

Exploring the role of gender perceptions and practices in facilitating women-friendly development initiatives by the rural local governments of West Bengal, India¹

1. Introduction

Gender influences how men and women perceive their roles in social and cultural practices and how they are expected to behave compared to members of the opposite sex. Gender based perceptions are deeply embedded in societal norms and shape everything from individual identities to institutional policies. Gendered perceptions and practices often perpetuate gender inequality by limiting opportunities for women and reinforcing power imbalances between men and women. According to the UNDP Gender Social Norm Index (2023), nearly half the world still believes that women are less capable than men in positions of power in politics. Social norms that inhibit women's representation in decision-making deprive societies of the many benefits of women's leadership and of diversity of perspectives, experiences, abilities, voices and ideas. The Global Gender Gap Report 2023 underlines that India has reached only 37 per cent gender parity on economic participation and opportunity- indicating a lack of agency to access choices.

The Constitution of India was amended in 1993 to mandatorily establish a three-tier system of local governments in its rural areas, where around two-third of the population live. The lowest tier is constituted at the village level and is known as the *gram panchayat* (village council). The Constitution also mandated to have one-third reservation of women for being elected as a member of the panchayats and also to hold the post of the elected chairperson (known as *Pradhan* or *Sarpanch*) and the deputy chairperson (*Upa Pradhan/ Upa Sarpanch*). The share of reserved seats and functionaries has been raised to fifty percent by most states with the expectation that more women representatives in the local government will lead to bridging the gender gap in development.

In recent years, the gender gap has been gradually narrowing, with a growing number of both women and men stepping into non-traditional roles, particularly within local governance structures such as the *Panchayati Raj* system. Women are increasingly visible in leadership positions, moving beyond the confines of domestic roles and asserting their presence in the public sphere. This shift marks a significant enhancement of women's agency, as they begin to actively participate in decision-making processes that shape their communities. The *panchayat*, as the grassroots level of governance, plays a crucial role in enabling this transformation. Through a bottom-up approach, where decisions are influenced by local voices and lived experiences, the *panchayat* system holds the potential to influence interventions that are responsive to gender dynamics.

This study wants to understand the gender perceptions and practices by the village council members in West Bengal, a state in India and whether presence of more than 50 % women is contributing in reducing the gender gap in development. The study helps uncover how societal

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perceptions of gender influence decision making processes in local government and barriers faced by elected women members. It also examines how gendered practices within rural local governance impact the implementation and success of development initiatives aimed at women. This includes understanding how gender biases or supportive practices can either hinder or promote women-friendly policies. The study adds to the academic literature on gender and local governance by providing empirical evidence and theoretical insights into how gender perceptions and practices influence development initiatives.

In the studied *gram panchayats* (GPs), gender differences significantly affect both governance practices and the implementation of women-friendly developments. These differences stem from social norms, gender perceptions, and the traditional patriarchal structures that shape decision-making processes (practice). While the Constitution and the *Panchayat Acts* of respective states provides formal representation for women through mandated reservations, traditional patriarchal attitudes often continue to influence how gender is perceived and practiced within these institutions and beyond.

2. Theoretical focus

Why men and women, behave differently in many circumstances but similarly in others reflect the position of men and women in broader social hierarchies and sex-linked temperament and socialisation experiences. However, role is a central integrative concept in the social sciences that is important because of the analytical bridge it provides between the individual and the social environment (Eagly & Wood, 2011; Goffman, 1990). Role expectations thus exist in the minds of individuals and also are shared with other people, producing the social consensus from which social structure and culture emerge (Eagly, 2013). The concept of ‘role’ thus facilitated a theory of gender that analyses not only the proximal determinants of male and female behaviour but also the more distal influences of culture and social structure that contribute to variability in this behaviour.

Kandiyoti (1988) argues that women adapt to different forms of patriarchy—such as the classic patriarchy in rural communities or more modern forms in urban settings—by using strategies that allow them to gain some degree of power or autonomy. This ‘patriarchal bargain’ involves accepting and internalising certain constraints imposed by gender roles while using these limitations to secure benefits or stability within the system. However, these bargains by the women themselves also reinforce patriarchal structures, limiting long-term change in gender relations (Kandiyoti, 1988).

Eagly & Wood (2011) put forward the notion that sex differences and similarities in behaviour reflect gender role beliefs that in turn represent people’s perceptions of men’s and women’s roles in the society in which they live. Certain expectancies are transmitted to future generations and, in turn, impinge on the social behaviour resulting in gender stereotypes (Diekmann & Eagly, 2000; Williams et al., 1999). Accordingly, the behaviour of men and women is governed by the stereotypes of their social roles. The behavioural differences thus resembled the beliefs that people hold about differences (Eagly & Wood, 2011).

In rural Indian societies a typical marital system exists where, women were more likely to prefer a partner with resources who could be a good provider, and men were more likely to prefer a partner who was a skilled homemaker and child care-taker. There is also a notable age

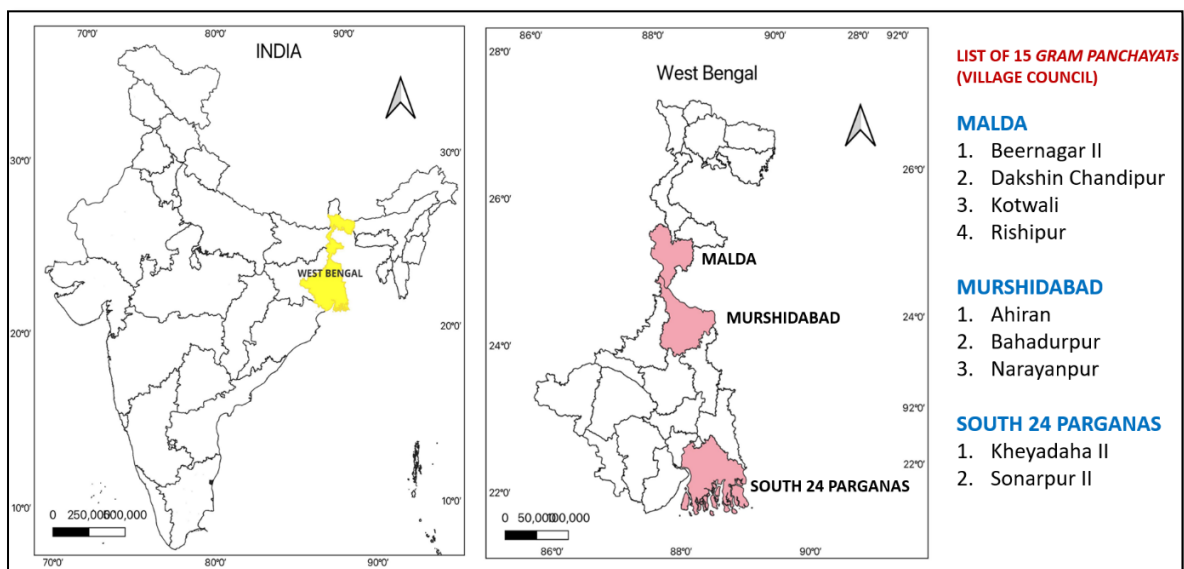
difference between the spouses, given that older men were more likely to have acquired resources, and younger women without resources were more likely to value marriage and her partner as a significant contributor. This division of labour yields gender role beliefs, which then facilitate this division through socialisation processes and promotes differentiated skills (Eagly & Wood, 2011).

Males developed traits that manifest agency which relates to beliefs such as the inclination to be independent, assertive, and competent. On the other hand, females develop traits that manifest communal or expressive behaviour, which inhibits their aggression. Social role theory implies that individuals might question the capacity of women in particular positions, such as leadership roles. That is, men--who are regarded as agentic--often occupy leadership roles. Change in the work and family roles of men and women follows from the gradual development of the economy, technology, and broader social structure in which these roles are embedded. As women gain more access to positions typically associated with power, their social role seems to be changing. Both men and women demonstrate these biases against females who violate social stereotypes (Heilman et al., 2004). The social role theory thus suggests that women typically behave in a more cooperative and less instrumental manner compared to men in similar situations. These differences are most pronounced when gender differences are highly noticeable in the context. However, when individuals perform formal and defined institutional roles, gender differences tend to diminish or even disappear.

