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## MARRIAGE & SEXUALITY

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The cover page of this issue depicts the sequence of some important events in a traditional Hindu marriage before the couple starts their conjugal life. All these rituals have some inherent meaning which prepares both the bride and the groom before they start the new phase of life. The water colour paintings are original creations of gifted artist **Miss Dishashree Supakar**, a Std. 8 student of Kendrapara, Odisha, India.

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Editorial

## Envisioning marriage and sexuality in New-India

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Marriage has been a timeless and honoured institution for social affirmation of a heterosexual relationship. It also has several legal dimensions with the intent to safeguard civil and legal rights, values and cultural nuances. Sexuality although eclipsed under societal expectations is an equally complex yet important cornerstone of any relationship irrespective of age, region and religion.<sup>[1]</sup> However the day-to-day realities of any partnership has its own dimensions. The very patriarchal nature of partnership since ages is being re challenged by the evolving social and legal revolutions such as questioning gender stereotypes and roles, rights of partners and free expression of individuality.

Covid-19 pandemic played a major role in breakdown of many so-called social equilibrium. As a consequence, many women faced gender-based violence in their households. The whole purpose of social protection under the

umbrella of marriage may not be always true as evident in many cases.<sup>[2]</sup> Hence it becomes important to debate, re-understand and remodel the institution of marriage and sexuality in context of the current social trends. This issue of the journal focuses on many important dimensions of relationship both traditional and contemporary starting from discussing sexuality, the new age relationships, embracing inclusivity for sexual minorities, dissolving strict gender roles and the safeguarding against violence.

### Myths about sexuality

To begin with authors have tried to explore the construct of sexuality among young Indians. Several sexual myths in a background of limited sexuality education can lead to future issues. Parental hesitation in discussing such issues will give rise to distorted information and continuation of stereotyped attitudes about sexuality. Endorsement of sexism, which can instigate gender discriminatory attitudes and practices can be shaped significantly by peer pressure and parenting.

### Understanding diverse sexualities

Sexuality is complex (biologically and socially) but an intricate reality of human identity, understood so far only through a sexual lens.<sup>[3]</sup> Understanding same sex relationships or any identities in the spectrum of LGBTQ + in terms of companionship is important to

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safeguard their rights from rigid social and legal definition of marriage. Further, skewed portrayal of the sexual minorities in cinemas perpetuates a stereotype among public. Nonetheless recent films have tried to give a more realistic outlook fostering some hope for change.

### Contemporary relationships

Throughout history, marriage has been intrinsically tied to societal expectations, often centred around sustaining future offspring and rigid gender roles. With changes in the socioeconomic attainment of both partners, and growing individualisation<sup>[4]</sup>, the expectations and roles have evolved too. Many people prefer love marriages<sup>[5]</sup> and the trend of live-in relationship is gaining popularity among young Indians. All of which has its own pros and cons. However, there are still conflicts between the previous understanding of a marriage vs the emerging needs and redefinition of marriage as a union in itself. The authors have aptly discussed how a reboot is needed for making marriages more fulfilling and less suffocating by addressing the evolving needs of society.

### Parenting and marriage

Childbirth can be a joyous moment for some, but it can also twist partner dynamics.<sup>[6]</sup> With its own set of responsibilities and care giving roles, parenting stress, physical distancing between parents, postpartum psychological conditions and importantly certain outdated cultural practices around intimacy between new parents can cause turbulence in the partnership dyad.

### Legal recognition and equal rights

To keep the partnership intact for societal reasons, a partner may undergo many kinds of trauma.<sup>[7]</sup> Safeguarding against domestic violence, marital rapes, intimate partner violence in live-in relationships, inheritance rights and many more complex situations are

been revisited by the Indian judiciary. Nonetheless these issues are complex to strike the balance between rights and cultural sentiments of the public.

### Education and awareness

A major issue highlighted here is the need of education not merely around the act of sex but the acceptance of sexual diversities, inclusivity, debunking stereotypes and eliminating myths from young mind to foster a more respectful, dignified and fulfilling relationship in any partnerships. This can also go a long way in curbing gender-based violence and discrimination at large.<sup>[8]</sup> Open and non-confrontational discussion by the families, peers and institutions like schools can bring out a cultural change.

### Conclusion

Sexuality being a more individualised construct is equally important in a wider and socially acceptable partnership called marriage. There are many dimensions to it which needs wider understanding through a lens of diversity, uniqueness, dignity and rights. At the same time, contemporary relationships which were a taboo earlier has a growing trend and slow acceptance legally as well as socially. The various articles in this issue bring out glaring points to ponder and debate to make partnerships more fulfilling in every sense.

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**Conflict of interest: None**

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Original Article

## **Sex myths prevalence and gender discrepancies among college-going students in Bangalore, Karnataka, South India**

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### **Abstract**

Sex-myths could impact sexual wellness. Hence, the present study explores the prevalence and describes gender disparities in sex myths among 230 male and female college students recruited using convenient and purposive sampling. After using Sex Myth Scale, Descriptive statistics and Independent sample t-test were applied. The most prevalent sexual myth among males was, 'Most men lose their sexual drive around the age of 50' (26.9 percent); among females was, 'Woman ejaculates like a man when she experiences orgasm'(44.78 percent). When considering gender-specific myth responses, females were more prevalent than male students. Results showed substantial gender difference ( $p < 0.01$ ). Overall, sex myth scores (including items score related to both gender) was high among male compared to their counterparts. This study indicates the need to develop a culturally sensitive and effective educational program to eradicate myths related to sex.

### **Keywords:**

Sex myths, Gender,  
Prevalence, Sexuality, Sexual health

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### **Introduction**

Having an in-depth understanding of sex and sexuality is a core component of sexual health. Sex myths are preconceived notions or assumptions regarding sex without any scientific evidence to support them. Sexuality is a basic instinct, and the ideas or fantasies among humans regarding sexual acts start at a very early age. In Indian households,



discussion on sex is almost non-existent, and neither does the Indian education system imbibe enough knowledge among students regarding sexual health and the bodily changes that every adolescent goes through during their transition phase. The lack of conversation around sexual health prohibits the adolescent population from receiving relevant and accurate knowledge. Although the abundance of technological resources on sex and sexual health are easily accessible, the reliability and validity of the content are questionable. Despite increased resources about sex, there still exists a taboo when it comes to having open communication about desires, fears, safety measures, and so on, which could contribute to unclear knowledge about sexual health.<sup>[2]</sup> Due to the lack of awareness in sex and sexual health, the curiosity and excitement to understand the concept could lead to increased assumptions and myths.

One of the prevalent sex myths could be that men are mostly drawn toward women's physical appearance.<sup>[3]</sup> Murray, in her research, talks about how emotional connection and romantic presence is more important than just the looks alone. Physical appearance is important, but she argues through the findings on how it is not the only component that attracts men toward women.<sup>[4]</sup> Sex myths do not have to be similar among men and women. It can vary between partners as well. Several factors, such as their upbringing in their family environment, interpersonal interactions with their friends, and the availability of resources for them to equip about sexual health, play a role.<sup>[5]</sup> One study reported that women were uninformed and men were misinformed about sex and sexual health.<sup>[6]</sup> Even though there is comparatively increased awareness and openness about sex recently, there still exists a significant level of misconceptions and myths regarding sex.<sup>[5]</sup> A recent study aimed to understand the sex myths' level among

women and how it affects their sexual satisfaction. The study reported the sexual myth belief rates to be very high and how it gives space for anxiety in sexual health, decreasing the satisfaction/pleasure level of sex.<sup>[7]</sup> A recent Indian study aimed to identify adolescents' attitudes towards sex education and sex myths. The study attempts to highlight the importance of sex education. Its findings suggest a difference between male and female adolescents in the prevalence of sex myths.<sup>[8]</sup> An Indian pilot study on the need assessment of sex education among University students reported that 95% of the samples were in support of including sex education since the information on sex and sexual health was not adequate.<sup>[9]</sup>

Previous research that have been conducted on sex myths does talk about the prevalence among men and women and how it could impact their satisfaction and relationships. However, there is a need for more Indian research on this subject since the country is hugely different in terms of culture, tradition, religion, and so on, which could be the contributing factors behind the levels and kinds of sex myths among men and women. Also, few other studies opined that though there is comparatively increased awareness and openness about sex in recent times, there still exists a significant level of misconceptions and myths regarding sex. Hence, this study aims to understand the prevalence of sex myths among male and female college-going students in Bangalore, Karnataka. The study further tries to identify the gender differences, if any, in the prevalence of sex myths.

### **Theoretical framework**

This study adapted the definition proposed by the World Health Organization (2006), where sexual health is defined 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. Sexual health requires a positive and respective approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled".<sup>[1]</sup>

Sexuality is defined as, a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.<sup>[1]</sup>

The term sex is often used to mean sexual activity.<sup>[1]</sup> Aker et al., stated that sexual myths are exaggerated, incorrect and unscientific ideas on sexuality that people believe to be true.<sup>[6]</sup>

For the present study, we incur from this definition that sex myths are the myths related to sexual activity. Sathyanarayana Rao et al., states in his study that sex education is a wide curriculum that tries to develop a solid basis for lifetime sexual health through learning about one's identity, relationships, and intimacy.<sup>[10]</sup>

### Statement of the problem

Sex and sexuality are basic human instincts. Sexual health is, therefore, a crucial component of overall human health and development. Assumptions and preconceived notions concerning sex and sexuality lead to sex myths. These myths related to sex might be a potential cause for low self-esteem, marital

dissatisfaction, barrier to exploring sexual acts, and so on. The present study attempts to understand the prevalence of sex myths among college-going students and assesses gender disparities among male and female participants. The study also implies the need for sex education in educational institutions.

### Methods

#### Aims

To study and report the status of sex myths among college-going students.

#### Objectives

1. To describe the status of sex myths among male and female college-going students.
2. To identify the gender differences in the prevalence of sex myths among male and female college-going students.

#### Study design and Sampling

The current study used a descriptive research design and a survey method to collect data. The data is then further examined to spot patterns and trends associated with sex myths. In this context, 230 male and female college-going students were invited to participate in the study. A convenient and snowball sampling technique was used. All of them had enrolled either into graduate or post-graduate courses in a different college in Bangalore City, Karnataka, South India. The participants' ages range from 18 to 28 years old with a mean age of 21.07 (SD= 1.82). Only those who agreed to give consent after learning the objectives of the study stated in the form were ultimately taken into consideration.

#### Measures and procedure

All the participants who agreed to take part in this study responded to the Sociodemographic Sheet and Sex Myth Checklist.<sup>[11]</sup>

Participants' age, sex, place of residence, and information about their education, families, and romantic relationships were collected as sociodemographic data. The Sex Myth

Checklist evaluates myths about men, women, and items pertaining to both genders separately and comprises 23 extremely sensitive items connected to various facets of human sexuality. It's a forced-choice tool with a 'True-False' format. For every question with a 'True' response, a score of one is given, and for a 'False', a score of zero. The total score ranges from zero to 23. A high score is an indication of the presence of sex-related myths.

Data for the study was collected using Google Forms. The study's objectives were included before the demographic and sex myth statements in the Google Form and a statement regarding participant consent. Before attending to the statements, each participant had to express their consent. Only those who gave consent could view and respond to the statements. The form link was shared with few college students and further requested them to share it with their friends who have enrolled in graduate or postgraduate courses. A total of 246 college-going students responded to the questionnaire, of which 16 participants' data was removed since it was incomplete. Further data from 230 more people were taken into consideration for analysis.

### Statistical analysis

All the analysis was performed using IBM SPSS version 21. The prevalence of sexual myths among males, and females and of items common to both genders were analyzed using descriptive statistics, including frequency and proportions. The mean and standard deviation for continuous variables were calculated. Furthermore, the difference between the male and female sex myth ratings was examined using an independent sampling t-test for which the overall score on the sex myths scale was considered.

### Results

Complete data were available for N=230 college-going students. As per the socio-demographic information of the participants (Table 1), 134 were male, and 96 were female. Considering the majority scores, it is observed that 190 respondents were graduate students, 83.48 percent of the respondents belong to the urban domicile, 30.43 percent received sex education, 86.09 percent are from nuclear family background, 67.83 percent of the respondents' relationship status is single, 70 percent are day scholars and 47.39 percent are from the science stream.

Sex myth about male students (Table 2) shows that the most prevalent (26.09 percent) sex myth related to males is 'Most men lose their sexual drive around the age of 50', followed by 'Blacks are sexually more potent than whites' (20.43 percent). The least believed sex myths among the respondents are 'Night discharge is an indication of sexual weakness' (10 percent) and 'The size of penis is directly proportionate to the body size of a man' (10 percent).

Among female students (Table 3) 'woman ejaculates like a man when she experiences orgasm' (44.78 percent) was the most prevalent sex myth, followed by 'sexual intercourse during pregnancy harms the health of a woman (29.13 percent)'. The least prevalent (12.17 percent) sex myth is that 'Absence of hymen is proof that a woman is not a virgin'.

Response to the sex myth statements related to both gender (Table 4) revealed that college students (24.35 percent) believe that 'conception occurs when both man and woman experience simultaneous climax during sexual intercourse', 20.43 percent believe that 'sterilization/vasectomy inhibits sexual drive in men/women'. The sex myth that 'To enjoy the best health, one should avoid sex' is believed by the least number (2.61 percent) of respondents.

**Table 1: Sociodemographic details of the study participants**

Variables		N	Per cent
Gender	Male	134	58.26
	Female	96	41.73
Education	Graduate Students	190	82.61
	Post Graduate Students	40	17.39
Stream	Arts	67	29.13
	Commerce	54	23.48
	Science	109	47.39
Type of Scholar	Day Scholar	161	70.00
	Residential Scholar	69	30.00
Domicile	Rural	38	16.52
	Urban	192	83.48
Family Type	Nuclear	198	86.09
	Joint	32	13.91
Received Sex Education	Yes	70	30.43
	No	160	69.57
Relationship Status	Single	156	67.83
	Committed	74	32.17

**Table 2: Distribution of responses based on sex myth items related to male**

Item No	Statements	FALSE	Per cent	TRUE	Per cent
Item6	Semen is the essence of life; its loss damages one's health.	187	81.30	43	18.70
Item11	Night discharge is an indication of sexual weakness.	207	90.00	23	10.00
Item14	Most men lose their sexual drive around the age of 50.	170	73.91	60	26.09
Item16	Blacks are sexually more potent than whites.	183	79.57	47	20.43
Item18	The size of penis is directly proportionate to the body size of a man	207	90.00	23	10.00
Item19	It is dangerous for a man to have sexual intercourse during menstruation.	196	85.22	34	14.78
Item21	Having sex with a virgin rejuvenates one's body.	199	86.52	31	13.48
Item22	The size of penis determines the sexual potency of a man.	204	88.70	26	11.30

**Table 3: Distribution of responses based on sex myth items related to female**

Item No	Statements	FALSE	Per cent	TRUE	Per cent
Item4	An intact hymen is a proof that a woman is a virgin.	191	83.04	39	16.96
Item7	Sexually active women have large breasts.	197	85.65	33	14.35
Item9	Sexual intercourse during pregnancy harms the health of a woman.	163	70.87	67	29.13
Item13	Absence of hymen is a proof that a woman is not a virgin.	202	87.83	28	12.17
Item15	Menopause terminates a woman's sex life.	199	86.52	31	13.48
Item17	A large penis is a must for a woman's sexual gratification.	192	83.48	38	16.52
Item20	A woman ejaculates like a man when she experiences orgasm	127	55.22	103	44.78

**Table 4: Distribution of responses based on sex myth items related to both the genders**

Items	Statements	FALSE	Per cent	TRUE	Per cent
Item1	Masturbation causes impotency in men / frigidity in women	196	85.22	34	14.78
Item2	Sterilization / vasectomy inhibits sexual drive in men / women	183	79.57	47	20.43
Item3	Masturbation causes mental illness.	202	87.83	28	12.17
Item5	Masturbation is a sign of mental weakness.	198	86.09	32	13.91
Item8	Oral-genital sex between a man and woman indicates homosexual tendencies.	203	88.26	27	11.74
Item10	To enjoy the best health, one should avoid sex. Conception occurs when both man and woman	224	97.39	6	2.61
Item12	experience simultaneous climax during sexual intercourse.	174	75.65	56	24.35
Item23	Over indulgence in sex causes early ageing.	208	90.43	22	9.57

**Table 5: Gender difference on sex myth**

Gender	N	Mean	SD	df	t	p
Male	134	4.43	4.29	228.00	2.83	0.001
Female	96	2.95	3.27			

With respect to gender differences in sex myths, (Table 5) the significant difference between male and female students was noted ( $p < 0.01$ ). Sex myths score was more in male students compared to their counterparts.

## Discussion

A sex myth is an information/belief that one holds with no support of relevant scientific evidence. This study describes the status of sex myths among male and female college-going students and further identifies the gender differences.

'Most men lose their sexual drive around the age of 50 (26.09 percent) is found to be the most prevalent male-related sex myth in the present study. Although some studies suggest that individuals with previous sexual experience could have lesser sex myths, some studies contradict it. Yasan reported that sexual experience and having sexual partners decreases the prevalence of sex myths among women but most myths persist despite sexual experience.<sup>[12]</sup> Gökçe S and Herkiloglu D in their study reported very high sex myth beliefs among married participants.<sup>[7]</sup> The contradicting results of these studies suggest that sexual experience does not significantly influence the sex myth beliefs.

'Masturbation causes impotency in men / frigidity in women' (14.78 percent) is another prevalent sex myth. Masturbation is an act of touching one's own genitals to gain sexual pleasure. Individuals with or without partners indulge in masturbation. While the sex myths that involve both partners is present at high rates, the sex myth that involves only one individual to be prevalent might not be surprising. One of the major possible factors of myths are the lack of communication and exposure. While masturbation is a self-dependent act for sexual pleasure, there might be many doubts and assumptions that an individual might refrain from discussing with

another person. This brings us back to the lack and need for sex education among adolescents and young adults in institutions. It could enable them to have open discussions about the different aspects of human sexuality. Joycelyn Elders suggested that public sexual education must also cover the topic of masturbation, this resulted in harsh criticism, which led to her resigning from her position as a US Surgeon General.<sup>[13]</sup>

Among the sex myths related to males, the most prevalent sex myths are 'Most men lose their sexual drive around the age of 50 (26.09 percent). An Indian study conducted by Kalra, Subramanyam & Pinto has shown interesting findings on the patterns of sexual function and activity in those over 50 years of age.<sup>[14]</sup> The findings of the study suggest significant presence of sexual desire and sexual activity even post-50 years of age. Additionally, the study also reported a decline in sexual drive and activity among women over 60 years of age. While in some cases, there could be a decline in sex drive, the factor contributing to it was found to be the chronic illnesses that individuals experience. Around 43 percent of the female samples in the study reported increasing age to be the factor affecting their sexuality, whereas, for men (56.7 percent), deteriorating health was found to be the contributing factor.

'Sterilization/vasectomy inhibits sexual drive in men/women' (20.43 percent) is another prevalent sex myth. The belief that vasectomy has a possible impact on the sex drive could prevent men and women from opting for it. Vasectomy is a highly effective and secure method of contraception for couples who desire to stop having children, although only 2.4% of males worldwide adopt this approach.<sup>[15]</sup> One of the most common sex myths is that sexual intercourse should lead to orgasm. The findings of the present study suggest similar. The sex myth that 'A woman

ejaculates like a man when she experiences orgasm' has received the highest prevalent rate (44.78 percent) among college-going students.

College-going males had much more sex myth beliefs than college-going women, according to Donald L. Mosher's study on Sex guilt and sex myths among college men and women. Men with high sex guilt promoted sex myths that suggested sex was dangerous, while women with high sex-guilt considered virginity important. The study insists on 'sex education and values clarification'.<sup>[16]</sup> This supports the present study's finding concerning gender differences, where the sex myths related to both genders were more prevalent among males than their female counterparts.

Sexuality could be a subjective concept; its meaning could differ for each individual. The culture, upbringing, religion, and practices could play a significant role in the beliefs and myths that humans form. Exposure to reliable information regarding human sexual health through sex education is a direct answer to bridge the gap or debunk the myths one forms and, even better, prevent one from forming

### Strengths

1. The study's findings are consistent with the literature, which suggests that India needs effective sex education programs in institutions and public awareness campaigns.
2. Compared to interview techniques, the sex myth checklist utilized in this study enables participants to react more honestly. Using the checklist prevented the participants from finding it difficult to open up or provide a sincere response because the issue has a stigma in India.
3. Little is known about the prevalence of sex myths among Indians. This study attempted to close a gap in the literature, clearing the path for further

investigation of this subject in future studies.

4. Since the research employed the survey approach, the findings are reliable. The study was also affordable.
5. The study had a limited number of objectives. Hence it was able to concentrate on them, yielding more thorough and insightful findings.

### Limitations

The present study has only a fewer potential limitations. These are

1. The sample number of participants is not equal for men and women, with 134 men and 96 women responding.
2. The study did not investigate the causes of the persistence of different sex myths. Future studies could look at the factors that influence how sex myths are formed.
3. Sex myths might be prevalent even among the older age group, where gender disparities might be found. The study only focused on the younger population between 20 to 28 years of age.

### Conclusion

The result indicates the presence of sex myths among both male and female college-going students. Considering gender-specific myth responses, the prevalence of sex myths among females was high compared to the male students. On overall sex myth scale score, male students' score was found to be high compared to their counterparts. Also, 69 percent of the participants reported not receiving any sex education during their schooling. This indicates that there is a need for more reliable sex education during schooling to help young children understand

sex and sexual health from a broader perspective and to encourage healthy discussions regarding the same.

### Acknowledgment

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### Conflict of interest : None

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Original Article

## Choosing a marriage partner: Insights from young Indians on beliefs, perceptions, and preferences, and 3 key questions for screening

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**Abstract**

**Background:** Although several studies have been conducted on marriage and marriage partner selection, there is still much to understand about the multifaceted aspects of this phenomenon in India.

**Objective:** This study aimed to explore beliefs, perceptions, and preferences related to marriage partner selection and identify three key questions to screen potential marriage partners.

**Methodology:** This cross-sectional study was conducted online through a self-administered questionnaire created on Google Forms and distributed through popular social media channels like WhatsApp, Instagram, and Facebook. The study targeted young adults aged 18 years and above and collected data from Jul 22, 2022 to Feb 7, 2023. The semi-structured questionnaire captured demographic information, beliefs, perceptions, and preferences regarding marriage partner selection. Participants were also asked three key questions they would prefer to ask their potential

marriage partner. The questionnaire was filled out anonymously after obtaining informed consent from all participants. The data collected were exported to Microsoft Excel, and quantitative data analysis was done using R software, while qualitative data were open-coded by the authors and categorized into meaningful groups. After several discussion sessions, the three key questions were selected from personal, marriage and family, and career and life domains, and disagreements were

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resolved by consensus. The results were reviewed and validated by four participants to ensure validity.

**Results:** The majority of participants considered marriage to be beneficial for emotional stability, companionship, and social support but viewed increased responsibilities as a disadvantage. Love marriage was preferred over arranged marriage, with age and financial stability seen as important factors for marriage. In screening a potential marriage partner, participants identified communication skills as the first quality they would observe and tested loyalty. They also preferred partners who possess loyalty and understanding as top qualities. The majority believed that both marriage partners should work and earn money. Three vital questions to ask a potential marriage partner identified were related to personal and career goals for the next 5 or 10 years, description of themselves, and their family's expectations and preferences for their future partner.

**Conclusion:** The findings highlight the importance of companionship, emotional stability, and social support in marriages, as well as the potential stressors and expectations associated with marriage. These findings can inform policies and educational interventions to promote healthy relationships and marriages among young adults. To enhance the external validity of the findings, a larger sample size and a more diverse population can be included in future studies.

## **Introduction**

As a fundamental institution in most societies, marriage has always been a subject of intrigue and study. Selecting a marriage partner involves complex dynamics, shaped by cultural, social, and personal factors. Understanding individuals' beliefs, perceptions, and preferences regarding marriage and how they screen potential partners can provide

valuable insights into this intricate phenomenon.<sup>[1-4]</sup> Research on marriage partner selection has been conducted from various theoretical perspectives, including sociological, psychological, and anthropological lenses. Scholars have examined how cultural norms, social norms, individual values, and personal preferences influence the decision-making process in choosing a marriage partner.<sup>[5-7]</sup> Moreover, studies have shown that partner selection is influenced by factors such as age, education, socio-economic status, religion, ethnicity, and other personal characteristics.<sup>[8-10]</sup>

Despite the extensive research on marriage and partner selection, there is still much to explore and understand about the multifaceted aspects of this phenomenon. This research aims to delve into the beliefs, perceptions, and preferences related to marriage partner selection and investigate the factors that shape individuals' decision-making processes in choosing a marriage partner. Furthermore, to identify the vital questions for screening potential marriage partners. By employing a comprehensive research approach incorporating qualitative and quantitative methods, this study seeks to contribute to the existing body of knowledge on this topic and shed light on the complexities of marriage partner selection.

