework
2. Internalising disorders
3. Women
4. Bipolar affective disorder
5. The Gender Intensification Hypothesis
6. The Expansion Hypothesis
7. Neuroticism
8. Response Styles Theory
9. The tend-and-befriend response
10. The prefrontal cortex (PFC)
11. Dopamine
12. Callous-unemotional (CU) traits
13. Minority Stress Theory
14. Hypermasculine environments
15. Rural communities

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Assignments

1. Based on your reading of the unit, how does the transdiagnostic framework explain the difference between a female client presenting with severe restriction of food intake and a male client presenting with chronic alcohol abuse? Explain using the core concepts of internalising and externalising dimensions.

2. Differentiate between the Gender Intensification Hypothesis and the Expansion Hypothesis. How does each theory explain the elevated rates of depressive symptoms in women during specific life stages?

3. Analyse the biological and neurochemical factors that place men at a higher risk for externalising disorders like ADHD and substance abuse.

4. Discuss the relationship between gender and mental health.

5. Discuss gender differences in the prevalence of mental health disorders.

6. Critically examine gender-specific risk factors for mental health disorders. Discuss the biological, psychological, social, and cultural factors associated with internalising and externalising disorders.

7. Analyse factors influencing help-seeking behaviour.

8. Examine gender differences in the expression and manifestation of psychological distress in the Indian sociocultural context.

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Reference

Aleman, A., Kahn, R. S., & Selten, J. P. (2003). Sex differences in the risk of schizophrenia: Evidence from meta-analysis. *Archives of General Psychiatry*, *60*(6), 565–571. doi.org

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Association.

Bosson, J. K., Vandello, J. A., & Buckner, C. E. (2021). *The Psychology of Sex and Gender* (2nd ed.). Sage Publications.

Wood, G.W. (2018). *The Psychology of Gender.* Routledge.

World Health Organization. (2019). *International statistical classification of diseases and related health problems* (11th ed.). ICD-11 Browser.

Suggested Reading

Nolen-Hoeksema, S. (2012). Emotion Regulation and Psychopathology: The Role of Gender. *Annual Review of Clinical Psychology*, *8*(1), 161-187. https://doi.org/10.1146/annurev-clinpsy-032511-143109

O'Hara, M. W., & McCabe, J. E. (2013). Postpartum depression: Current status and future directions. *Annual Review of Clinical Psychology, 9*, 379–407.

Prior, P. M. (1999). *Gender and Mental Health*. Macmillan Press.

Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review, 49*, 106–118.

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UNIT 2

Gender and Psychotherapy

Learning Outcomes

Upon completion of this unit, the learner will be able to:

- explain the concept and significance of gender-sensitive psychotherapy
- describe various gender-sensitive approaches used in therapeutic practice
- examine gender-related issues that may arise in psychotherapy settings
- analyse gender diversity as a component of mental health practice

Prerequisite

Mental health concerns are deeply shaped by social and cultural contexts, including gender-related expectations, institutional barriers, and cultural norms. These structural factors influence how individuals perceive themselves, express emotional distress, navigate help-seeking behaviours, and experience clinical care. Consequently, mental health interventions must extend beyond a standardised, one-size-fits-all model to account for the distinct social realities of diverse individuals. Therapists must embody these gender-sensitive and culturally responsive values within their clinical stance.

Consider the following hypothetical situations within psychotherapy:

A client experiencing workplace discrimination works with a therapist to distinguish personal self-blame from the effects of unequal power relationships.

A client who finds emotional disclosure difficult agrees with the therapist on a comfortable pace and shared goals, without assumptions based on gender.

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A non-binary client asks a therapist to use their correct pronouns and to explore whether gender-related experiences are relevant to the presenting concern.

These scenarios illustrate how therapeutic relationships can respond to social context, client preferences and institutional barriers. They invite learners to consider collaborative decision-making, respectful language and the examination of power within therapy, while allowing each client to define the relevance of gender to their own experience.

How do therapist dynamics, cultural stereotypes, and clinical environments influence client engagement? How can practitioners foster affirming spaces for gender-diverse populations while addressing systemic barriers? Examining these questions is essential for establishing inclusive, ethical, and structurally informed psychotherapeutic practices.

Keywords

Psychotherapy, Gender-sensitive psychotherapy, Feminist therapy, Power in therapy, Ethics of resistance, Affirmative therapy, Narrative therapy, Gender- diverse clients

Discussion

Psychotherapy is a professional process in which trained mental health professionals help individuals understand and manage their thoughts, emotions, behaviours, and life challenges (Frank & Frank, 1993). Over the past century, psychotherapy has evolved from a specialised practice primarily used in mental hospitals to an important part of everyday life. Today, people seek psychological support for a wide range of concerns, including stress, relationship difficulties, emotional problems, and personal growth. Yet many gender based barriers stand in the way.

As mental health services expanded beyond institutional settings and became more accessible to the general population, women became important users of these services, both for their own mental-health needs and in relation to family care. However, feminist scholars and psychologists questioned whether classical psychoanalytic theories and other traditional models that treated male experience as normative adequately reflected women's experiences and concerns. They argued that some approaches overlooked the influence of gender roles, social expectations, and unequal power relationships on mental health. These criticisms contributed to therapeutic perspectives that examined personal distress within its social context (Magnusson & Marecek, 2012). Pioneers of feminist therapy, including Jean Baker Miller (1976), Laura Brown (1994), and Carolyn Enns (2004), challenged these assumptions and emphasised power, social context, diversity, and collaboration.

Have you ever wondered whether psychotherapy works in the same way for everyone? Can social expectations about masculinity, femininity, or gender identity influence a person's experiences in therapy as well as those of the therapist? Exploring these

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questions helps us understand the relationship between gender and psychotherapy and the need for gender-sensitive approaches in mental health care.

4.2.1 Gender sensitive approaches to psychotherapy

Gender-sensitive psychotherapy is not a single set of clinical techniques. Instead, it is an overarching philosophical approach to clinical practice. It argues that traditional psychological theories often treat male experiences as the universal norm, pathologising behaviours that deviate from that baseline. Gender-sensitive care corrects this by integrating a structural understanding of gender into every stage of the therapeutic process. The foundation of this approach relies on several core principles derived from Feminist Therapy (Brown, 1994).

Table 4.2.1 Illustrative study of historical pathologisation of female emotion through the diagnosis of "hysteria"

Historical Vignette: Pathologising Female Emotion as "Hysteria"

Historically, early psychological and medical approaches frequently framed natural emotional reactions in women as individual psychiatric illnesses. A prominent example is the 19th-century clinical diagnosis of "hysteria" (derived from the Greek *hystera*, meaning uterus). Classical psychoanalytic formulations often treated female emotional distress, dissatisfaction, or non-conformity as symptoms of underlying pathology or emotional instability (Freud, 1895; Chesler, 1972).

Consider the case of Bertha Pappenheim (known clinically as "Anna O."), whose emotional distress, grief, and physical symptoms were diagnosed as hysteria. Rather than recognising how the restrictive socio-cultural constraints and limited educational opportunities of her era contributed to her psychological distress. Early medical models attributed her condition to internal dysfunction. Feminist critiques later highlighted how some diagnoses pathologised women's natural responses to social restriction, establishing the need for frameworks that examine distress within its broader structural and socio-cultural context (Chesler, 1972; Enns, 2004).

4.2.1.1 Feminist critique of traditional psychotherapy

Imagine a woman in the 1950s who has a husband, children, and a comfortable home, yet feels unhappy and unfulfilled. When she seeks help, her distress is viewed as a personal problem rather than a result of the social expectations placed upon her. This question—whether distress arises from individual factors or social conditions—became central to feminist critiques of psychotherapy.

During the 1960s and 1970s, feminist scholars challenged traditional psychological theories that often reinforced conventional gender roles. Betty Friedan's *The Feminine Mystique* highlighted the dissatisfaction experienced by many women whose lives were restricted to domestic responsibilities.

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Feminists argued that psychological theories sometimes portrayed women who deviated from traditional roles as abnormal and overlooked the impact of discrimination, unequal opportunities, and restrictive social expectations on mental health.

As the women's movement gained momentum, feminist thinkers emphasised that emotional distress is often shaped by broader social and cultural factors rather than solely by individual pathology. Their critiques encouraged psychologists to examine how gender and social inequalities influence mental health and therapeutic practice.

The feminist critique of psychotherapy shifted attention from individual deficits to the influence of social, cultural, and gender-related factors, laying the foundation for more gender-sensitive approaches to therapy.

The Problem with No Name

Betty Friedan described the feelings of emptiness and dissatisfaction experienced by many women as **"the problem with no name."** This concept became an important catalyst for feminist discussions on gender and mental health.

Even after the feminist movement, many, if not the majority, of the scientific studies in health care are conducted with a male-majority of participants, taking little into consideration of female or non-binary experiences.

4.2.1.2 Development of Feminist and Gender-Sensitive Therapy

Consider a client experiencing depression due to workplace discrimination and unequal family responsibilities. Rather than focusing only on symptoms, a gender-sensitive therapist explores how social experiences and gender roles contribute to the client's distress. This approach reflects the foundations of feminist and gender-sensitive therapy.

In response to limitations in traditional psychotherapy, feminist practitioners developed therapeutic approaches based on equality, empowerment, and social justice. During the 1970s, they introduced counselling methods that encouraged self-awareness, critical examination of gender roles, and recognition of social influences on mental health. Unlike traditional approaches that focused primarily on individual pathology, feminist therapy viewed emotional difficulties within broader social, cultural, and political contexts (Brown, 1994).

A central principle of feminist therapy is "the personal is political," which emphasises that personal struggles are often shaped by societal factors such as gender norms, power relations, discrimination, and unequal opportunities. Over time, gender-sensitive therapy expanded beyond women's issues to address the experiences of men, gender-diverse individuals, and people from diverse cultural backgrounds (Marks et al., 2025).

Feminist and gender-sensitive therapies broadened the understanding of mental health by highlighting the role of social context, power relations, and individual strengths, making psychotherapy more inclusive and responsive to diverse experiences.

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Core Principles of Feminist Therapy

- Equality in the therapeutic relationship
- Client empowerment
- Recognition of social and cultural influences
- Respect for diversity
- Advocacy for social justice
- Strength-based approach to healing

4.2.1.3 Specific techniques of feminist and gender sensitive psychotherapy

To turn these principles into practice, gender-sensitive therapy utilises specific, structured interventions:

Table 4.2.2 Specific techniques of gender sensitive psychotherapy

Technique	Clinical Description	Goal
Cultural Analysis	Examines how the client's culture and social environment influence their thoughts and feelings.	Moves the client from passive adaptation to active contribution to social change.
Gender Role Analysis	Encourages clients to reflect on how societal gender expectations shape their identity and behaviour.	Identifies which expectations support well-being and which cause psychological distress.
Power Analysis	Explores unequal power relationships in both society and the client's personal life.	Helps the client challenge unequal power dynamics and regain personal agency.
Consciousness-Raising	Group discussions where members share personal stories to find common social roots.	Reduces isolation by showing that many personal problems are linked to broader social conditions.
Bibliotherapy	Assigns books, essays, or poetry that address gender expectations and systemic issues.	Promotes self-understanding and provides alternate perspectives through literature.

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Reframing & Relabeling	Reinterprets clinical symptoms as logical, functional coping mechanisms for survival.	Shifts the narrative from internal weakness to an empowering understanding of resilience.
Therapy-Demystifying	Intentionally shares the therapist's rationale, process, and uses purposeful self-disclosure.	Promotes transparency and flattens the traditional authority gap between client and clinician.

Gender-sensitive therapy techniques, including cultural analysis, gender role analysis, power analysis, consciousness raising, bibliotherapy, reframing and relabelling and therapy demystifying, help clients understand the influence of gender, culture, and power on their lives while promoting self-awareness, empowerment, resilience, and meaningful social change (Sharf, R. S, 2012).

4.2.2 Addressing Gender-Related Issues in Therapeutic Settings

Consider two therapy sessions. In one, the therapist assumes the role of an unquestioned expert and directs every aspect of treatment. In the other, the therapist collaborates with the client, values the client's experiences, and encourages active participation in decision-making. Which relationship is more likely to empower the client?

Feminist therapists argued that power relationships exist within all helping professions, including psychotherapy. Traditional therapeutic models often positioned therapists as experts and clients as passive recipients of treatment. Feminist practitioners sought to create more collaborative relationships in which clients actively participate in understanding and addressing their concerns. This approach recognises that individuals may experience psychological difficulties because of unequal power relationships in families, workplaces, communities, and society. Therefore, therapy should help clients understand how these factors affect their lives while building confidence and resilience

Table 4.2.3 Collaborative Dynamic and Clinical Dialogue Example

To dismantle traditional hierarchy, the therapist practices transparency, shares clinical rationale, and engages the client as the expert of their own lived experience (Brown, 1994). Below is an example illustrating this egalitarian dynamic:

Traditional/Hierarchical Dynamic:

- **Therapist:** *"Your difficulty setting boundaries at home stems from an unresolved passive personality trait. I will outline a behavioral plan for you to follow."*
- *(Result: The client feels pathologised and positioned as a passive recipient of expert authority.)*

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Collaborative/Gender-Sensitive Dynamic:

- **Therapist:** *"I notice you feel guilty whenever you set boundaries with your family. Rather than seeing this as a personal weakness, how do you think social expectations around women being primary caregivers influence that guilt? How would you like us to work together on this?"*
- **Client:** *"I've always been taught that putting myself first is selfish. Framing it around societal expectations helps me see why it's so hard. I want us to focus on setting small boundaries without feeling like a failure."*
- **Therapist:** *"That makes complete sense. You are the expert on your life, and my role is to collaborate with you as we explore strategies that fit your goals."*

4.2.2.1 Power in Therapy

Gender-sensitive therapists emphasise that power operates at three levels (Brown, 1994; Enns, 2004):

Power on the Inside- *Power within the therapist–client relationship*

Early feminist therapists argued that traditional therapy often placed therapists in positions of authority while clients remained passive. To create a more equal relationship, they introduced several changes:

- Clients actively participate in decision-making.
- Therapy goals are decided collaboratively through discussion and mutual agreement.
- Therapists adopt a more open, approachable, and supportive role.
- Group therapy settings encourage shared learning and mutual support.

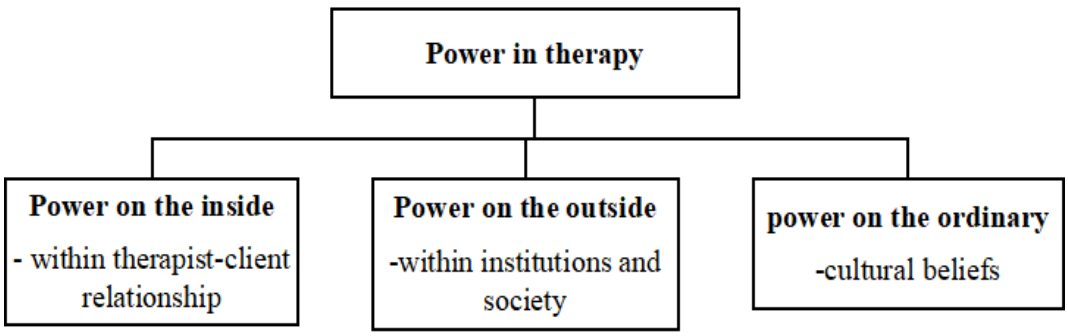


Fig 4.2.1 Power in therapy

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- Clients' strengths, resilience, and support systems are recognised rather than focusing only on problems.

Instead of asking *"What is wrong with this person?"*, Gender-sensitive therapists ask *"What social, cultural, or relational experiences may be contributing to this distress?"* For example, experiences such as workplace discrimination, domestic violence, unequal family responsibilities, or social pressure may contribute to emotional difficulties (Chesler, 1972; Enns, 2004).

Power on the Outside- *Power within institutions and society*

Therapy does not occur in isolation. It is influenced by schools, hospitals, workplaces, governments, insurance systems, and social norms. Gender-sensitive therapists recognise that:

- Social inequalities related to gender, race, class, sexuality, and culture can affect mental health (Brown, 1994).
- Institutional practices may sometimes reinforce discrimination or unequal treatment (Rossiter, 2001).
- Therapists should remain aware of these influences and avoid unintentionally supporting unfair social structures (Enns, 2004).

This perspective is often called an **ethics of resistance**, which encourages therapists to question practices that maintain inequality, as posited by Rossiter (Rossiter, 2001)

The Power of Ordinary/ Cultural Beliefs- *How social ideas influence therapy*

To understand how deeper social power operates within conversations, Rachel Hare-Mustin (1994) introduced the famous metaphor of the **"**mirrored room.**"** The concept illustrates that the dialogue within a therapy room cannot easily escape or go beyond reflecting the prevailing societal discourses that both the therapist and the client carry inside with them (Hare-Mustin, 1994).

Many people grow up with powerful messages about how women and men should behave, family responsibilities, relationships and marriage, and success and achievement. These cultural beliefs can influence how people view themselves and their problems. Gender-sensitive therapists help clients examine these assumptions by asking questions such as:

- Where did this belief come from?
- Does it reflect my own values?
- Is this expectation helping or harming me?