3. Data and Methods

This study is done in nine GPs with 45 respondents from three districts of West Bengal (Malda, Murshidabad and South 24 Parganas located in Northern, Central and Southern region respectively), involving five elected members from each GP. These members are the Chairperson, the Vice-Chairperson, Convenor of the sub-committee of the GP responsible for Women and Child Development and two elected members of the GP, one male and one female, who are not office bearers. Purposive sampling is done until data saturation has been reached. Data was collected from July to October, 2024.

Map 1- Location of the study along with list of *gram panchayats* (village councils)



Source:- Prepared by the authors

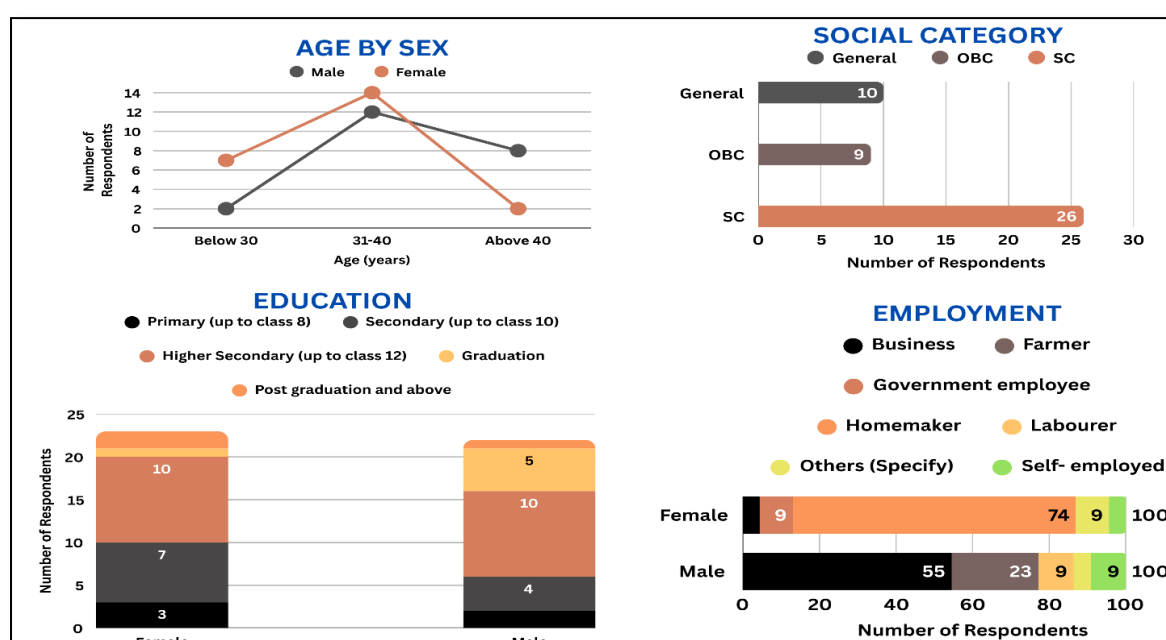
In exploring the role of gender perceptions and practices, a multi-method study employing both qualitative and quantitative approaches offers a comprehensive understanding of the issue. In this study, the quantitative component involved surveys with ratings, Likert scales, multiple choice options and binary options. Complementing this, qualitative method such as in-depth interviews with the elected functionaries and members of the GP were conducted. These qualitative insights delve into personal perceptions, practices and experiences, social norms, and contextual factors that shape and are shaped by gender perceptions. These are captured through a semi-structured questionnaire prepared through Computer Assisted Personal Interview software and using the KoboCollect platform. This tool asks probed demographic and socio-economic details of the respondents, role in governance, attitudes towards gender roles, social norms, perceived gender equality, level of participation, barriers to participation, awareness and implementation of schemes and their effectiveness in benefitting women, support structure, resource allocation, personal experiences and impact on community. Descriptive statistics are done simultaneously with thematic (theme identification, coding, pattern recognition) and comparative analysis (cross-case analysing, integration). Results are synthesised identifying how qualitative themes align with or diverge from statistical trends. By integrating quantitative data with qualitative narratives, the study captures both the measurable impact and the nuanced understanding of how gender perceptions and practices affect the implementation and success of women-friendly development initiatives in rural governance.

4. Findings

4.1. Demographic characteristics

Out of 45 GP members, 23 are female and 22 are male. Mean age of the sample is 36.6 years and 42 of them were currently married at the time of interview. Majority (39 out of 45) follow Hindu religion and only six follow Islam (from Malda and Murshidabad district).

Figure 1- Demographic attributes



Source: - Primary survey, 2024; N=45

Figure 1 depicts some basic gender differentials in the demographic attributes of the sample. More males over age 40 years hold position in the GP than females while females are more active in the younger age groups. This is predominantly due to the fact that women at grassroots have been joining politics from the past three decades. Men on the other hand, have been historically enjoying political positions and influencing developmental decisions at village level. There are also more men than women in the higher levels of education attained. Interestingly, when it comes to employment, 17 out of 23 female members reported that they are homemakers and are not currently gainfully employed. Contrary to this, all the male members have some source of earning like from business, farming or government jobs.

4.2. Village council details

Out of nine GPs visited, five have female Pradhan and four have male Pradhan. Rest of the positions also have more or less balanced mix of the two sexes. Most (34) of the respondents are elected for the first time but men are more likely to be elected more than 3 times than women. This suggests that while both genders have opportunities to enter these roles, men may face fewer barriers or receive more support in maintaining their positions over time. This gender disparity could be influenced by systemic biases, resource allocation, or differential expectations.

The GPs are to prepare annual plan, known as Gram Panchayat Development Plan (GPDP), on nine different themes of which one is to make the villages “women-friendly”, as prescribed by the union government. The concept of women-friendly panchayats is centred around creating an inclusive and supportive environment for women in the villages. More than 65% respondents have said that their GP has adopted ‘women-friendly’ *panchayat* initiatives under the GPDP. This ensures that women are more likely to have higher say in decision-making processes and that their needs and priorities are included in development plans of the GP (Anita, 2022).

4.3 Gender Perceptions

In rural India, gendered perceptions continue to shape the everyday lives of women and men in unequal ways, influencing access to education, healthcare, economic resources, mobility, and decision-making. These perceptions-rooted in patriarchal norms, assigning domestic, caregiving roles to women and public, authoritative roles to men, often rendering women’s contributions to agriculture, local economies, and governance invisible or undervalued (Agarwal, 1995). Understanding these deeply entrenched gender norms is essential for local governance because they directly affect how development schemes are accessed and experienced by men and women.

Figure 2- Men and women agreeing to different gendered notions



Source: - Primary survey, 2024; N=45 (F-23; M-22)

The Figure-2 presents a series of pie charts comparing the perceptions of men and women towards various gender-related notions. These statements cater to various aspects like division of labour, gender practices, social status and use of rights. Note, that even though the representation is done in pie diagram, the values depict actual numbers.

Traditional gender roles are reflected, where men are expected to be the primary breadwinners, and women are expected to manage the household, even though the number of respondents agreeing to it are small. Upon questioning regarding the practice of division of household chores, it was uniformly agreed by both genders that the responsibility typically falls on the woman. This observation underscores a gap between the perceived roles and the reality of daily life, indicating that while the understanding of gender roles may be evolving, the practical application of these roles in domestic settings may still be rooted in more traditional expectations. A women member said, *“from dawn to dusk I do everything in my house-starting from cleaning, washing, cooking to rearing children and taking care of elders in the house.”* Another male member asserted, *“The responsibility of household chores has to be taken up by the women in the house. My wife and daughter do everything. But sometimes I help as well. However, all the works that require to go outside like marketing, business, repairs are all done by me.”* This reflects a gendered hierarchy of labour, where men's work is viewed as supplementary in the domestic sphere but dominant and primary in the public sphere. The statements made by the them reflect socially prescribed gender roles and expectations that shape behaviour and practices within many households. Despite the physically and emotionally

demanding nature of this work, it is frequently undervalued and taken for granted, by both genders both socially and economically, because it occurs within the private sphere and is unpaid. These roles are further reinforced by social and religious practices, education, and community structures etc. making deviation difficult without active social and institutional support for change.

Both genders acknowledge the wage gap, with women being more aware of it, likely due to personal experience. The undervaluation of female labour and occupational segregation are core contributors to it (Blau & Kahn, 2017). The graphs also highlight women's understanding of intersectionality, while men seem less aware of compounded vulnerabilities. The gender gap in income remains a global issue- more so in a developing country.