## **Methodology**

This study employed a cross-sectional design and was conducted on a digital platform. The questionnaire was self-administered in English and created on Google Forms. The participants were invited through popular social media channels such as WhatsApp, Instagram, and Facebook. The target population for this study was young adults (18 years). The data collection period for this survey was from Jul 22, 2022 to Feb 7, 2023. The semi-structured questionnaire captured

demographic information such as socio-demographic details, perceived advantages, and disadvantages of marriage, correct age for marriage, perceptions, and preferences related to marriage partner selection. Every participants were also asked three key questions they would prefer to ask their potential marriage partner.

Informed consent was obtained from all participants digitally, and the questionnaire was filled out anonymously. Responses from the Google Form were exported to Microsoft Excel. For the quantitative data analysis, we did a descriptive analysis using R software <sup>[11]</sup> to present variables in numbers and proportions. For the qualitative data, open coding was done by the two authors and categorized into meaningful categories. All responses were read and coded to select the three key questions, and duplicates or similar responses were removed. We gave priority to the questions which were reported commonly by

the participants. After several discussion sessions among the authors, the questions were condensed and selected from three domains: personal, marriage and family, and career and life. Any disagreements were resolved by consensus, and few senior researchers were also consulted. The results were member checked by two male and two female participants to ensure the accuracy and validity of the findings.

**Results**

We received a total of 42 responses. The mean age of the participants was 27.2 (SD- 4). There was equal representation of females and males, having the highest educational qualification as graduates (52.4%)(Table 1). The majority of the participants were doctors by profession (64.3%), and from Delhi (14.3%) and Himachal Pradesh (14.3%). A proportion of 21.4% were married, and the mean years of marriage was 5.5years (SD - 3.3).

**Table 1 : Sociodemographic details of the study participants**

Variable		Frequency (percentage)
Gender	Female	21 (50.0)
	Male	21 (50.0)
Highest educational qualification	Higher secondary	3 (7.1)
	Graduation	22 (52.4)
	Postgraduation	17 (40.5)
	Higher than post-graduation	0 (0)
Profession	Doctor	27 (64.3)
	College student	9 (21.4)
	Nurse	1 (2.4)
	Homemaker	1 (2.4)
	Armed force personnel	1 (2.4)
	Civil servant	1 (2.4)
	Engineer	2 (4.8)

Relationship status at the time of study	Single / post break up / looking for someone	25 (59.5)
	officially engaged to love of my life /love marriage	8 (19.0)
	In relationship / complicated	7 (16.7)
	officially engaged to someone / arrange marriage	2 (4.8)
Residence (State / UT)	Delhi	6 (14.3)
	Himachal Pradesh	6 (14.3)
	West Bengal	5 (11.9)
	Bihar	4 (9.5)
	Haryana	4 (9.5)
	Puducherry	3 (7.1)
	Maharashtra	2 (4.8)
	Odisha	2 (4.8)
	Rajasthan	2 (4.8)
	Tamil Nadu	2 (4.8)
	Uttarakhand	2 (4.8)

**A. Beliefs and perceptions about marriage**

Among the participants who preferred marriage as an option for life (n=37), most participants (64.8%, n= 24) said that marriage is needed for companionship/partner for life. Others mentioned marriage is required for procreation (n=4), to have a support system (n=3), to transform you into a responsible person (n=1), just a phase of life (n=2), to improve the quality of life (n=2), to boost one’s potential (n=1). One participant emphasized that the family life cycle begins with being single and ultimately ends with being alone. She highlighted the significance of having a family, as it allows for creating joyful memories, provides support in times of hardship, and plays a crucial role in the later stages of life. Nearly all participants (95.2%) reported that they viewed marriage as beneficial in terms of economic, physical, and social support, as well as emotional stability provided by having someone to rely on. A few mentioned as happiness and sex as benefit. Most participants perceived marriage’s disadvantage as increased responsibilities

(23.8%) that come with marriage, not only for themselves but for the partner, children, and in-laws. This includes financial, emotional, and household responsibilities and support, which may be expected from them once they are married (Table 2). One participant mentioned that there could be negative aspects associated with marriage, including harmful social practices like dowry, demands, and child marriage, and can even sometimes lead to honor killing. These practices are deeply rooted in certain cultures and societies and can have severe consequences.

When participants were asked how they would know if they were ready for marriage, the most common response was when they were financially independent and feel emotionally prepared to settle down with a compatible partner (vibing with the right person). For arranged marriages, there would be external pressure from family or society for marriage as individuals age biologically. Few also mentioned that a person is never ready for marriage until you do it. The majority suggested the correct age for marriage for

boys to be around 28-30 years old or when they are financially stable and emotionally mature. Some respondents suggest that boys should be at least 25-26 years old or financially independent before getting married. As for girls, many respondents suggested the age

between 26-28 years with financial independence and maturity. Some suggested that the age for girls can be the same as boys, while others emphasized the importance of having their own life before getting married.

**Table 2: Responses of participants regarding perceived disadvantages of marriage**

<b>Responses *</b>	<b>N (%)</b>
Increase in responsibilities	10 (23.8)
Loss of space and freedom	8 (19.0)
Compromise in personal choices & career	6 (14.3)
Doomed if married to wrong person	5 (11.9)
Increased co-dependency	5 (11.9)
Extended family issues	4 (9.5)
Possible complications of divorce/separation	3 (7.5)
It affects decision making	3 (7.1)
Pressure for kids	3 (7.1)
Increase in accountability and obligations	2 (4.8)
Legal binding	2 (4.8)
Stuck to a person	1 (2.4)
Increased expectations	1 (2.4)
Loss of peace	1 (2.4)
Financial issues	1 (2.4)
Monotony	1 (2.4)
Social evil (dowry, child marriage, honor killing)	1 (2.4)

\*Multiple responses

Based on the responses from the participants, the majority (78.6%) believed that a love marriage is better than arranged marriage (Table 3). However, two participants mentioned ‘no marriage’ were married (one had a love marriage, and the other had an arranged marriage). One participant expressed that arranged marriage can be advantageous as it involves a systematic screening process of the potential partner and their family, devoid of emotional biases. In arranged marriages, commitment and terms/conditions are discussed in detail, and both parties reach a mutual agreement before marriage. Furthermore, the individuals and their families involved in the arranged marriage are mentally prepared for the forthcoming marriage and the associated responsibilities. This preparation can potentially reduce the occurrence and intensity of conflicts post-marriage. Another participant highlighted the benefits of love marriage, emphasizing that individuals in love marriages can make well-informed choices after getting to know their partner comprehensively. This thorough understanding and analysis of the person can prove beneficial in the long run, contributing

to a more fulfilling and harmonious relationship. One participant mentioned, “Marriage is a gamble. You never know what you are getting into. But in love marriage, you at least increase the chances of success. Love gives you the strength to overcome the challenges in your married life”.

A majority (52.4%) believed that a man should be working/earning, and 42.9% believed that a woman should also be working/earning. Additionally, 88.1% believed both partners should be ambitious in their careers. Most participants (95.2%) considered cheating /affairs in marriage as abnormal, and 73.8% believed that it is good to share about previous relationships. The key to a long and happy marriage is understanding, as 21.4% of participants stated. Additionally, 21.4% of participants mentioned that the biggest change after marriage is the shift in responsibilities. Female participants expressed concerns about losing freedom and restrictions in their responses. A proportion of 47.6% of the participants believed in sharing everything in a relationship, while 14.3% mentioned that they would not share anything about their previous relationships.

**Table 3: Responses of participants regarding belief and perception about marriage**

Question	Response	N	%
Which type of marriage is better ?	Love	33	78.6
	No-marriage	5	11.9
	Arranged	4	9.5
A guy in marriage should be...*	Working / earning money	22	52.4
	Ambitious	17	40.5
	Good looking	8	19.0
	Rich	6	14.3
	Whatever he wants to be	5	11.9
	Compatible	4	9.5

	Honest & faithful	4	9.5
	Understanding	2	4.8
	Loving	1	2.4
	Caring	1	2.4
	Courageous	1	2.4
	Dependable	1	2.4
	Empathetic	1	2.4
	Equal	1	2.4
	Good communicator	1	2.4
	Independent	1	2.4
	Loyal	1	2.4
	Morally correct	1	2.4
	Respectful	1	2.4
	Shouldn't die early or should not give up on life	1	2.4
	Spend quality of time with partner	1	2.4
	Supportive	1	2.4
A woman in marriage should be...*	Working / earning money	18	42.9
	Ambitious	17	40.5
	Independent	7	16.7
	Good looking	6	14.3
	Compatible	5	11.9
	Kind and loving	4	9.5
	Honest	2	4.8
	Loyal & faithful	2	4.8
	Whatever she wants to be	2	4.8
	Adaptable	1	2.4
	Good communicator	1	2.4
	Homely / not working	1	2.4
	Rich	1	2.4
	Supportive	1	2.4
	Understanding	1	2.4
	Morally correct	1	2.4
	Equal	1	2.4

Secret or mantra for a happy and long -lasting marriage*	Good communication	9	21.4
	Understanding	9	21.4
	Don't know	5	11.9
	Show love and affection	5	11.9
	Trust	4	9.5
	Adjustment	3	7.1
	Honesty	3	7.1
	Sharing everything	3	7.1
	Fights	2	4.8
	Loyalty	2	4.8
	Mutual efforts	2	4.8
	Patience	2	4.8
	Respect for both families & each other	2	4.8
	Sort out problems together	2	4.8
	Accept yourself	1	2.4
	Appreciate personal spaces	1	2.4
	Avoid conversation when in anger	1	2.4
	Be good friends	1	2.4
	Common goal	1	2.4
	Don't complain	1	2.4
	Don't judge	1	2.4
	Don't lie	1	2.4
	Don't restrict	1	2.4
	Financial stability	1	2.4
	Freedom to talk without judgement	1	2.4
	Logical thinking	1	2.4
	One should lead and one should follow	1	2.4
	Sacrifice	1	2.4
Self sufficient	1	2.4	
Self-love	1	2.4	
Submissive	1	2.4	



What is the biggest changes after marriage ?	Responsibilities	9	21.4
	Loss of freedom to make choice	5	11.9
	Lifestyle	4	9.5
	Outlook toward world and life	4	9.5
	Restrictions / new rules and regulations	3	7.1
	Daily routine	2	4.8
	Finances	2	4.8
	Desires and preferences	2	4.8
	Social circle	2	4.8
	Adjust as per partner and children	2	4.8
	Partner and family	1	2.4
	Expectations	1	2.4
	Loss of personal space and time	1	2.4
	House	1	2.4
	Relationship with parents	1	2.4
	Career goals	1	2.4
	Self-love	1	2.4
Is it good to share about your past relationship ?	Yes	31	73.8
	No	11	26.2
Is cheating (having an affair) in marriage is a normal?	Yes	2	4.8
	No	40	95.2
In a marriage, who should be more ambitious toward career ?	Man	5	11.9
	Woman	0	0.0
	Both	37	88.1
What we should never share with our marriage partner?	Share everything	20	47.6%
	Past relationship	6	14.3%
	Family issues	3	7.1%
	Personal space	4	9.5%
	Don't know	2	4.8%
	Sex life	2	4.8%
	Finances	2	4.8%
	Professional secrets	1	2.4%
	Food	1	2.4%
	Passwords	1	2.4%

\*multiple responses

**B. Preferences while selecting a marriage partner**

A majority of the participants (88.1%) indicated that they would prioritize intelligence/smartness over physical beauty when selecting a potential marriage partner.

When asked about the features or qualities that one should look for in a marriage partner, the majority of participants mentioned loyalty (26.2%) and understanding (26.2%) as the most important characteristics (Table 4).

**Table 4 : Responses of participants regarding preferences in selecting a marriage partner**

Question	Response	N	%
Which thing will you give more priority while selecting in a marriage partner?	Intelligence / Smartness	37	88.1
	Physical beauty	5	11.9
Features or qualities one should consider while selecting a marriage partner*	Loyalty	11	26.20%
	Understanding nature	11	26.20%
	Supportive	7	16.70%
	Caring	6	14.30%
	Honesty	6	14.30%
	Respectful	5	11.90%
	Matching beliefs and values in life	4	9.50%
	Attractiveness	3	7.10%
	Compatibility	3	7.10%
	Complimentary to each other	3	7.10%
	Matching priorities / choices / dream	3	7.10%
	Similar thought process	3	7.10%
	Adaptability	2	4.80%
	Empowering	2	4.80%
	Lovable	2	4.80%
	Patience	2	4.80%
	Character	1	2.40%
	Common interest	1	2.40%
	Easy to communicate	1	2.40%
	Humour	1	2.40%
	Kindness	1	2.40%
Open minded	1	2.40%	
Tolerability	1	2.40%	
Trustworthy	1	2.40%	
Willing to sacrifice	1	2.40%	

One thing your marriage partner should be good at ...	Understanding	10	23.8%
	Sharing his/her feelings and thoughts / communication	9	21.4%
	Decision making /problem solving / handle tough situations	6	14.3%
	Cooking	3	7.1%
	Taking responsibilities	2	4.8%
	compensating for his/her partner	2	4.8%
	Listening	2	4.8%
	Behaviour/nature	2	4.8%
	Social dealing	1	2.4%
	Sex	1	2.4%
	Patience	1	2.4%
	Humour	1	2.4%
	Honesty	1	2.4%
	Balancing things between the family and partner	1	2.4%

**C. Screening a potential marriage partner**

Based on the survey, communication skills /talking etiquette were the top qualities that participants would observe first while screening their marriage partner (28.6%). Education (88.1%) and sexually transmitted diseases (64.3%) were the top things that participants would check during the background check. If allowed to test one quality of their potential marriage partner, the majority of participants (19%) chose loyalty (Table 5). We received 114 questions from participants about the three most important questions to ask a potential marriage partner. We categorized the questions into three domains: personal (49 questions), marriage and family (36 questions), and career and life (29 questions). After removing duplicates, we condensed and refined the questions to three vital questions, which are:

1. What are your personal goals (joint/nuclear family, children, house, etc.) and your career goals (work, ambition, financial status, etc.)for the next 5 or 10 years (time line)?
2. Describe about yourself like qualities (good and bad), likes and dislikes, hobbies, achievements, personality, life principles /philosophies, political ideologies, religious/spiritual beliefs, diet and habits, addictions, lifestyle, leisure time activities, etc.
3. What are your and your family’s expectations and preferences for your future partner? (job, roles and responsibilities, temperament, diet and habits, value system, qualities, lifestyle, etc.)?

Some other important questions were: How do you typically handle tough situations or conflicts in relationship? what coping mechanisms do you use? To what extent do you feel influenced by your family, and would you be able to stand up against them if necessary when making important decisions? Could you share some insights into your childhood and how life has shaped you? How do you view the division of household chores and financial responsibilities in a relationship? How would you describe a typical weekday and weekend day in your life? How is the culture

and value system in your family? What do like to watch on social media and internet?

A participant stressed the significance of evaluating a potential marriage partner’s family and childhood background, as their family largely shapes a person’s values, habits, and cultural upbringing. This can majorly impact how your marriage partner and their family will treat you, since much of a person’s behavior is influenced by subconscious learning and absorption from their family during childhood. Another participant mentioned the idea of selecting a potential

partner from a group of candidates using a technical approach. The participant suggested creating a spreadsheet in Microsoft Excel and assigning each person a ranking based on factors such as education, income, physical appearance, street smarts, personality traits, values, smoking and substance use habits, attraction, horoscope compatibility, and other relevant criteria. These scores could then be weighted according to personal preferences and compatibility, and a composite score could be generated to aid in the decision-making process.

**Table 5 : Responses of participants regarding screening a potential marriage partner**

Question	Response	N	%
What are the key factors or qualities that you observe when screening a potential marriage partner?	Communication skills / talking etiquettes	12	28.6%
	Behaviour toward others	9	21.4%
	Temperament	8	19.0%
	Looks	5	11.9%
	Thinking process / view points	5	11.9%
	Education, career and ambition	3	7.1%
	Personality	3	7.1%
	Honesty	2	4.8%
	Interest in me	2	4.8%
	Anger issues	1	2.4%
	Dress, makeup and ornaments	1	2.4%
	Financial status	1	2.4%
	Hairline	1	2.4%
	Humour	1	2.4%
	Hygiene	1	2.4%
	Knowledge	1	2.4%
	Language	1	2.4%
	Life approach	1	2.4%
	Lifestyle	1	2.4%
	Patience	1	2.4%
Smile	1	2.4%	
Truthfulness	1	2.4%	
Vibe	1	2.4%	
Family values	1	2.4%	

What would you choose to test one quality in a potential marriage partner, if given the opportunity?	Loyalty	8	19.0%
	Patience	5	11.9%
	Honesty	4	9.5%
	Resilience	3	7.1%
	Disposition	3	7.1%
	Ethics and values	3	7.1%
	Compatibility	2	4.8%
	Commitment	2	4.8%
	Trustworthiness	2	4.8%
	Support in time of distress / conflicts	2	4.8%
	Temperament	2	4.8%
	Cooking skill	1	2.4%
	Temperament	1	2.4%
	Dependability	1	2.4%
	Responsibility	1	2.4%
	Thinking	1	2.4%
Kindness	1	2.4%	

\*multiple responses

**Discussion**

This study explored the beliefs, perceptions, and preferences related to marriage partner selection among young adults in India. The findings indicate that the majority of participants view marriage as beneficial for companionship, emotional stability, and social support. This is consistent with previous research highlighting the importance of social support and emotional intimacy in marriages.<sup>[12,13]</sup> The perceived disadvantage of marriage was the increased responsibilities that come with it. This finding is also consistent with previous research identifying responsibilities as a potential stressor in marriages.<sup>[14]</sup> The findings of this study are consistent with previous research that has identified financial stability and emotional maturity as important factors in determining readiness for marriage.<sup>[15,16]</sup> Age was reported as a factor for considering readiness for marriage as age the fertility pattern, which was similar to the

findings of the study which analysed the past 30 years of data in India.<sup>[17]</sup> Additionally, the preference for love marriage over arranged marriage is consistent with previous research conducted in India.<sup>[18]</sup> This indicates a transition from traditional arranged marriages to individuals choosing their own marriage partners.<sup>[19]</sup> The emphasis on loyalty and understanding as important qualities in a marriage partner is also a common theme in the literature on partner selection.<sup>[20]</sup> The study also highlighted the importance of communication skills and loyalty in a potential marriage partner, as well as the importance of personal and career goals, life principles, and family expectations when considering a marriage partner. These findings are consistent with previous research that has identified communication skills and compatibility in values as important factors in successful marriages.<sup>[14,21]</sup> The focus on education and sexually transmitted diseases

during the background check process also aligns with the importance of health and education in partner selection.<sup>[22]</sup> Given that the majority of participants in the study were from medical backgrounds, it is possible that they placed a greater emphasis on education during the background check, as well as on screening for sexually transmitted diseases and other hereditary conditions within their families. In this study less stress was given on horoscope matching by the participants.

The study provides insights into the beliefs, preferences, and expectations of young Indian adults regarding marriage, which can be used to develop effective counselling and educational programs to promote healthy relationships and marriages among young adults in India. For instance, educational programs can focus on developing communication skills and helping individuals identify and prioritize their personal and career goals, life principles, and family expectations when considering a marriage partner. The three vital questions identified in this study can be useful for individuals seeking to understand their potential marriage partner better. Specifically, these questions can help individuals assess their potential partner's communication skills and compatibility.

The qualitative data analysis was performed in English since all the responses were in the same language. To ensure the accuracy of the results, member checking was conducted. To increase the external validity of the findings, a study with a larger sample size is recommended, including participants from diverse regions and socio-economic backgrounds of India. This would allow for a better representation of the population and increase the generalizability of the findings. The study has several limitations, including a small sample size and limited to only a few geographical areas and professions. Future studies should aim to include a larger and more diverse sample to validate the findings of this study.

This study was limited to the perspectives of heterosexual individuals on choosing a marriage partner. Future studies could investigate the views and preferences of homosexual and transgender individuals to provide a more comprehensive understanding of partner selection in India.

### **Conclusion**

This study provides insights into the beliefs and perceptions of young adults towards marriage. The findings indicate that the majority of participants view marriage as beneficial for companionship, emotional stability, and social support. However, the perceived disadvantage of marriage was increased responsibilities that come with it. Participants also had clear expectations regarding the age and financial stability required for marriage, with a preference for love marriage over arranged marriage. The study highlights the importance of communication skills and loyalty in a potential marriage partner, and the importance of personal and career goals, life principles, and family expectations when considering a marriage partner. The three vital questions identified in this study can be useful for individuals seeking to understand their potential marriage partner better. Overall, these findings can inform policy and educational interventions aimed at promoting healthy relationships and marriages among young adults.

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Original Article

## **Marital coping style and satisfaction among love-married working and non-working women: Study analysis**

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### **Keywords:**

Marital coping style, life satisfaction, working women, non-working women, love marriage; married women

### **Abstract**

#### **Background**

Marriage can be defined as a general commitment or close relationship between husband and wife. This connection between husband and wife relates to balance, love, etc. Starting a family also denotes social and family advancement. Marriage facilitates the formation of a new relationship between men and women, and this institution is regarded as the most significant in our society, culture, and religion. Generally, harmony, love, affection, respect, and mutual understanding may contribute to a happy married life.

#### **Methods**

The study included one hundred and twenty working and non-working married women who love married and were chosen using a random sample process. They belonged to a variety of educational levels and socioeconomic backgrounds. The age group ranged from 25 to 55 and belonged to urban areas. Married women were employed in the public sector or private jobs, and homemakers were non-working married ladies.

### **Results**

Working and non-working married women's marital coping strategies differ considerably in support seeking, stonewalling, and avoidance. There is no discernible link between marital coping style and life satisfaction among married women who work or do not work. The results show no discernible difference between married working women and married non-working women in terms of self-blame,

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hostility or aggression, and positive attitude. Compared to working women, non-working women favour using the stonewalling coping strategy to escape problems.

### Conclusion

Married working women prefer support-seeking and avoidance marital coping styles compared to non-working married women. Non-working women prefer stonewalling coping styles compared to married women who work. The present study indicates that marital coping style and life satisfaction have no significant relationship. Future studies should assess the effectiveness and implication of positive approach-based coping style-based intervention studies in this population.

### Introduction

Gender differences may occur in coping style. Males and females may use different types of coping styles for different kinds of situations.<sup>[1]</sup> Women may feel more stress compared to their male counterparts, and they may use an emotion-focused coping style than men.<sup>[2]</sup> Many women move for jobs to fulfill their basic household needs. Participation of the women labor force is increasing day by day. New changes and development happen.<sup>[3]</sup> Coping is behavior that guards against psychological damage from negative social experiences. This behavior is crucial because it mediates societies' effects on their constituents. The protective role of coping behavior can be used in three different ways: by removing or changing the settings that lead to issues, by seeing experiences in a way that neutralizes their problematic nature, and by limiting the emotional effects of problems. The effectiveness of several specific coping strategies that represent these three roles was assessed. According to the findings, coping strategies individuals use are most successful when addressing issues related to marriage and child-rearing, two intimate interpersonal role areas, and least successful when addressing the

more impersonal issues found in the workplace. There is an unequal distribution of efficient coping strategies in society, with men, educated people, and wealthy people using these strategies more frequently.<sup>[4]</sup> People must deal with frequent stresses in a long-term, close relationship like marriage in a way that appears to be different from how they handle unexpectedly catastrophic situations. Several concerns regarding how married couples handle and adapt to long-term physical disease exist. As the primary caretaker for the sick partner and a close family member who requires assistance in managing the stress brought on by the illness, spouses play a dual role in the coping process.<sup>[5]</sup> According to the study's findings, married women who are employed encounter greater challenges in life than married women who are not employed. It is concluded that working married women cannot significantly contribute to their family's well-being in various respects. Working in two circumstances caused them to become distracted. They are unable to offer their marriage the required attention.<sup>[6]</sup> Marital adjustment is at its peak when partners have fewer disagreements and better knowledge of their problems, feelings, and emotions.<sup>[7]</sup> The responses to coping were more successful in alleviating difficulties in marital and child-rearing roles than in the additional core part, where characteristics such as social support and traits played a bigger influence.<sup>[8]</sup> The model explains and defines coping as the partner coping with the issue transmitting her worries to the husband to establish equilibrium.<sup>[9,10]</sup> Problem resolution, non-verbally used coping, and emotion processing have all been linked to marriage happiness, marital interaction, and marital intimacy.<sup>[11]</sup> Dyadic coping is essential for both partners' marital happiness.<sup>[12]</sup> In one study, social support was shown to be favourable and substantially related to marital adjustment but negatively linked with depression, anxiety, and stress.<sup>[13]</sup> People are more content when they believe they have not been fulfilled.<sup>[14]</sup>

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## Methods

### Sample Design

In the present study, a comparative research study design was used.

### Aims of the study

1. To investigate whether marital coping style and life satisfaction of working and non-working married women are significantly different.
2. To investigate the link between life satisfaction and marital coping style among married women.