Therapist Self-Reflection and Developing Gender Sensitivity (Brown, 1994; Enns, 2004)

Crucially, this critical reflection is not the client's responsibility alone. Therapists must also continuously examine their own internal biases, privilege, and cultural assumptions. To maintain true gender sensitivity, practitioners must engage in ongoing reflexive practice by asking themselves:

- How do my own gendered experiences, values, and socio-cultural positioning influence my perceptions of this client?
- Am I unintentionally enforcing traditional gender norms or pathologising non-normative behaviour?
- How can I actively unlearn dominant societal assumptions

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to provide genuinely affirming, non-judgmental care?

By continuously interrogating their own stance, therapists prevent the subtle reinforcement of oppressive social norms within the therapeutic space.

4.2.2.2 Narrative Therapy

A commonly used gender-sensitive approach is Narrative Therapy. Its central idea is: "The person is not the problem; the problem is the problem." Instead of defining people by their difficulties, therapists help clients separate themselves from the problem and explore alternative, more empowering life stories. For example: Instead of saying "I am a failure", Say "I am facing challenges created by difficult circumstances." This helps clients recognise their strengths and develop new perspectives.

In addition to Narrative Therapy, several other key clinical orientations integrate gender sensitivity into their practice:

- **Feminist Therapy:** Focuses directly on egalitarian client-therapist dynamics, social justice, power analysis, and deconstructs restrictive gender-role socialisation (Brown, 1994; Enns, 2004).

- **Relational-Cultural Therapy (RCT):** Emphasises that psychological growth occurs through mutually empowering relationships, framing connection—rather than autonomous independence—as a primary human need while addressing how cultural disconnections cause distress (Miller, 1986; Jordan, 2010).

- **Gender-Affirming Therapy:** Specifically tailored for transgender, non-binary, and gender-diverse individuals, this approach validates gender identity, supports transition-related goals, and addresses minority stress without pathologising gender diversity (American Psychological Association, 2015).

- **Cognitive Behavioural Approaches (Gender-Informed CBT):** Adapts traditional cognitive therapy by identifying and challenging core beliefs that stem specifically from toxic socio-cultural standards, sexism, and rigid gender expectations (Padesky, 1989).

Gender-sensitive therapy does not ask only "What is wrong with the person?" It also asks, "What has happened around the person, and how have social experiences shaped their difficulties?" Gender-sensitive therapy promotes collaboration, empowerment, and respect for diversity while helping clients recognise how societal influences affect their well-being. By considering both personal experiences and broader social contexts, therapists can support clients in developing greater self-awareness, resilience, and meaningful change (Brown, 1994; Enns, 2004; White & Epston, 1990).

4.2.3 Role of the Therapist in Supporting Gender-Diverse Clients

Alex, a transgender university student, seeks therapy because of anxiety and social isolation. Previous healthcare experiences left Alex feeling misunderstood and judged. During therapy, the therapist consistently uses Alex's preferred name and pronouns, provides a safe environment for discussing identity-related concerns, and validates experiences of discrimination. As trust develops, Alex becomes more comfortable exploring emotional difficulties and develops

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healthier coping strategies. This example demonstrates the important role therapists play in creating affirming and inclusive therapeutic environments.

Imagine a client shares that they identify as transgender, but people around them continue to use the wrong name and pronouns. How can a therapist create a space where the client feels respected, understood, and supported?

Creating an affirming therapeutic space involves active, concrete steps:

- **Immediate Affirmation and Practice:** The therapist explicitly verifies and consistently uses the client's self-identified name and pronouns, ensuring intake paperwork and language reflect non-binary and trans-inclusive options.
- **Validating Minority Stress:** Rather than framing distress over misgendering as internal hypersensitivity, the therapist validates the real psychological toll of chronic invalidation and social rejection (Meyer, 2003; APA, 2015).
- **Navigating Safety and Autonomy:** The therapist collaboratively explores coping mechanisms and boundary-setting strategies for situations where misgendering occurs, respecting the client's decisions on when and where it is safe to come out or correct others.
- **Unconditional Positive Regard:** The practitioner creates a climate where the client's gender identity is acknowledged and respected without being automatically treated as the root cause of every unrelated emotional difficulty.

Supporting gender-diverse clients requires therapists to provide affirmative, respectful, and client-centred care. Rather than making assumptions about a person's gender identity, therapists encourage clients to define their own identities and experiences (APA, 2015; Singh & Dickey, 2017).

4.2.4.1. Key Responsibilities of the Therapist

Use Respectful and Inclusive Language

- Ask clients how they identify and what pronouns they use.
- Use the client's chosen name and pronouns consistently.
- Avoid assumptions based on appearance or sex assigned at birth.
- Recognise that gender exists beyond traditional male–female categories.

Create a Gender-Affirming Environment

- Use inclusive intake forms that allow clients to describe their gender identity in their own words.
- Encourage open discussions about gender without judgment.
- Stay informed about current terminology and gender-diverse experiences.

Support Clients Through Gender Exploration and Transition

- Recognise that every person's gender journey is unique.
- Support clients in exploring their identity, making decisions, and accessing appropriate resources.
- When needed, assist clients with transition-related planning and

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referrals.

Validate Experiences of Discrimination and Misgendering

Many gender-diverse individuals experience rejection, discrimination, or being addressed by incorrect names and pronouns. Therapists should:

- Listen empathetically.
- Validate the emotional impact of these experiences.
- Help clients develop coping strategies and resilience.

Focus on the Client's Presenting Concerns

Being gender-diverse does not mean that every therapy issue is related to gender identity. Clients may seek help for:

- Anxiety or depression
- Relationship difficulties
- Academic or workplace stress
- Family conflicts

Therapists should address the concerns that are most important to the client while remaining sensitive to the role of gender in their experiences.

Promote Collaboration and Client Autonomy

Gender-sensitive therapists view clients as experts on their own lives. Rather than acting as gatekeepers, they work collaboratively with clients, respecting their choices, goals, and identities.

The therapist's role in supporting gender-diverse clients is to provide a safe, respectful, and affirming environment where clients feel understood and valued. By using inclusive language, validating clients' experiences, and promoting autonomy and empowerment, therapists can help gender-diverse individuals navigate challenges, strengthen resilience, and enhance their overall well-being (American Psychological Association, 2015; Singh & dickey, 2017).

Good Practices for Supporting Gender-Diverse Clients

- Ask and use correct names and pronouns.
- Create an inclusive and non-judgmental environment.
- Validate experiences of discrimination and rejection.
- Support identity exploration and transition-related decisions.
- Focus on clients' strengths, resilience, and goals.
- Stay informed about gender-diverse issues and affirmative practices.

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Recap

- Psychotherapy is a professional helping process that assists individuals in understanding and managing psychological difficulties.
- Traditional psychotherapeutic approaches were criticised by feminist scholars for overlooking the influence of gender roles, social expectations, and unequal power relationships.
- Feminist therapy emerged during the 1960s and 1970s and emphasised equality, empowerment, social justice, and the importance of understanding personal experiences within broader social contexts.
- Gender-sensitive psychotherapy recognises that gender influences mental health experiences and therapeutic outcomes.
- Important techniques used in gender-sensitive therapy include cultural analysis, gender role analysis, power analysis, consciousness-raising groups, bibliotherapy, reframing and relabeling, and therapy-demystifying strategies.
- Gender-related issues in therapy often involve power dynamics within therapeutic relationships, institutions, and cultural belief systems.
- Narrative therapy helps clients separate themselves from problems and construct more empowering life stories.
- Therapists play a crucial role in supporting gender-diverse clients through affirmative, respectful, and inclusive practices.
- Creating gender-affirming environments and validating clients' experiences promote trust, resilience, and psychological well-being.

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Objective Questions

1. What foundational counselling approach emphasises that "the personal is political"?
2. Which technique helps clients examine how cultural messages influence their thoughts and feelings?
3. What did Betty Friedan name the widespread emptiness experienced by mid-century housewives?
4. What therapeutic approach uses the central mantra, "The person is not the problem; the problem is the problem"?

5. What is the specific term for a therapeutic intervention that reinterprets personal deficits as structural coping mechanisms?

6. What level of power operates explicitly within the immediate counsellor-client relationship?

7. Who proposed the "ethics of resistance" framework as a counter-strategy for practitioners working inside large mental health settings?

8. Who introduced the "mirrored room" metaphor to show how therapy can accidentally reinforce dominant cultural viewpoints?

9. What strategy uses books, poetry, or literature to assist clients in gaining alternative perspectives on gender expectations?

10. What clinical process involves collaboratively deciding goals and sharing rationale to eliminate therapeutic secrets?

11. What language element must clinicians actively verify and utilise to create an instantly affirming space for gender-diverse individuals?

12. What is the professional process used to help individuals manage psychological difficulties?

13. Who wrote The Feminine Mystique?

14. What is the understanding of power relationships known as?

15. Which level of power is represented by institutions and social systems?

16. What kind of practice involves using a person's correct name and pronouns?

17. What context does gender-sensitive therapy recognise as influencing clients' experiences?

18. What does respect for different identities reflect?

19. What does collaborative decision-making promote in clients?

20. What is the experience of being referred to by incorrect pronouns called?

21. What term refers to a person whose gender identity aligns with their sex assigned at birth?

22. What therapeutic approach emphasises social justice and empowerment?

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Answers

1. Feminist
2. Cultural-Analysis
3. Problem-with-no-name
4. Narrative
5. Reframing
6. Inside
7. Amy Rossiter
8. Rachel Hare-Mustin
9. Bibliotherapy
10. Therapy-demystifying
11. Pronouns
12. Psychotherapy
13. Betty Friedan
14. Power analysis
15. Outside
16. Affirmative
17. Social
18. Diversity
19. Autonomy
20. Misgendering
21. Cisgender
22. Feminist Therapy

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Assignments

1. Explain what makes a psychotherapeutic approach "gender-sensitive." How does it differ fundamentally from a traditional, one-size-fits-all medical model?

2. Discuss the meaning and clinical significance of the phrase "the personal is political" in the context of feminist and gender-sensitive therapy.

3. Traditional therapy often treats psychological distress as an individual internal deficit. Explain how techniques like Reframing and Relabeling shift this focus toward external social conditions.

4. Describe the differences between "Power on the Inside" (within the therapeutic relationship) and "Power on the Outside" (within institutional settings).

5. Explain Rachel Hare-Mustin's "mirrored room" metaphor. What happens to therapy if a clinician is unaware of dominant societal discourses?

6. How does Narrative Therapy implement the idea that "the person is not the problem; the problem is the problem"? Describe the purpose of externalising conversations.

7. Read the clinical scenario below and answer the following questions: Alex, a transgender university student, seeks therapy for anxiety and social isolation. Due to past negative experiences with healthcare, Alex feels judged and misunderstood. Write down three specific actions the therapist must take in the first session to build a gender-affirming, inclusive environment.

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Reference

Bosson, J.K., Vandello, J.A., & Buckner, C.E. (2018). The Psychology of Sex and Gender. Sage Publications.

Dess, N.K., Marecek, J., & Bell, L.C. (2018). Gender, Sex and Sexualities; Psychological Perspectives. Oxford University Press.

Enns, C. Z. (2004). *Feminist theories and feminist psychotherapies: Origins, themes, and diversity* (2nd ed.). Routledge

Enns, J. T. (2004). *Thinking clearly about psychology: An introduction*. Worth Publishers.

Frank, J. D., & Frank, J. B. (1993). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Johns Hopkins University Press

Suggested Reading

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist, 70*(9), 832-864. doi: 10.1037/a0039906

Breuer, J., & Freud, S. (1895). *Studies on hysteria*. (J. Strachey, Ed. & Trans.). Basic Books.

Brown, L. S. (1994). *Subversive dialogues: Theory in feminist therapy*. Basic Books.

Chesler, P. (1972). *Women and madness*. Doubleday.

Koch, J. M. & Knutson, D. (2018). Practice recommendations for psychotherapy with gender diverse clients. *Psychotherapy Bulletin, 53*(2), 44-48.

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Gender, Relationships and Sexuality

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Gender and Interpersonal Relationships

Learning Outcomes

Upon completion of this unit, learners will be able to:

- describe the major gender-based differences in communication styles within romantic relationships
- analyse how power operates in intimate partnerships and the consequences of power imbalances
- identify patterns of gender difference in friendship formation, maintenance, and intimacy
- evaluate the impact of gender socialisation on parenting behaviours and roles
- apply theoretical frameworks to understand family dynamics through a gendered lens

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Prerequisite

Relationships are an important part of everyday life, yet the way people communicate, express emotions, handle conflict, and experience closeness may be influenced by gender in ways that are not always obvious. Have you ever wondered why gender sometimes shapes the way partners communicate, friends interact, or family roles are shared?

This unit invites you to explore these questions and examine how gender influences romantic relationships, friendships, parenting, and family relationships. As you move through the unit, you will also have an opportunity to reflect on some of the common beliefs and assumptions surrounding gender and relationships.

Keywords

Gender Communication, Power Dynamics, Intimate Partner Violence, Homosocial Bonding, Expressive Role, Instrumental Role, Gender-Typed Parenting, Egalitarian Relationship

Discussion

5.1.1 Gender Dynamics in Romantic Relationships

Romantic relationships are among the most intimate and consequential arenas of human social life. Yet far from being purely private matters, they are profoundly shaped by broader social forces — among the most powerful of which is gender. From the earliest courtship rituals to the daily negotiation of household labour, gender norms and expectations permeate romantic partnerships in ways that are both visible and deeply invisible.

Psychological research on romantic relationships has historically concentrated on heterosexual, Western, middle-class couples. However, the field has grown considerably more inclusive and cross-cultural in recent decades, acknowledging that relationship dynamics are embedded in specific social and historical contexts. For students in India, understanding these dynamics requires holding global theories in productive tension with local realities — a country where arranged marriages coexist with 'love marriages', where joint family structures remain common, and where rapid economic and social change is reshaping gender expectations at remarkable speed.

This section examines three interrelated dimensions of gender in romantic relationships: communication, power, and conflict.

5.1.1.1 Gender and Communication in Romantic Partnerships

Communication is the lifeblood of intimate relationships. Research consistently shows that couples who communicate effectively — with openness, empathy, and clarity — report higher relationship satisfaction (Gottman & Notarius, 2002). Yet the way individuals communicate is importantly shaped by gender.

Deborah Tannen's (1990) influential 'genderlect' theory proposed that men and women grow up in essentially different cultural worlds — a boys' culture centred on competition, hierarchy, and status, and a girls' culture centred on connection, intimacy, and collaboration. These different 'cultures' produce different communication goals: men typically use 'report talk' (conveying information, asserting status), while women use 'rapport talk' (building and maintaining relationships). While Tannen's work has been critiqued for overgeneralising and essentialising gender, it captures real patterns observed in research.

Key gender-related communication differences observed in romantic relationships include:

- Self-disclosure: Women generally disclose more personal information and feelings to intimate partners than men.

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Men are more likely to disclose activities and achievements (Dindia & Allen, 1992).

- Emotional expression: Socialisation encourages women to express a wider range of emotions openly, while men are often socialised to suppress emotional expressiveness, particularly sadness or fear (Brody & Hall, 2000).

- Active listening: Research shows women more frequently use verbal and non-verbal acknowledgements (nodding, 'mm-hmm', eye contact) that signal engagement.

- Problem-solving orientation: Men are more likely to offer solutions when a partner expresses a problem, while women more often seek empathy and validation first — a difference that can generate significant friction (Gray, 1992).

- Demand-withdrawal pattern: A highly replicated finding in which one partner (more often the woman in heterosexual couples) raises issues and the other withdraws — a dynamic associated with lower relationship satisfaction (Heavey et al., 1993).

Research Spotlight: The Gottman Ratio

John Gottman's longitudinal research at the University of Washington identified the '5:1 ratio' — couples in stable relationships have at least 5 positive interactions for every negative one.

Importantly, Gottman found gender differences in how this ratio plays out: men are more likely to physically and emotionally withdraw during conflict (stonewalling), while women more often bring up concerns (criticism). Neither pattern is inherently problematic, but the interplay can become corrosive.

Source: Gottman, J. M., & Levenson, R. W. (1988). The social psychophysiology of marriage. In P. Noller & M. A. Fitzpatrick (Eds.), Perspectives on marital interaction (pp. 182–200). Multilingual Matters.

It is critical to note that these patterns are tendencies shaped by socialisation, not fixed biological differences. Individual variation is enormous, and factors such as personality, education, culture, sexual orientation, and the specific relationship context substantially moderate these patterns. Research on same-sex couples, for example, consistently shows higher levels of constructive communication and lower levels of demand-withdrawal — partly because both partners share similar gender socialisation (Kurdek, 2004).

5.1.1.2 Power Dynamics in Intimate Relationships

Power — the ability to influence one's partner's behaviour, decisions, and emotional states — is a central but often unacknowledged dimension of intimate relationships. In hierarchical societies structured by gender, caste, class, and religion, power in intimate relationships is rarely distributed equally.