Both men and women show consensus that education enhances women's agency and influence within families. Women's education is positively correlated with greater bargaining power and autonomy in household decision-making (Chakrabarti, 2019). In terms of gendered political leadership, predominantly male support that men are better leaders, indicating lingering patriarchal beliefs, although female respondents largely reject this stereotype. It is also seen that women's stronger acknowledgment reflects their lived experience with structural and social constraints.

More men agree that their family control their daughter's behaviour over their son's. This points to the entrenched double standards in gender expectations within communities. A small group still believes in honour-based gender roles, with some internalization among women as well. Gender-based restrictions on mobility is almost equally supported by both genders. While safety is indeed an important concern but norms that restrict movements tend to curtail independence of women. Girls are often subject to stricter moral scrutiny due to honour-based cultural systems (Sen, 2006).

While male perceive that women face barriers to access technology, women are more confident that they can use technology to their needs. A young woman- GP head said, *"We have no problem using phone or computer. But internet connection is very unstable. Now-a-days every government work is done online through portals. So, my staff and I had to learn these things. In fact, every woman in our generation can operate a smart phone and other smart gadgets."* Gender digital divide is more about access and encouragement than capability (Hilbert, 2011). Women also recognize their heightened vulnerability in crises more acutely than men. Impact of climate change disproportionately affect women due to caregiving roles, limited mobility, and access to resources.

Out of 45 respondents, 13 acknowledged that gender-based violence (GBV) is a concern within their GP. Female respondents demonstrated a more accurate understanding of the various forms of GBV, identifying multiple manifestations including domestic violence, emotional abuse, sexual assault, and gender-based discrimination. Notably, both male and female respondents agreed that domestic violence remains the most prevalent form of GBV faced by women. They also emphasized that women are the primary victims of both domestic violence and intimate partner violence. When asked about harmful practices prevalent in their GP, 43 respondents reported that alcoholism is widespread and has a detrimental impact on household relationships

and stability. A larger proportion of women highlighted the persistence of harmful practices such as domestic violence, child marriage, dowry, sex-selective abortion, and witch-hunting—though these were noted as infrequent occurrences. In contrast, male respondents perceived spousal desertion and child marriage as more pressing issues in their locality. These findings resonate with broader studies indicating that women often have deeper insights into the nuances of GBV due to lived experiences and social positioning (United Nations Children’s Fund, 2023; WHO, 2021). Respondents unanimously agreed that the Panchayat treats GBV with utmost seriousness. In cases of domestic violence, both parties are summoned to the Panchayat office to seek an amicable resolution. For more serious incidents, the head of the GP personally visits the affected household to offer support and assistance to the families involved. However, one female member said, *“I could not raise the domestic violence issue in the GP meeting as most of the discussions are done on fund and duty allocation.”* This statement highlights a critical gap between formal recognition of GBV and the actual space provided for its discussion within local governance forums. While the Panchayat may officially take GBV seriously, as reflected in its interventions, the female member’s experience points to a lack of opportunity and prioritization for raising such issues during meetings.

Perceptions are shaped significantly by grassroots engagement, community participation, and access to information. Among female respondents, the top three sources of information were television, discussions with GP members, and social media or the internet. For male respondents, the primary sources were internet searches and social media, followed by newspapers and discussions with GP members. Notably, men reported accessing a broader range of information sources compared to women. Men are more likely to own digital devices and have greater freedom to engage with various information channels. The reliance of women on interpersonal and community-based communication, such as GP discussions, reflects both a trust in local leadership and a limitation in direct access to broader information ecosystems.

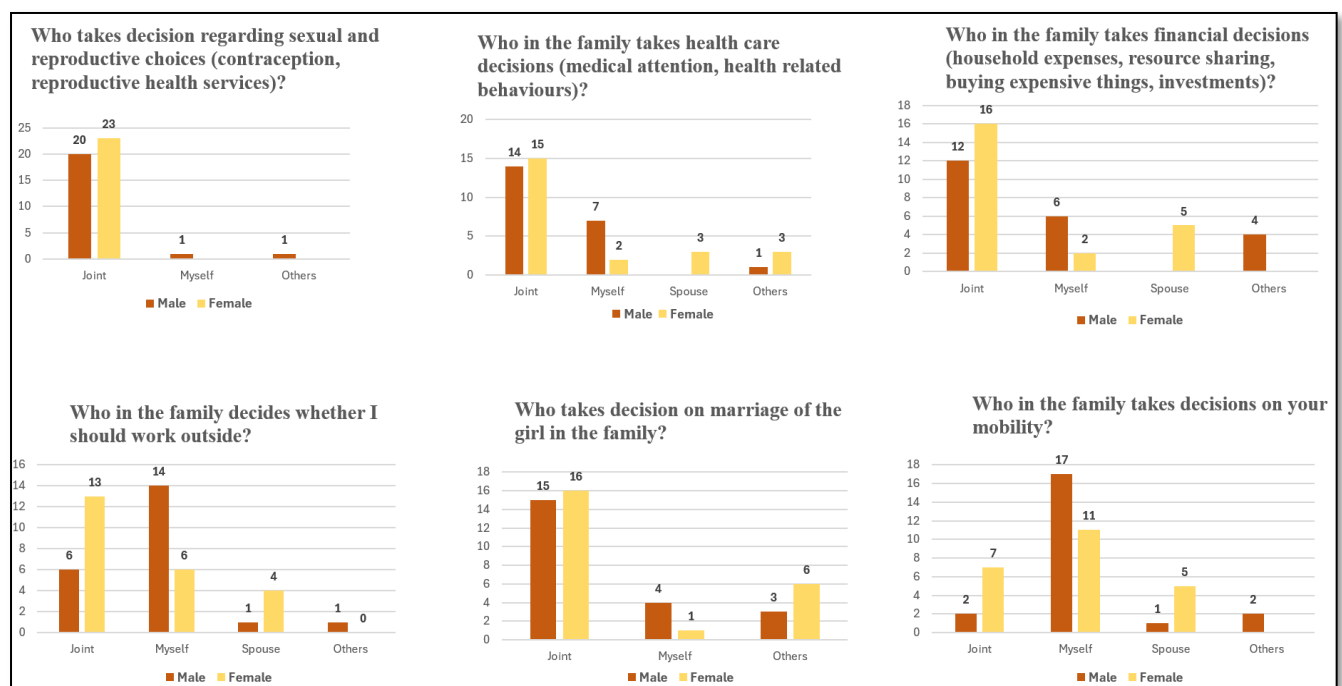
When asked about the most important rights women should be aware of and understand, both male and female respondents highlighted a range of critical areas, reflecting a growing awareness of gender equality. Among women, the top five rights identified were the right to education, freedom of mobility, financial independence, the ability to make their own decisions, and the right to protest. One woman powerfully stated, *“We want to have all the rights that men enjoy. This way we can do what men does,”* reflecting a desire for true equality and the dismantling of gender-based restrictions. Men, on the other hand, emphasized education, reservation in jobs, economic freedom, freedom of movement, and equal rights within the family as key rights for women. All male respondents agreed that women should be granted equal rights. A male *Pradhan* remarked, *“Girls should be taken to various events where they can interact with other people and enhance their knowledge. This will give them exposure and confidence in private spheres,”* highlighting the need for experiential learning and greater public engagement for women. Another male member added, *“We should first respect women in the family. Women also need awareness for different rights like property rights. Without knowledge they can get exploited,”* pointing to the importance of both familial respect and legal literacy to ascertain rights in all spheres. These responses together reveal a shared understanding across genders that rights awareness is essential for women's empowerment,

though women tend to stress autonomy and freedom, while men often focus on structural support and social respect.

4.4 Decision-making

The Demographic and Health Surveys (DHS) often use women's participation in household decisions as a proxy indicator for their empowerment. Studies show that when women participate in decisions especially regarding healthcare and income, they experience better reproductive health outcomes, greater economic security, and improved self-efficacy (Duflo, 2012; Kabeer, 1999).

Figure 3: Decision making by GP members in different domains



Source: - Primary survey, 2024; N=45 (F-23; M-22)

These graphs collectively highlight gender asymmetries in household decision-making, especially in domains critical to autonomy like health, finances, employment, and mobility. Gendered outcomes, such as lower economic independence, restricted mobility, and reduced healthcare access, stem directly from these imbalances.