### Hypotheses

1. There would be no considerable difference regarding support seeking marital coping style, avoidance coping style and stonewalling coping style between groups of married women.
2. There would be no substantial difference regarding self blame coping style, positive approach coping style, aggression and life satisfaction between groups of married women.
3. There would be no significant relation between marital coping style and life satisfaction among married women.

### Study participants

The sample included one hundred and twenty employed and unemployed women from urban regions who had a love marriage and were randomly chosen. They were from a variety of socioeconomic backgrounds and educational levels. The ages ranged from 25 to 55, and married women were employed in public or private sector jobs. Homemakers were non-working ladies, and women who had arranged marriages and maintained home businesses were eliminated from the study, and only women with at least one child and a love

marriage were included. A sample was taken from several urban regions in Haryana, India.

### Data collection

The researcher described the study to married working and non-working women. All participants provided written consent to participate and were given general directions for completing the questionnaires. Proper seating arrangements were made for participants. All participants received questionnaires, the response method was well described, and any issues were handled. Then, participants completed questionnaires were gathered for statistical analysis of the acquired data. Participants' privacy was protected. Participants were free to leave the study at any time. Respondents' involvement was entirely voluntary. Informed consent was taken from all study participants and approval from the Ethics Committee, Faculty of Behavioral Sciences, SGT University Gurugram, Haryana (SGTU/FBSC/ECC/2021/19).

### Instruments used

The demographic sheet was used for collecting demographic details like educational qualification, sex, monthly family income, marriage status, age, employment status, no. of children in family, blood group, occupation, and residential status. Dr. Shweta Singh's Marital Coping measure is designed to assess married women's coping style. Scale items are rated from 1 to 5, and the marital coping measure has test-retest reliability coefficients of 0.87 and 0.91 for males and females, respectively (significant at the 0.01 level).<sup>[6]</sup> It is a self-management scale with 34 elements in a booklet. The six aspects are self-support, self-blame, avoidance, anger, stonewalling, and a constructive attitude. Dr. Promila Singh and George Joseph's Life Satisfaction Scale is used to assess life satisfaction and assesses life satisfaction on five dimensions. For academics or professionals, this scale is simple

to use, comprising 35 elements. Each item includes five response options. Both Hindi and English versions of the scale are available. Items can be assessed by adding individual replies and evaluating them against the manual’s standards. It has a test-retest reliability of 0.91 and a validity of 0.83 when compared to the life satisfaction scale of Alam and Srivastava (1971); it also has content and face validity because professionals rated each item.<sup>[15]</sup>

**Analysis**

Data was entered in an excel sheet and then analyzed in SPSS Software. Mean, Standard deviation, t-test and Pearson’s correlation analysis were conducted. Then, results were interpreted.

**Results**

The demographic characteristics of participants are shown in Table 1. Mean, S.D, and standard error are shown in Table 2. The marital coping style and satisfaction of working and jobless married women were investigated using t-test. There were notable variances, and working married women had a higher mean score (mean=3.1682, standard deviation=.91081) than non-working married women (mean=2.6571, standard deviation=.87255). The extent of the mean differences (mean difference=.15317 to .86902), 95% support seeking marital coping style dimension. As a result, the null hypothesis did not approve. There were notable variations in the scores ( $t(118) = 1.569$   $p = .119$ ), with working married women having a higher mean score (mean=2.7815, standard deviation =1.23699) than non-working married women (mean=2.4000, standard deviation=1.14275). The amplitude of the mean differences (mean difference=-.09994 to .86300), 95% avoidance coping style component was significant. So, the null hypothesis did not approve. Additionally,

there were substantial variations in the scores ( $t(85.963) = -1.450$   $p = .103$ ), with non-working married women having a higher mean score (mean= 3.0857, standard deviation=.81787) than working married women (Mean=2.7824, Standard deviation=1.11922). The amplitude of the mean difference (.81787 to .13824), 95% stone walling coping style dimension, was noteworthy. As a result, the null hypothesis is rejected. In terms of self-blame coping style dimension, positive approach coping style dimension, aggressiveness coping style dimension, and life satisfaction, there is no significant difference between working and non-working married women. As a result, the null hypothesis is approved or accepted (see Table 3).

**Table 1: Demographic characteristics**

Demographic characteristics	n	%
Socioeconomic status	120	99.2
Low	40	33.1
Middle	40	33.1
High	40	33.1
Education	120	99.2
Graduate	60	49.6
Undergraduate	60	49.6
Working status	120	99.2
Working	85	70.2
Non working	35	28.9
Family system	120	99.2
Nuclear	53	43.8
Joint	66	54.5

**Table 2: Group statistics**

	Working status	N	Mean	Std. Deviation	Std. Error Mean
Life Satisfaction	working	85	18.95	6.794	.737
	non working	35	19.06	7.054	1.192
Positive Approach	working	85	2.9647	.94424	.10242
	non working	35	2.9429	.93755	.15847
Support seeking	working	85	3.1682	.91081	.09879
	non working	35	2.6571	.87255	.14749
Avoidance	working	85	2.7815	1.23699	.13417
	non working	35	2.4000	1.14275	.19316
Stone walling	working	85	2.7824	1.11922	.12140
	non working	35	3.0857	.81787	.13824
Self blame	working	85	2.8000	1.14226	.12390
	non working	35	3.0571	.76477	.12927
Aggression	working	85	2.7600	1.25197	.13580
	non working	35	2.4571	1.12047	.18939

**Table 3 : Differences in marital coping style and satisfaction**

	F value	value of significance or inferable	t	degree of freedom	level of significance or inferable	mean difference or variation	error difference or variation	95% confidence difference	
								lower	upper
Life Satisfaction	.001	.980	-0.76	118	.940	-.104	1.380	-2.837	2.628
			-0.74	61.316	.941	-.104	1.402	-2.907	2.698
Positive Approach	.060	.807	.115	118	.908	.02185	.18925	-.35293	.39662
			.116	63.826	.908	.02185	.18869	-.35512	.39882
Support seeking	.000	.994	2.828	118	.006	.51109	.18075	.15317	.86902
			2.879	65.978	.005	.51109	.17752	.15667	.86552
Avoidance	.188	.665	1.569	118	.119	.38153	.24313	-.09994	.86300
			1.622	68.289	.109	.38153	.23519	-.08774	.85080
Stone walling	7.222	.008	-1.450	118	.150	-.30336	.20915	-.71753	.11081
			-1.649	85.963	.103	-.30336	.18398	-.66910	.06238
Self blame	9.785	.002	-1.222	118	.224	-.25714	.21039	-.67376	.15948
			-1.436	93.291	.154	-.25714	.17906	-.61270	.09841
Aggression	.563	.454	1.241	118	.217	.30286	.24413	-.18058	.78630
			1.300	70.411	.198	.30286	.23305	-.16189	.76761

Pearson product correlation of marital coping style and satisfaction was found that there is no considerable correlation between marital coping style and life satisfaction. Hence, the hypothesis is accepted (see Table 4).

**Table 4: Correlations of marital coping style and satisfaction**

Correlations							
	Satisfaction	Positive Approach	Support seeking	Avoidance	Stone walling	Self blame	Aggression
Life Satisfaction	1	.133	.061	-.008	-.144	-.111	-.017
		.146	.505	.927	.116	.226	.852
	120.0	120.0	120.0	120.0	120.0	120.0	120.
Positive Approach	.133	1	.011	.039	-.160	-.227*	.120
	.146		.909	.670	.082	.013	.191
	120	120	120	120	120	120	120
Support seeking	.061	.011	1	.054	-.187*	.054	.039
	.505	.909		.555	.041	.555	.672
	120	120	120	120	120	120	120
Avoidance	-.008	.039	.054	1	.124	.187*	.070
	.927	.670	.555		.177	.041	.448
	120	120	120	120	120	120	120
Stone walling	-.144	-.160	-.187*	.124	1	.345**	-.121
	.116	.082	.041	.177		.000	.190
	120	120	120	120	120	120	120
Self blame	-.111	-.227*	.054	.187*	.345**	1	.125
	.226	.013	.555	.041	.000		.173
	120	120	120	120	120	120	120
Aggression	-.017	.120	.039	.070	-.121	.125	1
	.852	.191	.672	.448	.190	.173	
	120	120	120	120	120	120	120

\*p< .05, \*\* p< .001

**Discussion**

Less published literature compared marital coping styles and satisfaction among married working and non-working women. Research on life satisfaction among women was undertaken, and the findings indicated a considerable variation in life contentment among women.<sup>[17]</sup> Another study was conducted on life satisfaction among women, and findings suggested that overall life

satisfaction increases with an increase in income.<sup>[18]</sup> A previous study revealed that the life satisfaction of female teachers was found to be higher.<sup>[19]</sup> The findings are similar to a study on marital coping styles employed by working and non-working women, which suggested no significant difference in the marital coping styles employed by working and non-working women. Our current study centered on marital coping style and life contentment and discovered a notable

variation in the dimensions of marital coping style of support seeking, avoidance, and stonewalling between working and non-working love-married women. The mean score and SD of working married women are higher than those of non-working married women concerning support seeking and avoidance marital coping style dimensions. And the mean score and SD of non-working married women are higher than those of working married women concerning stonewalling dimensions. The findings indicated no considerable variation in self-blame, positive approach, hostility or aggression, and satisfaction between employed and unemployed married women. Married working women prefer to use a support-seeking and avoidance coping style. Married working women manage their time for their families as well. The participation of women in the workforce has increased their workload. So, they may prefer to use a support-seeking coping style. Support seeking includes pursuing support from siblings, close friends, and family members to receive advice regarding the coping technique to be utilized to deal with problems and minimize the workload, burden, and stress. Women face many stressors. Job and family balance, disputes, role rivalry, tough duty demands, employment insecurity, juggling workload, role vagueness, pay secrecy, equal rights policy, family timetable and programs, money distress, upgrading in career, skills, and knowledge. So, married women prefer to use an avoidance coping style in order to cope with stress, burden, and pressure. It is a human tendency that individuals generally avoid more stressful situations. Non-working married women prefer to use the stonewalling coping style to deal with situations compared to working married women. Stonewalling is an emotion-focused coping strategy in which an individual avoids the negative emotional experience caused by a marital relationship by completely shutting out the husband or intimate partner. Usually, it is done by individuals to deal with troubled and

aggressive situations with stone-cold silence. Avoidance is a problem-focused coping style in which individuals avoid any type of physical and conversational interaction or contact with their intimate partner or husband in order to stay away from fights. In this coping style, the individual tries to fade away all problems with the passage of time. In a support-seeking coping style, an individual seeks support from others like relatives, close friends, family members, etc. By using peaceful interactions and conversations, marital problems or issues are solved.

### **Strengths and limitations**

This study explores the marital coping style and life satisfaction among love-married working and non-working married women. Understanding marital coping styles and life satisfaction among married women is very important to reduce stress.

Limitations of this study are:

- ♦ Sample size might be enlarged.
- ♦ Study might be carried out on other gender.

### **Conclusion**

Married working women prefer to use support-seeking and avoidance marital coping style compared to non working married women because working women have dual responsibility of office work and household work. Due to the extra burden of office and house work working women may prefer to use support-seeking and avoidance coping style. Non-working women prefer to use stonewalling coping style as compared to working married women. Marital coping style and satisfaction also have no significant relationship. Future studies should assess the effectiveness and implication of positive approach coping style-based intervention studies in this population. This study indicates the necessity of marital counselling among married women.

The findings may be utilized to create mental health promotion programs that will have a long-term influence on well-being. This research supports the significance of marital coping strategies in managing marital stress.

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**Conflict of interest: None**

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Original Article

## **Benevolent and hostile sexism among adolescents: Role of parental and peer attachment**

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### **Abstract**

Attachment is a persistent and strong emotional bond between two people in which one wishes for intimacy and feels more secure when the attachment image is present. This study explored the relationship of parental and peer attachment with sexism among adolescent boys. 180 adolescent boys residing in the Delhi, NCR areas aged 15 to 20 years participated in the study. The Inventory of Parent and Peer Attachment Revised (IPPA-R) and Ambivalent Sexism Inventory (ASI) measures were administered to the participants. The majority of the sample was found to have higher peer attachment than parental attachment. The results of the study found a negative relationship between parental attachment and endorsement of sexism, and a positive relationship was found between peer attachment and sexism among adolescent boys. It was also found that boys showed higher benevolent sexism as compared to hostile sexism. The study's findings may be relevant in the current scenario because women are victimized by many violent acts continuously world

### **Keywords:**

Parental attachment, Peer attachment, Sexism, Benevolent sexism, Hostile sexism

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wide. The findings of this study may be useful for the health care professionals to develop intervention programs for adolescents at the school level and family level so that awareness and healthy habits may be developed for gender equality and respect for women among adolescents.

### **Introduction**

The family system in society is the root of the personal development of an individual and the

individual becomes fully functional only in the society and environment in which she/he belong. A family is a social group made up of parents and their children. Parents always take care of their children by every means until maturation, and the concern they have towards their son or daughter might continue. Basically, the bond they share is somewhat special and beautiful, making both parent and child attached.

In social sciences, psychology is attesting the significance of family in children's lives and as a perspective for the development of children.<sup>[1]</sup> People show a kind of attachment from their childhood towards their primary care givers, and usually, they are parents. Initially, the central figure for everyone is the attachment with the primary care giver (mother), but during the developmental period, the same age group (peers) and consequently the romantic partner becomes the main figure of attachment to the person and direct attachment behaviors.

### **Parental and peer attachment style**

The Pattern of attachment developed between children and primary care givers in the early stage of life is affecting the behavioral and personality development of the adolescents, and peer attachment style is the pattern of attachment that an individual possesses towards peers, especially in the stage of childhood and adolescence. Peer attachment includes developing a trusting belief and exchange of ideas with each other.

### **Sexism**

Sexism is a kind of prejudice towards a specific gender, especially common towards females, in which men see women as an inferior part of society and try to control them. Experience of attachment in the stage of adolescents that is the phase of prominent physiological and psychological changes and is essential for human emotional and cognitive development generally, family is the initial context of

patterns of attachment and emotional adjustment that decides the relationship with significant others (parents, siblings, & spouse).<sup>[2,3]</sup>

According to the attachment theory proposed by John Bowlby (1958), "young children need to develop a relationship with at least one primary care giver for normal social and emotional development". Parents' responses lead to the development of attachment patterns; these, in turn, lead to internal working models that will assist the individual's feelings, thoughts, and expectations in later relationships.<sup>[4]</sup>

Attachment style is the way a person interacts with others, which is normally formed in the very first beginning of life, once established, it determines an individual's behavior and personality, especially his/her intimate relationships. Attachment starts very early in life (first 9 months), stays to be shaped by different social connections and peer association during the stage of adolescence and childhood<sup>[5]</sup>, and efficiently performs as a representation of the person who feels and observes their associations through entire life.<sup>[6]</sup> There are mainly three types of attachment styles, including avoidant attachment style, secure attachment style, and anxious ambivalent attachment style.<sup>[7]</sup>

Children with avoidant attachment styles avoid interacting with their care givers and show no distress when separated. Children with an avoidant attachment style, whose parent tends to be unpleasant and insensitive or rejecting, avoid rather than proximity seeking.<sup>[8]</sup> Secure attachment style is the ability to associate in a better and secure manner in relationships with significant others with having the capability for autonomous action as per circumstances.<sup>[9]</sup> The secure infant may go out into the world and invest resources in their own development. The children with ambivalent attachment, whose parent inclines both to disregard dependency needs and to

hinder independence, develop security from neither attachment nor avoidance; they are unable to find a comfortable distance from the parent, the children's attachment needs are at the same time evoked and unsatisfied.<sup>[10]</sup>

In a time of fast development, the research presents that the sensitivity of parents and support is important in 'scaffolding' children to the next level of functioning.<sup>[11]</sup> The model of internal working linked to the individual's mental state during childhood and adolescence is helpful in the formation of attachment. The "safety regulating system", which promotes physical and psychological safety, is the system of attachment employed by youngsters. The attachment system is triggered by two events: the availability of possible stress (source may be internal or external); and risk of approachability or accessibility of an attachment image.

The attachment style differences during adolescence include secure, insecure, dismissing, and preoccupied teenagers. Secure teenagers are more likely than other support figures, such as fathers, significant others, and best friends, to esteem their mothers in high regard; as key attachment figures, insecure teenagers identify more strongly with their friends than their parents. Friends are considered a significant source of attachment support for them; dismissing teenagers believe themselves to be their main affection figure and rate their significant others as a less important basis of affection support. Lastly, preoccupied teenagers regard their parents as their main basis of affection sustenance and themselves as a minor source of attachment support.

### Sexism

Sexism refers to prejudice or discrimination based on a person's gender or sex. Any action, speech, gestures, writing, laws, policies, practice, traditions, or representation of media that places a higher significance on one gender or sex over another is sexist. Sexism mostly

affects girls and women because many cultures value masculinity over femininity. Prejudice is the bias of a person or a group of people and is the most common source of sexism. Preferences based on gender and sex can be both apparent and implicit. One of the most widespread gender preconceptions is gender determinism. It is believed that men and women have fundamental differences that cannot be changed and that these differences shape their personalities, behaviors, and skills. Regardless of rising world wide support for the equality of gender in recent years and extensive opinion that sexism is not a social issue, gender inequality and interpretations of sexism toward women remain, even among this modern group of adults.<sup>[12, 13, 14]</sup>

Different forms of sexism are there, some of which are easy to identify and some are subtle. This includes hostile sexism, benevolent sexism, ambivalent sexism, institutional sexism, interpersonal sexism, and internalized sexism. Hostile sexism refers to attitudes and behaviors that discriminate overtly against a specific group based on their sex or gender. Hostile sexism is epitomized by misogyny or hatred towards women. Benevolent sexism is a subtle type of sexism that appears to be beneficial for women. Traditional and paternal attitudes that observe women as beautiful and pure, but sensitive and respected, and so in need of male safeguard promote this type of sexism.<sup>[15-19]</sup>

Ambivalent sexism is the result of a mix of hostile and benevolent sexism. In this type of sexism, people may consider females as good, beautiful, pure, or as calculating or deceiving individuals, depending on the circumstances. Institutional sexism is rooted in organizations and different institutions, such as public organizations, the legitimate system, the system related to education, the system of healthcare, institutions related to finance, the media, or other working environment. When people interact with one another, interpersonal sexism shows up. It may be seen at work,

within families, and in meetings with visitors. Sexist thoughts that a person ponders about themselves are denoted as assumed sexism.

### Review of literature

One of the psychologist explored the degree to which youngsters and adults observed themselves to be attached to peers and parents as well as the intensity of observed peer and parent attachment on the approaches of students toward academic fraudulence on college students. The findings concluded that most students stated equal affection levels for parents and peers.<sup>[20]</sup>

In earlier research, psychologists examined attachment to significant others and its relationship with resentment, fulfillment with life, and friendliness. The findings of the study revealed a negative association between attachment insecurity and sociability. It was also found in the same study that attachment insecurity was certainly associated with rage and negatively related to the amiability of children.<sup>[21]</sup>

another study explored the effects of exposure to internet pornography on university students' attitudes toward women. Findings reported that factors of individual difference were found to be associated with self-regulated exposure to internet pornography, as well as to the dependent measures, the amount of coverage to internet pornography did not correlate with misogynist attitudes.<sup>[22]</sup>

Some researchers conducted a study on ambivalent sexism toward females, expecting the power-related, gender-role beliefs about the selection of mates and marriage norms. Findings show that U.S. and Chinese men validated hostile sexism most; on the other hand, Chinese women accepted benevolent sexism more than U.S. women. Both genders of Chinese choose home-oriented mates. Both U.S. genders favored understanding mates (men especially seeking an attractive one).<sup>[23]</sup>

Another study aimed to study the dissimilarities in the sociability style of mother and father based on their infant's sex; the objective was to understand; if disparities exist between neo sexism, and hostile, benevolent, and ambivalent sexism? As a function, both the mother and father's level of education affect their sexism level and their children's sexism. There were no discernable variations in how the father socialized his children regarding sexism, whereas the mother employed a more authoritarian approach when dealing with her offspring. Both parents' indulgent styles exhibited the strongest association with a lower level of sexism.<sup>[24]</sup>

A study was carried out by using measures to identify misogynistic beliefs, acculturation, and ethnic identity in order to study the ethnic differences in the encouraging attitude toward rape. As per the earlier research findings, Asian and American men were more in rape-supportive judgments than Whites.<sup>[25]</sup> Similarly, a study explored the relationship between sexism and homophobia among adolescents in a public educational institution in Chimbote. The findings of the study exhibited an important, direct, and significant association, indicating that the higher the sexism in adolescents, the more homophobic attitudes they show.<sup>[26]</sup>

Another study has been done that explored the relationships between ambivalent sexism (specifically, hostile and benevolent sexism) and the relationship adjustment among young adult duos using an actor-partner inter dependence model. The findings revealed that ambivalent sexism significantly influenced young adults' perceptions of the quality of their romantic relationships; however, gender disparities were observed.<sup>[27]</sup>

### Attachment styles and sexism

Researchers conducted a study to examine the relationship between male gender role conflict (GRC) with the attitude of feminism and matters of attachment and separation.

Findings show that gender role conflict, attitudes for women, attachment to parents, and issues of separation/individuation were found to be associated with each other. Canonical findings shows that less conventional opinions of men about women and less restrictive in emotion exhibited less relationship and differentiation difficulties.<sup>[28]</sup>

Likewise, another study examined the influence of early misogynistic care of women on subsequent security of attachment and the later care giving of their child. Findings revealed that females who have gone through a higher level of early misogyny and sexism behavior exhibited increased feelings of attachment insecurity between their main care givers and themselves, on the other hand, females who have perceived attachment insecurity with misogyny in their early care givers experience revealed an insignificant inclination toward advanced disregard with their own children.<sup>[29]</sup> A study was carried out on a sample of more than 2,000 college students to determine how exposure to strict parenting practices and sexually explicit materials adds to enactment and victimization. Findings show that regular physical punishment in the family of origin, joined with the consumption of pornographic materials, enhanced the likelihood that males reported engaging in forced sexual practices.<sup>[30]</sup>

Another study shows an integrative account of how attachment anxieties relate to sexism. The findings of the study indicated that attachment avoidance stimulates men to approve hostile but discard benevolent sexism (BS); on the other hand, anxiety of attachment impacts men toward ambivalent (both hostile and benevolent) sexism.<sup>[31]</sup> Similarly, Psychologists examined familial, individual, and sociocultural risk factors for sexual assault. Findings showed that an attachment style with an avoidance nature and involvement in the culture of hook-up contributed to the relationship between experience of inter-parental aggression and sexual attack

performed by men and persecution among women. Further, among women, an anxious attachment style accounted for the association between stringent parenting and persecution.<sup>[32]</sup>

A study was conducted to know the cognitive, emotional, attitudinal, and behavioral variables involved in the relationships to sexist attitudes by adolescents and adults and how they were found related. The findings showed that adolescents who showed attitudes that were sexist had a more positive attitude toward close partner violence, higher sexual risk behaviors, greater fascination to sexist partners, greater support for the myth of unrealistic love and myth of love-abuse link, higher emotional dependence on the partner, and poorer quality in relationships, showing gender-based differences in some of the mentioned variables.<sup>[33]</sup>

### Rationale of the study

In the current scenario, women face a lot of problems in their life due to gender discrimination. They have been victimized with numerous physical and mental harassments, including rape attempts, abuses, hate speech, etc., and all these mal practices are taking place in every section of society including schools, colleges, workplaces, or other public places and even in the home itself. In a male dominant society, women are considered inferior to men. This should be taken into consideration and awareness must be provided among people. There is a need to educate our sons to respect women of all ages. In the field of Psychology, very few studies on sexism and misogyny have been conducted and this may be the reason why such behaviors in the male populations remain unidentified<sup>[34]</sup> and that need to be identified by conducting more studies in this area.

Literature reveals that childhood experiences were considered the main root of the development of behaviors in later life. Bad parenting, poor parental attachment style,

physical and mental abuses, having miss-beliefs or miss-concepts, peer pressure, cultural and religious influence, etc., might result in such maladaptive behaviors, which are unacceptable in society. So, to overcome such gaps in knowledge and to prevent the development of such unacceptable and abnormal behaviors in young people, more studies in this specific area are required. On the basis of the literature gaps following objectives and hypotheses have been formulated in the present study.

### **Objectives**

1. To explore the relationship of parental attachment (mother and father) with sexism in adolescent boys.
2. To explore the relationship of peer attachment with sexism in adolescent boys.

### **Hypotheses**

1. There would be significant negative relationship between mother attachment and sexism among adolescent boys
2. There would be significant negative relationship between father attachment and sexism among adolescent boys
3. There would be significant positive relationship between peer attachment and sexism among adolescent boys.

### **Method**

#### **Research design**

A correlation research design was used to examine the relationship between parental and peer attachment styles in the development of sexism in adolescent boys.