Sociologists John French and Bertram Raven (1959) identified six bases of social power, all of which operate in intimate relationships:

Power Base	Definition	Gender-Relationship Example
Reward Power	Ability to give positive reinforcement	Partner controls financial resources
Coercive Power	Ability to punish or threaten	Threat of emotional withdrawal or violence
Legitimate Power	Authority derived from social roles	Patriarchal norms legitimising male authority
Referent Power	Influence based on identification/admiration	Emulation of a respected parent's marital style
Expert Power	Authority derived from knowledge or skill	Partner who manages finances or makes medical decisions
Informational Power	Control over access to information	Keeping financial information from a spouse

Table 1.2: French and Raven's Power Bases Applied to Romantic Relationships

In heterosexual relationships, patriarchal gender norms historically grant men greater access to reward, coercive, and legitimate power. Control over economic resources is particularly significant: women with greater economic independence demonstrate greater power within relationships — they are more likely to have their preferences followed and less likely to remain in abusive relationships (Kaukinen, 2004).

The concept of relative resources (Blood & Wolfe, 1960) proposed that power within a marriage corresponds to each partner's relative contribution of economic and social resources. While more recent research complicates this framework (acknowledging cultural norms and ideology matter as much as resources), it captures an important dynamic: gender pay gaps and occupational segregation are not merely economic problems but relationship problems, structuring intimate power dynamics.

In the Indian context, several structural factors shape power in romantic relationships:

- Dowry and Bride Price: Despite legal prohibition under the Dowry Prohibition Act (1961), dowry practices persist and significantly structure power within marriages. Failure to meet dowry demands can result in harassment, domestic violence, and dowry-related deaths.
- Joint Family Systems: Living within a husband's family expands the power landscape — a wife may be subject to the authority of in-laws, particularly the mother-in-law, while her own kin network is geographically and emotionally distant.
- Property Rights: Despite legal reforms (Hindu Succession Act Amendment, 2005), women's property ownership remains limited in practice, restricting economic independence.
- Economic Dependence: A large proportion of Indian women — particularly in rural areas and lower-income groups — remain economically dependent on husbands, structuring power asymmetry within the household.

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Intersectionality in Indian Marital Power

Power in Indian marriages is not structured by gender alone but by the intersection of gender with caste, class, region, religion, and educational status.

A Dalit woman in a rural joint family faces a qualitatively different power landscape than an upper-caste urban professional woman. Understanding marital power in India requires attending carefully to these intersections.

Scholar Sharmila Rege (2003) has argued that mainstream feminist analyses of Indian marriage have often centred upper-caste women's experiences, rendering Dalit women's realities invisible.

5.1.1.3 Conflict in Romantic Relationships: A Gendered Analysis

Conflict — disagreement, expressed tension, and negotiation between partners — is a normal and even necessary feature of intimate relationships. How couples navigate conflict is a stronger predictor of relationship stability than the frequency of conflict itself (Gottman, 1999). Gender shapes both the content and the process of conflict in romantic relationships.

Research identifies several recurring patterns:

- Content of conflict: Women more frequently initiate conflict around household labour, emotional intimacy, and relationship maintenance. Men more frequently raise issues around sexual frequency and recreation (Papp et al., 2009).
- Emotional escalation: Women show greater cardiovascular reactivity in relationship conflict across some studies, while men show higher physiological arousal (flooding) and are more likely to withdraw in response (Gottman & Levenson, 1988).
- Attribution styles: Partners may interpret conflict through gendered lenses — attributing negative behaviour to the partner's disposition rather than to situational factors (hostile attributions), with negative consequences for relationship quality.
- Resolution strategies: Women more often use what researchers term 'engagement' strategies (discussing, expressing, negotiating), while men more often use 'avoidance' strategies — though this varies considerably by individual and context.

The consequences of unresolved conflict are not gender-neutral. Research consistently shows that women's physical and mental health outcomes are more closely tied to marital quality than men's — a pattern sometimes described as the 'marriage benefit' being larger for men (Kiecolt-Glaser & Newton, 2001). Women in low-quality marriages often show worse immune function, higher blood pressure, and elevated depression compared to single women, while

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Interesting Insight: The 'Invisible Workload' Argument

Sociologist Arlie Hochschild (1989) introduced the concept of the 'second shift' — the domestic and caregiving work women perform after their paid workday. Her research found that working American women worked roughly 15 hours more per week than their male partners when paid and unpaid work were combined.

Subsequent research by Daminger (2019) extended this to 'cognitive labour' — the mental planning, anticipation, and monitoring involved in household management. Women disproportionately bear this invisible cognitive burden, contributing to conflict even in couples who self-report egalitarian arrangements.

In India, NSSO data consistently shows women perform 5–6 times more unpaid domestic and care work than men, with minimal change across economic classes.

men in low-quality marriages still show health advantages over single men.

5.1.2 Friendship Patterns and Gender Differences

5.1.2.1 The Sociology and Psychology of Gendered Friendship

Friendship — voluntary, reciprocal, non-romantic close relationships — is a fundamental aspect of human social life with profound implications for psychological well-being, identity development, and social support. Research across developmental psychology and sociology has documented systematic gender differences in how friendships are formed, maintained, and experienced.

A foundational distinction in the literature is between agentic and communal friendship styles. Women's friendships are typically characterised as communal: emotionally intimate, disclosure-based, face-to-face, and oriented toward mutual support ('face-to-face' friendships). Men's friendships are more often characterised as agentic: activity-centred, less emotionally expressive, and built around shared interests rather than self-disclosure ('side-by-side' friendships) (Wright, 1982).

These differences emerge early in childhood and are reinforced through socialisation:

- Girls are more often encouraged to play in small, intimate groups and to maintain harmony through verbal negotiation.
- Boys more often play in large, hierarchically organised groups with competitive, rule-governed games.
- Parents and teachers reinforce emotional expressiveness in girls and emotional restraint in boys.

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- Peer groups enforce gender norms around friendship — boys who seek emotional intimacy with male friends may face ridicule.

Dimension	Women's Friendship Patterns	Men's Friendship Patterns
Primary basis	Emotional intimacy, disclosure	Shared activity, common interest
Communication style	Verbal, expressive, empathic	Less verbal, activity-centred
Number of close friends	Fewer, deeper connections	More, less intense connections
Self-disclosure	High	Lower, especially about vulnerability
Conflict management	Direct but relational	Often avoidant or competitive
Response to stress	Tend-and-befriend (Taylor et al., 2000)	Fight-or-flight tendency
Cross-sex friendship	More emotionally expressive with male friends	Tend to interpret cross-sex friendship romantically

Table 1.3: Gender Differences in Friendship Patterns (After Wright, 1982; Tannen, 1990)

It is important to note the limitations of this binary framework. Research overwhelmingly studies gender as a binary variable, obscuring the experiences of non-binary, transgender, and intersex individuals. Furthermore, race, class, sexuality, and culture profoundly shape friendship patterns — for example, research shows Black men in the United States often display more emotionally expressive friendships than white men, suggesting that cultural norms rather than biological sex are primary determinants (Franklin, 1992).

5.1.2.2 Homosocial Bonding and Its Functions

Homosocial bonding — close social ties between individuals of the same gender — serves important social functions. For men, homosocial spaces (locker rooms, sports teams, drinking groups, professional networks) have historically been sites of power consolidation and the reproduction of masculinity norms. Sociologist Michael Kimmel (2008) argues that masculinity is primarily performed for and validated by other men — men's behaviour is shaped by the 'male gaze' of their peer group.

For women, homosocial bonding has historically been both a source of support and a site of internalised competition — what psychologists have identified as 'relational aggression', indirect social aggression including gossip, exclusion, and reputation damage. These patterns, documented extensively by Nicki Crick and colleagues (1995), reflect the channelling of girls' conflict into socially acceptable indirect forms, given the discouragement of direct aggression.

In the contemporary Indian context, young women's increasing participation in higher

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Research Note: The 'Cool Girl' Phenomenon

Sociologist C.J. Pascoe (2007) documented how adolescent boys construct masculinity through homosocial practices that often involve the denigration of femininity and homosexuality.

Similarly, researcher Rosalind Wiseman (2002) documented 'Queen Bee' dynamics in girls' social groups — hierarchical social structures in which popular girls exercise power through social inclusion and exclusion, enforcing conformity to femininity norms.

Both phenomena illustrate how homosocial peer groups become sites of gender norm enforcement — sometimes with damaging consequences for individuals who do not conform.

education, professional life, and digital social networks is reshaping female homosociality — creating new spaces for solidarity, political consciousness, and mutual support outside family surveillance.

5.1.2.3 Cross-Gender Friendships

Cross-gender (or cross-sex) friendships — close friendships between a man and a woman — occupy a complex and often ambiguous social space. Research shows they are generally less common than same-gender friendships, partly because of social expectations that heterosexual men and women cannot maintain purely platonic relationships — the so-called 'when Harry met Sally problem' (Bleske-Rechek & Buss, 2001).

Research by O'Meara (1989) identified four primary challenges faced by cross-sex friendships:

- The emotional bond challenge: Distinguishing friendship from romantic love.
- The sexual challenge: Managing sexual attraction and its implications.
- The equality challenge: Navigating gender inequality within the friendship.
- The public presentation challenge: Managing others' perceptions and assumptions.

Despite these challenges, cross-sex friendships offer important benefits — exposure to different communication styles, reduced gender stereotyping, and access to broader social networks. Research also shows significant gender asymmetry in cross-sex friendship: heterosexual men are more likely to perceive romantic potential in female friends, while women are more likely to correctly identify when a friendship is purely platonic (Bleske-Rechek et al., 2012).

In India, cross-gender friendships face particular cultural constraints. Social norms in many communities restrict informal interaction between unmarried young men and women, and cross-gender friendships may be viewed with suspicion. However,

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urbanisation, coeducational institutions, and digital communication are creating new spaces for cross-gender friendships that challenge traditional restrictions.

5.1.3 Impact of Gender on Parenting and Family Relationships

5.1.3.1 Gendered Parenting: Historical and Contemporary Perspectives

Parenting — the complex set of practices, beliefs, and relationships involved in raising children — is among the most gender-saturated domains of human social life. Virtually every culture assigns primary caregiving responsibility to women, a pattern so pervasive that it has often been naturalised as biological rather than recognised as social.

The sexual division of parenting labour has deep historical roots:

- In traditional agrarian societies, the distinction between productive and reproductive labour encoded gender — men's work was economically valued, women's domestic and caregiving work was not.
- The Industrial Revolution sharpened this distinction by removing paid labour from the home, constructing the domestic sphere as women's exclusive domain.
- Twentieth-century shifts in women's labour force participation have challenged but not eliminated this division.

Contemporary research shows that while the gender gap in parenting labour has narrowed in many societies, it has not closed. In India, the 2019 Time Use Survey found that women spend an average of 7.2 hours per day on unpaid domestic and care work, compared to 2.9 hours for men — a gap that persists regardless of women's employment status.

5.1.3.2 Motherhood: Ideology, Experience, and Psychological Impact

The ideology of 'intensive mothering' — the expectation that mothers should be the primary, always-available, emotionally and cognitively involved parent, sacrificing individual needs for children — represents a powerful contemporary gender norm that structures women's experiences and constrains their choices (Hays, 1996).

The psychological consequences of this ideology are significant:

- Maternal guilt: Women more than men report guilt about parenting decisions, work-family conflict, and perceived inadequacy as parents (Bornstein, 2002).
- The maternal wall: Mothers in professional contexts face a 'maternal wall' — discrimination and reduced career opportunities following childbirth, even when fathers experience a 'fatherhood bonus' (Budig & England, 2001).
- Postpartum depression: Affecting approximately 10–15% of mothers globally, postpartum depression is significantly shaped by social factors including lack of partner support, economic stress, and absence of social support networks.
- Mental load: Mothers disproportionately carry the

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Spotlight: The Motherhood Penalty in India

Research by economists has documented a 'motherhood penalty' in labour market outcomes globally — mothers earn less, are less likely to be promoted, and face more discrimination than childless women.

In India, this penalty intersects with caste and class: upper-caste professional women may manage it by engaging paid domestic workers (often Dalit or lower-caste women), effectively transferring care work down the social hierarchy.

This 'care chain' — where affluent women's professional participation depends on the underpaid care labour of less privileged women — highlights the deeply intersectional nature of gendered parenting.

'mental load' — the invisible cognitive burden of anticipating, planning, and coordinating family life.

In India, motherhood is invested with intense cultural significance, tied to notions of womanly virtue, family honour, and religious identity. The pressure on Indian mothers is intensified by joint family structures, in which mothers-in-law often hold authority over childrearing practices, creating sources of conflict and stress.

5.1.3.3 Fatherhood: Changing Expectations and Engaged Fathering

While the transformation of fatherhood is less dramatic than the transformation of motherhood in public discourse, significant changes in father involvement have occurred over the past several decades. Research documents a trend toward more 'involved' or 'engaged' fathering — fathers who participate actively in childcare, emotional support, and relationship-building with children, rather than functioning primarily as breadwinner and disciplinarian.

Lamb (1987) distinguished three components of father involvement: engagement (direct interaction with the child), accessibility (being available), and responsibility (ensuring the child's welfare). Research consistently shows fathers score lower than mothers on all three dimensions, but with notable variation by socioeconomic status, educational level, and cultural context.

The benefits of paternal involvement are well-documented:

- Children with involved fathers show better cognitive development, higher academic achievement, and lower rates of behaviour problems (Flouri & Buchanan, 2003).
- Daughters with involved, emotionally available fathers show higher self-esteem, more egalitarian gender role attitudes, and more positive romantic relationship outcomes.
- Sons with involved fathers are more likely to develop more flexible, less rigid masculinity, and less likely to engage in gender-based violence.

In India, the model of 'provider father' remains dominant across many communities, though there is growing evidence of changing expectations — particularly among urban, educated, middle-class men who increasingly express desire for deeper involvement with their children (Rege, 2008). However, long

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working hours, social norms around gender roles, and structural barriers (lack of paternity leave policies) constrain the realisation of these aspirations.

5.1.3.4 Gender in Family Relationships: Siblings, Extended Kin, and In-Laws

Gender dynamics extend beyond the parental dyad to structure the full network of family relationships. In India, these dynamics are particularly visible in:

- Sibling relationships: Son preference — the systematic preferring of male children — continues in many parts of India, shaping differential treatment, educational investment, inheritance, and marriage decisions. Girls may be withdrawn from school earlier, allocated fewer resources, and held to stricter behavioural standards than brothers.
- Extended family authority: In joint family systems, elders — particularly mothers-in-law — often exercise significant authority over younger women's behaviour, dress, movement, reproductive choices, and childcare practices. This authority is a gendered form of power that does not map neatly onto simple male–female dynamics.
- Marriage negotiations: Across much of India, marriage remains a family affair. Families negotiate suitable matches, with significant gender asymmetry in who has agency in this process. Young women typically have less say in partner selection than young men, though this varies by class, region, and community.
- Widow treatment: Widows in India often face significant social marginalisation, loss of property rights, and cultural restrictions — patterns that reflect gendered norms around women's identity being derived from the marital relationship.

Indian Context: The 'Beti Bachao, Beti Padhao' Campaign

The Indian government's flagship programme Beti Bachao, Beti Padhao (Save the Daughter, Educate the Daughter), launched in 2015, was designed to address declining Child Sex Ratios in select districts.

The programme combines social awareness campaigns with educational incentives and legal enforcement against sex-selective practices.

Research on the programme's outcomes is mixed: while awareness has increased, critics argue it has not adequately addressed the structural and economic drivers of son preference, particularly in contexts where daughters are seen as economic liabilities due to dowry customs.

Source: Ministry of Women and Child Development, Government of India (2021). Annual Report.

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Recap

- Gender shapes communication in romantic relationships through differences in self-disclosure, emotional expression, and problem-solving orientation (Tannen, 1990; Gottman, 1999).
- The demand-withdrawal pattern — in which one partner raises issues and the other withdraws — is among the most replicated findings in relationship research and has gendered dimensions.
- Power in intimate relationships is distributed unequally along gender lines, structured by economic resources, cultural norms, and legal frameworks.
- In India, dowry practices, joint family structures, and women's economic dependence are important structural determinants of power asymmetry in marriages.
- Women's friendships tend to be more emotionally intimate and self-disclosure based, while men's friendships are more often activity-centred — but these are tendencies shaped by socialisation, not fixed biological traits.
- Cross-sex friendships face particular challenges including sexual ambiguity, social scrutiny, and gender inequality within the relationship.
- Motherhood ideology places disproportionate expectations on women, contributing to maternal guilt, career penalties, and the invisible 'mental load'.
- Involved fathering is associated with positive outcomes for children and contributes to more egalitarian family dynamics.
- Family relationships in India are structured by gender in multiple ways — including son preference, widow marginalisation, and gendered authority hierarchies within extended families.

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Objective Questions

1. Who proposed the "genderlect" theory of communication?
2. What type of talk is primarily associated with conveying information and asserting status?
3. What type of talk focuses on building and maintaining relationships?
4. What term refers to the tendency of one partner to raise an issue while the other withdraws?