A relatively egalitarian perception in reproductive/sexual choices domain is seen, which may be shaped by increased awareness due to public health campaigns. However, the near absence of self-decision among women raises concerns about personal agency and bodily autonomy, especially in patriarchal rural settings. Joint decision-making in healthcare is again dominant (M: 14, F: 15), but more men (7) than women (2) report making decisions alone. Interestingly, more women indicate their spouses decide for them (F: 3, M: 0). This suggests women are more likely to depend on or refer to their husbands in healthcare matters, which may affect timely access to medical services.

While joint decision-making is high (M: 12, F: 16) for financial matters, a notable number of men (6) report making financial decisions alone, compared to only 2 women. Female responses show higher dependence on spouses and others. Women still face significant exclusion from independent financial decision-making, which undermines economic empowerment. Women cite greater reliance on joint decisions (F: 13 vs. M: 6) for employment. Men are more likely to say they decide for themselves whether to work. This reveals a gender disparity in labour autonomy. Women may require familial or spousal approval to work, reflecting societal constraints on female mobility and independence. Control over financial decisions is a key determinant of women's bargaining power and long-term agency (Duflo, 2012). Limited self-reported authority among women reflects structural economic dependency.

Marriage decisions, especially in rural India, are heavily influenced by familial and societal norms. Women's lesser role in such decisions reflects their limited influence in shaping life-course trajectories. Most respondents report joint decision-making (M: 15, F: 16). However, women report greater reliance on "others" (F: 6 vs. M: 3), like elders or extended family.

Female mobility is often negotiated within family boundaries, with men enjoying significantly more autonomy. Women's dependence on joint or spousal approval reflects mobility restrictions rooted in patriarchal control. Men predominantly report deciding for themselves (M: 17), while fewer women do so (F: 11). More women cite joint decisions (F: 7 vs. M: 2), and spouse decision-making is higher for women (F: 5).

4.5 Gendered perceptions in local governance

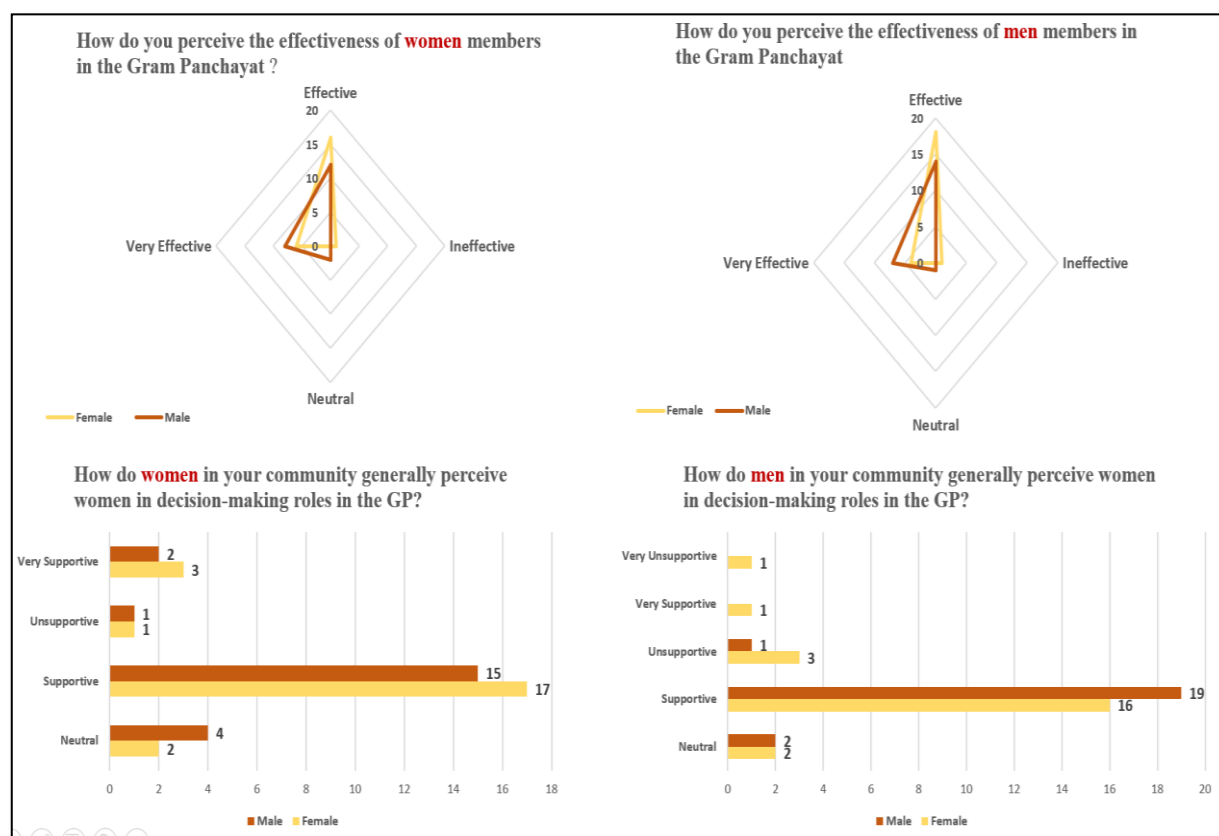
Out of 45 participants, 42 believe that men and women are equally suited for leadership roles in the Gram Panchayat (GP), and 40 feel that both are given equal opportunities to participate in GP activities. On an average all the members attended at least 13 meetings in a year in their GP. Around 10 women are also member of the Women and Child Development and Social Welfare Sub-committee and the average number of meetings they attended were 7.

The radar chart (Figure 4 below) shows that both men and women generally view women members as "Effective" or "Very Effective." A higher number of women rate their own gender as "Very Effective," while men are slightly more conservative, with most rating women as "Effective." This indicates a broad-based acceptance of women in leadership roles, suggesting progress toward gender equity in local governance. Research by Chattopadhyay & Duflo (2004) shows that exposure to women leaders can alter gender perceptions, particularly when quotas mandate their inclusion. When women are perceived as effective, they are more likely to be given responsibilities, thereby increasing diversity in decision-making processes and ensuring that women's interests like water access, sanitation, health and livelihood opportunities are represented.

The relatively consistent high perception of male effectiveness may indicate traditional views of men as default leaders. According to Goetz (2003) women in politics are often judged on their performance more critically than men. Thus, women may feel compelled to rate male members positively to align with societal norms. Overestimation of male effectiveness can crowd out women's voices and perpetuate tokenism, where women are included but not empowered.

The majority of both female and male respondents believe women view women in decision-making roles as “Supportive.” This rating signals mutual encouragement among women, which is crucial for collective agency. Most male and female respondents feel men view women in decision-making roles as “Supportive.” While the majority of men are seen as supportive, the presence of “Unsupportive” and “Neutral” responses suggests lingering hesitation or scepticism about women’s leadership. Exposure of women through reservation alone is not enough; without deeper ideological change, male support may remain superficial (Beaman et al., 2009) Around 16 respondents (F 6; M10) reported that they have raised issues for well-being of women and 30 respondents (F 14; M16) said that there is further need for discussion of women-centric issues in their GP.