#### **Sample and procedure**

The study was conducted on 180 adolescent boys ranging from 15-20 years of age and currently residing in different areas of Delhi, NCR India. Convenient sampling was applied to select the participants for this study. All the participants were from middle and high socio-

economic status. As the participants were contacted in online mode during the Covid-19 pandemic and obtaining informed consent was not possible for each participant. Although informed consent was obtained from the parents and school authorities by telephone for which assessment measure was examined by the authority, and all the ethical standards (enforceable and aspirational) proposed by the American Psychological Association (APA) were followed. As the study was done using a questionnaire on human participants without intending any harm and the items of the questionnaire were examined by the school authorities and researchers in the same field, ethical approval was not required for the present study.

Data was collected using an internet survey to measure the relationship between variables. Two sets of questionnaires were transformed into an online form using Google Forms and were shared among targeted samples by creating a link via social media platforms such as WhatsApp, Instagram, and Facebook. Google form was only shared with those people who consented to participate in this study on phone calls. The form consisted of four sections which were: Section A, which seek for informed consent; Section B seek the demographic details of the respondents, including name and age; Section C was for Inventory of Parent and Peer Attachment (IPPA) (75-items) and Section D was for Ambivalent Sexism Scale (22-items). First and foremost, informed consent was acquired prior to the instruments to ask for their permission to get involved in the study voluntarily. If the participants agree to take part in the study, then they were allowed to answer the questionnaire in the subsequent section. The data accumulated was then analyzed using appropriate statistical methods (mean, SD, correlation & regression).

#### **Measures**

**Inventory of Parent and Peer Attachment (IPPA)**- The IPPA is a self-report measure

developed to measure positive and negative aspects of the parent-child and the adolescent peer relationship. The revised IPPA consisted of three self-report questionnaires which assesses mother, father, and peer attachment using a five-point scale. Every questionnaire consisted of 25 items. The IPPA is supposed to measure three dimensions: 1) Degree of mutual trust: refers to the potential to get to know and respect the adolescents (felt security), and the perception of the degree to which the attachment figure is responding to the requirements of the adolescent. 2) Quality of communication: it is the extent of communication 3). The degree of anger and alienation: it is a response to the distraction of insecure attachment. Three-week test-retest reliabilities for a sample of 18 to 20 year old individual were 0.93 for parent attachment and .86 for peer attachment. For the revised version, internal reliability (Cronbach’s alpha) was found to be 0.87 and 0.89, and 0.92 for mother attachment, father attachment, and peer attachment, respectively.<sup>[35]</sup>

**Ambivalent Sexism Scale (ASI)** - The ASI is a 22-item self-report measure of sexism in which participants indicated their agreement level using different statements, which were retained on a 6-point Likert scale. The instrument was designed with two sub- scales that can be calculated independently to obtain sub-scale scores or averaged to derive an overall composite sexism score. The initial sub-scale, known as the hostile sexism scale, comprises 11 items formulated to evaluate an

individual’s stance on dominative paternalism, competitive gender differentiation, and heterosexual hostility. The second sub-scale, the benevolent sexism scale, also consists of 11 items and aims to assess an individual’s position on the dimensions of defensive paternalism, complementary gender differentiation, and heterosexual intimacy. The Cronbach’s alpha and test-retest reliability coefficient for this scale are 0.85 and 0.87, respectively.<sup>[36]</sup>

**Analysis**

Based on the objective of the study, descriptive data including, mean, standard deviation (SD), Pearson’s product moment correlation, and multiple regression analysis, were carried out to find the relationship between parental and peer attachment with sexism among adolescent boys. Correlational coefficients were computed to examine the extent of the relationship among selected variables. Multiple regression analysis was performed to examine the contribution of parental and peer attachment (predictor variables) in the sexism behavior among the participants.

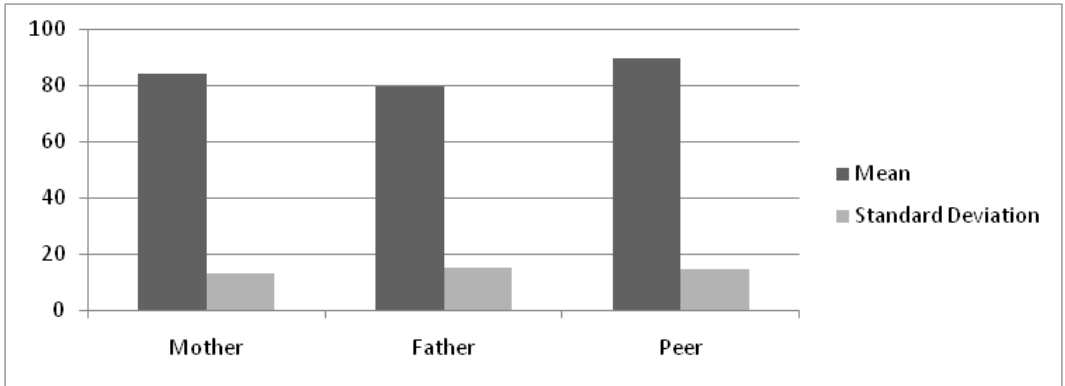
**Results**

The mean and standard deviation scores of parental attachment and peer attachment are given in Table 1 and shown in Figure 1. Peer attachment tends to be highest in adolescent boys followed by mother and father attachment respectively.

**Table 1: Mean and standard deviation scores of parental attachment and peer attachment**

Attachment	Mean	Standard Deviation	N
Mother	84.40	12.95	180
Father	79.82	14.83	180
Peer	89.93	14.60	180

Figure 1: Mean and standard deviation scores of parental attachment and peer attachment

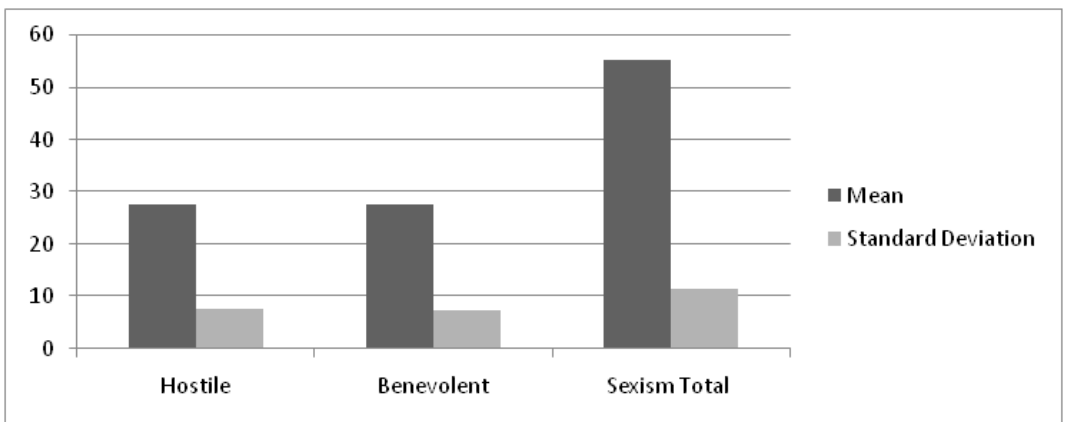


The mean and standard deviation scores of Sexism and its scales are given in Table 2 and shown in figure 2. Sexism attitude tends to be highest among adolescent boys followed by hostile and benevolent sexism respectively.

Table 2: Mean and standard deviation scores of sexism and its scales

Sexism	Mean	Standard Deviation	N
Hostile	27.74	7.69	180
Benevolent	27.58	7.33	180
Sexism Total	55.32	11.53	180

Figure 2: Mean and standard deviation scores of dexism and its scales



The results of the correlational analysis of parental (mother & father) and peer attachment with the sexism (hostile & benevolent) of adolescent boys are given in Table 3. Parental attachment was found to be negatively and significantly correlated with



sexism and its sub scales. Under parental attachment, both mother  $r = -.37, p < .01$  and father attachment ( $r = -.49, p < .01$ ) were found to have significant negative correlation with sexism. Further mother attachment was found have a significant negative correlation with hostile sexism ( $r = -.27, p < .01$ ) and significantly positive correlation with benevolent sexism ( $r = .29, p < .01$ ). Likewise,

father attachment was found have significant negative correlation with hostile sexism ( $r = -.34, p < .01$ ) and significantly positive correlation with benevolent sexism ( $r = .41, p < .01$ ). Peer attachment was found to have significant positive correlation with sexism ( $r = .34, p < .01$ ), it was found to be positively correlated with hostile sexism ( $r = .18$ ) and benevolent sexism ( $r = .35, p < .01$ ).

**Table 3: Correlations of parental (mother & father) and peer attachment with the sexism (hostile & benevolent) of adolescent boys**

Predictors	Criterion Variables		
	Sexism		
	Hostile	Benevolent	Sexism Total
Mother Attachment	-.279**	.293**	-.372**
Father Attachment	-.348**	-.418**	-.498**
Peer Attachment	.182	.351**	.345**

\*\*Correlation significant at .01 level

The results of the MRA are summarized in Table 4. The table reveals that father attachment contributed approximately 12 percent of the variance in the scores of hostile sexism measure ( $F(2, 110, 15.17, p < .001)$ ). Father attachment reduced the hostile sexism attitude among adolescent boys as the beta value was found in negative direction ( $b = -.34$ ) (less hostile sexism attitude). Father attachment contributed approximately 17

percent of variance in benevolent sexism measure ( $F(2, 110, 23.29, p < .001)$ ). Benevolent sexism attitude and father attachment made negative prediction ( $b = -.41$ ) (decreased benevolent sexism attitude). Father attachment predicted approximately 24 percent of variance in the scores of total Sexism ( $F(2, 110, .49, p < .001)$ ). Sexism attitude and father attachment made negative prediction ( $b = -.49$ ) (decreased sexism attitude).

**Table 4: Stepwise multiple regression analysis predicting Sexism by Father Attachment**

Parental Attachment	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	R <sup>2</sup> , Change	Beta	F	F-change
<b>Hostile Sexism</b>							
Father Attachment	.348	.121	.113	.121	-.348**	15.17**	15.17
<b>Benevolent Sexism</b>							
Father Attachment	.418	.175	.167	.175	-.418**	23.29**	23.28
<b>Sexism</b>							
Father Attachment	.498	.248	.241	.248	-.498**	36.34**	36.33

\*\*Significant at .01 level

## Discussion

The present study aimed to explore the association of parent and peer attachment with Sexism among adolescent boys. The study sought to integrate attachment theory, ambivalent sexism theory, and relevant prior research to understand how and why poor attachment or attachment insecurity predicted Sexism towards women among adolescent boys.

The attachment of parent and peer in adolescent boys was measured using the Inventory of Parent and Peer Revised (IPPA-R) and endorsement of sexist attitude was measured using the Ambivalent Sexism Inventory (ASI). Three hypotheses were formulated in the study. The first hypothesis stated that there would be a significant negative association between mother attachment and sexism among adolescent boys. The second hypothesis stated that there would be a significant negative relationship between father attachment and sexism among adolescent boys and the third hypothesis stated that there would be a significant positive relationship between peer attachment and sexism. The findings of the study indicate a significant negative relationship between parent (both mother and father) attachment and sexism but a significant positive relationship between peer attachment and sexism among adolescent boys.

From descriptive statistics, it was found that peer attachment was higher in adolescent boys as compared to parental attachment which was followed by father attachment and mother attachment respectively. It was also clear that adolescent boys had more benevolent sexism than hostile sexism.

### Parent (mother and father) attachment and sexism

The first and second hypotheses (H1 and H2) that “there would be a significant negative correlation between mother attachment and

sexism among adolescent boys” and “there would be a significant negative relationship between father attachment and sexism among adolescent boys were supported. A significant relationship was evident in the negative direction which indicates parental attachment (both mother and father attachment) was found to be negatively associated with sexism among adolescent boys. The findings appeared to be consistent with the results of the study conducted by Hart et al. <sup>[31]</sup> which suggested that attachment insecurities had a close link with sexism.

The theoretical and empirical investigation of attachment styles and men’s sexism against women explains that sexism stems from the operation of the “attachment system”, a behavioral system believed to influence the preservation of deep interpersonal ties throughout a person’s life. <sup>[3,36,37]</sup> Likewise, in the present study, the significant negative relationship between parental attachment and sexism indicated that adolescent boys who had a strong attachment with their parents showed less sexist attitudes and those boys who poor attachments with their parents have showed more sexist attitudes. The results provided evidence for having hostile sexism i.e., overtly violent and aggressive attitudes towards women, and perceiving them as deceptive and manipulative by adolescent boys was less frequent than having benevolent sexism i.e., a subtler form of sexism which was expressed in a positive way. While comparing mother attachment and father attachment with sexism, boys showed more sexism because they were poorly attached to fathers than mothers.

Among the three predictor variables, father attachment emerged as the best predictor for sexism. A negative prediction reflects the endorsement of sexism by adolescent boys due to poor attachment to their fathers. If the sons were insecurely attached to their fathers, then the chance of developing sexist attitudes towards women was higher. These findings

were consistent with the outcome of previous studies which concluded that sexism intensifies inconsequent behaviors, which characterize the changeable attitude of a parent toward their child, especially in the case of boys.<sup>[38]</sup> This attitude was considered unfavorable, or even one of the possible causes of antisocial behavior in children.<sup>[39,40]</sup> It was evident from the study that the attachment shown by parents towards their son determine the development and endorsement of sexist attitude by them in the stage of adolescence.

### **Peer attachment and sexism**

The hypothesis (H3) stated that there would be a significant positive relationship between peer attachment and sexism among adolescent boys was supported by the findings of the study. A significant positive relationship between the two variables was found. Boys who had a greater attachment with their peers showed higher sexist attitudes. This also represented peer influence among adolescent boys. Those who were attached to their peers to a greater extent showed higher benevolent sexism and lower hostile sexism. It was also found that peer attachment during adolescence got increased and a gradual fall in parental attachment was visible. Among the two types of sexism, benevolent sexism was shown by adolescent boys to a greater extend as compared to hostile sexism.

### **Conclusion**

It can be concluded that parental attachment and sexism was negatively related and peer attachment and sexism was positively related in adolescent boys. Adolescent boys endorsed more sexist attitude because they were poorly attached with their parents. In addition, father attachment showed higher degree of relationship with sexism among boys as compared to mother and peer attachment. A positive relationship between peer attachment and sexism indicated higher the attachment, greater the sexism endorsed by adolescent

boys. Further, it can also be concluded that adolescent boys showed more benevolent sexism than hostile sexism. The findings of the study support the idea that attachment during the early stages of life influence the development of a person's attitude and related behavior in later life.

### **Limitations**

The study was limited in some ways. The validation of results and findings of the current study is limited and may not be generalized because of small sample size and region specification.

Secondly, the scope of the current study was limited to boys only. Gender difference among the variables was not taken into account. This study was conducted during Covid-19 pandemic and contacting male participants was easy in the pandemic time as compared to female participants for some or other reason. The influence of other demographic variables like family type and background, socioeconomic status, education qualification of parents etc., were mentioned in the study but not analyzed.

Thirdly, the study was limited to a specific age range from 15 to 20 years. Choosing adolescents with age range of 15-20 years was decided on the basis of developmental stages.

Stage of adolescents is an important part in one's life because it is a shift phase of mental and physical development that is generally restricted to the period of sexual maturity to the maturity in legal aspect. Another reason of selecting participants of this age is time of different transitions including training, employment, education and unemployment and important part is growing from one state of life to another.

Changes and further variations in the research variables before and after of this age limit was not considered in the study. Fourthly, the scale that measure attachment in individual didn't give an idea about specific attachment style rather measure the extent of attachment in

sample. The findings and results would have been more accurate when the styles of attachment to find its relationship with attitude related to sexism or misogyny would be included in the future researches. Fifthly, cultural differences were not mentioned in the study which limits the generalizability of the findings across different cultures.

**Implications**

The study would be helpful to understand the relationship of different types of parental attachment and peer attachment with the development of sexism in teenage boys especially from the age of adolescence. It might help to give insight to those boys who believe in sexism and misogyny and help them to solve their problems with parental attachment. If necessary, psychological intervention programme might be developed for teenagers to unlearn the things which had been acquired from the past and they could attain a great future. This study would be relevant in the current scenario because women are victimized with many violent acts continuously. Awareness programs could be conducted to school level itself to convey the importance of gender equality and treating women as a respectful part of the society.

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Original Article

## **Maladaptive coping style and stress among married working and non-working adult women with independent children: A comparative study**

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Stress, Maladaptive coping style, Married, Working, Non-working, Adult women

### **Abstract**

#### **Background**

The outbreak of unwanted perceived stress in married women threatened their mental health. Generally, women have always been vulnerable to stress and have a maladaptive coping style. Thus, determining maladaptive coping styles and stress among married women with independent children is vital to reducing psychological disorders and illnesses. This study compared stress and maladaptive coping styles between working and non-working adult married women with independent children.

#### **Methods**

This study was conducted using a random sampling technique. 120 adult married couples, working and non-working, in the age range of 28 to 58 years, took part in the study. Both groups were assessed using the following instruments: The perceived Stress Scale by Seldon and Cohen and; Stress Coping Techniques Scale by Vijaya Lakshmi and Shruti Narain.

#### **Results**

There is a significant difference in maladaptive coping

styles and stress between working and non-working adult married women with independent children. There is also a significant positive correlation between maladaptive coping styles and stress.

#### **Conclusion**

Married working women prefer to use maladaptive coping styles compared to non-working married women to decrease stress. If stress decreases, then maladaptive habits also decrease, and vice versa.

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## Introduction

Maladaptive coping refers to coping mechanisms that frequently have unfavourable outcomes, such as some problems with mental health and psychological problems. According to earlier research, unhealthy coping mechanisms can be grouped into two categories: avoidance-based and emotional. With avoidance mechanisms, people actively postpone responding to stressful situations or altogether avoid them by isolating themselves or engaging in other unhealthy behaviours.<sup>[1]</sup> Maladaptive coping strategies include eating, drinking, smoking, using drugs, and other risky behaviours. These coping strategies have traditionally been linked to significant negative impacts on a person's life, including increased depressive symptoms, pain flare-ups, greater functional impairment, and lower self-efficiency.<sup>[2,3,4]</sup> Teaching is seen as a hard profession; however, coping mechanisms may have an impact on how stressful people perceive their jobs to be. According to some theories, being disengaged and suppressing competing activities are maladaptive reactions in a classroom setting and may even increase stress at work.<sup>[5]</sup> Everybody's life is impacted to some extent by perceived stress. Depression, anxiety, and other psychological illnesses are frequent negative repercussions of this stress and its contributing variables. People frequently use both mechanisms of coping to deal with this stress. Their chosen coping mechanisms may unfavourably or badly impact the quality of life of an individual. Adaptive coping styles are linked to higher life quality.<sup>[6]</sup> Family members of female drug users may be at risk for stress-related health issues.<sup>[7]</sup> Results imply that improved coping outcomes in chronic illness are connected with the relative balance of adaptive and maladaptive coping styles employed by compassionate people.<sup>[8]</sup> Despite a wealth of literature on stress and coping, it can be challenging to identify coping mechanisms

that are typically adaptive or maladaptive. Stress is not the same for everyone. Men and women are exposed to stressful events in different ways and circumstances throughout all cultures. So, gender may be a crucial consideration for figuring out how the dynamics of the stress process work.<sup>[9]</sup> Individuals' reported usage of escape-related methods did not differ by gender or role.<sup>[10]</sup> The findings are consistent with the idea that stress at work has a detrimental effect on working women's physical and mental health. The outcomes are contrasted with those of earlier, pertinent studies on men.<sup>[11]</sup> Women play various roles.<sup>[12]</sup> Married professional women who learn useful coping mechanisms will regard juggling work and family as a positive experience.<sup>[13]</sup>

## Materials and methods

### Design

A comparative study design was used.

This study aimed

- 1) To examine the stress and maladaptive coping styles among working and non-working adult married women with independent children.
- 2) To find the relationship between stress and maladaptive coping styles between working and non-working adult married women with independent children.

### Hypotheses

- 1) There is no significant difference between working and non-working married women with independent children concerning stress and maladaptive coping styles.
- 2) There is a significant relationship between maladaptive coping styles and stress.

### Sampling and participants

A total of 120 study participants were recruited: 85 working and 35 non-working



adult married women. They were selected using the random sampling technique, belonging to different educational backgrounds and socioeconomic statuses. The age range of study participants was 28-58 years. Married women worked in different government and private sectors, and Non-working women were homemakers. A sample was collected from the different cities of Haryana, India.

**Data collection**

The researcher explained the study to married working and non-working women, and written consent was obtained for participation. General instructions were given to participants to complete the questionnaires. Proper seating arrangements were made to ensure the privacy of married women filling out responses. Questionnaires were distributed to all participants, the responding process was fully explained to participants, and doubts were clarified. Then, filled-out questionnaires were collected from participants for statistical analysis of the collected data. Participants' confidentiality was ensured. Participants could voluntarily withdraw from the study at any time. The participation of respondents was voluntary. Written and informed consent was obtained from all study participants, and approval from the Ethics Committee, Faculty of Behavioral Sciences, SGT University Gurugram, Haryana (SGTU/FBSC/ECC/2021/19).

**Tools used**

A socio-demographic sheet was used to collect

age, monthly family income, sex, marital status, job status, blood group, education, occupation, residential status, and number of children.

The Perceived Stress Scale (PSS-10) is a 10-item self-reported questionnaire by Cohen et al. (1983). It assesses stress levels in young individuals and adults aged 12 and above.

The Stress Coping Techniques Scale by Vijay Lakshmi and Shruti Narain has been used to measure coping styles. The scale measures copying style on two dimensions: adaptive and maladaptive. There are a total of 61 item numbers. The scale applies to individuals 15 years of age and older. It takes 20 to 25 minutes for smooth completion. This scale can be administered by oneself or by the investigator or researcher. Test-retest reliability was calculated and found to be 0.82, and split-half reliability was found to be 0.79. All were significant at the 0.01 level. All items can be scored by assigning a score of 5, 4, 3, 2, 1 for always, almost always, sometimes, almost never, and never.

**Statistical analysis**

Data were tabulated in Microsoft Excel and then analyzed in IBM SPSS, Version 26. Mean, SD, Karl Pearson's correlation, and the t-test were used. Then, the results were interpreted.

**Results**

An independent sample t-test was conducted to compare the maladaptive coping style and

Table 1: Group statistics

	Working status	N	Mean	Std. Deviation	Std. Error Mean
Maladaptive coping style	working	85	69.40	25.924	2.812
	non-working	35	44.75	15.790	2.669
Stress	working	85	19.08	4.451	.483
	non-working	35	7.17	3.443	.582

stress for working and non-working married adult women with independent children, as shown in Table 1. There were significant differences ( $t(100.999) = 6.356, p = .000$ ) in the scores, with the mean score for working married women ( $M = 69.40, S.D = 25.924$ ) higher than non-working married women ( $M = 44.75, S.D = 15.790$ ). The magnitude of the differences in the means (mean difference = 16.951 to 32.333), 95% maladaptive coping style was significant.

Hence, the null hypothesis was rejected. For stress, there were significant differences ( $t(15.752) = 81.324, p = 0.000$ ) in the scores, with the mean score for working married women ( $M = 19.08, S.D = 4.451$ ) higher than non-working married women ( $M = 7.17, S.D = 3.443$ ). The magnitude of the differences in the means (mean difference = 10.407 to 13.415), 95% maladaptive coping style was significant. Hence, the null hypothesis was rejected (Table 2).

**Table 2 : Independent samples test**

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Maladaptive coping style	Equal variances assumed	11.347	.001	5.231	118	.000	24.642	4.711	15.313	33.971
	Equal variances not assumed			6.356	100.999	.000	24.642	3.877	16.951	32.333
Stress	Equal variances assumed	6.347	.013	14.169	118	.000	11.911	.841	10.246	13.576
	Equal variances not assumed			15.752	81.324	.000	11.911	.756	10.407	13.415

**Table 3 : Correlations**

		Maladaptive coping style	Stress
Maladaptive coping style	Pearson Correlation	1	.553**
	Sig. (2-tailed)		.000
	N	120	120
Stress	Pearson Correlation	.553**	1
	Sig. (2-tailed)	.000	
	N	120	120

\*\* Correlation is significant at the 0.01 level (2-tailed).

Pearson product correlation of stress and maladaptive coping style was moderately positive and statistically significant ( $r=.553^{**}$ ,  $p<0.01$ ). Hence, H1 was supported. This shows that increased stress would increase maladaptive coping styles and vice versa (Table 3).