5. Who identified the "5:1 ratio" in stable romantic relationships?
6. What type of power is based on the ability to give positive reinforcement?
7. What type of power involves the ability to punish or threaten?
8. What type of power is derived from knowledge or skill?
9. Who proposed the relative resources theory of marital power?
10. What term refers to the mental planning and monitoring involved in household management?
11. Who introduced the concept of the "second shift"?
12. What term refers to close social ties between individuals of the same gender?
13. Who described women's friendships as more communal and men's friendships as more agentic?
14. What type of friendship is characterised by emotional intimacy and self-disclosure?
15. What term refers to close friendships between a man and a woman?
16. Who identified four major challenges associated with cross-sex friendships?
17. What term refers to the expectation that mothers should be the primary and highly involved parent?
18. Who identified engagement, accessibility, and responsibility as three components of father involvement?
19. What term refers to the systematic preference for male children?
20. What term refers to the invisible cognitive burden of anticipating, planning, and coordinating family life?

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Answers

1. Tannen
2. Report
3. Rapport
4. Demand-withdrawal

5. Gottman
6. Reward
7. Coercive
8. Expert
9. Blood-Wolfe
10. Cognitive-labour
11. Hochschild
12. Homosocial
13. Wright
14. Communal
15. Cross-sex
16. O'Meara
17. Intensive-mothering
18. Lamb
19. Son-preference
20. Mental-load

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Assignments

1. Describe Deborah Tannen's 'genderlect' theory. What are the key criticisms of this theory, and how do you think it applies (or does not apply) to romantic relationships in contemporary India?

2. Using French and Raven's taxonomy of power, analyse the sources of power available to a woman in a traditional Indian joint family setting. What structural changes could help redistribute power more equitably?

3. Compare and contrast the emotional and social functions of same-gender friendships for men and women. What are the consequences of men's lower emotional self-disclosure in friendships for their mental health?

4. Critically evaluate the concept of 'intensive mothering'. How does this ideology shape the experiences of working mothers in India? What policy interventions might help challenge it?

5. Examine the relationship between involved fathering and children's gender role development. What factors in Indian society support or constrain involved fathering?

6. Write an essay on gender dynamics in the Indian joint family system, discussing power relationships between the mother-in-law and daughter-in-law, son preference, and women's property rights.

7. Interview Assignment: Conduct in-depth interviews with two couples (with appropriate ethical consent) — one couple in their 30s, one in their 60s — about how they manage household decisions and domestic labour. Analyse your findings using concepts from this unit.

Reference

Blood, R. O., & Wolfe, D. M. (1960). *Husbands and wives: The dynamics of married living.* Free Press.

Daminger, A. (2019). The cognitive dimension of household labor. *American Sociological Review, 84(4)*, 609–633.

Gottman, J. M., & Notarius, C. I. (2002). Marital research in the 20th century and a research agenda for the 21st century. *Family Process, 41(2),* 159–197.

Lamb, M. E. (Ed.). (1987). *The father's role: Cross-cultural perspectives*. Lawrence Erlbaum.

O'Meara, J. D. (1989). Cross-sex friendship: Four basic challenges of an ignored relationship. *Sex Roles, 21(7–8*), 525–543.

Tannen, D. (1990). *You just don't understand.* Morrow.

Wright, P. H. (1982). Men's friendships, women's friendships and the alleged inferiority of the latter. *Sex Roles, 8(1),* 1–20.

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Suggested Reading

Dube, L. (2001). *Anthropological explorations in gender: Intersecting fields.* Sage India.

Gottman, J. M. (1999). *The marriage clinic: A scientifically based marital therapy.* Norton.

Hochschild, A. R. (1989). *The second shift: Working families and the revolution at home*. Viking.

Kimmel, M. (2008). *Guyland: The perilous world where boys become men.* HarperCollins.

Lamb, M. E. (Ed.). (1987). *The father's role: Cross-cultural perspectives.* Lawrence Erlbaum.

Rege, S. (Ed.). (2003). *Sociology of gender: The challenge of feminist sociological knowledge.* Sage India.

Tannen, D. (1990). *You just don't understand: Women and men in conversation. Morrow.*

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UNIT

Gender and Sexuality

Learning Outcomes

Upon completion of this unit, learners will be able to:

- distinguish between sex, gender identity, gender expression, and sexual orientation as separate but interrelated dimensions of identity
- map the spectrum of sexual orientations and gender identities, including non-binary and transgender experiences
- analyse how gender norms shape sexual behaviour, attitudes, and double standards
- evaluate cultural, religious, and legal factors that influence sexual attitudes in the Indian context
- articulate the principles of sexual health and rights as defined by WHO and Indian policy frameworks

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Prerequisite

Sexuality is a natural and diverse aspect of human life, yet it is often surrounded by assumptions, stereotypes, and misunderstandings. Have you ever wondered why people may experience attraction differently, how gender identity and sexual orientation are understood, or why gender can influence sexual attitudes and behaviours?

This unit invites you to explore the diversity of sexual orientation and gender identity, examine the influence of gender on sexual behaviour and attitudes, and understand the importance of sexual health, rights, respect, and equality. As you progress through the unit, you will also have an opportunity to reflect on how social and cultural beliefs shape our understanding of sexuality.

Keywords

Sexual Orientation, Gender Identity, Gender Expression, Cisgender, Transgender, Non-binary, Intersex, Sexual Scripts, Sexual Double Standard, Sexual Rights

Discussion

5.2.1 Sexual Orientation and Gender Identity

5.2.1.1 Conceptual Foundations: The SOGI Framework

For much of its history, psychology conflated sex, gender, and sexuality — treating them as a unified biological given. Contemporary understanding recognises these as distinct dimensions:

- Biological sex refers to anatomical, chromosomal, and hormonal characteristics — typically assigned at birth as male, female, or intersex.
- Gender identity is the internal, psychological sense of self as a man, woman, both, neither, or somewhere else on the spectrum.
- Gender expression is the external, behavioural presentation of gender — through clothing, behaviour, hairstyle, and social roles.
- Sexual orientation is the pattern of attraction — emotional, romantic, and/or sexual — toward other people.

The critical insight from LGBTQ+ scholarship, affirmed in contemporary psychological ethics (APA, 2021), is that these four dimensions are independent: a person's biological sex does not determine their gender identity, gender expression, or sexual orientation. Furthermore, each dimension exists on a continuum, not as a binary.

5.2.1.2 Models of Sexual Orientation

The Kinsey Scale (1948), developed by Alfred Kinsey and colleagues based on extensive interviews with thousands of Americans, was among the first scientific frameworks to recognise sexual orientation as a continuum. Kinsey rated individuals from 0 (exclusively heterosexual) to 6 (exclusively homosexual), with most individuals falling somewhere between the poles — a finding that challenged the dominant binary view.

Subsequent models have refined and expanded the Kinsey framework:

- The Klein Sexual Orientation Grid (KSOG): Fritz Klein (1978) expanded Kinsey's model to include seven dimensions — attraction, behaviour, fantasy, emotional preference, social preference, self-identification, and lifestyle — each rated on a scale at three time points (past, present, and ideal).
- The Storms Model (1980): Michael Storms proposed a two-dimensional model with

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separate scales for heteroerotic and homoerotic tendencies, arguing that these are not opposite ends of a single spectrum but independent dimensions.

- The Sell Scale (1996): Randall Sell developed a multidimensional questionnaire distinguishing attraction, behaviour, and identity.

Contemporary models increasingly recognise asexuality (little or no sexual attraction) and aromanticism (little or no romantic attraction) as legitimate orientations, not pathological conditions. The AVEN (Asexual Visibility and Education Network) framework describes asexuality as a spectrum encompassing demisexuality, greysexuality, and other identities.

Orientation	Description	Approximate Prevalence Estimate
Heterosexual	Attraction primarily to opposite sex/gender	~90–95% (population varies by study)
Homosexual (Gay/ Lesbian)	Attraction primarily to same sex/gender	~2–5%
Bisexual	Attraction to more than one gender	~2–4% (rising with broader definition)
Asexual	Little or no sexual attraction to any gender	~1–4%
Pansexual	Attraction regardless of gender	Increasingly reported, especially in younger cohorts
Queer	Umbrella term for non-normative sexuality/ gender	Used by many who reject fixed categories

Table 2.2: Major Sexual Orientations (Note: Prevalence figures vary by methodology; adapted from Gates, 2011)

India's LGBTQ+ Legal Milestones

1860: Section 377 of the Indian Penal Code criminalised 'carnal intercourse against the order of nature'.

2009: Delhi High Court (Naz Foundation v. Government of NCT of Delhi) decriminalised consensual same-sex relations — struck down in 2013.

2014: Supreme Court recognised transgender persons as a third gender (NALSA v. Union of India).

2018: Supreme Court (Navtej Singh Johar v. Union of India) read down Section 377, decriminalising consensual same-sex relations among adults.

2023: Supreme Court declined to legalise same-sex marriage, holding it is a legislative (not judicial) matter.

The Transgender Persons (Protection of Rights) Act, 2019 provides legal recognition and anti-discrimination protections for transgender individuals.

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5.2.2 Gender Identity: Understanding the Spectrum

Gender identity — the internal sense of one's gender — encompasses a range far wider than the traditional binary of man/woman. Contemporary understandings recognise:

- Cisgender: Individuals whose gender identity aligns with their sex assigned at birth.
- Transgender: An umbrella term for individuals whose gender identity differs from their sex assigned at birth. Transgender women (assigned male at birth, identifying as women), transgender men (assigned female, identifying as men), and non-binary transgender individuals all fall within this umbrella.
- Non-binary: Individuals who do not identify exclusively as men or women. Non-binary identities include genderqueer, genderfluid, agender, bigender, and many others.
- Two-Spirit: A term used by some Indigenous North American communities to describe individuals who fulfil a traditional third-gender or other gender-variant role. (Not applicable outside this specific cultural context.)
- Hijra: South Asia's historically recognised third gender, with deep roots in Hindu, Islamic, and Jain cultural traditions. Hijras have a complex social position — simultaneously marginalised and ritually significant.

The hijra community in India represents a culturally specific gender identity that predates Western transgender discourse. Hijras traditionally occupied specific social roles — blessing newborns and at weddings, performing at auspicious occasions — in exchange for gifts. Contemporary hijra communities face significant marginalisation, discrimination, and economic vulnerability, with many forced into sex work or begging due to social exclusion from mainstream employment.

The 2014 Supreme Court decision in NALSA v. Union of India recognised hijras and other transgender persons as a 'third gender' entitled to fundamental constitutional rights, and directed the government to take affirmative action for their social, educational, and economic welfare — a landmark though imperfectly implemented ruling.

Psychological research on gender identity has shifted dramatically over recent decades. The American Psychiatric Association's Diagnostic and Statistical Manual removed homosexuality as a disorder in 1973 and gender identity disorder as a pathology in 2013 (replacing it with gender dysphoria — now understood as clinically significant distress related to incongruence between gender identity and assigned sex, not the identity itself). The World Health Organization similarly removed gender incongruence from the chapter on mental disorders in ICD-11 (2019).

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Psychological Well-being and Minority Stress

Meyer's (2003) Minority Stress Model proposes that LGBTQ+ individuals experience elevated psychological distress not because of their identities per se, but because of chronic exposure to stigma, discrimination, and social rejection.

Key stressors include: distal stressors (objective discrimination, violence) and proximal stressors (expectations of rejection, internalised homophobia/ transphobia, identity concealment).

Research consistently shows that LGBTQ+ youth who have supportive families and access to affirming communities show mental health outcomes similar to heterosexual/cisgender peers — demonstrating that distress is social, not inherent.

Source: Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations. Psychological Bulletin, 129(5), 674–697.

5.2.3 Influence of Gender on Sexual Behaviour and Attitudes

5.2.3.1 Sexual Scripts and Gender

The concept of 'sexual scripts' — introduced by sociologists John Gagnon and William Simon (1973) — proposes that sexual behaviour is not driven by biology alone but is profoundly shaped by culturally shared cognitive frameworks that tell individuals who to have sex with, when, where, why, and how. These scripts operate at three levels: cultural (societal norms and narratives about sexuality), interpersonal (relationship and interaction-level scripts), and intrapsychic (internal fantasies and self-understanding).

Gender is one of the most powerful organising principles of sexual scripts. Traditional heterosexual scripts in most societies, including India, assign different and often contradictory roles to men and women:

- Men's script: Sexual initiators, active, insistent, expected to desire sex frequently, measured by sexual conquest, reluctant to refuse sexual opportunities.
- Women's script: Sexual gatekeepers, passive, responsive rather than initiating, expected to moderate sexual desire, sexual value tied to chastity and faithfulness.

These scripts have significant consequences for sexual experience and health outcomes:

- Women who deviate from the 'gatekeeper' script (e.g., by initiating sex or expressing desire) may be stigmatised, while men who decline sex may be questioned about their masculinity.
- Men who follow the 'initiator' script may feel compelled to attempt sex even when not fully desiring it, and may feel unable to articulate sexual needs or boundaries.
- Script adherence may reduce sexual communication — a critical determinant of sexual satisfaction and contraceptive use.

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5.2.3.2 The Sexual Double Standard

The sexual double standard (SDS) — the widespread belief that sexual activity is more acceptable and praiseworthy for men than for women — is among the most extensively researched phenomena in the psychology of sexuality. Research documents its presence across cultures, including India, though with variation in strength and form (Milhausen & Herold, 1999).

The SDS operates at multiple levels:

- Evaluative: Women with multiple sexual partners are judged more negatively than men with equivalent histories. Studies using the 'sexual history vignette' methodology consistently find this asymmetry.
- Prescriptive: Women are told to limit sexual activity before marriage, while men receive more permissive messages.
- Consequences: Women who violate the SDS may face reputational damage, social exclusion, and even violence (honour-based violence). Men who are perceived as sexually inactive may face ridicule.

Research on the SDS in India reveals its intensity in contexts shaped by family honour systems tied to female sexual purity. Practices such as honour killings — murders of women (and sometimes men) perceived to have dishonoured the family through sexual transgression — represent the most extreme consequence of the SDS. A 2018 report by the National Crime Records Bureau documented 30 reported honour killings in India, though researchers suggest massive underreporting.

Critical Insight: Is the Sexual Double Standard Declining?

Research shows generational and contextual variation in SDS strength. Urban, educated young women in India increasingly report less internalisation of the SDS — they expect and claim sexual pleasure, express preferences, and challenge restrictive norms.

However, research by Gupta (2000) cautions against assuming that women's increasing sexual agency automatically translates to gender equality in sexual relationships: women's 'rights' to refuse or consent may expand while other structural inequalities persist.

The concept of 'negotiated pleasure' — women's strategic navigation of double standards to pursue sexual satisfaction while managing social reputation — captures this complex reality.

5.2.3.3 Gender and Sexual Satisfaction

Research on sexual satisfaction consistently reveals a 'orgasm gap' — the finding that heterosexual women report orgasm in casual sex encounters far less frequently than heterosexual men. Frederick et al. (2018), in a large study of American adults, found that 65% of heterosexual women reported usually or always orgasming during sex, compared to 95% of heterosexual men. Lesbian women reported much higher rates (86%), suggesting the gap is driven

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by social and relational factors rather than biology.

Factors contributing to the orgasm gap include:

- Sexual scripts that prioritise male orgasm and penile-vaginal intercourse as the defining 'sex act'.
- Women's socialisation to prioritise partner's pleasure over their own.
- Lower rates of open communication about sexual preferences.
- Social norms that make women's sexual assertiveness uncomfortable or stigmatised.

Sexual satisfaction is a meaningful dimension of wellbeing — research consistently shows it is associated with relationship satisfaction, physical health, and psychological wellbeing (Sprecher, 2002). Gender disparities in sexual satisfaction thus represent not merely a private concern but a health equity issue.

In the Indian context, women's sexual satisfaction and pleasure have historically been rendered invisible within dominant discourses on sexuality — which have focused on reproduction, marriage, and family honour. However, contemporary Indian women, particularly in urban settings, are increasingly articulating sexual needs and entitlements through digital platforms, feminist activism, and changing cultural norms.

5.2.4 Addressing Sexual Health and Rights

5.2.4.1 Defining Sexual Health

The World Health Organization (2006) defines sexual health as 'a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity'. This definition is significant because it:

- Goes beyond disease prevention to encompass positive, pleasurable, and safe sexual experiences.
- Recognises sexuality as a dimension of overall health and wellbeing.
- Frames sexual health as requiring respect, rights, and an absence of coercion, discrimination, and violence.

Gender is central to sexual health outcomes. Women and gender minorities face disproportionate risks including:

- Unintended pregnancy: Reflecting disparate access to contraception, limited sexual negotiation power, and coerced sex.
- Sexually transmitted infections: Women are biologically more vulnerable to HIV and other STIs than men; transgender women show the highest HIV prevalence of any population group globally.
- Sexual violence: Affecting an estimated 1 in 3 women globally across their lifetime (WHO, 2021).
- Reproductive coercion: The practice of undermining a partner's reproductive autonomy — including contraceptive sabotage, forced pregnancy, and coerced abortion — is a form of intimate partner violence disproportionately affecting women.