Figure 4: - Functionality of the GP members

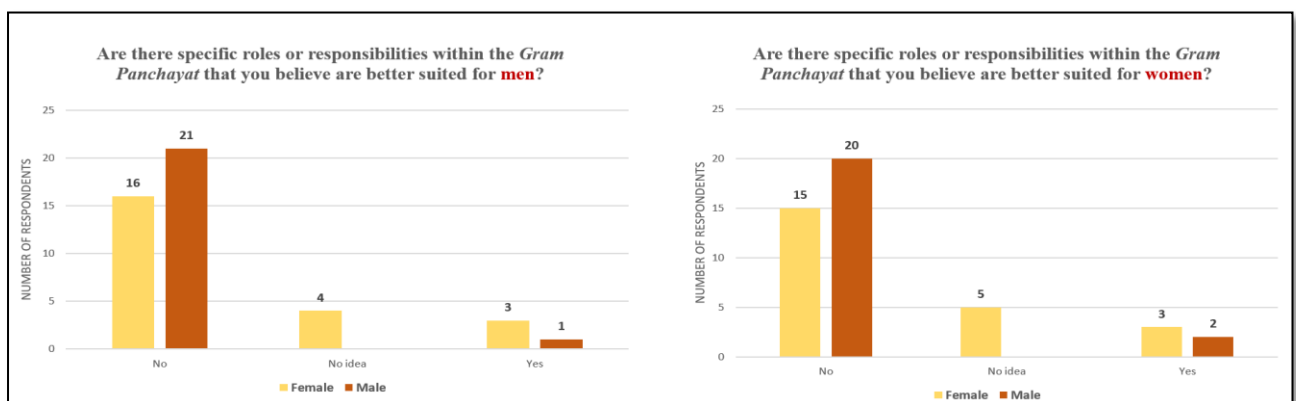


Source: - Primary survey, 2024; N=45 (F-23; M-22)

21 males and 16 females responded “No,” indicating they do not believe that certain roles are inherently better suited for men. This suggests a progressive majority that supports the idea of gender-neutral role assignments in the GP. From qualitative responses, these participants associate men with roles that involve mobility, supervision, and infrastructure-related fieldwork. Even though most respondents reject gendered role allocation, a persistent association between masculinity and mobility-based work remains. This belief is reinforced by infrastructural and cultural constraints: women often lack access to transport and social permission to travel freely. “I prefer that infrastructure-related work should be given to men. They have motorcycles and can easily reach any spot when required.” – a woman GP leader. 20 males and 15 females answered “No,” indicating they do not see specific GP roles as better

suitable for women. This aligns with the trend observed in the left graph of Figure 5 presenting the gender role in the GP, suggesting strong support for gender equality in governance roles. While a small proportion feel “Yes”, their views reveal a complementary perception not of exclusion, but of gendered competence in roles like community mobilization, education, or welfare. One male respondent said: *“I think the Pradhan should be a responsible woman. Corruption is less when the leader is a woman.”* Despite the progressive majority, those who responded “Yes” articulate enduring gender-role stereotypes: men are seen as suitable for “outside work” and “supervision,” while women are expected to be moral custodians or better suited to “softer” responsibilities. Women’s restricted mobility, lack of transport ownership, and patriarchal control over movement are not merely logistical issues but indicators of systemic gender inequality. This directly affects their perceived and actual suitability for roles requiring visibility and field engagement.

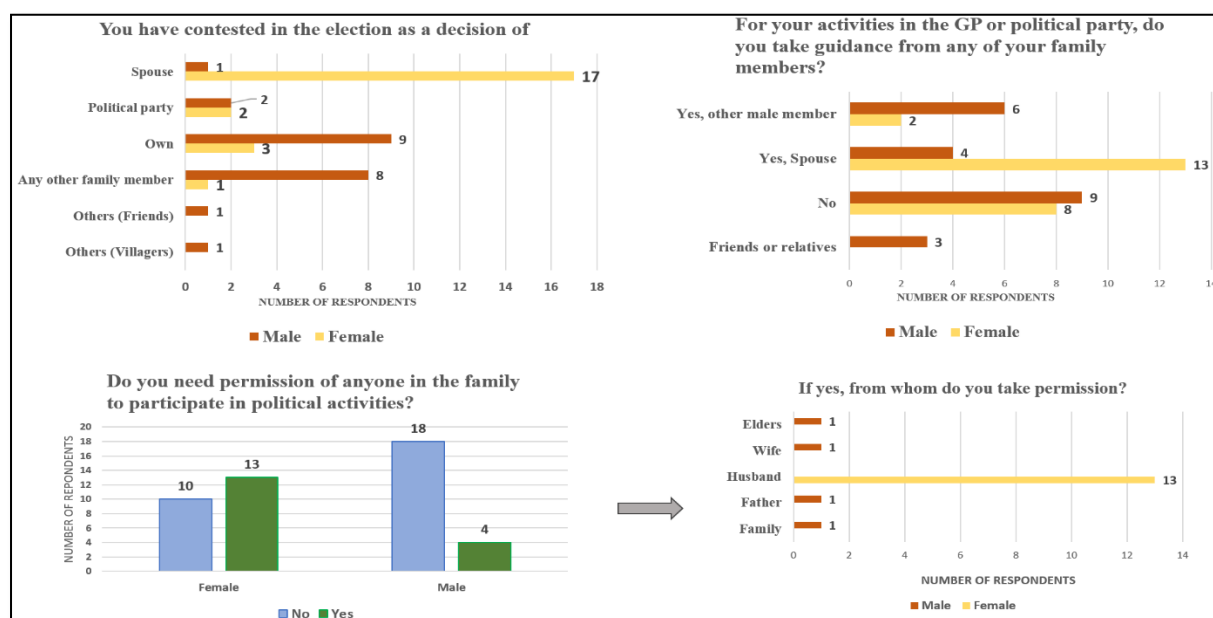
Figure 5:- Gendered roles in the village council



Source: - Primary survey, 2024; N=45 (F-23; M-22)

As figure 5 shows, a few women and no men expressed uncertainty to both the questions. This may stem from limited exposure, lower political literacy, or internalized norms. This repeated pattern of women being more uncertain suggests an internal conflict: even if women aspire toward equality, they may feel unqualified to judge or lack confidence to assert their views.

Figure 6- Autonomy in GP related activities



Source: - Primary survey, 2024; N=45 (F-23; M-22)

These four graphs collectively shed light on the gendered dynamics of political participation within local governance structures in rural West Bengal. They reveal the extent to which autonomy, guidance, and familial influence shape men's and women's ability to engage in political activities. In the context of India's decentralized democratic system, the 73rd Constitutional Amendment has mandated reservations for women in Panchayati Raj Institutions (PRIs), yet these graphs suggest that actual empowerment is often mediated by familial structures and gender norms.

A stark gender divide emerges in their decision to join politics. 17 out of 23 female respondents said it was their spouse's decision, while only 1 male did so. In contrast, 9 males claimed the decision was their own, compared to only 3 females. This points to a pattern where men exercise greater autonomy in political entry, while women's candidacies are frequently guided or controlled by male family members, especially husbands. Interestingly, 8 males cited "any other family member" and a few referenced friends and villagers, indicating broader social support networks among men than women.

Figure 6 shows the extent to which respondents rely on family for guidance in GP or political activities. 13 women reported taking guidance from their spouses, far outnumbering the 4 men who said the same. Conversely, 9 male respondents said they do not take guidance at all, as opposed to only 3 females who were completely autonomous. Male respondents also cited taking input from "other male members" and "friends or relatives" more frequently than women. This again reflects a greater political self-reliance among men, while women's political decisions are deeply intertwined with family, especially spousal influence. Women are still struggling for independent space in political discourse and action.

13 female respondents admitted needing family permission, whereas only 4 males did. 18 males said "No", affirming that men enjoy greater mobility and agency in political participation. For women, asking for permission underscores persistent patriarchal control, even in public roles.

Among those who answered "Yes" to needing permission (largely women), 13 women said they needed their husband's permission. Other categories like elders, father, and family were cited only once each for male respondents. Only one male respondent (who needed his wife's permission) appears in the graph. This confirms the dominant role of husbands in controlling women's public engagement, further reinforcing the pattern of patriarchal gatekeeping in local governance.

A male ordinary member of GP who has been elected for 2 terms and was an ex-Pradhan of GP said, *"Earlier women's views were not taken into consideration. But now women are 50% of the GP. We have to listen to them."* A young female member of Women and Child Development Sub-committee remarked *"I always ask my husband before I do anything. He is more experienced and he can guide me properly. But we take all decisions together first and then inform those to the elders in the family."* On the other hand, a more assertive voice comes from a female GP head, *"See, I run a panchayat. I know how to handle decision making inside or outside the house. Men sometimes get angry on me for being strict, but I am very determined of what I decide."* Overall, men are more inclined to make decisions independently rather than allowing their spouse to decide. In contrast, women tend to favour joint decision-making, followed by decisions made by their spouse, and lastly, by themselves. While joint decision-making is frequently reported, deeper qualitative inquiry reveals women have unequal voice or merely nominal participation.