## Discussion

There was less published literature comparing maladaptive coping styles and stress among adult married working adults and non-working adults with independent children. Our study mainly focused on maladaptive coping styles and stress among working and non-working women with independent children and found a significant difference in maladaptive coping styles and stress between working and non-working adult married women. The mean score and S.D. of working married women are higher than those of non-working married women concerning stress and maladaptive coping styles, and there is a positive relationship between stress and maladaptive coping styles. Working women prefer to use maladaptive coping styles to decrease stress as compared to non-working married women. Stress is higher among working women. Working women are responsible for both their jobs and their homes. In order to get rid of stress, they may prefer to use maladaptive coping as compared to non-working women. Working women are self-employed, so they may easily afford things. The extra burden of household work and work can be the reason for their high stress and use of maladaptive coping styles. But working married women may feel more self-dependent and confident than non-working women. A married working woman faces different challenges outside the home. So, this can be a reason for their high stress and involvement in maladaptive coping styles. Our findings indicate that maladaptive coping habits are important to consider when studying and possibly treating stress in women. Past studies support our current study's findings. A study was conducted on

women, and the findings revealed that working women had more stress than non-working women.<sup>[14]</sup> A prior study suggested that working women had more stress and needed counselling on stress management.<sup>[15]</sup> Previous studies have found that working women have higher stress levels as compared to non-working married women.<sup>[16]</sup> The prior study showed a relationship between stress and maladaptive coping styles.<sup>[17]</sup> A previous study suggested a positive relationship between psychological distress and avoidant coping.<sup>[18]</sup> Current findings provide some insights into possible mechanisms to reduce stress. Further, this information may be useful in guiding the development of interventions to improve married women's mental health. Our study advances the literature by focusing on maladaptive coping among married, working, and non-working women, a rapidly growing population understudied in stress management research. A study was conducted on perceived stress and coping, and the findings revealed that maladaptive coping styles influence stress.<sup>[19]</sup> Previous studies suggested a positive relationship between maladaptive coping styles and stress.<sup>[20]</sup> A study was conducted among married women, and findings revealed a relationship between the level of coping and the level of stress.<sup>[21]</sup>

## Strengths and limitations

This study explores the maladaptive coping style and stress among married working and non-working women with independent children. Understanding stress and maladaptive coping styles among adult married women is important to reduce their perceived stress. The limitations of this study are: 1) Future research with larger sample sizes should replicate our analyses. 2) A study could be conducted on men.

## Conclusion

Married working women with independent children prefer to use maladaptive coping

styles compared to non-working married women. Stress is also higher in married working women than married non-working women. There is a significant positive correlation between maladaptive coping styles and stress. If stress increases, maladaptive coping also increases, and vice versa. There is less stress among non-working married women because they may not feel the extra burden of job-related work compared to working women. Future studies should assess the effectiveness of adaptive coping style-based intervention studies in this population.

**Future scope**

These findings underscore the necessity for future research and clinical practice to use a holistic approach to stress evaluation and management. The findings can be used to build health promotion strategies that will influence lifelong health behaviours. In the future, treatments to educate people about adaptive coping methods should be carried out to see if coping styles might help prevent stress. This study backs up the importance of perceived stress in treating stress. Working married women may benefit from a program that enhances coping skills, thereby reducing stress. Future psychotherapies using advanced technologies to target vulnerable married women, promote adaptive coping patterns, and discourage maladaptive coping techniques are necessary. Counselling sessions and the guidance of a trained psychologist may be beneficial for stress management.

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Review Article

## **Examining the judicial contours of Sharda vs. Dharmपाल case: A critical analysis of the Indian Supreme Court's ruling and its implications on the institution of marriage in India**

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Life partner, India, Arranged marriage, Love marriage, Choice, Selection

**Abstract**

Law remains to be a significant instrument regulating the affairs of society. However, since law remains a cohesive instrument in social development, societal factors conjunctionally play a predominant role in legal development in India. Marital relations and constitutional jurisprudence concomitantly come within the subjective ambit of society, culture and development. The case of Sharada v. Dharampal is a landmark judgment of the Indian Supreme Court that deals with the inherent power of a matrimonial court to subject a party to undergo medical examination. The objective of the case analysis is to understand the legal and practical significance of this judgment, and its importance in shaping the law and practice relating to matrimonial disputes in India.

**Introduction**

While, technological advances continue to proliferate in diverse dimensions of the society, administration of justice remains no

exception to it. Sharada vs. Dharampal is a landmark ruling of the Supreme Court which has recognised the importance of using scientific technology to resolve marital dispute. In the given case, the husband approached the court to seek divorce decree and medical examination of the unsoundness of his wife. The wife challenged the application of the husband and eventually appealed in the Supreme Court thereby becoming appellant and making her husband as respondent in the given case. Several legal and ethical issues (related to privacy and bodily autonomy) were raised and dealt by the India Supreme Court. The Apex court resolving previous lacuna in law, recognised the inherent

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power of matrimonial courts to direct a person to undergo the medical examination for determining the unsoundness of mind. The case raised important questions about the balance between individual rights and the interests of justice, as well as the role of the court in preserving the institution of marriage and the family. This article attempts to explore the basic intricacies of the case and examine its impact on the Indian legal system and implications for the institution of marriage.

**The Hindu Marriage Act, 1955**

The Hindu Marriage Act, 1955 (herein referred to as the Act) is a comprehensive legislation providing the legal framework to regulate and preserve the institution of family and marriage among the Hindu community in India. The Act in the contemporary scenario establishes the traditional significance of marriage as a social institution in India. It further preserves and defends both partners' rights in wedlock.

The law being a reflection of social realities; therefore, the Hindu Marriage law was amended multiple times to reflect changing social and cultural conditions in India. Its characteristic features continue to make it an intrinsic legislative enactment fostering the stability of marriage as an institution while simultaneously preserving the rights of parties involved.

**Characteristic features of the Act**

The Act has several characteristic features that distinguish it from other marriage laws in India, such as-

1. It exclusively governs marriages among Hindus, including Sikhs, Buddhists, and Jains. However, it excludes regulating marriages between Muslims, Christians, Parsis, or Jews, having different marriage laws.<sup>[1]</sup>
2. It prohibits bigamy as well as polygamy and recognises monogamy as the sole form of lawfully legitimate marriage.<sup>[2]</sup>

3. It provisions for marriage registration, making providing proof of marriage simpler.
4. Section 12 of the Act provides conditions for a legally valid marriage that may make the marriage null and void if not fulfilled at the time of solemnisation. Section 12(1)(b) enacts unsoundness of mind of either partner at the time of marriage as the ground for making marriage null and void. This statutory clause stands critical in preserving both parties' rights in a marital relationship by ensuring both parties remain competent to understand the nature and implications of wedding at the relevant moment of solemnisation. By requiring both parties to be of sound mind, it ensures that the marriage is entered into with full consent and understanding, and strengthens the institution of marriage.
5. It further lays down provisions for divorce and judicial separation, allowing couples to dissolve their marriages legally under certain circumstances. Section 13 of the Act provides for several grounds on which a Hindu marriage can be dissolved by a decree of divorce, Mental Disorder or Unsoundness of Mind being one such ground. Under section 13(1)(iii) of the Act, if either spouse suffers from a mental disorder or mental unsoundness that makes it impossible for them to discharge their matrimonial obligations, the other spouse may file for divorce.
6. It provides for the maintenance and alimony of wives and children in case of divorce or separation. By enacting special provisions benefiting women in marital relationships, the Act helps to address the unequal power dynamics in marriages and provide a legal remedy for women who may otherwise be left financially vulnerable after divorce or face other forms of exploitation, thereby helping to promote gender equality in marital

relationships and contribute to a more equitable society in India.

In contemporary times, when the institution of marriage has come under increasing pressure due to changing social and cultural norms, the Act has gained more significance. The Act's significance stems from its flexible adaptability towards the evolving and dynamic shifts in our diverse society. It enjoys enormous social and cultural significance by preserving the sacrosanct character of marriage among Hindus.

Recognition of monogamy as the sole valid marriage form promotes the notion of stable and committed relationships among spouses. This eventually reinforces fidelity's significance in matrimonial relations, which remains the foundation for a healthy married life. The legislative policy of the Act outlays a framework to facilitate the formation of a strong family unit by safeguarding the rights of both parties in wedlock. For instance, marriage registration provisions intrinsically prevent fraudulent marriages, which can cause social and emotional difficulties to couples and even their families if not prevented.

Likewise, provisions related to maintenance, alimony of wives and children, and others confirming rights and protection of wives and children create a sense of secured stability among parties by ensuring that if the marriage fails, the wife and children do not face financial hardships or other identical challenges. Supplementarily, divorce and judicial separation provisions allow couples to lawfully dissolve their marriages under authorised circumstances or grounds of the Act. This provision recognises the importance of the freedom of choice and the rights of individuals in choosing to stay in a relationship that is no longer fulfilling. The Act ensures that the dissolution of a marriage is done in a fair and just manner, with due consideration given to the rights of both parties.

The Act approbates and defends the social

significance of marriage and the family unit, which is essential for the development of a healthy society. By providing a legal framework that regulates marriages among Hindus, it promotes social harmony by ensuring that marriages are conducted in a lawful and orderly manner. The provisions for divorce and judicial separation are important in preserving the institution of marriage and providing legal mechanisms for the dissolution of a marriage in cases where it is necessary.

While the statutory provisions of the Act continue to be a vital legislative piece protecting the rights of married couples and promoting the stability of the family institution, the significance of Judicial judgements in this regard must be considered. In this relevant context, *Sharada v. Dharampal* case<sup>[3]</sup> stands as an important Supreme Court ruling appropriate to be explored in the current research, having far-reaching implications on the institution of marriage, medical examination of the spouse, and legal and social status of marital relations, among others.

### **Sharada v. Dharampal case: Introduction**

Medical examination has evolved as a significant aspect in resolving matrimonial disputes, especially in cases involving physical or mental cruelty, impotence, or other forms of physical and mental ailments today.<sup>[4]</sup> In the current scenario of increased awareness of human rights and gender equality, medical examination provides objective evidence to support or refute allegations made by the aggrieved party, making it even more crucial and relevant in matrimonial litigations. It also assists the court in making informed decisions regarding custody and maintenance issues. In cases of mental illness or disability, medical examination can determine the capability of the parties to take care of themselves and their children. Similarly, in cases of physical disability, medical examination can determine the need for support and maintenance.

The *Sharada vs. Dharampal* case, as a



landmark case established the importance of medical examination in resolving matrimonial disputes wherein, the Supreme Court of India addressed the issue of whether the matrimonial court has the power to direct a party to undergo a medical test. However, medical examinations and contemporary technology usage in legal proceedings sometimes raises several ethical and legal issues. The objective of case analysis in this matter is to understand the implications of the decision made by the Supreme Court, the impact it has had on the social, economic, and legal status of marital dispute proceedings in India and how the court dealt with the ethical issues such as privacy and others arising in the litigation.

### **Legal framework preceding the case: Understanding the legal landscape prior to litigation**

Prior to delving into the specifics of the case at hand, it is essential to establish a thorough understanding of the legal framework that served as the foundation for the events that transpired. By exploring the precedents that informed the circumstances leading up to the case, one can gain valuable insight into the broader societal and legal context that influenced the proceedings. Therefore, an examination of the legal framework prior to the case is not only crucial but also provides a comprehensive perspective on the matter at hand.

Before the Supreme Court's landmark ruling in *Sharada v. Dharmapal* case, the position of law concerning medical examination in matrimonial cases was not well-defined. The courts, consequently, were left with no legal provision to compel the person to undergo a medical examination in such cases. This legal lacuna was highlighted in various cases where the issue of impotency of either spouse was raised in matrimonial disputes. The lack of a specific provision in the Indian Evidence Act and other laws dealing with the issue of the

power of the matrimonial court to order a medical examination of a person led to confusion and inconsistency in the approach of various courts in dealing with such issues. This further complicated the already complex process of matrimonial litigation thereby necessitating the need for a definitive Supreme Court ruling on the issue.

The *Sharada vs. Dharampal* case thus stands as the first case where the Supreme Court had to decide on the inherent power of the matrimonial court to direct an individual to undergo the medical examination or draw an adverse inference against the person in case the person refuses such examination. It provides much-needed clarity on the subject of medical examination and lays down a clear framework for its admissibility, which marks a significant step towards modernising the Indian legal system. By providing a precise mechanism for the court to order a medical examination of a party in a matrimonial dispute, the Apex Court certified that medical examination being a specie of scientific advancement cannot be ignored, and that it is in the interest of justice to use this technology to resolve marital disputes.

### **Facts of the case**

The case of *Sharada v. Dharampal* revolves around the dispute between the parties, who were married to each other on 26th June 1991 according to Hindu customs. The respondent husband filed a petition for divorce under section 12(1) (b) and 13(1) (iii) of the Hindu Marriage Act on the ground of unsoundness of mind of the wife (Centre for Communication Governance, 2021).<sup>[5]</sup> Pursuant to the divorce application, the respondent husband on May 5, 1999 filed an application seeking the direction of the court to conduct a medical examination of the appellant. The appellant wife contested the allegations and objected to the husband's request for her medical examination.

The appellant contended that a matrimonial court did not have the jurisdiction to pass such an order. Thus the issue for determination before the lower court was whether has the inherent power to direct a party to undergo medical examination for determining the unsoundness of mind, and whether such direction would infringe upon the right to privacy and bodily integrity of the party. Despite the objections, the court granted the application on 8th October 1999, thereby directing the appellant wife to submit herself for a medical examination. The appellant aggrieved by the decision of the lower court ultimately approached the Indian Supreme Court through route of appeal. The Supreme Court took note of the following facts of the case and adjudicated the case,

- ◆ The parties were married on June, 26 1991 as per the Hindu rites and rituals.
- ◆ The respondent in the given case filed for divorce against the appellant under the statutory provisions of section 12(1)(b) and 13(1)(iii) of the Hindu Marriage Act, 1955.
- ◆ Pursuant to the filing of the case, courts of respective jurisdictions (lower court and Rajasthan High Court) directed the appellant wife in the present discussed petition to undergo a medical test for ascertainment of the mental unsoundness as provisioned in the Hindu Marriage Act, 1955.
- ◆ Aggrieved by such order the appellant wife approached the Supreme Court to quash the above discussed direction of the court.

**Issues raised in the case**

While, determining the dynamics of the case, following issues were raised and advanced in this case-

1. Whether a matrimonial court has the power to direct a party to undergo a medical examination;

2. Whether passing of such an order would violate the Article 21 rights of the party against whom such an order is sought to be enforced.

**Arguments advanced**

The Appellant in the above-referred petition contended before the Supreme Court that Article 21 of the Indian Constitution which guarantees the Right to life and personal liberty within every person also includes, the Right to Privacy.<sup>[6]</sup> Thus, the High Court and lower court directive compelling the Wife to undergo the medical test would violate the Right to Privacy and also the bodily integrity of the appellant. The appellant wife contended that the medical examination could be invasive and resultantly violate her bodily integrity consequently, such direction must be struck down by the Supreme Court. The appellant further argued that under the current statutory scheme, no provision authorises or empowers the matrimonial court to direct any person to undergo a medical test compulsorily.

The respondent husband however, countering the appellant's arguments argued that the medical examination of the appellant wife was necessary to establish her mental capacity to discharge the duties of a married woman. He submitted that the appellant wife's behaviour was erratic and inconsistent thus, she was not fit to discharge her marital obligations. Since, sections 12(1)(b) and 13(1)(iii) of the Act provides for divorces on the ground of mental unsoundness thus, the court was bound to determine the mental state as appellant's mental condition being relevant for divorce proceedings, needed to be ascertained before the court could pass a judgment in the case. The respondent emphasised under the statutory scheme of the Act, a court established for due adjudication of matrimonial disputes is bound to conclude, if the Appellant of the current writ petition has unsoundness of mind, mental disorder or insanity, since, if determined, it would make the marriage voidable.

The Respondent husband, therefore, contended that the compulsory medical examination of the appellant wife was necessary to determine her mental state and that the court had the duty to determine the mental unsoundness of a party before granting a decree of divorce under the Hindu Marriage Act.

The husband also argued that the court had the power to order medical examination under section 151 of the Code of Civil Procedure, 1908. Section 151 of the Code of Civil Procedure (CPC) empowers courts to make orders necessary for the ends of justice, even if such orders are not specifically provided for under the CPC or any other law. The section enables courts to exercise their inherent powers to pass orders to ensure that justice is done in a particular case. Thus, the respondent husband contended that inherent powers of the court to order medical examination in matrimonial disputes are essential for a fair trial and such powers were necessary to ensure that the rights of the parties were protected, and the truth was arrived at in the best possible manner. He also submitted that the appellant wife's refusal to undergo the medical examination amounted to non-cooperation and that such refusal could be viewed adversely against her.

### **Decision of the court**

The Case dealt with several critical issues of socio-legal relevance which attracted the wisdomous competence of the Indian Judiciary to establish a due balance between the individual rights and interests of the parties involved in the marital dispute. The Supreme Court while, adjudicating the given case, ruled that a matrimonial court has the power to order an individual to undergo a medical test. The court held that even though no statutory enactments expressly authorise or empower the matrimonial courts to direct the party in the case to undergo the medical examination yet, it cannot be construed that

the courts do not enjoy this power. The Supreme Court, held that the power to order a medical examination is inherent in the trial court's power under Section 151 of Code of Civil Procedure (CPC) to dispense complete justice (that is for due ascertainment of truth and administration of complete justice) in the case as manifested by the legislative policy of the code. It noted that power of a civil court under the relevant section is not limited to the production of documents or things specified in the CPC rather the power to order medical examination is implicit in this provision and can be exercised by the court in appropriate cases. The court in this regard ruled:

“Yet again the primary duty of a Court is to see that truth is arrived at. A party to a civil litigation, it is axiomatic, is not entitled to constitutional protection under Article 20 of the Constitution of India. Thus, the Civil Court although may not have any specific provisions in the Code of Civil Procedure and the Evidence Act, has an inherent power in terms of Section 151 of the Code of Civil Procedure to pass all orders for doing complete justice to the parties to the suit”.<sup>[7]</sup>

Article 20 of the Indian Constitution provides protection against self-incrimination, which means that no person can be compelled to be a witness against himself. In the present case, the appellant wife argued that she could not be compelled to undergo a medical examination as it would violate her right against self-incrimination under Article 20(3) of the Indian Constitution. However, the Supreme Court held that Article 20 could not be attracted in the present case since, the relevant constitutional protection is for an accused in criminal case and therefore, party to a civil dispute was not entitled to such constitutional protection. It further, noted that the medical examination was not being conducted to obtain evidence against the appellant wife, but to ascertain her mental soundness, which was a relevant issue for determining the validity of the divorce petition. Resultantly, Article 20

could not deter the compulsory medical examination.

Taking this ruling further, the Supreme court went on to say that the court enjoys the liberty to draw adverse inferences against the individual who refuses to undergo medical examination pursuant to the order of the court. The Supreme Court of India noted in its judgment:

“If despite an order passed by the Court, a person refuses to submit himself to such medical examination, a strong case for drawing an adverse inference would be made out Section 114 of the Indian Evidence Act also enables a Court to draw an adverse inference if the party does not produce the relevant evidences in his power and possession”.<sup>[8]</sup>

Section 114 of the Indian Evidence Act, 1872 provides the “presumption of facts that is the court may presume the existence of any fact which it thinks likely to have happened”. Referring to the above statutory provision, the court ruled that if a party refuses to undergo a medical examination despite a court order, it may lead to an adverse inference being drawn against them under section 114 of the Evidence Act. Consequently, this highlights the importance of compliance with court orders and the parties’ duty to produce all relevant evidence to ensure a fair and just marital dispute resolution.

The Court ruling accentuated the materiality of medical examination in a divorce case. It noted that the law obliges the matrimonial court to determine the unsoundness of mind through medical examination for the grant of the divorce decree as provisioned under section 13(1)(iii) of the Act. The Supreme Court took note of its previous judgments like, *Goutam Kundu vs. State of West Bengal* ((1993) 3 SCC 418), *B.R.B. vs. B.* ((1968) 2 All. E.R. 1023), among other similarly identical cases over the issues of law and noted that the fundamental objective of the court was to

ascertain the truth. Thus, even in the absence of any specific provision, the inherent power authorises the matrimonial court to direct the medical examination of a party for determining the unsoundness of mind, to ensure proper and complete administration of justice in matrimonial disputes, and ascertainment of the truth.

Article 21 of the Indian Constitution guarantees the right to life and personal liberty. The appellant wife contended that the direction to undergo a medical examination violated her right to privacy and personal liberty under Article 21. The Supreme Court however, ruled that such direction does not violate the right to privacy and bodily integrity of the party, as it is only a limited intrusion upon the personal autonomy of the party and is justified by the need to ensure the fairness and truthfulness of the proceedings. Referring to cases, namely *M.P. Sharma & Ors. vs. Satish Chandra* (1954 SCR 1077) and *Kharak Singh vs. State of UP & Ors.* (1964 SCR (1) 332, *Govind vs. State of Madhya Pradesh & Anr.* ((1975) 3 SCR 946) the court held that the fundamental right to privacy was not an absolute right, and in case of compelling public interests, public morality was to be upheld. Though the Apex Court recognised the ethical and legal issues related to privacy and bodily autonomy of the Wife but held that the Wife’s right to privacy was not absolute and had to be balanced against the husband’s right to divorce; thereby, the appellant wife’s privacy right had to be curtailed. The court ruled that the right to privacy, not being absolute,<sup>[9]</sup> was limited by certain designated restrictions, so it was necessary to uphold the idea of complete justice and issue direction to the appellant wife.

The importance of this judgment, therefore, lies in its contribution to the development of the law and practice relating to matrimonial disputes in India. The judgment has clarified the scope and extent of the inherent power of the matrimonial court and has guided the

lower courts in exercising their discretion in such matters. It has also emphasised the importance of ensuring the fairness and truthfulness of the proceedings and has recognised the need for a balanced approach that respects the rights and dignity of the parties while also upholding the principles of justice and equity.

### **Impact of the case on the institution of family, marital relations and the Indian family law**

The Supreme Court ruling in the Sharada case stands of immense relevance for the institution of marriage, marital relations, and family law in India. One of the most pivotal impacts of the rulings is the medical determination of mental unsoundness in divorce litigations.<sup>[10]</sup> Before this case, no specific law provision allowed the court to direct compulsory medical examination of a party for determining mental unsoundness in marital disputes. Consequently, courts were sometimes hesitant to order such examinations, even when they believed that mental unsoundness might be a relevant factor in deciding a case. However, the Apex court ruling clarifying the court's inherent power under Section 151 of the Civil Procedure Code to order compulsory medical examination resolved the big legal dilemma. Therefore, the judgement made it easier for courts to consider mental unsoundness as a prime factor in divorce litigations which has had significant implications towards the institution of marriage in India.

The ruling ensures no power imbalance in any party's favour by upholding the court's inherent power for compulsory medical examination or drawing adverse inferences in case of refusal. It provides a level playing field in divorce litigations by treating both parties equally before the eyes of the law, resultantly promoting fairness and equity. It further helped promote the family's overall health and well-being by ensuring that mental

unsoundness is appropriately diagnosed and treated where necessary. In cases where mental unsoundness is a factor in a divorce proceeding, the compulsory medical examination ordered by the court can help to ensure that the party in question receives the appropriate treatment and support.

The judgment also highlights the relevance of medical examination, in matrimonial litigation in the current scenario of changing times. With the advancement of medical science and technology, medical examination has become an increasingly important tool for resolving disputes related to physical and mental health, including issues such as impotence, infertility, and mental illness. In the context of matrimonial disputes, the medical examination can provide valuable evidence that can help establish the truth of the allegations made by the parties and facilitate the resolution of the dispute fairly and justly. From the perspective of DNA evidence, since medical examination evidently includes DNA testing, the ruling contributed to developing Indian family law by recognising the broad importance of medical testing in marital dispute cases, which may also involve maintenance and support for divorced women. The case, by pressing on the medical examination, resultantly provides a legal framework for using DNA evidence in marital disputes. The judgment virtually recognised that scientific evidence could be used to challenge the presumption of paternity, and the court could order the party to undergo a DNA test compulsorily (if required in the interest of justice). This recognition of the importance of scientific evidence helps the system to ensure greater accuracy and fairness in determining maintenance and support obligations. Since DNA evidence by establishing paternity remains crucial in determining the financial responsibilities of a former husband towards his former wife and children and ensures the protection of the rights of children born out of wedlock.

The case also provides guiding jurisprudence

to other courts regarding when to administer medical examination and avoid it. Since though the ruling recognised the inherent power of the matrimonial court, it also placed certain restrictions on the exercise of this power. The court directed that medical examination must not be ordered as a course of routine and must be done only in the interest of justice and when required as per the facts and circumstances of the case. Thus, the powers must be used only in cases where there exists a strong prima facie case in the favour of the applicant and the courts have sufficient material for the same. This directive is significant because it recognises that family and marriage are fundamental social institutions and should not be interfered with lightly. The court recognised that the individual's privacy is a vital aspect of one's life and that any interference in this regard should be done only when absolutely necessary. Therefore, the case also recognised that the power to order a medical examination must be exercised judiciously and following the principles of natural justice.

The Apex Court ruling thus, acknowledges the necessity to balance individual privacy right with the greater interest of justice. While, demonstrating the relevance of medical examination for excavating the truth, it also provides the rider of utmost care and caution, particularly in matrimonial litigations to preserve the institution of marriage and considering the sensitivity attached to matrimonial litigations. The case henceforth not only addresses the inherent complexities of marital disputes but also underlines the significance of natural justice, the right to privacy, and the necessity to balance the objectives of justice with dignity and individual rights in married relationships.