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Sexual Health Domain	Gender-Specific Challenges	Policy Response (India)
Contraception	Women bear disproportionate burden; coercive sterilisation history	National Family Planning Programme; Janani Suraksha Yojana
HIV/AIDS	Women's vulnerability; transgender persons' high risk	NACP Phase V; targeted interventions for MSM, sex workers
Sexual Violence	Predominantly affects women and gender minorities	POCSO Act 2012; Sexual Harassment Act 2013; Section 375 IPC
Menstrual Health	Stigma, lack of facilities, school dropout	Menstrual Hygiene Scheme; pad distribution programmes
Sex Education	Inconsistent, often absent or abstinence-only	ARSH programme; partial implementation of sex education

Table 2.3: Gender, Sexual Health Challenges, and Policy Responses in India

5.2.4.2 Sexual Rights: Principles and Indian Context

Sexual rights are human rights that relate to sexuality. The World Association for Sexual Health (2014) Declaration of Sexual Rights asserts that sexual rights include:

- The right to equality and non-discrimination based on sex, gender, gender identity, and sexual orientation.
- The right to life, liberty, and security of person — freedom from sexual violence and coercion.
- The right to privacy — to make sexual decisions without interference.
- The right to health and sexual health information — access to comprehensive, evidence-based sexual health education.
- The right to sexual pleasure — the recognition that pleasure is a component of wellbeing.
- The right to seek, receive and impart information related to sexuality.

In India, the realisation of sexual rights faces multiple challenges:

- Legal framework: While Section 377's partial decriminalisation (2018) marked a watershed, same-sex couples lack marriage equality, adoption rights, or inheritance protections. The Transgender Persons Act (2019) has been criticised for requiring medical certification of gender identity, rather than self-declaration.
- Marital rape: India remains one of the countries that does not criminalise marital rape — based on the colonial-era doctrine that marriage implies permanent consent. The Supreme Court's examination of this issue continues as of 2024.
- Sex education: Comprehensive sex education remains inconsistently implemented in Indian schools. Several states

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have historically opposed it, citing cultural concerns, leaving young people to seek information from unreliable sources.

- Access to contraception: Unmet need for family planning remains significant in India, particularly in rural and tribal areas, reflecting both supply-side gaps and persistent social barriers.

5.2.4.3 Comprehensive Sexuality Education (CSE)

Comprehensive Sexuality Education (CSE) is an evidence-based approach to teaching about sexuality that covers the cognitive, emotional, physical, and social dimensions of sexuality. Research demonstrates that high-quality CSE delays sexual initiation, reduces rates of unintended pregnancy and STIs, promotes gender-equitable attitudes, and increases sexual safety behaviours — while not increasing sexual activity (UNESCO, 2009).

The Right to Say No: Marital Rape in India

The exception to Section 375 of the Indian Penal Code states that 'sexual intercourse or sexual acts by a man with his own wife, the wife not being under fifteen years of age, is not rape'.

This exception — rooted in colonial law and patriarchal notions of marriage — effectively excludes married women from legal protection against forced sex by their husbands.

Feminist legal scholars argue that the marital rape exception is inconsistent with constitutional rights to equality (Article 14) and dignity (Article 21). The Supreme Court has heard petitions challenging this exception.

International rights bodies including the UN Committee on the Elimination of Discrimination Against Women have repeatedly called on India to criminalise marital rape.

Key components of a gender-transformative CSE curriculum include:

- Accurate, age-appropriate information about human sexuality, reproduction, and contraception.
- Education about consent, healthy relationships, and sexual violence prevention.
- Inclusive content that acknowledges and affirms diverse sexual orientations and gender identities.
- Gender equity content that challenges harmful gender norms and promotes mutual respect.
- Skills development in communication, decision-making, and assertiveness.

In India, the Adolescence Education Programme (AEP) under the National Population Education Project aimed to provide sexuality and reproductive health education but faced opposition in several states. The Rashtriya Kishor Swasthya Karyakram (RKSK) has attempted to integrate reproductive health within a broader adolescent health framework. However, coverage remains uneven, and content is often limited — avoiding content on sexual orientation, pleasure, and gender identity that comprehensive frameworks require.

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Recap

- Sexual orientation, gender identity, gender expression, and biological sex are distinct dimensions that exist on spectrums and are independent of one another.
- The Kinsey Scale (1948) was among the first frameworks to recognise sexual orientation as a continuum rather than a binary.
- In India, the 2018 Supreme Court ruling in Navtej Singh Johar v. Union of India decriminalised consensual same-sex relations, while the 2014 NALSA ruling recognised transgender persons' rights.
- Hijras represent a historically recognised third gender in South Asia with deep cultural roots, but face significant contemporary marginalisation.
- Sexual scripts — culturally shared cognitive frameworks — shape who, how, and why people engage in sexual activity, with gender being a primary organising principle.
- The sexual double standard holds sexual activity to more permissive standards for men than for women, with real consequences for women's sexual health and autonomy.
- The 'orgasm gap' — women's lower rates of orgasm in heterosexual encounters — reflects social and relational rather than biological factors.
- Sexual health is defined by WHO as encompassing physical, emotional, mental, and social wellbeing in relation to sexuality — not merely the absence of disease.
- Sexual rights include rights to equality, non-discrimination, privacy, health information, and pleasure.
- Marital rape remains unrecognised in Indian law — a significant gap in women's sexual rights.
- Comprehensive Sexuality Education is evidence-based and effective, but its implementation in India remains inconsistent and incomplete.

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Objective Questions

1. Who developed the Kinsey Scale of sexual orientation?
2. Who developed the Klein Sexual Orientation Grid?
3. Who proposed the two-dimensional model of sexual orientation?
4. Who developed the multidimensional scale distinguishing attraction, behaviour, and identity?
5. What term refers to little or no sexual attraction?
6. What term refers to little or no romantic attraction?
7. What term describes a person whose gender identity aligns with their sex assigned at birth?
8. What term describes a person whose gender identity differs from their sex assigned at birth?
9. What term describes gender identities that are not exclusively male or female?
10. What is the South Asian culturally specific third-gender identity discussed in the unit?
11. Who proposed the Minority Stress Model?
12. What concept explains culturally shared guidelines for sexual behaviour?
13. What term describes the belief that sexual activity is more acceptable for men than women?
14. What term refers to the freedom to make sexual decisions without interference?
15. What principle ensures equal treatment without discrimination based on gender identity or sexual orientation?
16. What term refers to undermining a partner's reproductive autonomy?
17. Which organisation defined sexual health as a state of physical, emotional, mental, and social well-being related to sexuality?
18. What does CSE stand for in sexuality education?
19. Which Indian adolescent health programme integrates reproductive health within a broader health framework?
20. Which international organisation is associated with evidence-based Comprehensive Sexuality Education guidelines?

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Answers

1. Kinsey
2. Klein
3. Storms
4. Sell
5. Asexuality
6. Aromanticism
7. Cisgender
8. Transgender
9. Nonbinary
10. Hijra
11. Meyer
12. Scripts
13. Double-standard
14. Privacy
15. Equality
16. Coercion
17. WHO
18. CSE
19. RKSK
20. UNESCO

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Assignments

1. Analyse the distinction between biological sex, gender identity, gender expression, and sexual orientation. How does understanding these as separate dimensions help explain the diverse experiences of gender- and sexuality-minority communities in India?

2. Critically evaluate Kinsey's contribution to the understanding of sexual orientation. Analyse the major limitations of the Kinsey Scale and explain how later models have attempted to provide a more comprehensive understanding of sexual orientation.

3. Analyse the role of sexual scripts in shaping sexual attitudes, expectations, and behaviours in contemporary India. How do gender roles, family structures, media, and changing social values influence the transformation of these scripts?

4. Examine critically the sexual double standard and its impact on women's sexual autonomy, decision-making, and sexual health. Analyse how traditional gender norms contribute to the persistence of this double standard in Indian society.

5. Evaluate the extent to which sexual rights are realised by women and LGBTQ+ individuals in India. Analyse the major legal, social, cultural, and institutional barriers that continue to affect the exercise of these rights.

6. Critically analyse the role and effectiveness of Comprehensive Sexuality Education in promoting healthy, informed, and respectful sexual behaviour among young people. What social, cultural, institutional, and educational barriers limit its implementation in Indian schools, and how can these barriers be addressed?

7. Analyse the representation of LGBTQ+ identities in contemporary Indian cinema or television. Select three recent Indian films or television series and critically examine whether their representations challenge or reinforce stereotypes, stigma, and traditional gender norms. Discuss how these representations reflect changing social attitudes towards gender and sexuality in India.

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Reference

Dutta, A., & Roy, R. (2014). Decolonizing transgender in India. *TSQ: Transgender Studies Quarterly, 1*(3), 320–337. https://doi.org/10.1215/23289252-2685615

Gagnon, J. H., & Simon, W. (1973). *Sexual conduct: The social sources of human sexuality.* Aldine.

Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male.* W. B. Saunders Company.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and

bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin,* 129(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Nanda, S. (1999). *Neither man nor woman: The hijras of India* (2nd ed.). Wadsworth.

UNESCO. (2009). *International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators.* UNESCO.

World Health Organization. (2006). *Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002, Geneva.*

Suggested Reading

Dutta, A., & Roy, R. (2014). Decolonizing transgender in India. TSQ: *Transgender Studies Quarterly,* 1(3), 320–337. https://doi.org/10.1215/23289252-2685615

Gagnon, J. H., & Simon, W. (1973). *Sexual conduct: The social sources of human sexuality.* Aldine.

Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male.* W. B. Saunders Company.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin,* 129(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Nanda, S. (1999). *Neither man nor woman: The hijras of India* (2nd ed.). Wadsworth.

World Health Organization. (2006). *Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002, Geneva.*

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BLOCK

Contemporary Issues and Gender Psychology

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UNIT

Gender and Violence

Learning Outcomes

Upon completion of this unit, learners will be able to:

- define gender-based violence (GBV) and distinguish its major forms and manifestations
- describe the global and Indian prevalence of major forms of GBV using current data
- analyse the psychological, social, and structural causes of GBV using major theoretical frameworks
- evaluate evidence-based strategies for preventing GBV at multiple levels of intervention
- describe trauma-informed approaches to supporting survivors of GBV
- assess the role of law, policy, and advocacy in addressing GBV

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Prerequisite

Gender shapes many aspects of everyday life, including relationships, roles, expectations, and access to opportunities. However, when unequal power and rigid gender expectations become deeply rooted in families, communities, and institutions, they can sometimes result in serious forms of harm. Violence related to gender is not limited to any single setting or group; it can occur in private and public spaces and can affect individuals in different ways.

Understanding gender-based violence therefore requires us to look beyond individual acts and consider the social, cultural, psychological, and institutional

factors associated with them. It also raises important questions about how such violence can be prevented, how survivors can be supported, and how society can respond more effectively. These issues form the focus of this unit.

Keywords

Gender-Based Violence (GBV), Intimate Partner Violence (IPV), Sexual Violence, Femicide, Dowry Violence, Trafficking, Rape Culture, Trauma-Informed Care, Bystander Intervention, Survivor-Centred Approach

Discussion

6.1.1 Gender-Based Violence

Gender-based violence (GBV) refers to violence that is directed at an individual because of their gender, or that disproportionately affects members of a particular gender. The United Nations Declaration on the Elimination of Violence Against Women (1993) defines violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'.

GBV is not synonymous with 'violence against women', though women and girls constitute the vast majority of its victims globally. Men, boys, transgender persons, and non-binary individuals also experience GBV — particularly violence targeting those who transgress gender norms or who are perceived as 'deviant' masculinity.

Major forms of GBV include:

- Physical violence: Battering, assault, female genital mutilation/ cutting (FGM/C), child marriage, honour killing.
- Sexual violence: Rape, marital rape, sexual harassment, coerced prostitution, trafficking for sexual exploitation, child sexual abuse.
- Psychological/emotional

Defining the Spectrum: A Critical Note

Violence exists on a spectrum — from everyday microaggressions and sexist humour through harassment and stalking to physical and lethal violence.

Feminist scholars (Kelly, 1988) have argued for understanding this as a 'continuum of violence' — where normalised, subtle forms of gender-based harm create the cultural conditions that enable more extreme violence.

This continuum perspective shifts analytical focus from individual perpetrators to the social and cultural systems that enable GBV.

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violence: Threats, intimidation, stalking, humiliation, isolation, gaslighting.

- Economic violence: Denial of access to financial resources, property, employment; financial exploitation.
- Technology-facilitated GBV: Online harassment, non-consensual intimate image sharing ('revenge porn'), cyberstalking, digital surveillance.

6.1.1.1 Prevalence: Global and Indian Data

The global scale of GBV is staggering. Key WHO (2021) estimates include:

- Approximately 1 in 3 (30%) women worldwide have experienced physical and/or sexual intimate partner violence, or sexual violence by a non-partner, in their lifetime.
- 38% of murders of women globally are committed by intimate partners.
- An estimated 650 million girls and women alive today were married before age 18.
- Around 200 million girls and women alive today have experienced female genital mutilation.

In India, the picture is similarly alarming:

Form of GBV	Key Data Point	Source
Domestic Violence	33% of ever-married women (aged 15–49) have experienced physical, sexual, or emotional violence by spouse (NFHS-5, 2019–21)	NFHS-5
Rape	31,677 rapes reported in India in 2021; estimated reporting rate 10–15%	NCRB 2021
Dowry Deaths	6,589 dowry deaths recorded in 2021 (one every 80 minutes)	NCRB 2021
Child Marriage	23.3% of women aged 20–24 were married before 18 (NFHS-5)	NFHS-5
Human Trafficking	6,616 trafficking cases registered in 2021; real figure vastly higher	NCRB 2021
Online Harassment	Significant rise in cyber crimes against women; 10,730 cases in 2021	NCRB 2021

Table 1.2: Key GBV Data for India (Sources: NFHS-5, NCRB 2021)

It is essential to note that official statistics substantially undercount GBV. Multiple barriers prevent reporting: fear of stigma, distrust of law enforcement, economic dependence on the perpetrator, family and community pressure, poor institutional response, and — in many communities — normalisation of violence as an acceptable aspect of marital and family life.

6.1.1.2 Causes of Gender-Based Violence: Theoretical Frameworks

Understanding the causes of GBV requires moving beyond individual pathology to examine social, cultural, and structural factors. Multiple theoretical frameworks illuminate different dimensions:

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The NFHS-5 and Domestic Violence in India

The National Family Health Survey-5 (2019–21) provides the most comprehensive data on domestic violence in India. Key findings:

- 29.3% of women aged 18–49 experienced spousal physical violence; 6.3% sexual violence.
- Rates were higher in some states: 48% in Telangana, 44% in Manipur, and 39% in Bihar.
- Only 14% of women who experienced violence sought help; only 1% from the police.
- Women with higher education and economic independence reported lower rates.
- The survey also found significant regional and caste-based variation, underlining the need for intersectional analysis.

Source: International Institute for Population Sciences. (2021). National Family Health Survey-5, 2019–21. MOHFW.

a. Ecological Framework (Bronfenbrenner/Heise, 1998):

Lori Heise's adaptation of Bronfenbrenner's ecological model is among the most widely used frameworks for understanding GBV causation. It organises risk factors across four levels:

- Individual level: Attitudes accepting violence, history of victimisation, substance abuse, low empathy.
- Relationship level: Relationship conflict, coercive control, dominant partner dynamics, economic stress.
- Community level: Social isolation of women, weak community sanctions against violence, acceptance of violence as conflict resolution, concentrated poverty.
- Societal level: Gender inequality norms, male authority over women and children, weak legal protections, conflict and post-conflict conditions.

b. Feminist Theory:

Feminist explanations of GBV locate its root cause in patriarchy — the systemic social structure that grants men authority over women across public and private life. Key feminist insights include:

- GBV is not a private, family matter but a social and political problem rooted in gender inequality.
- The family as an institution can be a site of structured oppression — challenging the idealisation of family as a safe haven.
- GBV serves the social function of controlling women — maintaining patriarchal power through the threat and practice of violence.
- State complicity in GBV through inadequate laws, poor enforcement, and victim-blaming institutional responses

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perpetuates the problem.

c. Social Learning Theory:

Following Bandura (1977), social learning perspectives propose that violence is learned through observation and reinforcement. Children who witness domestic violence are more likely to use violence in their own adult relationships — the 'cycle of violence' hypothesis. Research shows a statistical association between childhood exposure to violence and adult perpetration, though the majority of individuals exposed to violence do not go on to perpetuate it — suggesting this is one risk factor among many, not a deterministic cycle (Widom, 1989).

d. Intersectionality (Crenshaw, 1991):

Kimberlé Crenshaw's framework of intersectionality proposes that GBV is experienced differently by women depending on the intersection of gender with race, caste, class, disability, sexual orientation, age, and other axes of identity. In India:

- Dalit women face 'caste-based sexual violence' — rape used as an instrument of caste domination, with particular impunity for upper-caste perpetrators.
- Women in conflict zones (e.g., parts of Northeast India, Kashmir) experience sexual violence as an instrument of political terror.
- Women with disabilities face elevated rates of sexual violence with fewer resources and supports.

Older women face elder abuse at elevated rates, in contexts of social isolation and dependency.

Intersectionality and GBV: The Hathras Case

The 2020 gang rape and murder of a 19-year-old Dalit woman in Hathras, Uttar Pradesh, drew national attention to the intersection of caste and gender violence in India.

The case illustrated multiple dimensions of intersectional GBV: the use of sexual violence as an assertion of caste dominance; the administration's response (including the alleged cremation of the victim without family consent); victim-blaming; and the differential treatment of Dalit women survivors by law enforcement.