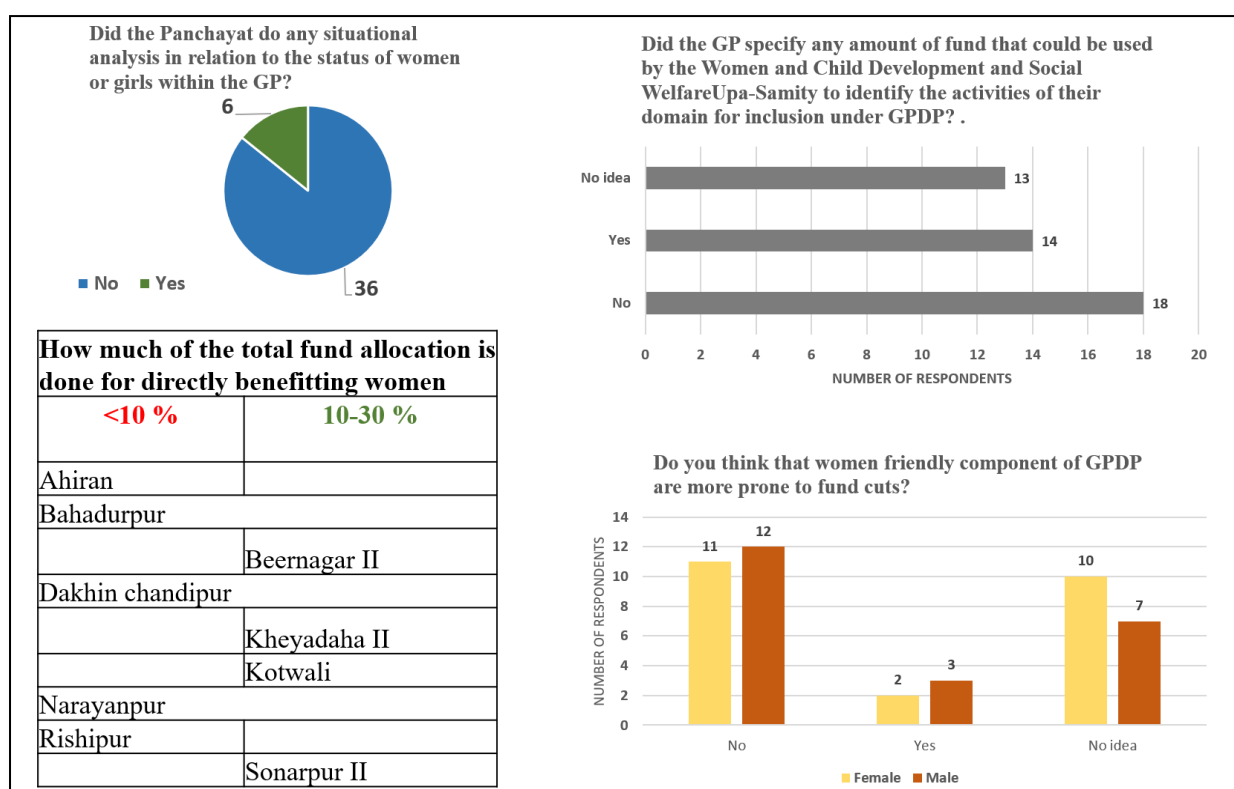
4.6 Functioning of local governance

The GPDP mandates bottom-up participatory planning after conducting a situation analysis and emphasizes inclusive development, especially for marginalized groups like women, scheduled population and so on. Under GPDP, each GP is expected to prepare an annual plan based on local needs, including gender and social inclusion.

The Graph-7 below reveals that while structures for inclusive planning exist, they are not being meaningfully utilized. A vast majority (36 out of 42) GPs have not conducted any situational analysis specific to the condition of women or girls. Only Kheyadaha II and Sonarpur II in South 24 Parganas conducted some situational survey of women, residing in their GP area. This reflects a significant gap in the planning process, which should ideally begin with a needs assessment. Without gender-disaggregated data or understanding of local gendered issues, GPs may overlook critical areas affecting women.

When it comes to knowledge on specific budget allocation for women-friendly activities in the GP, most respondents (18) replied in negative, and 13 had no idea, suggesting that in most GPs, either such provisions don't exist or are not transparent. Only a minority confirmed such allocations. However, even the Pradhans of most GPs do not know how much fund is allocated. The confusion or lack of knowledge also highlights poor communication or awareness among stakeholders.

Figure 7:- Gender-responsive planning in the GP



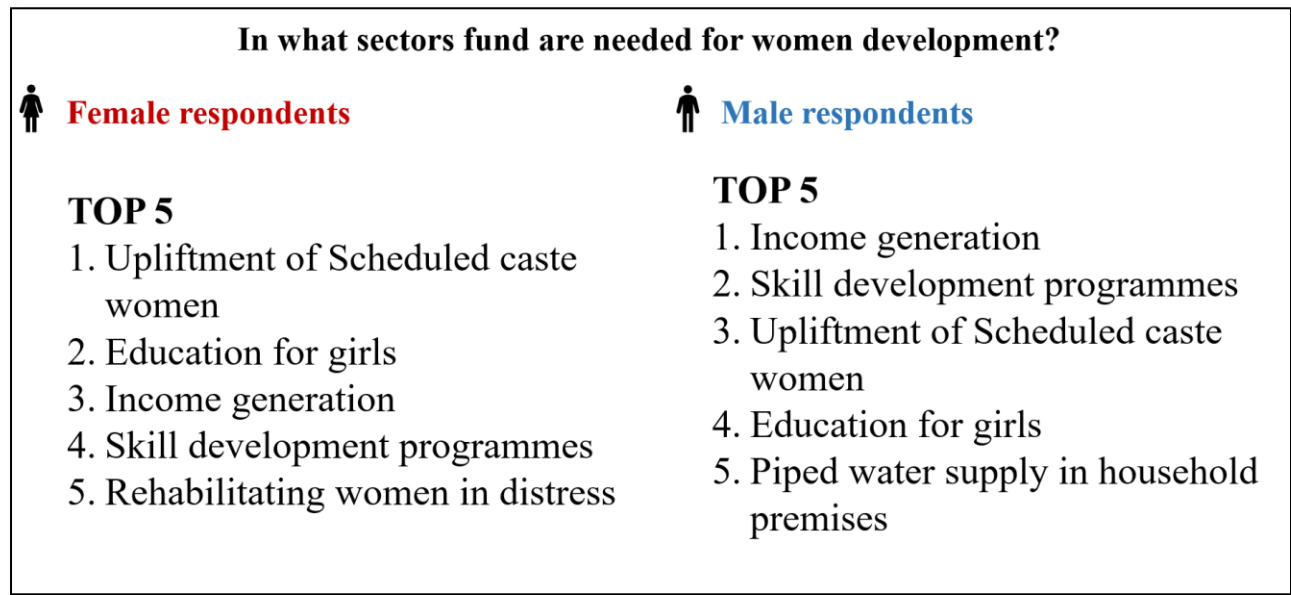
Source: - Primary survey, 2024; Total GP=9; N=45 (F-23; M-22)

The belief that women-friendly plans are not disproportionately cut may suggest either genuine equity or unawareness of internal budget reallocations. Despite decentralization, most GPs don't earmark funds for women development or allow the Sub-committee concerned to suggest measures within an earmarked budget for women development, undermining the role of this committee. Only 4 GPs allocated 10 to 30% of their fund for women-friendly activities. This confirms a systemic underfunding of women's needs. The remaining GPs allocated less than 10 % of their fund for activities directly benefitting women. However certain theme emerged in the activities the GP has done for women-friendly *panchayats*- installation of sanitary napkin vending machine and incinerator in GP and schools, nutritional supplement for pregnant women, breast feeding rooms in panchayat, engaging women self-help groups in solid waste management, installation of solar street lights, awareness regarding child marriage and skill training. Only 5 respondents thought that gender component of the budget is more prone to fund cuts and such fund are diverted for construction and water/sanitation related expenses. More female members think that GP needs to do work for women in sectors of safety, skill training, nutritional support and health services. Many women said that loan to start business could be very useful to support alternative employment for women. Men on the other hand believed that more fund should be spent on installation of CCTV and street lights for women safety.

Allocation of funds is a strong indicator of the extent to which gender needs are being positively internalised within local governance. The differences in priority between male and female GP members is shown in Figure 8. In many cases, fund allocation for women-centric initiatives is

largely influenced by directives from higher government bodies, rather than stemming from a genuine local commitment to gender-responsive planning. While *panchayats* often speak of women’s empowerment and inclusive development, actual budgetary allocations frequently reveal a gap between rhetoric and reality.