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**Conflict of interest: None**

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Review Article

## **Marital satisfaction : A predictor of post-partum depression**

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### **Abstract**

Post-Partum Depression (PPD) is the most common mental health disorder that has raised major public health concerns. Post-partum depression is related to various adverse health outcomes for mothers and children. Studies from lower and middle-income countries suggest up to 25% of pregnant women experience symptoms of common mental health disorders, including depression. Post-partum depression adversely affects a mother's mental health, quality of life, and interactions with their partner, infant, and relatives and can predispose her to subsequent depression. Factors such as prenatal depression and stressful life events like marital dysfunction or conflict are gaining researchers' attention, with additional focus on effects on the infant. It is crucial to comprehend how social support and marital satisfaction affect the prevention and treatment of post-partum depression.

### **Keywords:**

Marital satisfaction, Post-partum depression, Resilience

### **Introduction**

As per the Diagnostic and statistical manual of Mental Disorders (DSM-IV), postnatal depression is most likely to start around the first month after delivery. Post-partum

depression is characterized by low mood, obvious impairment, low self-respect, low energy, or suicidal thoughts.<sup>[1]</sup> The global prevalence of post-partum is about 10 to 15%.<sup>[2]</sup> Post-partum depression can cause many marital problems. Studies have found that marital dissatisfaction is common among couples with post-partum depression. Marital satisfaction is the personalized impression of happiness and satisfaction in married life. Marriage satisfaction is a global assessment of a person's marriage and its reflection on marital happiness. In marital relationships where couples decide on several factors, such as family happiness, the partner's sexual satisfaction, satisfaction in the quality of life,

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family strengths, good relationships with family and friends, conflict resolution, and management and affirmation in marriages. The quality of the marital relationship has a remarkable effect on an individual's mental and physical health, and life satisfaction.<sup>[3]</sup>

**Risk factors of PPD**

The prevalence of postnatal depression is between 10 to 15% in the first year after delivery. Risk factors for post-partum depression are a previous history of

depression, depressive symptoms during pregnancy, and lack of social support are the most powerful ones.<sup>[4]</sup> The most common risk factors associated with PPD measured during pregnancy include present and past anxiety disorders, stressful life events, marital disharmony, and inadequate support. PPD disrupts the bond between mother and baby. Babies are at risk for the care they receive, and symptoms of depression can affect the mother-child relationship. Anxious parents will not always respond to babies if they are worried and withdrawn.

**Figure 1 : Risk factors of post-partum depression**



**Postnatal screening**

The very frequently used screening tool to assess post-partum depression is the Edinburgh Post-partum Depression Scale (EPDS). The Edinburgh post-postpartum Depression Scale includes symptoms of anxiety, an important perinatal disorder, but

excludes symptoms of depression. EPDS comprises 10 items, a cut of 10 for minor depression and 13 or more for major depression. Patient Health Questionnaire, Beck Depression Inventory, and the Epidemiological Research Centre Depression Scale are other screening tools.<sup>[5]</sup>



## Post-partum depression and marital satisfaction

Marital satisfaction tends to be highest early in a marriage and declines after the first delivery. The changeover to motherhood is considered a possible cause of marital conflict and a decline in marital satisfaction.<sup>[6]</sup> Relationship satisfaction is particularly important to consider after childbirth, as it influences the mother's and father's positive co-parenting with young children and promotes positive health in general outcomes of relationship dyads. Beck noticed an association between poor marital relationships and PPD. Based on the previous research, the findings showed that depressed women rate their marital relationship and marital satisfaction lower. Relationship conflicts appear to be one of the stressful events associated with PPD.<sup>[7]</sup>

High parental anxiety and worse marital quality in the first post-partum year. Lower satisfaction of husbands of women with PPD and inadequate communication with spouses were reported by women with PPD. In addition, lesbian couples who had children through artificial insemination showed reduced marital distress after the child was born. Compared to married women, divorced/widowed women are 3-4.5 times more likely to develop post-partum depression due to their social psychological, and economic challenges, which in turn provoke the condition of depression.<sup>[8]</sup>

A cross-sectional study of 390 mothers in Nigeria found that 39.9% were dissatisfied with their marriage. Marital dissatisfaction is more severe among women with anxiety and depression (22.0%).<sup>[9]</sup> Marital distress was found in 39.55% of the mothers in the study group. The evaluations and providing emotional support should be the center of interest to cultivate maternal feelings of acceptance. Partners should be motivated to involve in household tasks, and baby care to reduce the overburden on the mother.

A longitudinal study examines the association of post-partum depression and marital dissatisfaction and its impact on infant outcomes among middle-class post-partum women from birth to 2.5 years. Post-partum depressive symptoms, marital dysfunction, and intimate partner violence is characterized by nearly one in three mothers.<sup>[10]</sup>

In a study conducted among women between 37-42 weeks of pregnancy, the Edinburgh postnatal depression scale was used to identify depression and found that marital satisfaction is a predisposing factor of post-partum depression.<sup>[11]</sup> Routine screening for post-partum depression in the obstetric unit is an effective and reasonable method to identify post-partum depression and there by minimizing its harm to mother and baby.

Post-partum depression and marital satisfaction are significantly correlated. The study results show a substantial correlation between PPD and marital satisfaction. Women with low or moderate levels of couple satisfaction are less likely to suffer from PPD than those with relationship distress. Women who reported high levels of partner satisfaction, on the other hand, were free of PPD. This finding demonstrates that a substantial PPD risk factor for women is a lack of support from their spouses.

Women with marital distress are more suffering from post-partum depression than women who have high marital satisfaction. This finding showed the lack of their husband's support as an important risk factor for post-partum depression. A longitudinal study among 332 expecting couples in 28-40 weeks of pregnancy showed that marital satisfaction, directly and indirectly, had a relationship with maternal depression. A cross-sectional study among women with post-partum depression showed the prevalence of physical, sexual, and emotional violence (84%). Emotional abuse was found to have a significant association with maternal

depressive symptoms.<sup>[10-18]</sup> Postnatal screening, treatment of post-partum depression, and psychosocial support have to become part of routine postnatal care.

**Management**

Psychological treatments like Interpersonal Psychotherapy (IPT), cognitive and Behavior Therapy (CBT) can be used for women with depression. Patients who don't respond to medical management refuse antidepressants, CBT is the treatment of choice

Combined treatment modalities like CBT and

antidepressants are more cost-effective. Mental health counseling during the postnatal period will reduce symptoms of depression and post-partum depression appreciably.

Interpersonal psychoanalysis, staying active, establishing social connections and adequate sleep, and building resilience may help to prevent post-partum depression. Resilience means a group of personal resources that safeguard the individual from the negative effects of stressors. Postnatal women with high resilience showed higher mental well-being, lower psychiatric problems, and lower depression scores.<sup>[15]</sup>

**Table 1: Five points to become resilient**

<b>1</b>	<b>Connect with family and friends</b>	Establishing strong positive relationships with family members and friends may provide support and recognition in good times and bad. Make other connections by joining a faith or spiritual community.
<b>2</b>	<b>Do meaningful and purposeful activities every day</b>	Involve in daily activities that give you a sense of achievement and motivation. Set goals that helped you get through the tough times.
<b>3</b>	<b>Have lessons from experience</b>	Think of how you have dealt with hardship in the past. Appraise the skills and strategies that helped you to deal with a difficult time.
<b>4</b>	<b>Be optimistic</b>	Accept and even anticipate change . This will help you to adapt and view new challenges with less anxiety.
<b>5</b>	<b>Take care of yourself</b>	Participate in physical activities and hobbies in a daily manner. Get adequate sleep, a Healthy diet , relaxation techniques, and stress management.

**Conclusion**

Marital dissatisfaction is a risk factor for post-partum depression. Post-partum depression level is low among women with higher marital satisfaction. It is noticed that women with post-partum depression showed very low marital satisfaction. This indicates the preventive role of marital satisfaction. Marital satisfaction is contributed by healthy family functioning and happiness, sexual satisfaction, conflict resolution, communication, etc. Couples should sensitize about this association, and male partners should be

courageous for increased participation in parenting roles. It is recommended to screen women for PPD and adequately manage the same. Management should include non-pharmacological interventions like individual therapy, supportive therapy and couple therapy counseling, and psycho-education to enhance maternal and couple resilience. This requires adequate training of health care professionals to provide prospective couples with predictive guidance and available community resources to raise the perception of mental health and marital mental health & risks during the post-partum transition.

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Review Article

## Legal standpoint on marital rape in India

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### Abstract

The present paper discusses the legal standpoint on marital rape in India concerning Indian women whose stoic silence on the said controversial issue is meant only for maintaining harmony in married life. The three branches of the Indian democratic system: the Legislative, Executive, and Judiciary have never been shaken vigorously whenever the reality and agony of marital rape surfaced in reports, news, and statistics. The prevalent legal provisions available to marital rape in India are insufficient to deal with the injustices borne by the victim. The judgments by the apex court are also not supportive of the criminalization of marital rape and the matter is still hanging on the pretext of the social and cultural threads beaded to the ornament of sacredness involved in the institution of marriage.

### Introduction

“Her friends used to tell her it wasn't rape if the man was your husband. She didn't say anything, but inside she seethed; she wanted to take a knife to their faces.”<sup>[1]</sup>

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The latest data reported that 82 % of the sexual violence for married women (of age group 18-49) is mostly committed by their current husband who either used physical force or threats to have sexual intercourse with them even without their consent.<sup>[2]</sup>

### Statistics of marital rape in India

The true magnitude of marital rape in India is hard to find given that women are not coming forward to report the matter to the police. The agencies that are somewhat providing statistical evidence are the National Family Health Survey, the Crime Bureau of India, FIR cases filed under Domestic Violence, and Independent research organizations.

**Factors involved in the prevalence of marital rape in India**

♦ **Social and cultural factors**

1. A rigidly patriarchal Indian society along with the indifferent approach of women makes it hard to sensitize the general population about the seriousness of the issue.
2. Socio-cultural dimension to the marriage and family still holds utmost significance.
3. A wife's consent to have sex with her husband is considered to be permanent after her marriage.
4. No one wants to open a Pandora's Box revolving around marital rape in India due to a lack of education, social customs and values, and religious beliefs.
5. The misconception that men are assumed to be a species that has no control over their sexuality and women are submissive species to look after their sexual needs, is still prevalent. The safe and secure institution of marriage provides the husband an expectation of intercourse and where the wife implicitly consents to sex.
6. Marital rape is still associated with guilt and shame in Indian society. A woman is silenced because her sexuality and sexual drives are not to be discussed openly.
7. Marital rape cannot be criminalized since the majority of the people believe that those who are raising the marital rape's legality are against India's traditions, and social values and are blindly following Western Countries' ideology in this regard.

♦ **Legal factors**

1. The Indian Penal Code has not reviewed the defining part of marital rape which can make this a criminal offense.

2. The future legal perspective on the Universal Code of Conduct in matters of marital rape is a distant dream to be achieved in the Indian Judiciary.
3. No law has codified the rights and duties of husband and wife in a marital relationship which makes the defining part of marital rape as a crime more difficult and controversial.
4. It is very difficult for the victim (woman) to prove the absence of consent in marital rape cases.
5. It is ironic that rape has been viewed only as a crime against a woman's husband or guardian.

**Consequences of marital rape on the victim and her family**

1. Psychological issues like self-esteem, self-confidence, trust, faith, emotional attachment, emotional security, privacy etc are affected.
2. Physical and emotional traumatic influence on the victim jeopardized the victim's personality growth and life.
3. It creates long-term consequences for the victim and her children, especially the girl child.
4. No healthy family life grows in such a traumatic experience.

**Marital rape and laws in India**

**I. Marital rape as per Indian Penal Code (IPC), 1860:**

- ♦ Section 375 of IPC, 1860: The Section defines the elements and constituents' of rape but has not defined marital rape after the age of 15 years. This Section refers to marital rape as undesirable sexual intercourse by a man with his own wife without obtaining her consent (the wife being under 15 years of age).<sup>[3]</sup>

- ◆ Section 376 of the IPC deals with the punishment for rape.<sup>[3]</sup>
- ◆ According to the Indian Penal Code, under the following conditions the spouse can be criminally charged for an offence of marital rape:
  - ◆ When the wife’s age is between 12-15 years.
  - ◆ When the spouse is underneath 12 years old.
  - ◆ Rape of a judicially isolated spouse.

Rape of a wife whose age is above 15 years is not punishable.

- ◆ Under Section 376B of IPC sexual intercourse with one’s wife without her consent during a decree of judicial separation is punishable.<sup>[3]</sup>
- ◆ Section 498-A of the IPC deals with managing remorselessness, to ensure themselves against “unreasonable sexual direct by the spouse”.<sup>[3]</sup>

**II. Justice J. S. Verma Committee (2013),** recommended rape being a criminal offense, law should specify that “marital or other relationship between the perpetrator or victim is not a valid defense against the crimes of rape or sexual violation”.<sup>[4]</sup>

**III. Protection of women from Domestic Violence Act, 2005**

As per the Act woman can seek justice from Court on account of marital rape.<sup>[5]</sup>

**III. Indian constitution and marital rape**

- ◆ Marital rape is in contradiction of Articles 14 & 21 of the Indian Constitution since it denies women protection from rape and sexual violence by their own husbands.<sup>[6]</sup>
- ◆ The exception to Section 375 differentiates and discriminates against married

women and protects only an unmarried woman from rape.<sup>[3]</sup>

- ◆ Exception 2 of Section 375 denies a married woman her personal liberty as per Article 21.<sup>[3,6]</sup>
- ◆ Article 21 of the Indian Constitution has a wider perspective that goes beyond the literal guarantee of the Right to life and liberty and also includes other dimensions like rights to health, privacy, dignity, safe living conditions, and safe environment.<sup>[6]</sup>
- ◆ Marital rape is a grave violation of Article 21.
- ◆ Women’s sexual freedom and their decision-making in this regard is a big question mark in Indian society.
- ◆ Right to safety and dignity: Fundamental Rights and Human Rights are violated.
- ◆ Men cannot be given immunity from a punishable offense of rape when committed in a contract of marriage since it violates the Constitutional Provisions of the Right to Life.

**Judicial stand**

- ◆ RIT Foundation vs Union of India, SCC 2022<sup>[7]</sup>

The case dealt with the legal challenge to Exception 2 of Section 375 of IPC in the Delhi High Court via Public Interest Litigations. However, the verdict caused a split judgement where on the one hand, consensual sex is considered fundamental to a healthy marriage and the on the other side opined that forced sex with a husband does not provoke the same sense of violation as forced sex with a stranger.<sup>[8]</sup> The Central Government submitted that Criminalizing Marital Rape:-

- ◆ May destabilize the institution of marriage
- ◆ The definition of a ‘rape’ as defined

under section 375 of IPC cannot be the same in the case of marital rape.

- ◆ Questions the authenticity of evidence of sexual offenses between a man and his own wife on those grounds the Courts will rely upon to give justice to the aggrieved parties?
- ◆ Must be discussed by the legislature since the matter has consequential reference to the social, cultural, and legal aspects of the country.

In September 2022, the Supreme Court held that without any discrimination to marital status of the women they are entitled to have safe and legal abortions until 24 weeks of pregnancy under the Medical Termination of Pregnancy Act.

The apex court is still not applying the same rule in defining rape as an offense within the preview of marriage. While the wait to get justice in criminalizing marital rape has still been lingering. The matter is still under consideration in the form of a series of petitions seeking to criminalize marital rape since the last hearing of the Court which was held on March 22, 2023, and also heard on May 09, 2023.

- ◆ Hrishikesh Sahoo and State of Karnataka & Ors, 2022<sup>[9]</sup>

The Karnataka High Court had clearly held that rape is a rape, be it performed by a ‘husband’ on the ‘wife’, and no immunity in the penal code should be provided to a married man.

- ◆ Justice K.S. Puttuswamy (Retd.) vs UOI, 2017<sup>[10]</sup>

The Supreme Court recognized a woman's right to say “no” where her consent is required as her fundamental Right to Privacy.

- ◆ Suchita Srivastava vs. Chandigarh Administration, 2009<sup>[11]</sup>

The Supreme Court said the right to make

choices about sexual activity is very much within the scope of Article 21 of the Constitution which considers rights to personal liberty, privacy, dignity, and bodily integrity.

- ◆ The Chairman, Railway Board vs. Chandrima Das & Ors., 2000<sup>[12]</sup>

In this, the Supreme Court has observed that rape is not merely an offense under the Indian Penal Code but is a crime against society as a whole.

- ◆ Bodhisattwa Gautam vs. Subhra Chakraborty, 1996<sup>[13]</sup>

In this case, the court held that rape is a sexual offense for corrupting and mortifying the ladies.

- ◆ State of Maharashtra vs. Madhkar Naraya, 1991<sup>[14]</sup>

The Supreme Court defined that all women have the right to refuse sexual intercourse. When a prostitute can refuse sexual activity, why has an exception been made for married women.

### Constitutional parameters

- ◆ Right to Live with Human Dignity (Article 21)
- ◆ Francis Coralie Muin vs. Union Territory of Delhi, 1981: In this case, the right to life with human dignity under Article 21 of the Constitution was highlighted.<sup>[15]</sup>
- ◆ Right to Sexual Privacy (Article 21)
- ◆ Kharak Singh vs. State of U.P. (1962); Govind vs. State of Madhya Pradesh (1975); Neera Mathur vs LIC (1991) etc.; The Supreme Court has perceived that a right to privacy is inherently enshrined under Article 21.<sup>[16,17,18]</sup>
- ◆ State of Maharashtra vs. Madhkar Narayan (1991): The Supreme Court has held that every woman is entitled to her sexual privacy and her consent in this matter, matters.<sup>[14]</sup>

- ◆ Fundamental Rights
- ◆ Justice K.S. Puttuswamy (Retd.) vs. UOI, 2017: The Supreme Court held that the ability to make an intimate decision on sexual matters within intimate relationships is under the ‘right to privacy’.<sup>[11]</sup>

In each of these cases, the Supreme Court recognized that regardless of a woman’s marital status she has the right to refrain from any sexual activity. The women’s autonomy to take decisions in such matters derives from a fundamental right guaranteed by Article 21 of the Indian Constitution. Anything done contrary to obtaining forceful consent in sexual activities is a violation of the Constitution’s Article 21.

- ◆ Article 14 And Exception 2 of Section 375 of IPC.
- ◆ Smt. Saroj Rani vs. Sudarshan Kumar Chadha (1984): In the said case, it was stated that Article 14 would not apply in marital relationships.<sup>[19]</sup>
- ◆ Justice K.S. Puttuswamy (Retd.) vs. UOI, 2017: Then subsequently, in this particular case this was cited whether Article 14, privacy will apply to personal association or not.<sup>[10]</sup>
- ◆ RIT Foundation vs. Union of India, SCC 2022: The Chief Justice of India, D Y Chandrachud stated- “You are challenging the validity of a central law on the ground that reading the marital rape exception would amount to a breach of 14. That does not raise the issue of whether Article 14 will apply to personal relations or not. The question is that Article 14 does apply to the statute”. The bench clubbed the case with the other petitions concerning the validity of the marital rape exception.<sup>[7]</sup>
- ◆ Article 21 and Exception 2 of Section 375 of IPC

- ◆ RIT Foundation vs Union of India, SCC 2022: The exception 2 of Section 375 of IPC goes against the woman’s rights over their body, her autonomy in making decisions, and matters which concern her dignity. Though all these matters have been guaranteed under Article 21 of the Constitution to each Citizen. The case’s judgment however acknowledged that including rape within marriage is not “rape”.<sup>[7]</sup>

**Legal provisions in conflict with other provisions and contexts**

- ◆ Section 375 of the IPC

It is an irony that there is no lawful provision for the wife after the age of 15, if she suffers from marital rape which is against human rights. Here the law is accommodating and shielding the sexual violence for those who are lawfully 18 years or above which is clearly violative of Article 14 (Equality before Law) since it discriminates against married women.<sup>[6]</sup>

- ◆ Section 498A of the IPC

Section 498 -A of the IPC protects the woman from the cruelty of her husband. Though marital rape has not been defined here, but any willful conduct which is likely to hurt or endanger the woman’s body and life is a punishable offense.<sup>[3]</sup>

It’s odd that, in marital relationships, there is no legal definition of a spouse’s rights and duties towards others. Though the ingredients of Section 375 are separate yet Section 498A can be used as a substitute for Section 375.

- ◆ Restitution of Conjugal Rights (Section 9 of the Hindu Marriage Act, 1955)

Spouses have the conjugal rights to maintain the harmony of their married life, and the law also ensures that the withholding or denial of conjugal rights can be a reasonable ground for divorce. The denial of sex by one partner in a marriage can become a source of contention



by one spouse against the other. This context is very much complex and needs serious handling of the matter.<sup>[20]</sup>

◆ False implications in marital rape cases

There is the fear that false cases of marital rape will be implicated to settle scores with husband and in-laws.

◆ Marital rape and divorce

The social thinkers are of the view that the number of divorces will rise, if proven, marital rape recognized as a cruelty and as a crime.

◆ Live-in-relationships and marital rape

The dichotomy also exists in live-in-relationships where if forceful non-consensual intercourse occurs, cases are filed for ‘rape’, not as ‘marital rape’.

◆ Interference in marital relationship

“Review of Rape Laws” 2000 mentioned that removal of Exemption Clause 2 from Section 375 will lead to unnecessary interference within the marital relationship.<sup>[21]</sup>

**Contentious issues alongside with marital rape are:**

- ◆ Will exempting the married man of marital rape is not equivalent to shielding and creating more new crimes in the society?
- ◆ Does men’s consent also matter in sexual matters?
- ◆ In the four walls of the home, can law interfere in private and intimate moments of the spouses?
- ◆ What is the role of the State in the private affairs of spouses?
- ◆ Are Indian women ready to fight this battle alone in criminalizing marital rape?
- ◆ Are Indian men ready to take the allegation of “rapist” as a challenge to their masculinity or authority in the institution of marriage?

- ◆ Is sex with spouse a privilege or a right that cannot be challenged by any authority or by the person whose consent in this matter is assumed to be non-significant?
- ◆ Is marriage a permit or license to rape without being caught by the law?
- ◆ Does marital rape questions the safety, dignity, equality, and equity of women in the institution of Marriage?

**Challenges alongside with coining of “Marital Rape” in legal provisions are:**

- ◆ Defining Marital Rape in contrast to “Rape”.
- ◆ What constituents will be considered to define marital rape?
- ◆ What are the domains and parameters of the evidence that will eliminate the proximity of false implications of the man in marital rape cases?
- ◆ What must be the nature of the punishment to be decided by the Judiciary and executives?

**Conclusion**

The judiciary is silent, legislature is quiet, executive is unaware and Indian women are bearing the brunt? Isn’t this form the organized crime against the women? Who will provide justice to the women confined in the four walls of the house, conditioned by the society to behave and act in a certain manner as expected from them a centuries ago? It is high time that the Exception 2 for Marital Rape be removed from IPC to make the offence as a crime. The institution of marriage or any other relationship between the offender and victim is not a valid defense against rape or sexual violence. The question is why marriages in India are assumed as the citadel of security and harmony when the real data speaks contrary to the facade?

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Original Article

## Viewing cultural connections through analysis of the representation of transgenders and trans sexuality in recent Bollywood and OTT

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### Abstract

The mainstreamed dimorphism of sexuality has long called for conformity to the social construction of gender binary, particularly that of normative masculinity. Society has thus mostly drawn lines on questions about body, self, and sexual identity. Consequently, till today there have been cultural stereotypes and social taboos that concern gender identity. Media is considered a major source and agent of socialisation and has begun to reflect more on these socially significant issues. So, understanding the framing of gender-fluid identities as well as analysing the context of sexuality, is a pressing issue in contemporary society. In India, where traditional gender roles are deeply ingrained, the subject of transgender sexuality and romantic relationships has been a taboo topic for a long time. So, this paper looks at the themes of trans-sexuality and relationships in the recent Bollywood and OTT content. It employs a qualitative research design involving a content analysis focused on portraying transgender characters, trans sexuality, and romantic relationships in the sample content. The research relied on the qualitative approach to identify themes and patterns in the data to

### Keywords:

Transgender representation, Transsexuality, Bollywood, OTT content, Relationships

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reveal that this topic is being discussed more boldly and with nuanced understanding to some extent in recent years, but shades of stereotyping still exist. The study examines the impact of such representation on the audience and culture. The analysis reveals that there has been an improvement in the representation of transgender characters in recent years, and such representation has contributed to creating awareness and understanding of trans issues in Indian society.

## Introduction

### Transgenders and society

The idea of cis-gender sexuality, represented as male and female, has been mainstreamed to a large extent conforming mostly to the framework of normative masculinity. Any other variance has mostly been viewed as a deviation from social norms and religion. Thus, this social construction of the gender binary has resonated with social discourses, narratives, and media representations. Societies in many places worldwide have therefore drawn lines on questions about body, self, and sexual identity. Consequently, till today there have been cultural stereotypes and social taboos that concern the shifts in gender identities viewing these individuals as the unacceptable 'other'. The country's LGBTQ+ community has a complex history, which has seen both challenges and a recent transition despite the presence of certain groups like the transgender communities in Indian society for centuries. It is believed that the world's oldest recorded same-sex relationships and record of gender and sexual diversity in ancient texts is seen in India.<sup>[1]</sup> Yet, in matters of social perception, access to health and other services, they are stigmatised even through media representation, and when we talk about their lives, bigger questions arise due to the relationship between them. The transgender portrayal represents a sense of 'othering' reflected in different media content, genres, and formats through news, advertisements, films, and social media like memes, reels, etc.