Feminist and Dalit rights organisations documented how Dalit women's bodies are systematically rendered less protected — a consequence of the intersection of gender inequality and caste hierarchy.

6.1.1.3 Consequences of Gender-Based Violence

The consequences of GBV span physical, psychological, social, and economic domains, with effects extending across the lifespan and across generations:

Physical health consequences:

- Injuries, disability, and in extreme cases death.
- Gynaecological problems including pelvic inflammatory disease, unintended pregnancy, and unsafe abortion.
- Elevated risk of HIV and other STIs due to coerced or unsafe sex.

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- Chronic pain, fatigue, and somatic complaints.

Femicide: Gender-motivated killing is the most severe physical consequence; in India, approximately 6,589 women were killed in dowry-related violence in 2021 alone (NCRB, 2021).

Psychological consequences:

- Post-Traumatic Stress Disorder (PTSD): Among the most common mental health consequences of GBV, characterised by intrusive memories, hyperarousal, avoidance, and negative alterations in cognition and mood.
- Depression and anxiety: GBV survivors show rates of depression 2–3 times higher than the general population (Golding, 1999).
- Substance use disorders: As coping strategies for trauma.
- Suicidality: Elevated rates of suicidal ideation and attempts among GBV survivors.
- Complex PTSD: Prolonged, repeated trauma — as in chronic domestic violence — can produce a more pervasive disruption of self-concept, affect regulation, and relational functioning.

Social and economic consequences:

- Reduced labour force participation and productivity.
- Children's impaired educational and developmental outcomes.
- Social isolation and stigmatisation of survivors.
- Intergenerational transmission of trauma and violence.
- Healthcare and criminal justice system costs: A WHO study estimated the economic cost of intimate partner violence at 1–4% of GDP in countries studied.

Psychological Impact: PTSD and Survivors of Domestic Violence

Research by Golding (1999), reviewing 18 studies, found that 63.8% of domestic violence survivors showed clinical levels of PTSD.

Campbell (2002) documented the concept of 'battery as torture' — when domestic violence is chronic, systematic, and involves psychological control, it produces psychological damage comparable to political torture.

Trauma-informed clinicians distinguish between 'single-incident' trauma (such as assault by a stranger) and 'complex trauma' (repeated interpersonal victimisation), noting that the latter requires more comprehensive, longer-term therapeutic intervention.

Source: Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders. Journal of Family Violence, 14(2), 99–132.

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6.1.2 Strategies for Prevention and Support for Survivors

6.1.2.1 A Prevention Framework: Primary, Secondary, and Tertiary

A public health framework distinguishes three levels of prevention:

- Primary prevention: Stopping violence before it starts, by addressing root causes — gender norms, power inequalities, social attitudes.
- Secondary prevention: Identifying and responding to violence early — crisis services, medical treatment, legal protection.
- Tertiary prevention: Long-term responses and recovery for those who have experienced violence — rehabilitation, trauma therapy, reintegration support.

Effective GBV prevention requires coordinated action at all three levels, across multiple sectors: health, education, justice, social welfare, and civil society.

6.1.2.2 Evidence-Based Primary Prevention Strategies

Research has identified several categories of primary prevention intervention with strong evidence of effectiveness:

a. Gender-Transformative Programmes:

Programmes that directly address harmful gender norms — rather than merely 'gender-sensitive' programmes that are aware of gender differences — show the strongest evidence of effectiveness in reducing GBV. These include:

- SASA! (Uganda): A community mobilisation programme that engages community members as activists to shift norms around power and violence. Randomised controlled trial evidence shows significant reductions in IPV prevalence (Abramsky et al., 2014).
- Stepping Stones (South Africa/ India): A participatory life-skills programme addressing gender relationships, communication, and sexual health. Associated with reductions in IPV perpetration and HIV risk behaviours.
- IMAGE (South Africa): An economic empowerment programme combined with gender and HIV training for women, showing reductions in IPV over time.

b. Social Norms Change Campaigns:

Mass media campaigns, community dialogues, and social norm interventions can shift the community-level attitudes that enable GBV. Key principles of effective campaigns include:

- Challenging perpetrators rather than warning potential victims — victim-blaming messaging is counterproductive.
- Engaging men and boys as allies and advocates, not only as potential perpetrators.
- Using multiple channels — media, community events, educational curricula — for sustained impact.
- Generating community ownership and leadership.

In India, campaigns such as 'Bell Bajao' (Ring the Bell) — a Breakthrough India

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initiative — engaged communities to intervene when they heard or suspected domestic violence, normalising bystander action.

c. Bystander Intervention Programmes:

Bystander intervention programmes, originally developed in US university settings (Green Dot, Bringing in the Bystander), train community members to safely intervene when they observe potentially violent situations or enabling attitudes. Research meta-analyses show significant effects on bystander efficacy, intentions, and behaviour (Kettrey & Marx, 2019).

d. Comprehensive Sexuality Education and School-Based Programmes:

Well-implemented school-based programmes that address relationship violence, consent, gender norms, and healthy masculinity can significantly affect attitudes and behaviours. Safe School programmes in India have shown promise, though coverage remains limited.

6.1.2.3 Survivor Support: Trauma-Informed Approaches

Supporting survivors of GBV requires moving beyond crisis response to comprehensive, sustained, trauma-informed care. Trauma-informed care (TIC) is 'a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors' (Hopper et al., 2010).

The four Rs of Trauma-Informed Care (SAMHSA, 2014):

- Realise: Recognise the widespread impact of trauma and understand paths for recovery.
- Recognise: Identify signs and symptoms of trauma in clients, families, and staff.
- Respond: Integrate knowledge about trauma into policies, procedures, and practices.
- Resist Re-traumatisation: Actively work to avoid inadvertently re-traumatising survivors.

Bell Bajao: Bystander Campaign in India

The Bell Bajao (Ring the Bell) campaign, launched in 2008 by Breakthrough in partnership with the Indian government, was one of India's most prominent domestic violence prevention campaigns.

It engaged men and boys specifically — asking them to 'ring the bell' when they heard domestic violence next door, interrupting the cycle of violence.

The campaign reached over 130 million people through television, radio, and community events. Research found improvements in awareness and reported willingness to intervene.

It exemplified a bystander approach that engaged men as allies rather than positioning GBV as purely a 'women's issue'.

Source: Breakthrough. (2010). Bell Bajao campaign evaluation report.

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Key components of trauma-informed survivor support include:

- Safety: Physical and emotional safety for the survivor — shelters, safe houses, crisis support lines.
- Trustworthiness and Transparency: Clear communication about processes and options.
- Peer Support: Connections with other survivors who have navigated similar experiences.
- Collaboration and Mutuality: Sharing power and decision-making with survivors; respecting their agency.
- Empowerment: Building on survivors' strengths rather than focusing on deficits.
- Cultural, Historical, and Gender Sensitivity: Recognising how cultural context shapes trauma experience and recovery.

In India, the institutional infrastructure for GBV survivor support includes:

- One Stop Centres (Sakhi Centres): Government facilities providing integrated support including medical, legal, psychological, and temporary shelter services. Over 700 functioning as of 2022.
- Women's Helpline (181): A national helpline providing crisis support and referral.
- Protection Officers under PWDVA: Designated officials to support domestic violence survivors navigating legal processes.
- Ujjawala Scheme: Government programme for rehabilitation of trafficking victims.
- NGO ecosystem: A large civil society sector provides crisis support, legal aid, counselling, and shelter — including organisations like SNEHA (Mumbai), Jagori (Delhi), and iCall (Mumbai).

Survivor Agency: The Importance of Choices

A central principle in survivor-centred care is respecting the survivor's agency — their right to make decisions about their own life, even decisions that service providers may disagree with (such as returning to a violent partner).

Research shows that many survivors leave and return to violent relationships multiple times before leaving permanently (Walker's Cycle of Violence theory, 1979). This is not evidence of weakness or lack of motivation, but reflects the complex economic, emotional, social, and safety calculations survivors must navigate.

Judgmental responses from helpers who criticise survivors' choices reduce help-seeking behaviour and can put survivors at greater risk.

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6.1.3 Role of Policy and Advocacy in Addressing Gender Violence

6.1.3.1 The Legal Framework in India

India has developed a substantial legal framework to address GBV over the past four decades, driven by feminist advocacy, judicial activism, and international commitments. Key legislation includes:

Legislation	Year	Key Provisions
Protection of Women from Domestic Violence Act (PWDVA)	2005	Provides civil remedies for domestic violence; Protection Orders, Residence Orders, Monetary Relief; recognises emotional and economic abuse
Criminal Law Amendment Act	2013	Expanded definition of rape; new offences of stalking, voyeurism, acid attack; strengthened penalties following Nirbhaya case
Sexual Harassment of Women at Workplace Act (POSH)	2013	Mandates Internal Complaints Committees in organisations with 10+ employees; defines sexual harassment broadly; provides redressal mechanism
POCSO Act	2012	Comprehensive legislation on sexual offences against children; gender-neutral for victims; mandatory reporting requirements
Anti-Trafficking Legislation	Multiple	IPC provisions; Immoral Traffic Prevention Act; Trafficking in Persons (Prevention, Care and Rehabilitation) Bill pending
Dowry Prohibition Act	1961	Prohibits giving/taking dowry; inadequately enforced; supplemented by Section 498A IPC on cruelty

Table 1.3: Key Indian Legislation on Gender-Based Violence

Despite this legislative framework, significant implementation gaps exist. Research consistently documents:

- Police reluctance to register FIRs (First Information Reports) in domestic violence and sexual assault cases.
- Victim-blaming attitudes among law enforcement, prosecutors, and judges.
- Lengthy and re-traumatising court processes.
- Inadequate witness protection and support.
- Slow implementation of POSH Act provisions, particularly in the unorganised sector.
- Geographic disparities in access to legal aid and institutional support.

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6.1.3.2 Feminist Advocacy and Policy Change: The Nirbhaya Legacy

The December 2012 gang rape and murder of Jyoti Singh ('Nirbhaya') on a Delhi bus was a watershed moment in Indian feminist history and in public policy on sexual violence. The case triggered massive public protests — the largest in independent India's history around a gender violence case — and created political pressure that led to the 2013 Criminal Law Amendment Act.

The Nirbhaya case illustrated both the power and limitations of advocacy-driven legal reform:

- It galvanised public consciousness around rape as a social rather than merely individual problem.
- It demonstrated that sustained feminist advocacy, combined with mass public pressure, can drive legislative change.
- It exposed systemic failures in policing, medical response, and judicial processes.
- However, critics (Agnes, 2013) noted that the amendment focused primarily on harsher penalties rather than addressing systemic causes, and that the discourse often emphasised protecting women's bodies rather than affirming their autonomy.
- The Nirbhaya Fund, established to finance GBV prevention initiatives, has been criticised for slow and inequitable disbursement.

6.1.3.3 International Frameworks and Global Advocacy

India's GBV policy is also shaped by international commitments and frameworks:

- CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women, 1979): India ratified in 1993. The CEDAW Committee regularly reviews India's compliance and has called for stronger action on domestic violence, marital rape, and women's political representation.
- Beijing Platform for Action (1995): Committed India to addressing violence against women as a priority.
- Sustainable Development Goal 5: India is committed to achieving gender equality and ending GBV by 2030 under SDG Target 5.2.
- UN Security Council Resolution 1325 (2000): On women, peace, and security — relevant to GBV in conflict zones including parts of Northeast India.

The growing infrastructure of international GBV response — including UN Women, UNFPA, and WHO normative guidance — provides evidence, advocacy tools, and programme models that Indian civil society organisations and government programmes draw on.

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Technology-Facilitated GBV: A Growing Challenge

The rise of digital technology has created new vectors for GBV: online harassment, cyberstalking, non-consensual intimate image sharing ('revenge porn'), doxxing, and digital surveillance of partners.

In India, NCRB data shows a rise in cybercrime against women from 4,047 cases in 2019 to 10,730 in 2021 — though this likely reflects growing awareness and reporting as much as an actual rise in incidents.

The Information Technology Act (2000), amended in 2008, provides some legal recourse, but coverage is incomplete — for example, non-consensual intimate image sharing is not explicitly criminalised under current Indian law.

Feminist digital rights organisations such as iCall and Point of View in India are increasingly working on technology-facilitated GBV documentation and support.

Recap

- Gender-based violence (GBV) encompasses physical, sexual, psychological, economic, and technology-facilitated forms of violence directed at individuals because of their gender.
- GBV affects approximately 1 in 3 women globally across their lifetimes; in India, NFHS-5 data shows 33% of ever-married women have experienced spousal violence.
- Official statistics substantially undercount GBV due to barriers to reporting including stigma, economic dependence, and institutional inadequacy.
- Causal frameworks include the ecological model (Heise), feminist theory (patriarchy as root cause), social learning theory (cycle of violence), and intersectionality (multiple axes of vulnerability).
- GBV consequences span physical (injury, disability, death), psychological (PTSD, depression, suicidality), and social/economic dimensions.
- Evidence-based prevention includes gender-transformative programmes, social norms change campaigns, bystander intervention, and CSE.
- Trauma-informed care — prioritising survivor safety, agency, and recovery — is the evidence-based standard for GBV survivor support.
- India has developed significant GBV legislation (PWDVA 2005, Criminal Law Amendment 2013, POSH 2013), but implementation gaps remain substantial.

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- Feminist advocacy has driven key policy reforms — exemplified by the post-Nirbhaya criminal law amendments — but carceral approaches alone are insufficient.
- International frameworks including CEDAW and SDG 5 shape India's GBV policy commitments.

Objective Questions

1. What does GBV stand for in the context of gender-related violence?
2. Which type of violence involves denial of financial resources or employment?
3. Which form of violence includes rape, sexual harassment, and coerced prostitution?
4. Which theory explains GBV through individual, relationship, community, and societal levels?
5. Which theory identifies patriarchy as a root cause of gender-based violence?
6. Which theory explains violence as learned through observation and reinforcement?
7. Who developed the concept of intersectionality?
8. What is the term for the gender-motivated killing of women and girls?
9. Which psychological disorder is commonly associated with survivors of GBV?
10. What type of prevention aims to stop violence before it begins?
11. What type of prevention focuses on early identification and response to violence?
12. What type of prevention focuses on long-term recovery and rehabilitation?
13. What approach emphasises physical, psychological, and emotional safety after trauma?
14. Which principle of survivor-centred care refers to respecting the survivor's right to make decisions?

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15. What is the name of India's national women's helpline mentioned in the unit?
16. Which Indian law provides civil remedies for domestic violence?
17. Which Act addresses sexual harassment of women at the workplace?
18. Which 2012 case became a major catalyst for legal reform on sexual violence in India?
19. Which international convention addresses discrimination against women?
20. Which SDG target focuses on eliminating violence against women and girls?

Answers

1. Gender-Based Violence
2. Economic
3. Sexual
4. Ecological
5. Feminist
6. Learning
7. Crenshaw
8. Femicide
9. PTSD
10. Primary
11. Secondary
12. Tertiary
13. Trauma-Informed
14. Agency
15. 181
16. PWDVA

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17. POSH

18. Nirbhaya

19. CEDAW

20. 5.2

Assignments

1. Analyse the major forms of gender-based violence and examine the factors that contribute to the underreporting of GBV in India.

2. Analyse Heise's ecological framework for understanding gender-based violence, illustrating how individual, relationship, community, and societal factors contribute to GBV in the Indian context.

3. Critically analyse the 2013 Criminal Law Amendment Act in relation to gender-based violence in India. Examine its contributions, limitations, and the need for further legal and social reforms.

4. Analyse the importance of trauma-informed care in supporting survivors of gender-based violence. How does it promote safety, agency, and recovery?

5. Analyse how gender intersects with caste, class, disability, and other social factors in shaping experiences of gender-based violence. Use the Hathras case to illustrate your analysis.

6. Analyse the role of men and boys as allies in preventing gender-based violence. Examine how gender-transformative programmes, social-norm interventions, and bystander intervention can contribute to prevention.

7. Analyse the role of policy, advocacy, and community-based interventions in addressing gender-based violence in India. Examine how legal frameworks, survivor-support services, prevention programmes, and advocacy initiatives can work together to reduce GBV

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Reference

Donnelly, P. D., & Ward, C. L. (Eds.). (2014). *Oxford textbook of violence prevention: Epidemiology, evidence, and policy*. Oxford University Press.

Goodman, L. A., & Epstein, D. (2007). *Listening to battered women: A survivor-centered approach to advocacy, mental health, and justice*. American Psychological Association.

National Research Council. (1996). *Understanding violence against women*. National Academy Press.

United Nations Entity for Gender Equality and the Empowerment of Women. (2023). *Psycho-social approaches: A handbook for psychosocial service providers for domestic violence survivors*. UN Women.

World Health Organization. (2021). *Caring for women subjected to violence: A WHO curriculum for training health-care providers* (Rev. ed.). World Health Organization.

Suggested Reading

Agnes, F. (2013). Protecting women against violence? Review of a decade of legislation. In R. Kumar (Ed.), *The violence of normal times*. Kali for Women.

Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women, 4*(3), 262–290. https://doi.org/10.1177/1077801298004003001

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal, 3*, 80–100. https://doi.org/10.2174/1874924001003010080

International Institute for Population Sciences. (2021). *National Family Health Survey (NFHS-5), 2019–21: India*. Ministry of Health and Family Welfare, Government of India.