Figure 8:- Sectors in which funds are required as responded by male and female members



Source: - Primary survey, 2024; N=45 (F-23; M-22)

The Figure 8 provides clear evidence that while economic and educational priorities are shared by both male and female, only women consistently highlight the need for addressing gendered social risks. Among female respondents, the highest priority areas for funding are the upliftment of Scheduled Caste (SC) women and education above the primary level for girls, both receiving 12% of the responses. These priorities reflect a strong concern for intersectional issues, particularly the challenges faced by women who are disadvantaged by both caste and gender. Close behind are income generation and skill development programs, each receiving 11%, highlighting the importance women place on economic empowerment. Other significant sectors identified include support for Self Help Groups (SHGs), formed by poor women under government programme to strengthen their income and rehabilitation of women in distress (10% each), followed by concerns related to GBV prevention, stopping harmful practices like early marriage, women's nutrition and health, piped water supply, and disaster relief support, each with lower but still notable percentages.

In contrast, male respondents also prioritize income generation and skill development programs (12% each), along with education for girls and upliftment of SC women (11% each). This suggests that men, too, recognize the importance of improving women’s educational and economic opportunities. However, men place relatively greater emphasis on basic infrastructure and support systems, such as piped water supply and help given to women during or after disasters, which together account for 19% of their responses. On the other hand, sectors like GBV prevention, stopping harmful practices, and rehabilitation of women in distress

receive less attention from male respondents, indicating a potential gap in their understanding or prioritization of gender-specific vulnerabilities.

Women feel that health issues specifically affecting them are often overlooked in *panchayat* meetings. They believe that critical topics such as the Janani Suraksha Yojana² (Safe Motherhood), early and high-risk pregnancies, dengue prevention, low birth weight of infants, family planning, menstrual hygiene, and vaccination for women and children need to be given greater attention. This reflects a broader concern that women's health is not adequately prioritized in local governance discussions, despite its direct impact on community well-being. By voicing the need for these issues to be addressed, women are advocating for a more inclusive and responsive health agenda that recognizes their specific needs and rights.

In the surveyed area, only three GPs have conducted awareness campaigns specifically focused on women's development, indicating limited proactive engagement by local governance bodies on gender issues. The primary modes of awareness were lectures, camps, rallies, leafletting and posters and training through village SHG meetings. Women primarily did campaigns on health and hygiene, skill development and financial independence and men did awareness drives on child marriage, GBV, adolescent health and alternative livelihood. Skill development and financial independence, however, point to a conscious effort by women to break free from traditional dependency and assert greater control over their lives. This focus reveals a growing awareness among women about the structural barriers they face and a desire to overcome them through economic empowerment.

Only eight women and five men reported receiving any training related to women's development or gender equality, underscoring a clear gap in capacity-building initiatives for both community members and emerging grassroots leaders. On average, participants attended just two days of training and felt that the sessions were insufficient, pointing to an unmet need and a significant shortfall in comprehensive capacity-building efforts. Despite these limitations, 11 female and 12 male respondents believe that the GP plays an important role in raising awareness about various government supports available to women. These supports include land ownership rights, free ambulance services for pregnant women, beneficiary schemes for female-headed households and widows, support for SHGs, and distress helplines. The trainings were effective in building confidence and enhancing understanding of how to implement policies at the grassroots level. There was a strong collective desire for additional training sessions.

Sixteen respondents reported that they had raised women's issues during *Panchayat* meetings. Female members primarily focused on practical and welfare-related concerns such as improving road infrastructure, ensuring functional health facilities, providing drinking water to every household, promoting skill development for women, securing widow pensions, and constructing community parks. In contrast, male members tended to highlight broader social concerns, including women's education, prevention of child marriage, nutrition, and safety.

² Janani Suraksha Yojana (JSY) is a government initiative in India aimed at reducing maternal and neonatal mortality by promoting institutional deliveries among poor pregnant women. Launched in 2005 under the National Health Mission (NHM), it provides financial assistance (ranging from \$17 in rural areas to \$12 in urban areas) to pregnant women who deliver in government health centres or accredited private institutions.

This distinction reveals how women often advocate for immediate, lived needs that directly impact daily life, while men focus on structural or societal issues. More male members however, feel that women-centric issues need to be discussed more frequently, as one member says, *“Women need more support-and we should help everyone. I believe they suffer more. We have to break all barriers for them together. This way women will get equal opportunity.”*

All respondents strongly agreed that creating a women-friendly *panchayat* is essential for achieving holistic and inclusive development. A female *panchayat* head emphasized the transformative potential of women’s leadership by stating, *“Once you give true powers to women, they can empower other women,”* highlighting how empowerment can have a multiplier effect within communities. Many participants expressed that a women-friendly *panchayat* is one where women feel free to speak, interact, and actively participate without fear or restriction. They stressed that prioritizing the welfare of women must be a core component of such governance. A male member affirmed this by saying, *“If we become women-friendly, many women will come forward. This will be beneficial for all,”* underscoring the broader social and communal gains that come from greater female participation. Another male member added, *“Only gender-based development checks all boxes and can create overall development in all aspects,”* pointing to the necessity of embedding gender equity into every layer of local governance. He further noted that this is essential for a “balanced society,” reflecting the understanding that without gender equality, true development remains incomplete.

5. Discussion

Women are socially conditioned to accept discrimination, subordination, exploitation, and subjugation at various levels within the system, rather than challenging it (Gupta et al., 2017). Gender role socialization, as discussed by Connell (2002), reinforces this binary in division of labour. This perception aligns with historical norms where women were primarily responsible for domestic duties. Women disproportionately bear the burden of domestic labour despite increasing participation in paid work (Hochschild & Machung, 2012). However, societal norms are evolving, and reservation for women in local government positions will facilitate this process. The *panchayat* members are to be sensitized to come out of their stereotype gender role. However, such capacity building initiative is quite weak as found in the study.

Household decision-making patterns among GP members significantly influence the nature and effectiveness of local governance. When GP members, especially women, experience limited autonomy within their own households, it often translates into reduced assertiveness and participation in public decision-making spaces. This domestic-to-public spillover constrains the potential of local self-governance to be truly inclusive and responsive. Studies have shown that women representatives who enjoy greater agency at home are more likely to raise issues concerning health, education, and gender-based violence in *panchayat* meetings (Chattopadhyay & Duflo, 2004). Promoting gender-equitable household decision-making is thus not only a matter of personal empowerment but a prerequisite for effective and democratic local governance. Joint decision-making does not necessarily imply equal influence-women may still be deferential in practice. Some respondents (both men and women) supported dependence on male guidance, especially elderly in the household or in the council. This is

because, historically, men dominated decision-making, fostering a perception that men are more capable or competent in handling important matters. An assertive female GP head said, *“women often internalise subordination; they do not open up in fear of rejection by elderly. Therefore, their confidence in decision making is also low especially, in workplace or in politics.”* Another female member said that *“children who observe their parents sharing decision-making responsibilities are more likely to develop gender-equitable perceptions”*, so it is very important for both father and mother to demystify gender roles.

Both male and female members unanimously acknowledged that women remain the most disadvantaged when it comes to accessing their rights. A female respondent poignantly noted, *“We are lacking in terms of employment opportunities. Nowhere we are treated same as men,”* capturing the pervasive sense of inequality that women experience in both public and private spheres. This sentiment was echoed by a male *Upa-Pradhan* who stated, *“Women are still far behind. Social position is not same everywhere for women. They hardly access their inheritance rights. Those who earn are more recognised. But those who work whole day have no appreciation or recognition, as their work is not monetised. Most important decisions are made by men in their family. Women do not get any space.”* The statements reveal that true empowerment requires both access to rights and a transformation of social norms, so that women are not only legally entitled but also socially enabled to participate equally in all aspects of life.

Institutional and cultural barriers limit women's access to rights and opportunities (Kabeer, 1999). Gendered barriers vary from limited mobility, legal restrictions, to stringent patriarchal norms. The gendered differences in perception reflect how men and women experience and interpret these issues differently, underscoring the need for gender-sensitive interventions and awareness programs at the community level.