Media plays a significant role in society as it shapes ideas and colours our perceptions. Many researchers have established that the visual medium strongly influences the audience. Thus, cinema significantly influences Indian culture and society, including attitudes toward gender and sexuality. The Indian entertainment and popular culture industry is one of the biggest and largest film industry in the world, as around 1,500 to 2,000 films are released annually in at least twenty languages. Bollywood, the Hindi-language film industry based in Mumbai, is the

biggest in this network.<sup>[2]</sup> With the rise of the OTT platforms and their market share, the size of the audience consuming cinema and OTT content is also regarded as one of the biggest.

Although the portrayal of transgender characters in media has been a topic of discussion for decades, it has been noted that recently, there has been a focus on the visibility and representation of transgender characters and trans sexuality in Bollywood and OTT web series. However, the accuracy and authenticity of these portrayals have been debatable and perpetuate negative stereotypes and inaccuracies about the transgender community, which even this community reports often. The increased representation may seem 'positive on its surface', but it is flawed, and transgender and gender-diverse people are still majorly under represented by the media.<sup>[3]</sup> It has been seen that they are often misrepresented.<sup>[4]</sup> Regarding sexual minorities, some cultures lack the neutral or positive language to refer to the lesbian, gay, bisexual, transgender, and the larger community (LGBTQ+).<sup>[5]</sup>

### Transgender sexuality, romantic relationships, and media

Transgender communities are present in almost every society, but certain aspects of their social and personal lives are usually oblivion. Some perceptions have been strengthened, like seeing them as dancers and singers during weddings or other celebrations, asking for money, or cursing in case of refusals. The mainstream narrative has mostly ignored their lives, journey, emotional side and choices. Consequently, transgender sexuality and relationships have been seen through the lens of taboo in media, including the cinema. The representation in films would often consider inappropriate or too sensitive to discuss nuances about their lives in a film plot. The portrayal of transgender characters is often limited to stereotypical and negative depictions such as sex workers, beggars, or comedic relief. Mardian feels that trans people have been portrayed as sad jokes by the mainstream media, including cinema.<sup>[6]</sup> Jobe studies American news, television, and films

between 1975 and 2013 for their correctness and objectivity in portraying trans people and transgender issues but found the presence of negative stereotypes about their life and struggles reinforcing common misconceptions.<sup>[7]</sup> Negative portrayal<sup>[8]</sup> and lack of representation<sup>[9]</sup> perpetuate discrimination and marginalization of the transgender community through these storylines and film treatment. Research has linked discrimination and psychological distress, with family support, identity pride, and particularly peer support serving as protective factors.<sup>[10]</sup> Transgender individuals often experience significant challenges due to social stigma and discrimination<sup>[11]</sup> impacting their psychosexual and psychosocial development. The lack of acceptance and understanding or discrimination towards transgender individuals in society can negatively affect their mental health and overall well-being.<sup>[12]</sup> Film and television often cast transwomen as villains, creating problems for their fight for equal treatment.<sup>[13]</sup>

Many studies have found the representation of transgender characters in media to be historically problematic, often perpetuating negative stereotypes and being laden with erroneous details about the transgender community.<sup>[14-17]</sup> While analysing the literature on the projection of trans-community and trans-sexuality representation in Bollywood and Indian cinema, one can locate a limited corpus. However, some works have examined the portrayal of transgender and trans-sexuality in Hindi cinema and media texts. Most have found their portrayal as 'stereotypical and sensational', including Chatterjee<sup>[18]</sup> who suggests that the societal treatment of this group as the deviant 'other' is mirrored in contemporary Hindi cinema with few characters depicted. They are either reduced to comic caricatures (Hum Hai Rahi Pyaar Ke, 1993, Raja Hindustani, 1996); or to the demonised eunuch as the embodiment of evil (in Sadak, 1991; Sangharsh 1999). Kaur<sup>[19]</sup> also believes that mainstream Hindi cinema has not been able to do much justice to queer identities. Sabharwal and Sen<sup>[20]</sup> in their study

regarding the portrayal of sexual minorities in Hindi films, state that Bollywood or Hindi cinema has traditionally adopted an attitude of denial or mockery towards LGBTQ individuals. The portrayal of sexual minorities revolves around sarcasm, comedy and negative representation but alternative cinema presents them more realistically and can raise, express and suggest possible solutions to their problems properly.

The recent depiction has seen some shift, and more representation is there, yet it was not nuanced and accurate as LGBTQ+ are typically presented as comical characters or ignorantly depicted eunuchs or as villains<sup>[21]</sup> like Masti (2004), Kyaa Kool Hain Hum (2005), Partner (2008), Sangharsh (1997), etc. Riggs, Colton and Bartholomaeus<sup>[22]</sup> also agree upon trans-visibility in media, but they call it 'mundane transphobia' based on their study on Tv Show Big Brother UK as they observe that historically, such visibility has been largely negative, reliant upon pathologising understandings of trans people's lives. Recently, their portrayal has been somewhat positive across different media organisations seeking to understand and focus on trans experiences, but it is still sensationalist.

However, few films portrayed LGBT characters in a positive light and challenged traditional gender norms are also present across the time line. Positive media portrayal of this community could be helpful in the mind set shift, even in extreme cases.<sup>[23]</sup> Also, it would be imperative to let them reclaim their own story, as Jayaprakash<sup>[24]</sup> notes that even the genre of self-expression through autobiography and literature is increasingly becoming popular among the trans community and is helping them in the reconstruction of their identity, better represent their other ed bodies, and bring their alternative narrative into the existing discourses that have caused them harm. They can negotiate their public spaces by breaking stereotypes. The literature on the representation of transgender and trans sexuality in OTT series is still emerging, and the quality and

authenticity of these portrayals are being examined. If Bollywood and OTT web series present transgender characters as hyper-sexual, it can further perpetuate negative stereotypes and stigmatisation of the transgender community.

Thus, analysing the portrayal of trans-sexuality is an under-researched area in the Indian context and there is a limited understanding of how their relationships are woven into the film plot since it does not show much depth in the film literature. This research paper analyzes how transgender sexuality and romantic relationships are portrayed in Bollywood and Indian OTT web series and how these portrayals are viewed vis-a-vis taboos surrounding these topics. By examining various examples of transgender representation in Indian cinema and OTT, this research paper aims to shed light on how these portrayals have evolved and their impact on audiences. This analysis will provide valuable insights into the current state of transgender representation in the Indian media and how it can be improved in the future. Overall, this research paper aims to contribute towards building an understanding of transgender sexuality and romantic relationships in the sample media texts and to seek open and honest discussions about these topics in Indian society.

### Conceptual underpinnings

The inter sectionality of gender, sexuality, media representation, and cultural discourse forms the foundation of the theoretical framework for this research study. Media representation is a crucial framework for this study. The term “media representation” relates to how people and groups are portrayed in a variety of media.<sup>[25]</sup> Social constructionism is one of the main theoretical theories that guide this investigation, which underlines how people and groups create meanings and identities via social interactions and cultural discourse.<sup>[26, 27]</sup> It guides on how cultural discourse on gender and sexuality shapes the meanings and identities of transgender characters in the setting of this

study. Cultural discourse impacts the meanings and identities of transgender people, consider psychology from a sociocultural viewpoint.<sup>[28]</sup> Critical race theory is utilised to understand how the intersection of race and gender affects how transgender characters are portrayed in media.<sup>[29]</sup>

Inter sectionality theory is a further significant theoretical foundation for this research.<sup>[30]</sup> According to this hypothesis, several forms of social inequality, such as race, gender, sexual orientation, and class, intersect and interact in complicated ways to influence how people feel privilege and marginalisation. Intersectionality is a term that can be used in the context of this study to describe how transgender people and their relationships are portrayed in popular culture. The fields of psychology and sociology are also connected to this research. To comprehend how the portrayal of transgender characters in media can affect transgender people’s self-identities, one can turn to social identity theory.<sup>[31]</sup>

### Methodology

The objectives were to analyse the evolution of the representation of transgender characters and relationships in Bollywood and OTT web series through a psychological and sociological lens. Specifically, this paper also explores how transsexuality is portrayed in these media texts and links it with their psychosexual development. The overarching research question was to understand how transgender characters were portrayed in these films and web series released in the last three decades and what patterns and themes are used for their representation.

A qualitative analysis framework was used that involved qualitative content analysis, offering a more nuanced and comprehensive understanding of the media’s portrayal of transgender characters and their relationships in the studied texts. Analysis was done in several stages, including data collection, coding, and interpretation. In this research, the data collection involved selecting relevant series and

movies that feature transgender characters. A coding scheme was used for systematic identification and classification through coding of key features of the characters, such as their gender identity, like male-to-female, romantic relationships, and overall representation as positive, negative, or stereotypical. Finally, the interpretation involved analysing the coded data to identify patterns and themes and drawing broader conclusions about the representation of transgender characters in the select sample.

### Sample

Relevance sampling was carried out to choose the most suitable sample that included those films and web series from the last thirty years that feature transexual characters prominently in the form of the film plot or sub-plot. The sample films were chosen based on the presence of transgender characters concerning their relationships and life as part of the film plot rather than just transvestism being depicted as a trans joke.

Thus, the most relevant films and web series between 1990-2022, namely *Sadak* as S (1991), *Tamanna* as T (1997), *Darmiyaan* as D (1997), *Sacred Games* as SG (2018), *Laxmi* as L (2020), *Chandigarh Kare Ashiqui* as CKA (2021) and *Gangubai Kathiawadi* as GK (2022) were analysed. Other films with indirect references were studied to assess how the idea of transsexuality was projected. This list helps follow the pattern and trace the evolution of their representation in Hindi entertainment content.

### Analysis

The qualitative analysis of different variables of the sample films and web series is presented below:

I: Type of the transgender character: In all the studied films and web series, the trans characters were presented as Male-to-Female (MTF) transsexuals,

and no character was female-to-male. This was even seen in almost all those films which depicted transvestitism.

II: Analysis of character sketch, representation, relationships, profession, addiction, and themes:

#### **Film: *Sadak* (1991) directed by Mahesh Bhatt**

- ♦ Transgender character and actor: ‘Maharani’ played by Sadashiv Amrapurkar.
- ♦ Representation: Maharani’s role in this movie has a stereotypical personality. A transgender, inter sex person, also known as a “Hijra” in Indian culture, Maharani is the antagonist- a brothel madam, who kidnaps young girls and forces them into prostitution in addition to engaging in other criminal acts. Pooja Bhatt, the female lead is saved by the male lead, Sanjay Dutt, so Maharani conducts a manhunt for her. By possessing a stereotypical attitude and structural qualities that portray trans people negatively, this character perpetuates harmful assumptions about transgender persons as criminals or derives comedic relief in places. Many reviews find the character’s portrayal insulting, dehumanising, and harsh, and her performance leaves the audience with an unpleasant memory. The film does show the use of different substances.
- ♦ Relationships: In S, the villain Maharani is ruthless with the sex workers and all those kidnapped girls brought to her, including the protagonist. There is no romantic relationship between this trans character, just flirtatious interactions of a ‘brothel madam’. She is incharge of a group of criminals including a few trans characters.

#### **Film: *Tamanna* (1997) directed by Mahesh Bhatt**

- ♦ Transgender character and actor: ‘Tiku’, is protagonist Tamanna’s father and Paresh Rawal plays the role.

- ♦ Representation: It is a pioneer film in trans-representation as it portrays Tiku, in a sympathetic and nuanced manner, with a layered depiction of human emotions challenging social prejudices and stereotypes against this community. It is an inter-sex character, and there is a lack of clarity on the character's gender identity as the cis characters of the film refer to Tiku as 'him'. Tiku is a Muslim performing religious practices, and the overwhelming plotline about parenting may have hampered the expression of sexuality in the film. Tiku is a makeup and hair artist in the film industry, and his mother was a leading actress of the yesteryears. The character's struggles and experiences are portrayed with sensitivity and compassion, presenting a positive message for acceptance and understanding. However, a critical perspective about the film can be that for their acceptance into the social order, they need to be shown in a feminine manner, with a care giving nature, of sacrificing nature. This reinforces certain social stereotypes as deviation from being a 'martyr' projects them negatively, unlike cis-characters.
  - ♦ Relationships: Tiku does not have a romantic relationship but is extremely affectionate towards Tamanna, an abandoned character whom he rears as his daughter amidst strong criticism. He also has a strong bond with his mother- a leading actor in the past who dies at the beginning of the film. Tiku is a protective parent and has humane interactions with other cis and trans characters despite receiving disgust from society in general. There are strong friendships between Tiku and his cis friend, his son. The parental depiction was a shift from the mainstream discourse of only presenting the trans community as dancers and sex workers, but later Tiku becomes a dancer like other Hijras, but this community acts very positively throughout the film.
- Film: Darmiyaan (1997) directed by Kalpana Lajmi**
- ♦ Transgender character and actor: Imi, played by Arif Zakaria.
  - ♦ Representation: This is one of the most complex sketches in which trans character is drawn mostly sensitively, with the storyline focussing on Imi's life story and character development as part of the film's structure. Imi is an inter-sex character whose journey as a 'Hijra' is projected through different subplots that make him, and others discover his gender identity. This revelation is laden with struggles of othering, tension within his family bonds, rejection from society, and tragic personal acceptance towards the end, culminating in suicide. The representation of hermaphroditism is seen via the hateful attitude of the society and projected with deeply negative stereotypes like such individuals are not part of the normal society and need to be ostracised, which even trans people perpetuate in this film like Champa (Sayaji Shinde) leader of Hijra group. Although D is based on Imi, he is caught in the story about his mother throughout the film, so his identity is suppressed for most of the film. The instance of sexual violence (gang rape) on Imi is a disturbing reality faced by different genders. An abandoned child whom Imi decides to bring up provides a semblance of relief to Imi for some time as Champa forces him to give up.
  - ♦ Relationship: There are varied relationships throughout the film, some of which are supportive to the character and help Imi to navigate through life, while few, including the trans character Champa are repelling as these characters traumatise Imi from his childhood by revealing that he is a hermaphrodite and needs to leave the normal life. There is a sensitive and comforting bonding with Zeenat Begum (Kiron Kher), his mother, a film actress amidst volatile incidents in Imi's life, but she also is not accepting of his identity as she had never accepted that Imi



was her son, instead called him her brother. Imi's grandmother, his real father, and Tabu's character- an actress who replaces Zeenat are sympathetic to him.

**Web Series: Sacred Games (2018) directed by Anurag Kashyap, Vikramaditya Motwane**

- ◆ Transgender character and actor: 'Kukoo' performed by Kubra Sait.
- ◆ Representation: Kukoo is a complex character, and one of the main highlights is that a female actor performed such a role making it more interesting for the audience. This character is projected to challenge traditional gender roles and stereotypes, but some critics have argued that her portrayal reinforces harmful tropes about transgender people as hyper-sexual objects. Certain stereotypes like these individuals are immoral and deviant that have been reinforced due to SG. Some have viewed the character as a negative and stereotypical character as she is a sex worker and a drug addict. The portrayal on one side presents Kukoo as a bold, strong person who talks about choice and desire but, on the other side, does not have agency as she falls in love with a mafia lead and thus becomes weak in the transaction.
- ◆ Relationships: An explicit, complex, and layered romantic relationship is depicted with a cisgender man, the protagonist 'Gaitonde' (played by Nawazuddin Siddiqui) that evolves from an explicit and violent physical engagement to a deep emotional bond, where there is acceptance. She is not shown to have healthy relationships in the film, and her engagement has an element of pain. The relationship has remnants in Gaitonde's life even after Kukoo's death. She also had a previous connection with another mafia man, and a semblance of Kukoo being 'precious' to these men is part of the story. That was depicted as a shift from the stereotypical representation, but in the process, SG gets trapped in sexual stereotypes.

**Film: Laxmi (2020) directed by Raghava Lawrence**

- ◆ Transgender character and actor: Laxmi performed by Sharad Kelkar and Akshay Kumar.
- ◆ Representation: There is an expression of boldness and confidence. The character is that of a ghost who is confident and empowered but violent, fighting against discrimination and violence towards transgender individuals. The horror-comedy nature of the film contributes to its problematic representation as fear, violence, and effeminateness in Aasif's character are linked with the trans-community, thereby reinforcing the stereotypes of othering and abnormal beings. However, an element of positivity is that trans-subject is the central theme of L, and this portrayal challenges the other stereotype about transgender individuals that they are weak. The projection of actual Laxmi as a respectable and loving character is also a positive shift. Yet, some critics argue that the film could have given more screen time to Laxmi's perspective and experiences and that is visible from the 3-minute trailer itself, where Sharad, the actual trans character is completely absent and only the sensational and cross-dressing representation is used. Akshay Kumar's commercial presence and transvestitism theme makes the subject non-serious in its appeal. The character is not addicted to any substance.
- ◆ Relationships: The actual Laxmi, played by Sharad Kelkar, is the back story of L that involves a transgender character who is disowned by her family but gets support and acceptance from an old man Abdul Chacha. This relationship normalises Laxmi's human bonding. She adopts a trans girl named Geeta and provides her care and education. This shows the affectionate and sensitive side of this character who wants Geeta to become a doctor but gets killed due to a property fraud by the villains. The Laxmi, played by Akshay Kumar, is a result of being possessed by Sharad's ghost, who wants revenge on her

killers. Akshay's original character is Aasif, a cis-male character married to a woman (played by Kiara Advani). Laxmi's relationships are a reflection of earlier Laxmi.

**Film: Chandigarh Kare Aashiqui (2021) directed by Abhishek Kapoor**

- ♦ Transgender character and actor: Maanvi Brar, performed by Vaani Kapoor.
- ♦ Representation: There has been a mix of both interpretations, yet, the overall depiction suggests a positive connotation of a transgender individual, her sexuality, and her identity. This is the strongest representation in all the films as Maanvi has a nuanced representation and is portrayed as a confident and strong woman who is comfortable with her identity as a transgender person. This is the only film depicting the sex reassignment procedure as a sub-plot. Her relationship with the cis-male Manu grows organically in the film narrative as is normal with cis-characters. Additionally, the film includes a scene where Maanvi describes her journey and struggles, and she also stands up against discrimination and violence faced by the transgender community, which presents a positive representation of the community as a whole. The film raises awareness on the issue of gender identity, sex change, relationships and social acceptance of transsexual people. However, the film does include some stereotypical elements in its portrayal of Maanvi, such as her profession as a dancer and her flamboyant personality. However, these aspects are not over-emphasized or presented in a negative light.
- ♦ Relationships: Romantic relationship between Maanvi and Manu (played by Ayushmann Khurrana) is the central plot of CKA, and the screenplay follows the development of this relationship. It is a nuanced equation that begins with physical attraction and hypersexualization of the trans character to a pre-marital sexual engagement which the characters want to culminate into a

marriage but the relationship dynamics change with the revelation about Maanvi being a transwoman. After that, there is a heightened tension that resolves towards the climax with awareness and acceptance in Manu.

**Film: Gangubai Kathiawadi (2022) directed by Sanjay Leela Bansali**

- ♦ Transgender character and actor: Razia Bhai, performed by Vijay Raaz.
- ♦ Representation: This aspect of GK is one of the subplots which provides for the story development about the main lead, Gangubhai, to emerge as a powerful leader of the Kamathipura area. Although this character, Razia Bhai, has less screen time but a strong screen presence, her downfall becomes a source of iconic power for the protagonist. Razia Bhai has strong elements of physical and emotional depiction, but since she is shown as a negative brothel owner, she stereotypes the trans community as sex workers who are morally deviant and cunning individuals. The sense of agency comes from the subjugation of other characters, who fear her. This character aligns with the usual trans-portrayal in many films.
- ♦ Relationships: No explicit romantic relationships are depicted for this character. However, her political authority is shown vis-a-vis sex workers and sex traders. She has her followers in the Kamathipura area. Most of the women fear her. She has a unique transaction with Gangubhai, which spells an equation of equal status, power, ego, and repression till Gandubhai, confronts her and finally emerges as the president.

The researcher looked at films like Daayraa (1996), directed by Amol Palekar, which is critically acclaimed but involved sensitive handling of transvestitism. Although many films have transvestite references, they are not based on trans characters like Baaghi (1990), Shola Aur Shabnam (1992), Coolie No. 1 (1995), Chachi 420 (1997), Aunty No. 1 (1998), Sangharsh (1999), Kyaa Kool Hai Hum (2005),

Apna Sapna Money Money (2006), Dil Bole Hadippa! (2009), Golmaal Returns (2009), Murder 2 (2011), and Humshakals (2014), Dream Girl (2019 film), Radhe (2021 film), Ardh (2022). References to cross-dressing in media and films perpetuate stereotypes and lead to wrong perceptions about transgender individuals and usually have been for humour, sadism, and transphobia. Amma, a multilingual film directed by Faisal Saif having a reference to gender identity, has a transgender antagonist played by Rajpal Yadav, is on hold after the director's death. The reference to trans identity has been based on the director's discussion with the renowned Bengali film maker Rituparno Ghosh.

## Discussion

After conducting a content analysis of six Hindi films and web series featuring transgender characters and themes related to gender identity and sexuality, we can draw the following conclusions:

- ◆ Representation of transgender characters in Hindi films and web series is still limited and stereotypical. Most characters are portrayed as either sex workers like Razia Bhai in GK or Kukoo in SG or objects of ridicule like Tiku in T or Akshay's Laxmi in L, and their stories are often relegated to subplots like GK, S, very few instances like CKA, L, and SG are there, where the trans character and transsexuality had a central role in the protagonist's narrative.
- ◆ All the studied characters in the analyzed films and web series are Male-to-Female (MTF), and usually also, very few female-to-male (FTM) or non-binary characters are represented in genres or visible in society. In D, there is a lack of clarity as Imi keeps asserting that he was not among the eunuchs to be able to run away from the abuse as a Hijra.
- ◆ Cis-gender males have played most characters, and only in CKA as a rare instance, a female actor played the role, but a general

finding is that transgender actors are not cast, and as such stereotypical instances are there. Films like Kya Kool Hain Ham, where Bobby Darling, a trans, played the role, were mostly ridiculing and non-significant examples around that era. Hollywood also endorses the gender binary by promoting the idea with its casting of cisgender men in the roles of trans women<sup>[32]</sup> and since cisgender men cannot depict the true characteristics and the experiences of trans women, the idea reinforces that trans women are not women in reality. This portrayal can perpetuate negative stereotypes and stigmatisation of the transgender community as it lacks nuance and depth, reducing them to one-dimensional caricatures

- ◆ Romantic relationships of transgender characters are largely same-sex, like in SG, S, or non-traditional, with very few characters in heterosexual relationships. The humane side of relationships, which normalises the trans community's interaction with society, is less like Sharad's Laxmi in L and Tiku in S. CKA is a pioneer in many ways.
- ◆ CKA and SG stand out as a unique and focused representation of transgender characters, with both characters of Maanvi and Kukoo portrayed with depth and complexity and their story being an integral part of the narrative.

The transgender portrayal has not as per the regular media grammar or routine storytelling about the protagonist or central characters, as in their case, the element of 'othering' has been reflected all over the media content- news, advertisements, films, and now social media. The representatives of these communities often argue that they are not perceived as normal 'human beings'.

And associating transvestism and homosexuality is an enduring stereotype that is often invoked by the media, thereby reinforcing negative attitudes toward gender variance”.

## Conclusion

While tracing the evolution of trans representation in the entertainment industry, it can be said that Overall, these films and web series feature a diverse range of transgender characters, with most focusing on male-to-female identity, and as such female-to-male and other non-binary characters are absent from the cinematic representation. The romantic relationships depicted are mostly same-sex or opposite-sex, with no instances of poly amorous relationships. It can be stated that the overall representation of transgender characters varies across the films and web series, with few portraying transgender characters in a positive and nuanced manner while others reinforce harmful stereotypes. Despite their presence in every society, a general expectation from a film with a plot point concerning trans-experience is not to mainstream their lives or to provide a sense of legitimising them as a normal social order. Some stereotypes continue, and as said by Lippman<sup>[33]</sup> there is a direct role of this media framing on the 'images in our head' which shapes social perception and public opinion.

Further, the entire gender spectrum LGBTQ+ often gets synonymously used as the oversimplification or reductionist treatments play a role in representing what Zargar<sup>[34]</sup> calls an "ultra-minority" subgroup within the LGBTQIA+ community. So many films or OTT series like *Fashion* (2008), *Student of The Year* (2012), *Margarita with a Straw* (2014), *Dedh Ishqiya* (2014), and *Made in Heaven* (2019) have gay or lesbian references, and these need to be seen as representative of specific communities. Even transvestite characters may not be transsexual, so a deeper understanding is needed even for portrayal. There is a need for greater representation and acceptance of transgender individuals in Indian cinema, with more nuanced and respectful portrayals of their stories and experiences for public literacy and awareness. The upcoming series *Taali*, with Sushmita Sen portraying the character of leading trans activist Gauri Shinde, is already

normalising cinema and media content about this community. Also, the first transgender-based reality show- *Project Angels*, was streamed on an Indian OTT platform- *Mask TV* in December 2022 but could not reach the popular discourse and viewership, but it can be one of the firsts.