Walker, L. E. (1979). *The battered woman*. Harper & Row.

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UNIT 2

Gender and Social Change

Learning Outcomes

Upon completion of this unit, learners will be able to:

- trace the historical development of feminist movements and their impact on gender equality
- analyse the emergence, contributions, and challenges of LGBTQ+ rights movements, with attention to India
- compare and contrast gender norms, roles, and equality across different cultural and national contexts
- critically evaluate international efforts and frameworks for advancing gender equality globally
- identify key challenges and future directions in gender research and policy in the Indian context

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Prerequisite

Gender equality is not only shaped by individual attitudes and relationships but also by wider social movements, cultural values, laws, and public policies. Over time, collective efforts have challenged traditional gender roles and created changes in how societies understand equality, identity, rights, and social participation. These changes have taken different forms across countries and cultures, raising important questions about how far gender equality has progressed and what remains to be addressed.

Understanding these developments provides a foundation for examining the role of feminism and LGBTQ+ movements, differences in gender experiences across cultures, international efforts towards equality, and the future directions of gender research and policy, particularly in the Indian context.

Keywords

Feminism, Waves of Feminism, Intersectionality, LGBTQ+ Rights Movement, Patriarchy, Gender Mainstreaming, Gender Parity Index (GPI), Gender Development Index (GDI), Transnational Feminism

Discussion

6.2.1 Impact of Social Movements on Gender Equality: Feminism and LGBTQ+ Rights

6.2.1.1 Waves of Feminism: A Global History

Feminist movements have profoundly reshaped the social, legal, and political landscape for women globally over the past two centuries. The 'waves' framework, while debated and limited (it tends to centre Western, white women's experiences), provides a useful schematic for understanding key phases of feminist activism:

First Wave Feminism (approximately 1840s–1920s):

First wave feminism focused primarily on formal legal inequalities — particularly voting rights (suffrage), property rights, and access to education and professional life. Key milestones include the Seneca Falls Declaration (1848) in the US and the women's suffrage movement in the UK. In India, early women's movements — shaped by social reform currents within the nationalist independence movement — focused on widow remarriage, sati abolition, female education, and child marriage reform.

Key Indian first-wave figures:

- Savitribai Phule (1831–1897): Pioneering educator and reformer who, with her husband Jyotirao Phule, established India's first school for girls and Dalit communities. A radical voice challenging both caste and gender oppression simultaneously.
- Pandita Ramabai (1858–1922): Scholar and social reformer who advocated for widows' rights and women's education, challenging both Brahminical patriarchy and colonial power.
- Begum Rokeya Sakhawat Hossain (1880–1932): Bengali Muslim feminist and writer whose work 'Sultana's Dream' (1905) is among the earliest feminist utopian fiction from South Asia.

Second Wave Feminism (approximately 1960s–1980s):

Second wave feminism, associated primarily with the US and Europe, expanded the feminist agenda from formal legal rights

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to the 'personal is political' — addressing sexuality, reproductive rights, workplace discrimination, domestic violence, and gender norms. Betty Friedan's The Feminine Mystique (1963) catalysed the wave in the US context; Simone de Beauvoir's The Second Sex (1949) provided its foundational philosophical text.

In India, second wave feminism emerged in the 1970s–1980s, energised by visible crises and specific campaigns:

- The anti-rape movement: Galvanised by the Mathura rape case (1972), in which the Supreme Court acquitted two police constables who raped a young Adivasi woman in police custody, feminist groups organised the 'Forum Against Rape' and drove substantial reform of rape law.
- The anti-dowry movement: Responding to the epidemic of 'bride burning' and dowry deaths, feminist organisations campaigned for criminal sanctions on dowry harassment, contributing to Section 498A IPC.
- Chipko Andhulan (1973): While primarily an environmental movement, the significant role of women in protecting forests from commercial felling gave visibility to the intersection of gender, ecology, and economic rights.
- SEWA (Self-Employed Women's Association, 1972): Ela Bhatt's organisation brought together women workers in the informal economy, weaving together feminist, labour, and economic justice agendas.

Third Wave Feminism (1990s–2000s):

Third wave feminism challenged the universalism of earlier waves — centring the experiences of women of colour, working-class women, and LGBTQ+ women whose needs were often marginalised in mainstream feminist spaces. Key contributions include queer theory, postcolonial feminism, and the development of intersectionality as an analytical framework. In India, this period saw the growth of Dalit feminist voices, trans activism, and digital feminist mobilisation.

The Indian #MeToo Movement: Promise and Limitations

India's #MeToo moment arrived in October 2018, following similar movements in the US, driven by social media disclosures of sexual harassment.

Key characteristics: Primarily digital and urban; concentrated in media, entertainment, publishing, and academia; largely English-language.

Significant institutional outcomes: Several prominent men resigned or were removed from positions; some POSH Act complaints were filed.

Limitations documented by feminist scholars: Limited reach to non-English speakers, rural women, domestic workers, and working-class women. The POSH Act itself does not cover informal sector workers. The movement exposed the gap between formal legal protections and actual access to redressal.

It catalysed important conversations about power, credibility, and institutional responses to harassment, while revealing the need for more inclusive feminist organising.

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Fourth Wave Feminism (2010s–present):

The fourth wave is characterised by digital organising, online activism, intersectional feminism, and mass movements including #MeToo. In India, #MeToo emerged as a significant force in 2018, with revelations across media, academia, entertainment, and NGO sectors driving institutional and public reckoning with sexual harassment. The #MeToo movement intersected productively with pre-existing Indian feminist organising while also revealing its limitations — the movement's reach was largely limited to urban, educated, middle-class, English-speaking women.

6.2.1.2 Indian Feminist Traditions: Diversity and Debates

Indian feminism is not monolithic. It encompasses multiple, sometimes competing intellectual and political traditions:

- Liberal Feminism: Focuses on legal reform, equal opportunity, and individual rights within existing social structures. Associated with much mainstream NGO work and government women's policy.
- Marxist/Socialist Feminism: Centres the intersection of gender and class, arguing that women's liberation requires both feminist and anti-capitalist struggle. Historically strong in trade union and left political movements.
- Radical Feminism: Identifies patriarchy as the primary system of oppression, and prioritises challenges to male sexual violence, pornography, and reproductive control.
- Dalit Feminism: Articulated powerfully by scholars like Gopal Guru (1995) and Ruth Manorama, argues that mainstream Indian feminism has centred upper-caste women's experiences while silencing Dalit women — creating a feminist movement that simultaneously perpetuates caste privilege. Dalit feminism insists on the simultaneity of caste and gender oppression.
- Postcolonial Feminism: Critiques both Western feminist universalism and nationalist Indian frameworks, attending to the specific ways in which colonial history shaped and continues to shape gender norms and political possibilities in India.
- Eco-feminism: Draws connections between the domination of nature and the domination of women, with significant Indian expressions in environmental movements.

The diversity of Indian feminism reflects the extraordinary complexity of Indian society — and the impossibility of reducing women's experiences to a single universal framework. Debates within Indian feminism around caste, religion, sexuality, and economic policy have been productive, though sometimes fractious.

6.2.1.3 LGBTQ+ Rights Movements: History and Impact

The modern LGBTQ+ rights movement is conventionally dated to the Stonewall Uprising of June 1969 — when LGBTQ+ patrons, including many transgender women of colour, resisted a police raid on a gay bar in New York City. Stonewall catalysed the growth of Gay Liberation movements

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across the Western world, demanding not just tolerance but celebration of LGBTQ+ identities.

Key milestones in the global LGBTQ+ rights movement include:

- 1973: American Psychiatric Association removes homosexuality from its Diagnostic and Statistical Manual — a pivotal moment driven by LGBTQ+ activist pressure within and outside the psychiatric profession.
- 1994: South Africa becomes the first country to constitutionally prohibit discrimination based on sexual orientation.
- 2001: Netherlands legalises same-sex marriage — the first country to do so.
- 2003: Lawrence v. Texas — US Supreme Court strikes down sodomy laws as unconstitutional.
- 2015: Obergefell v. Hodges — US Supreme Court legalises same-sex marriage nationwide.
- 2019: Taiwan becomes first Asian country to legalise same-sex marriage.

In India, the LGBTQ+ rights movement has developed within a specific legal and cultural context:

- The Naz Foundation, a Delhi-based HIV/AIDS and sexual health NGO, filed the landmark petition challenging Section 377 in 2001, initiating the decade-long legal battle.
- The 2009 Delhi High Court judgment (Naz Foundation v. NCT of Delhi) was celebrated as a watershed — though it was overturned by the Supreme Court in 2013 (Suresh Kumar Koushal case).
- Mass protests following the 2013 reversal — queer communities, feminists, and allies marching together — demonstrated the growing visibility and solidarity of India's LGBTQ+ movement.

India's Pride Movement: Visibility and Challenges

The first Pride march in India was held in Kolkata in 1999, organised by AIDS Bhedbhav Virodhi Andolan and the Counsel Club. Delhi, Mumbai, Bangalore, and other cities subsequently developed vibrant Pride march traditions.

Indian Pride events have grown significantly in size and public visibility, though they remain concentrated in metropolitan areas and primarily among urban, educated communities.

LGBTQ+ activists have documented challenges including: family rejection; mental health consequences of minority stress; discrimination in housing and employment; violence; and significant rural-urban disparities in access to LGBTQ+-affirming resources.

The Transgender Persons (Protection of Rights) Act (2019) has been criticised by many trans rights organisations for requiring medical certification and for provisions that could enable intrusive state oversight.

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- The 2018 Navtej Singh Johar judgment finally decriminalised consensual same-sex relations, with Chief Justice Dipak Misra writing of 'constitutional morality' overriding 'social morality'.

- The 2023 Supreme Court judgment declining to recognise same-sex marriage marked a setback — though it acknowledged the need for the legislature to address civil rights of same-sex couples.

6.2.2 Gender and Global Perspectives: Cross-Cultural Differences and International Efforts

6.2.2.1 Cross-Cultural Perspectives on Gender

Cross-cultural psychology of gender asks: How much do gender differences and norms vary across cultures? Which aspects of gender are universal, and which are culturally specific? These questions have profound theoretical and practical implications.

Research on cross-cultural gender variation documents both remarkable consistency and striking diversity:

Areas of relative consistency across cultures:

- Men, on average, report higher rates of physical aggression and risk-taking behaviour across a wide range of cultures (Eagly & Wood, 1999).

- In most societies, women perform significantly more unpaid domestic and care work than men.

- Women are underrepresented in formal political leadership in virtually every country, though the degree varies enormously.

- Male privilege in property ownership and inheritance exists in a majority of societies globally.

Areas of striking cross-cultural diversity:

- The content of gender roles varies enormously: Margaret Mead's (1935) anthropological studies in Papua New Guinea documented societies in which expected personality differences between men and women were reversed, or in which multiple gender roles were recognised — challenging biological determinism.

- Attitudes toward women's sexuality and sexual autonomy vary enormously — from highly permissive to extremely restrictive norms.

- LGBTQ+ rights and acceptance vary dramatically — from full legal equality and social acceptance (Netherlands, Canada) to criminalisation (multiple African and Asian countries).

- Family structure, marriage practices, and reproductive norms vary widely.

Eagly and Wood's Social Role Theory (1999) offers an influential explanation for cross-cultural consistency: when men and women are assigned to different social roles (breadwinner vs. caregiver), they develop the behaviours and traits appropriate to those roles. As social conditions change, gender differences should diminish — a prediction with some empirical support from societies with more gender-equal policies.

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Country/Region	Gender Equality Score (WEF GGI 2023)	Notable Characteristics
Iceland	0.912 (Rank 1)	Highest gender equality globally; paid parental leave for both parents; strong women's political representation
Nordic Countries avg.	0.800+	High female labour force participation; strong welfare states; extensive childcare
India	0.643 (Rank 127/146)	Major improvements in educational attainment; persistent gaps in economic participation, political representation
Sub-Saharan Africa avg.	0.672	Significant variation within region; relatively high women's political representation in Rwanda
Middle East/N. Africa avg.	0.622	Lowest regional average; significant variation between countries
East Asia/Pacific avg.	0.682	Significant within-region variation; Japan lags despite high development level

Table 2.2: Global Gender Gap Index Scores, Selected Regions (WEF, 2023)

Important caveats apply to cross-cultural gender data: international measures often reflect Western-centric frameworks that may not capture locally meaningful dimensions of gender equality. Furthermore, aggregate national data obscures enormous within-country variation by caste, class, religion, and region — especially relevant for a country as diverse as India.

6.2.2.2 International Frameworks for Gender Equality

A global architecture of international agreements, institutions, and monitoring mechanisms has developed around gender equality since the mid-twentieth century:

- CEDAW (1979): The most comprehensive international treaty on women's rights, ratified by 189 countries. Obligates states to eliminate discrimination in legal, political, economic, social, and cultural spheres.
- Beijing Platform for Action (1995): A global action plan adopted at the Fourth World Conference on Women, covering 12 'critical areas of concern' including violence against women, education, and women in power.
- Millennium Development Goals (2000–2015): MDG 3 (gender equality) and MDG 5 (maternal health) set specific targets; mixed results globally.
- Sustainable Development Goals (2015–2030): SDG 5 (Gender Equality) sets targets for ending all forms of discrimination and violence against women, ensuring universal access to reproductive health, and achieving women's

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full participation in political and economic life.

- UN Women (2010): Created to consolidate and strengthen UN efforts for gender equality and women's empowerment.

India's record against international gender commitments is mixed. While significant progress has been made in girls' educational enrolment, maternal mortality reduction, and legal reform, persistent gaps remain in women's economic participation, political representation, GBV response, and rights of LGBTQ+ persons.

SDG 5 and India: Progress and Gaps

SDG Target 5.2: Eliminate all forms of violence against women — India's progress is partial. NFHS-5 data shows modest declines in domestic violence prevalence, but absolute numbers remain high.

SDG Target 5.5: Women's full participation in leadership — India ranks 143rd globally in women's parliamentary representation (Inter-Parliamentary Union, 2023). The 33% reservation for women in Parliament and state legislatures (passed 2023) represents a significant, if delayed, step.

SDG Target 5.6: Access to reproductive health — improvements in institutional delivery and antenatal care, but unmet contraceptive need and maternal mortality disparities persist.

SDG Target 5.a: Women's property rights — de jure improvements through the 2005 Hindu Succession Act amendment, but de facto property ownership by women remains low.

6.2.3 Future Directions in Gender Research and Policy (Indian Context)

6.2.3.1 Emerging Research Priorities

The field of gender psychology is dynamic and evolving. Several emerging research priorities are particularly important for India:

a. Intersectionality as Research Practice:

While intersectionality has been a theoretical framework for several decades, its integration into empirical research methods in India remains underdeveloped. Future research should examine how gender intersects with caste, class, religion, disability, sexual orientation, age, and geographic location to shape psychological experience, well-being, and social outcomes. Quantitative measures of intersectional disadvantage, qualitative methods that centre marginalised voices, and mixed-methods designs are all needed.

b. Men, Masculinities, and Gender Change:

The study of masculinities — how men construct, negotiate, and are constrained by gendered identities — is an important and growing field with significant policy implications. Research in India on 'what works' to engage men in gender equality — changing harmful masculine norms while strengthening men as allies — is urgently

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needed. The International Men and Gender Equality Survey (IMAGES) methodology, developed by Promundo and ICRW, has been applied in India and provides a model.

c. Technology, Gender, and Psychological Well-being:

Digital technology is reshaping gender dynamics in complex ways — enabling feminist mobilisation and LGBTQ+ community formation while also creating new vectors for GBV and surveillance. Research on the psychological impacts of social media on adolescent girls' body image, self-esteem, and mental health; on technology-facilitated GBV; and on digital spaces as sites of feminist organising are all pressing priorities.

d. Rural and Marginalised Communities:

The majority of gender research in India is conducted in urban, educated, relatively privileged contexts. Expanding research to rural settings, tribal communities, and marginalised populations is essential for a gender science that is genuinely representative of India's diversity.

e. LGBTQ+ Mental Health and Well-being:

Following decriminalisation in 2018, LGBTQ+ mental health research in India has important new opportunities. Priority areas include: documenting minority stress and its consequences; evaluating the impact of family acceptance vs. rejection on outcomes; studying hijra community well-being; and developing culturally appropriate, affirming mental health services.

Research Spotlight: IMAGES India

The International Men and Gender Equality Survey (IMAGES) India, conducted by ICRW and Promundo in collaboration with Indian partners, surveyed over 3,000 men and 1,500 women across Uttar Pradesh, Rajasthan, and Punjab.

Key findings: 52% of men agreed that 'it's sometimes necessary to use violence to keep a wife in line'; 60% of women agreed with the same statement — illustrating how gender-based violence norms are internalised by both men and women.

Men who held more gender-equitable attitudes were less likely to perpetrate violence, more involved in childcare, and reported better mental health outcomes themselves.

The findings underscore the importance of engaging men in gender equality work — not as a concession to men's interests, but as essential to changing the social ecology that enables GBV.

Source: ICRW & Promundo. (2011). Evolving men: Initial results from the International Men and Gender Equality Survey. ICRW.