Domination of male members over the female members in the *panchayats* also stem from their respective position in the political parties. In West Bengal, elections are contested on political lines and candidates are identified by the political parties. The share of women members and leaders (office bearers) in political parties in India is very small as evidenced by low share of women members of the Legislative Assembly and the Parliament (where there is no reservation). So, the women members of *panchayats* are not likely to get equal treatment from the political parties as long as decision making within political parties is dominated by men. In many cases the women member nominated by political parties contest in the reserved seats are to comply with reservation laws, who will function as a proxy. It is seen that gender biases, not competence, drive underrepresentation of women in politics (Paxton & Hughes, 2014). Interestingly, effectiveness as political leaders does not depend on the gender but the willingness to work for holistic development.

Women leaders face a double bind-expected to lead effectively but without the institutional support, political support, resources, or autonomy to make independent decisions. This reduces their ability to deliver tangible outcomes and reinforces stereotypes that women are ineffective leaders, perpetuating a vicious cycle. While there's broad agreement that women are effective and deserving of leadership, men's views still subtly dominate. These patterns are consistent with Rao & Kelleher (2005), who argue that formal participation does not always equal

substantive empowerment. The high support for gender equality needs to be translated into actual policy influence and agenda-setting power for women within the GP as well as within the political party. While women's formal representation may have increased under legal compulsion, societal attitudes take longer time to change, which affects how women can function and contribute within these institutions. Women representatives have often identified the policy of rotation of reserved seats as a barrier to the continuation of their political careers as male members are preferred for nomination in unreserved seats by political parties.

Even when women don't explicitly endorse gendered roles, their reasoning and lived experiences often subconsciously reproduce these norms. When women themselves express that men should handle certain tasks, it reveals a lack of confidence, often conditioned by social norms. Without interventions to build capacity and shift norms, these women leaders may continue to act as figureheads. This pattern aligns with Kandiyoti's (1988) theory of 'patriarchal bargains': women internalize and adapt to gender norms to secure limited forms of agency, especially in public institutions dominated by men.

While surface-level data suggests a growing openness to gender-neutral roles in the GP, the underlying beliefs and uncertainties, especially among women-reveal a deeper gender asymmetry. Subconscious acceptance of gender prescriptions and the structural realities of mobility, access, and influence continue to reproduce male dominance in decision-making, even in the presence of elected women leaders.

There's a critical gap in data, planning, budget allocation, and community participation regarding women's needs. Strengthening capacities, institutionalizing gender audits, and mandating transparent budgeting can bridge these gaps. To make local governance truly inclusive, it is essential that GPs adopt Gender-Responsive Budgeting (GRB) practices, allocate specific funds for women's development, give more responsibility to the sub-committee of the GP to plan and monitor women development and engage actively with community-based women's groups such as SHGs. Preference should be given to low-cost or no-cost interventions that require minimal financial investment but have the potential for high social impact, rather than prioritising large-scale infrastructural changes. These types of interventions, such as gender-sensitisation workshops, awareness campaigns, eliminating dropout of girls from school, organize and empower the adolescents, creating safe community spaces through better utilisation of existing infrastructure can significantly enhance women's participation and agency at the grassroots level. For example, conducting regular sessions with *panchayat* members on integrating gender perspectives into local planning can shift mindsets and practices more effectively than building new infrastructure like parks or libraries, which often remain underutilised or inaccessible to women. While infrastructure has its place, an overemphasis on such projects can mask the lack of genuine commitment to meeting women's practical and strategic needs. The frequent gap between the discourse on gender-sensitive planning and the actual allocation of resources reveals that many initiatives are more symbolic than transformative.

Localisation of the SDGs is highly relevant in this context, particularly in advancing SDG 5 (Gender Equality) and SDG 16 (Peace, Justice, and Strong Institutions). Although community members acknowledge the GP's role in facilitating access to women-centric services like land

rights, maternal health, livelihood promotion for women, and distress helplines, the actual implementation is limited—evident from the low number of awareness campaigns and gender trainings. Localising SDGs means integrating these global goals into local governance processes, such as ensuring gender-responsive planning in GPDs, allocating targeted budgets, promoting political participation of women, and raising awareness on entitlements. Without such localisation, the potential of *panchayats* to reduce inequalities (SDG 10) and improve access to essential services remains underutilized, reinforcing gender disparities rather than resolving them.

The fact that female members continuously stressed financial independence is particularly significant. In a context where women's labour is often unpaid and undervalued, financial independence represents more than just income - it symbolizes autonomy, bargaining power within the household, and social recognition. Women's consistent focus on this issue highlights a key insight: without economic empowerment, other forms of empowerment (like participation in decision-making or community leadership) remain limited or superficial.

There exists a significant disconnect between theoretical frameworks on gender and the actual understanding and implementation of gender needs at the grassroots level. While the government often emphasizes the importance of making governance 'women-friendly', it fails to clearly define what this entails in practice. As a result, GP members, including elected heads, are often unaware of the specific actions or interventions required to bring about meaningful and effective change. The absence of clear directives or capacity-building support from higher levels of government further compounds this gap. Moreover, women *Pradhans* are frequently seen replicating the same approaches as their male counterparts, largely performing socially prescribed roles rather than challenging them.

One factor which leads to low priority in terms of resource allocation in women development is that many of the interventions are related to human development, which often require to generate awareness for creation of demand, remove social barriers which are intangible processes requiring low investment but difficult to conceive and implement. On the other hand, GPs prefer to create physical infrastructures which are more visible to the people to mark local development. So, better internalization of the need for the women which are not visible judged by gendered lens requires appropriate capacity building. Also, many of the services for human development are provided by different departments of whose functions have not been devolved on the GPs to make meaningful interventions. More devolution of funds to the *panchayats* may overcome some of the obstacles in local interventions even without devolution of functions but the extent of financial devolution on the local governments in India is still low.

For *panchayat* leaders, incorporating a gender lens ensures inclusive planning, better resource allocation, and more effective implementation of programs such as education, health and sanitation. It enables the design of policies that empower women not only as passive beneficiaries but also as active agents of change in rural transformation.

6. Conclusion

There is a clear consensus that women continue to face systemic disadvantages in terms of rights, access to opportunities, and in decision-making. Both men and women acknowledge the underrepresentation of women's issues, particularly health, employment, and legal rights in *panchayat* agendas, despite the seriousness of challenges such as gender-based violence, unequal social status, and lack of economic recognition. Importantly, both groups highlighted the transformative potential of a women-friendly *panchayat*. Female members emphasized the need for spaces where they can freely express themselves, raise critical issues, and access resources for empowerment, while male members supported this by stressing that inclusive governance benefits the entire community.

GPs often focus on fulfilling practical gender needs through welfare schemes and service delivery, which, while necessary, do not alter the structural inequalities women face. In the functioning of *panchayats*, this distinction becomes evident. For example, a *panchayat* may facilitate the installation of sanitary napkin vending machine and take up awareness generation under government schemes—both of which address practical needs. However, strategic needs, such as creating space for women's leadership, ensuring their representation in political parties, property inheritance and ownership, prescribed division of labour or challenging male-dominated decision-making processes, are frequently overlooked. This limited focus results in reinforcing traditional roles rather than enabling transformative change in gender relations at the grassroots level.

The discussions underscore a collective aspiration for a *panchayat* system that not only acknowledges but actively responds to the diverse needs of women. Empowering women at the grassroots level through rights awareness, economic opportunities, and meaningful participation—was seen as essential for building a balanced, just, and forward-looking society. Moving forward, this calls for deliberate, institutional efforts to integrate gender perspectives into every aspect of local governance. Women's representation must go beyond symbolic presence to affect real change in outcomes.

Women leaders in *panchayats* often push for initiatives that benefit women (e.g., skill development, maternal benefits, inheritance rights, microcredit schemes for women self-help groups). However, policies aimed at women's welfare may be adopted but not effectively implemented. This can be due to the perception that such policies are only formalities to meet government requirements rather than initiatives that require serious investment, monitoring and review. Understanding local gender dynamics ensures that development initiatives are relevant and effective in addressing the real issues faced by women, leading to more successful outcomes.

Collectively, these insights highlight that fostering a genuinely inclusive environment—where women's voices are heard and their rights are upheld—is not just a matter of fairness but a fundamental requirement for sustainable and comprehensive progress. Future interventions should focus on enhancing women's political agency, peer support, and institutional backing to ensure that democratic representation is both real and impactful.

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