6.2.3.2 Future Policy Directions for India

Based on current research evidence and an analysis of India's gender equality landscape, the following policy priorities emerge:

a. Legal Reforms:

- Criminalise marital rape: Removing the existing exception to rape law under Section 375

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IPC is a critical step toward recognising women's sexual autonomy within marriage.

- Reform the Transgender Persons Act: Replace the current medical certification requirement with self-declaration of gender identity, bringing Indian law into alignment with international human rights standards.
- Strengthen implementation of POSH Act: Expand coverage to informal sector workers; increase accountability of Internal Complaints Committees; simplify complaint processes.
- Address child marriage comprehensively: While the proposed increase of women's minimum marriage age to 21 has been debated, evidence suggests that educational opportunity and economic security are more effective drivers of delayed marriage than legal age alone.
- Comprehensive anti-trafficking legislation: Pass and effectively implement the pending Trafficking in Persons (Prevention, Care and Rehabilitation) Bill.

b. Economic Policies:

- Close the gender pay gap: Enforce equal pay provisions; address occupational segregation; expand women's access to technical and STEM education.
- Expand paid maternity and paternity leave: Universal paid parental leave policies enable more equitable distribution of care work.
- Recognise and value unpaid care work: Implement policies that reduce the time burden of unpaid care, including universal childcare provision, improved water and sanitation infrastructure, and recognition of care work in economic accounting.
- Expand women's property rights: Strengthen enforcement of existing property law reforms; address gaps in de facto inheritance, particularly in tribal communities.

c. Education and Health:

- Implement universal, high-quality comprehensive sexuality education: Grounded in evidence, inclusive of LGBTQ+ identities, and integrated across school curriculum.
- Train healthcare providers in gender-sensitive and trauma-informed care: Particularly in reproductive health, GBV response, and LGBTQ+-affirming care.
- Expand mental health services for GBV survivors and LGBTQ+ individuals: Including both institutional services and community-based peer support.
- Achieve universal access to reproductive health services: Addressing unmet contraceptive need, unsafe abortion, and maternal mortality disparities.

d. Political Representation:

- Implement the Women's Reservation Act (2023) fully and effectively: The Act reserves 33% of seats in Parliament and state assemblies for women — a landmark reform that must translate into meaningful participation.
- Address barriers within political parties: Internal party reforms to

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The Women's Reservation Act (Nari Shakti Vandan Adhiniyam), 2023

The 128th Constitutional Amendment Act, passed by Parliament in September 2023 after nearly three decades of failed attempts, reserves one-third of seats in the Lok Sabha and state legislative assemblies for women.

Key provisions: Applies to direct election seats; includes reservation within the SC/ST quota; operative after delimitation exercise (expected post-2026 census).

Feminist responses are mixed: Many celebrate it as a landmark step. However, critics note: the delayed implementation timeline; absence of reservation for OBC women; concerns about 'proxy' representation through male relatives.

International experience suggests that women's legislative representation can drive positive policy changes on issues including health, education, and GBV — though representation is a necessary but not sufficient condition for gender justice.

enable women's candidacy and leadership at all levels.

- Ensure marginalised women's representation: Dalit, tribal, and minority women face intersecting barriers to political participation; affirmative action must reach them meaningfully.

6.2.3.3 Theoretical Futures: Decolonising Gender Psychology

As gender psychology advances, the need to decolonise the discipline — to centre non-Western knowledge systems, methodologies, and theoretical frameworks — is increasingly recognised. This involves:

- Critically examining the Western and often White feminist foundations of dominant gender psychology theories — asking which aspects are genuinely universal and which are culturally specific.
- Taking seriously indigenous and non-Western gender frameworks — including the complex gender traditions of South Asian cultures, the recognition of multiple genders in many indigenous societies, and non-Western philosophical traditions of personhood and embodiment.
- Prioritising research methods that enable participants to articulate their own frameworks rather than mapping their experience onto pre-existing Western categories.
- Publishing in Indian languages, not only English, to make gender science accessible to the communities it studies.
- Centering the intellectual contributions of scholars from marginalised communities — Dalit women, transgender scholars, rural researchers — within the discipline itself.

The project of decolonising gender

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psychology is not merely about adding diversity — it is about fundamentally rethinking the frameworks through which we understand gender, and in doing so, building a science more adequate to the complexity of human social life.

Thinking Ahead: Artificial Intelligence, Gender, and the Future

The rise of artificial intelligence creates new gender challenges and opportunities for the twenty-first century.

Challenges: AI systems trained on biased data reproduce and amplify gender stereotypes. Facial recognition systems perform less accurately for women and people of colour. Automated hiring systems may encode gender discrimination. Deepfake technology enables new forms of gender-based violence (non-consensual intimate image generation).

Opportunities: AI tools could support GBV survivor services, improve gender-responsive health screening, and facilitate feminist research through large-scale data analysis.

Feminist technology scholars (Noble, 2018; D'Ignazio & Klein, 2020) argue for 'feminist AI' — the integration of feminist principles of equity, care, and justice into the design, development, and governance of AI systems.

India's AI policy frameworks must incorporate gender equity as a foundational principle.

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Recap

- Feminist movements can be periodised in ‘waves’ — from first wave focus on legal rights through second wave’s personal-is-political agenda, third wave intersectionality, and fourth wave digital activism.
- Indian feminism has distinctive roots in the social reform movements of the 19th century and includes multiple currents: liberal, Marxist, radical, Dalit, postcolonial, and eco-feminist.
- Dalit feminism, associated with scholars like Gopal Guru and Ruth Manorama, insists on the simultaneity of caste and gender oppression and critiques upper-caste-centred mainstream feminism.
- The LGBTQ+ rights movement globally traces its modern origins to the 1969 Stonewall Uprising; in India, key milestones include the 2014 NALSA judgment and the 2018 Navtej Singh Johar decriminalisation.

- Cross-cultural research documents both remarkable consistency (gender gaps in care work, political representation, violence) and striking diversity in gender norms across societies.
- International frameworks — CEDAW, Beijing Platform, SDG 5, UN Women — provide normative standards and accountability mechanisms for gender equality globally.
- India has made progress on SDG 5 indicators in education and maternal health, but significant gaps persist in economic participation, political representation, and GBV response.
- Future research priorities include intersectionality as research practice, masculinities, technology and gender, rural and marginalised communities, and LGBTQ+ mental health.
- Key future policy directions for India include legal reforms (marital rape criminalisation, Transgender Act reform), economic policies (care work recognition, pay equity), education and health (comprehensive sex education, trauma-informed care), and political representation (implementing the Women's Reservation Act).
- Decolonising gender psychology — centring non-Western knowledge systems and marginalised voices — is an important future direction for the discipline.

Objective Questions

1. Who is regarded as a pioneering educator of girls in India?
2. Who wrote *Sultana's Dream?*
3. Which feminist wave introduced the idea that "the personal is political"?
4. Which Indian case galvanised the anti-rape movement?
5. Who founded SEWA?
6. Which concept is central to third-wave feminism?
7. In which year did the #MeToo movement gain prominence in India?
8. Which feminist perspective focuses on caste and gender oppression together?
9. Which uprising is associated with the beginning of the modern LGBTQ+ rights movement?

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10. In which year did the APA remove homosexuality from the DSM?
11. Which country first legalised same-sex marriage?
12. Which 2018 Indian judgment decriminalised consensual same-sex relations?
13. In which Indian city was the first Pride march held?
14. Who developed Social Role Theory of gender differences?
15. Which international treaty addresses discrimination against women?
16. Which SDG specifically focuses on gender equality?
17. What does IMAGES primarily study in relation to gender?
18. What percentage of seats is reserved for women under the Women's Reservation Act, 2023?
19. Which framework examines the interaction of gender with caste, class, religion and other social positions?
20. What approach in gender psychology centres non-Western knowledge systems?

Answers

1. Savitribai Phule
2. Begum Rokeya
3. Second Wave
4. Mathura Case
5. Ela Bhatt
6. Intersectionality
7. 2018
8. Dalit Feminism
9. Stonewall Uprising
10. 1973
11. Netherlands

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12. Navtej Singh Johar
13. Kolkata
14. Eagly and Wood
15. CEDAW
16. SDG 5
17. Masculinities
18. 33%
19. Intersectionality
20. Decolonisation

Assignments

1. Trace the development of feminist movements in India from the 19th century reform movements to the contemporary #MeToo moment. What are the key continuities and discontinuities in Indian feminist history?
2. Critically evaluate the 'waves' framework as applied to Indian feminism. Does this framework adequately capture the diversity and complexity of Indian feminist movements? What alternative frameworks might be more appropriate?
3. What is Dalit feminism, and why do Dalit feminist scholars argue that mainstream Indian feminism has been exclusionary? How should gender psychology research and practice respond to this critique?
4. Analyse India's performance on SDG 5 indicators. In which areas has progress been strongest, and which areas show the largest gaps? What policy interventions do you recommend based on evidence?
5. What are the key arguments for and against criminalising marital rape in India? Drawing on psychological, legal, and social evidence, where do you stand, and why?
6. Write a critical essay on the future of gender psychology in India. What research questions should be prioritised? What changes in research methodology and practice are needed to build a more inclusive and representative discipline?

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7. Historical Research Assignment: Select one significant figure from India's feminist history (e.g., Savitribai Phule, Pandita Ramabai, Begum Rokeya, Kamaladevi Chattopadhyay, Ela Bhatt, Urvashi Butalia). Write a 1000-word biography that situates their work in their social and historical context, and analyses their contribution to gender equality.

Reference

Beauvoir, S. de. (1997). *The second sex*. Vintage. (Original work published 1949)

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241–1299.

Eagly, A. H., & Wood, W. (1999). The origins of sex differences in human behavior: Evolved dispositions versus social roles. *American Psychologist, 54*(6), 408–423.

Friedan, B. (1963). *The feminine mystique*. Norton.

Guru, G. (1995). Dalit women talk differently. *Economic and Political Weekly, 30*(41–42), 2548–2550.

World Economic Forum. (2023). *Global gender gap report 2023*. World Economic Forum.

Suggested Reading

Beauvoir, S. de. (1997). *The second sex* (H. M. Parshley, Trans.). Vintage. (Original work published 1949)

Guru, G. (1995). Dalit women talk differently. *Economic and Political Weekly, 30*(41–42), 2548–2550.

hooks, b. (2000). *Feminism is for everybody: Passionate politics*. South End Press.

World Economic Forum. (2023). *Global gender gap report 2023*. World Economic Forum.

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Model Question Paper- Set-I
UNDERGRADUATE DISTANCE MODE EXAMINATIONS
BA PSYCHOLOGY Fifth Semester
Discipline Specific Elective Course
B23PY04DE- Psychology of Gender
CBCS-UG Regulations 2021
2024 Admission Onwards

Time: 3 Hours Max Marks: 70

Section A

Objective Type Questions.

Answer any ten questions. Each carries one mark (10×1=10 marks)

1. Define the concept of gender.
2. Differentiate sex from gender.
3. Name the theory that views gender as socially constructed.
4. Who developed the psychoanalytic theory of gender development?
5. Identify the theory that explains gender development through observation and imitation.
6. Name the concept that refers to the internal sense of one's gender.
7. Give the term used for a person whose gender identity differs from the sex assigned at birth.
8. Expand the abbreviation LGBTQ+.
9. Name the process through which individuals learn gender roles and expectations.
10. Identify one major agent of gender socialisation during childhood.
11. Name the psychological approach to therapy that considers gender-related experiences and inequalities.
12. Give the term for emotional, romantic, or sexual attraction towards others.
13. Expand the abbreviation GBV.
14. Name the movement that advocates equality between genders.
15. Identify the concept that recognises the influence of multiple social identities on gender experiences.

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Section B

Very Short Answers *Answer any ten. Each question carries two marks.* (10×2=20)

16. Define sexuality.
17. What is social constructionism?
18. What is feminist theory?
19. What is queer theory?
20. What is intersectionality?
21. Explain gender identity development.
22. What are transgender identities?
23. What is gender dysphoria?
24. Define gender expression.
25. What is gender socialisation?
26. Explain the role of peers in gender socialisation.
27. What is gender bias in education?
28. What are gender-specific risk factors for mental health problems?
29. What is gender-sensitive psychotherapy?
30. What is sexual health?

Section C

Short Answers *Answer any five. Each question carries four marks* (5×4=20)

31. Explain the historical perspectives on gender roles and identities.
32. Discuss the biological basis of sex differences with reference to genetics, hormones, and brain structure.
33. Explain the major psychological theories of gender development.
34. Discuss the influence of family and peers on gender socialisation.
35. Explain gender biases in educational settings and their effects on gender equity.
36. Discuss the prevalence and types of mental health issues among different genders.
37. Explain gender-sensitive approaches to psychotherapy.

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38. Discuss gender dynamics in romantic relationships with reference to communication, power, and conflict.

39. Explain sexual orientation and gender identity as aspects of human diversity.

40. Discuss the prevalence, causes, and consequences of gender-based violence.

Section D

Essay/Long Answers.*Answer any two. Each question carries ten marks.* (2×10=20)

41. Discuss the key concepts and major theories in gender psychology. Explain sex, gender, sexuality, social constructionism, feminist theory, and queer theory.

42. Explain gender identity development in detail. Discuss transgender and non-binary identities, gender dysphoria, gender expression, societal expectations, and ethical considerations in supporting gender-diverse individuals.

43. Discuss gender socialisation across family, peer, educational, and occupational settings. Explain the factors contributing to gender bias and suggest strategies for promoting gender equity in education and the workplace.

44. Discuss gender and mental health. Explain gender-specific mental health issues, risk factors, coping and help-seeking behaviours, gender-sensitive psychotherapy, and the role of the therapist in supporting gender-diverse clients.

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Model Question Paper- Set-II
UNDERGRADUATE DISTANCE MODE EXAMINATIONS
BA PSYCHOLOGY Fifth Semester
Discipline Specific Elective Course
B23PY04DE- Psychology of Gender
CBCS-UG Regulations 2021
2024 Admission Onwards

Time: 3 Hours Max Marks: 70

Section A

Objective Type Questions.

Answer any ten questions. Each carries one mark (10×1=10 marks)

1. Give one example of a socially assigned gender role.
2. Which theory explains gender development through cognitive processes and developmental stages?
3. Name the biological factors that contribute to sex differences.
4. Identify the concept that examines the interaction of race, class, culture, and gender.
5. State one characteristic of a non-binary identity.
6. Name the term used for outward manifestations of gender through appearance and behaviour.
7. Identify one social influence that contributes to gender stereotyping.
8. Who are the primary agents involved in early gender socialisation?
9. Name one source of gender bias in educational settings.
10. State one factor that may influence gender differences in career choices.
11. Give one example of a gender-specific risk factor for mental health.
12. Identify one coping mechanism used to manage psychological stress.
13. Name one dimension of sexual health.
14. State one consequence of gender-based violence.
15. Name one social movement associated with gender equality.

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Section B

Very Short Answers *Answer any ten. Each question carries two marks.* (10×2=20)

16. What is the relationship between sex and gender?
17. Explain the cognitive developmental theory of gender.
18. What is the social learning theory of gender development?
19. What is meant by gender stereotyping?
20. Define gender non-conformity.
21. Explain societal expectations regarding gender expression.
22. What is the role of parenting styles in gender socialisation?
23. How do sibling dynamics influence gender development?
24. What is gender difference in academic achievement?
25. What is meant by gender equity in the workplace?
26. What are help-seeking behaviours?
27. What is the role of a therapist in supporting gender-diverse clients?
28. What are gender differences in friendship patterns?
29. What is meant by sexual rights?
30. What is meant by gender and global perspectives?

Section C

Short Answers *Answer any five. Each question carries four marks* (5×4=20)

31. Explain the influence of race, class, and culture on gender experiences.
32. Discuss the impact of media and culture on gender roles.
33. Explain gender non-conformity and the importance of challenging gender stereotypes.
34. Discuss the influence of parenting styles and sibling dynamics on gender socialisation.

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35. Explain gender differences in academic achievement and career choices.

36. Discuss strategies for promoting gender equity in education and the workplace.

37. Explain coping mechanisms and help-seeking behaviours in relation to gender and mental health.

38. Discuss the impact of gender on parenting and family relationships.

39. Explain the influence of gender on sexual behaviour and attitudes.

40. Discuss strategies for prevention and support for survivors of gender-based violence.

Section D

Essay/Long Answers.*Answer any two. Each question carries ten marks.* (2×10=20)

41. Discuss the influence of gender on interpersonal relationships. Explain communication, power and conflict in romantic relationships, friendship patterns, parenting, and family relationships.

42. Explain gender and sexuality in contemporary society. Discuss sexual orientation, gender identity, the spectrum of sexuality, sexual behaviour and attitudes, sexual health, and sexual rights.

43. Discuss gender-based violence in detail. Explain its prevalence, causes and consequences, prevention and support for survivors, and the role of policy and advocacy in addressing gender violence.

44. Discuss contemporary issues in gender psychology. Explain the contribution of feminism and LGBTQ+ rights movements, cross-cultural perspectives on gender equality, international efforts, and future directions in gender research and policy, with special reference to the Indian context.

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Psychology of Gender

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ISBN 978-81-686425-4-6