These findings suggest that few positive steps towards greater representation of transgender characters in Hindi cinema are there, but promoting acceptance and understanding of gender identity and diversity is required. It is important to accurately represent and portray transgender characters in media rather than relying on stereotypes and misconceptions. Media representation can significantly impact societal attitudes and beliefs towards marginalised groups. Exposure to positive representations of transgender characters can increase acceptance and reduce prejudice toward the transgender community. Therefore, it is crucial for media to accurately and positively represent transgender characters and different aspects of their lives, and not stigmatise these people and their relationships. An ideal narrative would involve the stages of psychosexual development proposed by Freud (1905)<sup>[35]</sup>, which can help increase understanding and acceptance of transgender individuals in society and tackle transphobia and stigmatization. The idea of self-perception in LGBTQIA+ individuals may also shape differently without trauma and stigma resulting from the cultural violence against these communities.

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Review Article

## **Transgender marriage in India: A critical analysis of the legal, social and religious scenarios**

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### **Abstract**

The liminal existence of the transgender community has always been an unresolved issue in most countries where discrimination and exclusion from society are high. Despite ongoing efforts towards inclusivity, transgender individuals continue to face significant challenges, particularly in finding acceptance for their marriages amidst the existing legal, religious, and social contexts in their respective societies. This research paper focuses on highlighting one such challenge faced by transgenders in India in finding acceptance for their marriages amidst the existing legal, religious, and social situations in the country. Through an extensive review of literature and content analysis, the findings of the research suggest that the social stigma attached to transgender marriage, lack of legal recognition, lack of awareness of discriminatory marginality, and traditionality enforced by the religious institutions in society cause consequences to the marriage among the transgender community. Besides, the lack of family support, economic instability, and the challenges from intersectional streams make the situation worse. However, as the significance and relevance of inclusiveness and equality in society is a major concern of the present decade, empowerment and representation of the transgender community, regardless of their population strength, could help in achieving their requirements in society.

### **Keywords:**

Liminality, Marriage, Same-sex marriage, Sexuality, Transgender

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### **Introduction**

The transgender community has always been at the forefront of social and political conversations globally for many reasons associated with the cause of being victimised due to gender discrimination and exclusion from society. The yet unresolved issues around the world, despite efforts for significant changes, continue to have conflicts with the ideological standpoints of the diverse cultural,

legal, religious, and social institutions. The perception of transgender individuals varies across cultures and societies. In some societies, they are viewed positively, while in others, they are stigmatised and discriminated against. In many countries, transgender individuals face legal challenges, including the lack of legal recognition of their gender identity, limited access to healthcare and other services, and discrimination in employment, education, and housing. The lack of legal recognition of their gender identity also affects their ability to marry and have families. Transgender individuals also face physical violence and hate crimes globally. According to the Trans Murder Monitoring Project <sup>[1]</sup>, which tracks transgender murders globally, there were 375 transgender murders reported between October 2020 and September 2021. Among them, 96% were trans women or femmes. This indicates the severity of the situation for transgender individuals globally. Research has shown that transgender women, who identify as women but were assigned male at birth, often experience significant discrimination and marginalisation in the workplace. This discrimination can manifest in various ways, including lower pay, lack of job security, and fewer job opportunities. As a result, transgender women often face greater barriers to obtaining and maintaining employment than non-binary transgender individuals and transgender men. On the other hand, non-binary transgender individuals who do not exclusively identify as male or female and transgender men, who identify as male but were assigned female at birth, tend to experience similar outcomes in terms of employment experiences. While they may still face discrimination and marginalisation in the workplace, they may not experience the same degree of systemic discrimination as transgender women. <sup>[2]</sup> Despite these challenges, the transgender community has been actively working towards improving its situation globally. They have been advocating for legal recognition of their gender identity, inclusion

in healthcare and other services, and challenging societal norms that perpetuate stigma and discrimination.

On historical accounts, the transgender community in India has been associated with religious and cultural practices. They were often seen as spiritual or mystical beings, and their blessings were considered auspicious. However, with the advent of British colonialism in India, the perception of the transgender community changed. The Criminal Tribes Act of 1871, enacted by the British in India, criminalised transgenders, and the imprisonment could be for up to two years if they dressed as a woman in public. <sup>[3]</sup> Although it was repealed later, the changed perspective remained the same. On September 2018, the Supreme Court of India ruled that Section 377 of the Indian Penal Code (1860) remains unconstitutional and suggested to read down as it penalises consensual sexual activity between two adults. Colonisation and the imposition of Victorian morality continued to have an impact until a revision was ruled. <sup>[4]</sup> However, with such efforts, the annulment of Article 377 is ensured and legally permissible for consensual intercourse for LGBTQ+ people. <sup>[5]</sup> Under such prevailing circumstances of the non-binary communities in various countries, the identity is always in question as it is being continuously equated with the majoritarian binary population.

The research objective of this study is to examine the challenges and struggles faced by the transgender community in India with respect to their marriages. It explores the legal, religious, and social obstacles that transgender individuals encounter in gaining acceptance for their marriages in the country. Besides, the research also examines how the non-binary community experiences discrimination and marginalisation that can lead to unhealthy criticism and targeted bullying. To achieve this objective, the research conducts an extensive literature review and interpretative content analysis of media reports, articles, and legal



documents so as to identify the challenges and struggles encountered by the transgender community in their pursuit of marriage equality. The study is highly significant and relevant because continuous exploitation of the non-binary gender groups occurs in different parts of the country, of which a few are only reported.

### **Non-binary existence: The liminal status of the transgender community**

According to the American Psychological Association (APA), transgender is an umbrella term that refers to individuals whose gender identity, gender expression, or behaviour does not align with the sex they were assigned at birth.<sup>[6,7]</sup> This definition recognises that gender is not binary and that there is a wide spectrum of gender identities and expressions that exist beyond traditional male and female categories. It is important to note that being transgender is not a choice or a mental disorder but rather a natural aspect of human diversity. As the World Health Organization (WHO)<sup>[8]</sup> states, "Gender identity and sexual orientation are integral aspects of our selves and should never lead to discrimination or abuse". Therefore, it is crucial to respect and support the rights of transgender individuals, including their right to access healthcare, education, employment, and legal recognition of their gender identity.

Considering the majoritarian group of binary gender, the extremity assigned by society is the male and the other female gender. What if in between both extremes/not involved in either? The liminality of gender is such a situation of being neither one nor the other, or both<sup>[9]</sup> wherein the identity experiences a sense of in-betweenness or 'betwixt and between' state<sup>[10]</sup>, crisis and alienation. It either has the mixed characteristics of both or gets excluded from showing any of the binary extremes. Transgender individuals are often considered to be in a liminal category, meaning they occupy an intermediate or in-between state between the male and female genders.

This existence of the liminal condition is due to the fact that transgender individuals do not identify with the gender they were assigned at birth but instead identify with a gender that is different from their assigned sex. This sense of in-betweenness is further exacerbated by societal norms and expectations that reinforce binary gender categories. As stated by Judith Butler, "Gender is a performative act, something that is done rather than simply innate or natural".<sup>[11]</sup> This means that gender identity is not determined solely by biological sex but is also shaped by social and cultural factors. The liminality experienced by transgender individuals is a result of the disjuncture between their gender identity and the gender roles and expectations assigned to their biological sex.

However, does this gender liminality experienced by the non-binary community express its characteristics? The answer would be yes. The continuous exclusion, insecurity feelings, and discrimination from society may lead to traumatic experiences of the uncertainty of their normative existence, the anxiety of how society would perceive their existence, and ambiguity on the same allowing the transformation of social structures in an individual.<sup>[12]</sup> The liminal status of individuals who do not conform to traditional gender roles or binary gender categories can create insecurity and vulnerability, particularly when that liminality is socially imposed and permanent. This continuous experience of being on the threshold between different states of being is a characteristic of existing in permanent liminality.<sup>[13,14]</sup> This can be especially true for individuals who exhibit ambiguity in their gender presentation and who may or may not identify as transgender.<sup>[15]</sup> However, the reality of transgenders in India is much worse as they still face significant challenges, discrimination, limited access to education, healthcare, and employment opportunities, and many experience violence and harassment. Progress towards achieving

equality and inclusion for the transgender community in India is slow and uneven, pointing to the existing myths about the community leading to transphobia.<sup>[16]</sup>

### **The complexities of Trans-marriage: exploring the legal and social challenges**

India has a long and complex history of recognising and acknowledging transgender individuals, often referred to as hijras or kinnars. These individuals have been documented in ancient texts such as the Kama Sutra, the Mahabharata, and the Ramayana, and were often seen as occupying a unique, liminal space between male and female, sacred and profane according to the various beliefs.<sup>[17]</sup> The imperative roles of transgenders in the royal courtyards of Mughal emperors and the glories in the scriptures<sup>[18]</sup> point to the fact that they were treated way better than their existence in the past and present centuries. However, during the colonial era, British authorities criminalised hijra identities and practices, leading to their marginalisation and persecution.<sup>[19]</sup> In modern times, transgender individuals have gained some legal recognition and protections, most notably with the 2014 Supreme Court ruling that officially recognised a 'third gender' category and granted legal rights and protections to transgender people.<sup>[20]</sup> It is evident from the Fundamental Rights (articles 14-16, 19(1), and 21) that the Constitution of India provides a guarantee to the rights of every citizen. Thus, Section 377 is a clear violation of the Indian Penal Code. Despite these legal advancements, discrimination and violence against transgender individuals remain widespread in India. They often face challenges in accessing healthcare, employment, education, and housing.<sup>[21]</sup> The social stigma and discrimination that transgender individuals face can lead to mental health issues such as depression, anxiety, and suicidal ideation.<sup>[22]</sup>

Transgender marriage is still a relatively new concept in India, and there are several social challenges that trans individuals face in their

pursuit of marriage. Currently, Indian law only recognises marriages between a man and a woman, effectively excluding transgender individuals from marriage rights.<sup>[23]</sup> This legal barrier is rooted in the binary gender system prevalent in India, which only recognises male and female genders and excludes the existence of transgender individuals. Because of the reason that legal institutions do not accept transgender marriage, the social stigma and discrimination are high. Transgender individuals in India are often ostracised by their families and communities, making it difficult to find a partner who accepts them.<sup>[24]</sup> Even within the LGBTQ+ community, transgender individuals face discrimination, as they are often seen as less desirable partners than cisgender individuals.<sup>[25]</sup> Several organisations have been working towards creating awareness about transgender rights and advocating for legal recognition of transgender marriages. One such organisation is the National Legal Services Authority (NALSA) which took forward the issue, where the Supreme Court in 2014, in the case NALSA vs Union of India and others, recognised transgender individuals as a 'third gender' and called for their inclusion in all aspects of society, including marriage.<sup>[26,27]</sup> Prior to this and after, there have been interventions from various courts in the country. Some of them are the Delhi High Court Judgement (2019), the Supreme Court Judgment (2013), the Rights of the Transgender Persons Bill (2014), and the decriminalisation of Section 377 of the Indian Penal Code by the Supreme Court (2018). In 2019, the Madras High Court called for the recognition of transgender marriages under the Hindu Marriage Act of 1955, marking a significant step towards the legal recognition of transgender marriages in India.<sup>[28]</sup>

According to Shaji<sup>[29]</sup>, a few transgender women in India have managed to register their marriages by identifying as male or female in their documentation. The report quotes the

experience of Maya SR Nayak, a transgender woman who was cheated on by her husband by getting married to a cis woman. She could not go to the police as her marriage does not stay valid under the existing law in the country. Although the number of such marriages is small, they face uncertainty about the legality of their marriages if challenged in court. This arises because of the existing legal formality that defines marriage as a contract between a man and a woman.

The plaintiffs in a case for same-sex marriage for a Constitutional review before the court in India claim discrimination, as they are denied the same rights and benefits as heterosexual married couples. These include inheritance, health directives, property ownership, and starting a family through Indian surrogacy. While the Supreme Court previously rejected a marriage equality challenge in 2020, it has since expanded protections for 'a typical' families, including same-sex couples.<sup>[30]</sup> Some activists remained cautious, but many were hopeful that a final decision would soon grant equal marriage rights to all individuals in India. Quoting the case of Supriyo and Abhay, the petition says that despite having the freedom to love each other, the transgenders still cannot have a happy marriage and suggests that equality must extend to all spheres of life, especially for LGBTQ+ citizens who form 7-8% of the population of the country.<sup>[31]</sup>

Another notable incident of breaking gender stereotypes is the first legally married transgender bride in West Bengal, Shree Ghatak, and Sanjay Muhuri, in 2015. It was possible only because Shree underwent sex reassignment surgery and was able to provide the necessary documents to prove her transition. If they were not able to provide enough supporting evidence to the authorities, their marriage would not have been approved. Here lies the significance of considering the marriage of transgender individuals in the country. When the existing law only approves marriages between a male and a female who

are considered to be in the binary category of gender, the individuality and freedom to express one's sexual orientation are hindered. Even though there needs no special law for marriages between individuals who state themselves as among the binary gender, transgenders who have undergone their reassignment surgery are also made into uncertainty and legal complications. Ranjita Sinha, a transgender activist, points out clearly that there is no law that allows such transgender individuals to marry, but transwoman marriages do not come under this category and do not require any special sanction as they are categorised as women under the marriage act.<sup>[32]</sup>

### **Unusualness in the marriage: Social media bullying and criticism**

In the contemporary world of technological advancement, discussions and debates have been confined itself to the parallel online medium wherein the involvement and influence of social media in projecting the positive and negative aspects of an event is high. The desperations of individuals in a society that pretends to be forward-minded and inclusive are evident in social media as they pretend to be themselves, with or without declaring their identity. Biased-based bullying is found to have more effects of victimisation on negative outcomes compared to non-biased-based victimisation. The levels of depression, alienation, suicidal ideation, attempts of suicide, substance use, and truancy<sup>[33, 34]</sup> tend to be high in such a form of biased-based and targeted bullying in social media. Recently, though the frontline media reported the parenthood of a trans couple in Kerala whose pregnancy photos had gone viral, many comments and views on various social media platforms were against it by questioning their identity. The couple responded, "Though there are many negative comments, we focus only on the positive parts".<sup>[35]</sup> Though termed as transgender marriage and pregnancy, this does not satisfy

the requirements of transgenders their right to get married in the identity of transgender because Ziya Paval and Zahhad underwent hormone therapy to change their genders into the binary identity.

Contrary to this is the case of Manu Karthika and Syama S. Prabha who had to approach the High Court of Kerala to register their marriage under the Special Marriage Act in the status of transgender identity instead of the gender binary.<sup>[36]</sup> They were identified as transgender in their identity cards, unlike the cards that identify other transgenders as male or female. However, there is a continuous struggle for transgender couples to get formal acceptance and legal approval for their marriages. As marriage in India is usually governed by a set of laws tailored by religious groups, the Special Marriage Act becomes the secular law and hope for people of the transgender community. Utkarsh Saxena and Ananya Kotia, a gay couple, have filed a petition to the Supreme Court of India seeking the legalisation of same-sex marriage.<sup>[37]</sup> Although this does not relate to transgender marriage, while considering the LGBTQ+ issues as a whole, especially their marriage, this attempt is highly relevant. Though it takes much time and complications to achieve it, constant efforts from individuals and groups would help to highlight the importance of such amendments that comply with the morale and essence of the constitution and the legal system.

### **Religious perspectives: Non-binary challenges**

While discussing the religious perspectives on non-binary transgender marriages, it cannot be represented as the viewpoint of all individuals or communities within the religions, as there is a great deal of diversity and complexity within each tradition. These also depend on the regional cultural factors that shape attitudes toward transgender marriage. However, in general, a majority of religions oppose same-sex marriage. From the

Christian conservative perspective, transgender identity itself is a violation of God's intended gender binary and therefore opposes transgender marriage. Although this is the case, Pope Francis has declared homosexuality as not a crime and urged Catholics to welcome LGBTQ members to the church and supported civil unions for same-sex couples.<sup>[38]</sup> But, this statement does not accept same-sex marriage and considers same-sex marriage as a threat to the family structure. In comparison, there are denominations and communities such as the United Church of Christ and the Episcopal Church that accept all categories of non-binary communities and their marriages.<sup>[39]</sup>

Islamic teachings generally affirm the binary understanding of gender and biological sex, but there is also a recognition of the diversity of human experiences and identities. There is no specific mention of transgender marriage in the Quran, but some Muslim scholars argue that gender reassignment surgery can be permissible under certain circumstances. However, the majority of Muslim communities still hold traditional views on gender and do not accept transgender individuals and their relationships. In Hinduism, there is a recognition of the diversity of human experiences and identities, including gender non-conformity. The Hindu deity Ardhanarishvara, for example, is depicted as a half-male, half-female being, representing the unity and interdependence of masculine and feminine energies. This portrayal of divinity suggests that gender is not a fixed and immutable category but rather a fluid and dynamic aspect of human existence.<sup>[40]</sup> The Kama Sutra, a Hindu text on sexuality, also acknowledges the existence of transgender individuals and provides guidance on how to treat them with respect and understanding. The text emphasises the importance of mutual consent and pleasure in sexual relationships, regardless of the gender identities of the partners involved. Despite these progressive attitudes towards gender diversity, there are also

traditional and conservative Hindu perspectives that view transgender identities and relationships as outside the norm. Some Hindu communities may be reluctant to accept transgender marriages, particularly those that are not aligned with traditional gender roles and expectations. In recent years, there have been efforts by some Hindu organisations and leaders to promote greater inclusivity and support for transgender individuals and their relationships. For example, in 2017, the Kinnar Akhara, a transgender Hindu monastic order, was recognised by the Akhil Bharatiya Akhara Parishad, a council of Hindu monastic orders, as a legitimate spiritual group.

The traditionality and orthodox mentality associated with religions, in general, could be a reason for not being accepted. It also depends on the people in the power positions of the religion and their decisions. This conventional nature of the religious institutions is sometimes adamant in their decision for which a strong base of religious texts and doctrines are considered to substantiate. The incident of declining permission for Neelankrishna and Adwaika, a transgender couple from Kerala, by the authorities of the Kachamkurissy temple in the district of Palakkad is an example. They refused permission for the couple for the traditional ‘thaalikkettu’, stating the reason that there was no precedence for transgender marriage in the temple.<sup>[41]</sup>

**Table 1: Critical elements: Legal, social, and religious scenarios**

Legal Scenario	Social Scenario	Religious Scenario
In India, current marriage laws only acknowledge heterosexual unions, which unfortunately does not provide marriage rights to transgender individuals.	Transgender individuals in India frequently encounter social ostracism and discrimination, which can make it challenging for them to pursue marriage. Their families, friends, and communities may oppose their decision to marry, further adding to the challenges they face.	Religious views on transgender marriages in India are diverse, with some accepting all non-binary communities, while others do not recognise transgender individuals and their relationships due to traditional gender views.
Transgender individuals in India who have undergone hormone therapy or sex reassignment surgery are not impacted by the current marriage laws. However, those who haven't undergone such procedures may face legal obstacles in obtaining marriage rights, as their pleas for transgender marriages have been denied.	Transgender individuals in India are often subjected to social media bullying and criticism, which can have significant psychological and emotional consequences for both individuals and their families. The prevalence of such behaviour further highlights the challenges faced by the transgender community in India.	Although certain Hindu texts promote progressive views towards gender diversity, there are also traditional and conservative Hindu beliefs that consider transgender identities and relationships to be deviating from societal norms.
When the existing law only approves marriages between a male and a female who are considered to be in the binary category of gender, the individuality and freedom to express one's sexual orientation are hindered.	Given that marriage laws in India are typically influenced by religious customs, the Special Marriage Act serves as a secular alternative and a beacon of hope for transgender individuals seeking marriage rights.	Some religious groups limit transgender marriages by citing the absence of historical precedence for such unions within their traditions.
The existing marriage laws in India limit individuality and hinder the freedom to express one's sexual orientation, as they only allow marriages between individuals who identify as male and female and conform to the gender binary system. This can be particularly challenging for individuals who identify as transgender or non-binary.	Non-binary communities globally continue to confront persistent challenges to their identity, including societal comparisons to the binary majority population, and a lack of full acceptance and recognition within society.	The traditional nature of religious institutions in India, combined with the attitudes of influential figures within these institutions, may pose a substantial obstacle to the acknowledgment and acceptance of transgender marriages.

**Conclusion**

Based on the preceding discussion, it can be inferred that the provision of constitutional rights to citizens by a country necessitates their equal availability to all segments of society, irrespective of their gender and sexual orientation. The restriction of marriage rights to non-binary classifications of humans impedes the expression of their individuality and creates an institutional contract exclusively accessible to a majority group that does not identify as liminal gender. Although this research has considered only a few incidents involving transgender individuals, their experiences are indicative of the community’s shared struggles. Identifying the liminal status of the transgender community through this research reveals the identity crises and alienation they face throughout their lives, which is also reflected in the challenges and obstacles associated with transgender marriage in India. The legal, social, and religious repercussions faced by transgender individuals stem from a failure to adopt wider perspectives and uphold the values of equality, inclusion, and diversity. Much has been discussed and debated over time on this, and what is required for a decade that has witnessed several changes is an action to protect the rights of the marginalised section.

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Review Article

## Changing dimension of marriage: A socio-legal analysis in the context of live-in relationships in India

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### Abstract

Live-in relationships are defined as living together as a couple for a significant time without being married in a legally recognized manner. A live-in partner is someone who has a sexual relationship with another person but is not married to that person. This kind of relationship is still considered a taboo in India, although such relationships have become more prevalent for various reasons. In the absence of particular laws, regulations, or norms, the Supreme Court has provided guidelines for regulating such partnerships through several judgments. This article highlights the changing dimension of the institution of marriage in India. Further, an endeavor has been made to determine the current legal stances regarding live-in relationships in India by systematically analyzing the various court decisions. Live-in relationships may allow the pair to get to know each other better, but such a commitment-free relationship also has drawbacks. The couple encounters numerous social and logistical challenges on a day-to-day basis. At the same time, the promotion of live-in relationships is warranted since they allow the persons involved to better understand one another. The partners have no societal obligations and can, therefore, live without remorse.

### Keywords:

Live-in relationships, India, Legal issues in live in relationships

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### Introduction

Over the past several decades, technological and industrial advancements have dramatically transformed the world and every aspect of an individual's life. Globalization has accelerated the changes that have affected nearly all elements of our social life, including family

structure, marriage, and conjugal relationships, among others. Marriage is a legally recognized and socially acceptable form of relationship between couples. As social structure and cohesion are stronger in our nation, marriage is even more significant here.<sup>[1]</sup> Cohabitation outside of marriage is considered taboo, although these days, it is more common for young people to get into a live-in relationship with the person to whom they may eventually seriously thinking of getting married. In other words, it can be said that even a devout relationship such as marriage is becoming materialistic and has entered the era of test and trial, rendering the sanctity of marriage meaningless and without purpose.<sup>[2]</sup> It is a reality that cannot be refuted that the institution of marriage and the family firmly anchors a society.<sup>[3]</sup> Marriage is a key social institution in India, and it also occupies a prominent role in the country's culture and traditions as a whole. The institution of marriage is seen as a holy link between two people in India and is frequently thought of as a commitment that lasts for one's entire life. Human beings live in social systems that meet human needs like life, liberty, and happiness. From the beginning of civilization, the development of social relationships played a substantial role in the manifestation of human culture. The philosophy of marriage dates back to ancient times when it was considered a means of forming bonds between families and tribes. On the other hand, as cultures progressed, marriage began to place a greater emphasis on the psychological and spiritual bond that exists between two individuals. Love, trust, commitment, and responsibility are frequently used to describe marriage. When two people decide to build a life together, they promise to share life's ups and downs and do so as equal partners. The concept of marriage also incorporates the notion that marriage is a commitment to life. In many cultures, divorce is considered a last resort, and couples are urged to work through their issues and find ways to improve their

bond. A strong marriage is said to require effort, compromise, and communication. In general, cultural, societal, and religious variables, as well as individual ideas and values, impact the concept and philosophy of marriage. Yet, it is fundamentally about love, commitment, and the shared adventure of two people who choose to build a life together.

In India, marriage is considered a sacred institution; it is the foundation of a stable family and a civilized society. In comparison to the countries of the West, India's family structure is the strongest in the world because of the country's deep-rooted traditions and rich culture. The idiom "marriages are made in heaven" gives a very deep meaning to marriage.<sup>[4]</sup> It is also known as matrimony or wedlock, a recognized social union between two individuals termed spouses. Marriage is intended to establish rights and responsibilities between spouses and extended to their family members.<sup>[5]</sup> The union of two people is made official in many different cultures through the performance of a wedding ceremony. When it comes to the issue of legal recognition, the majority of sovereign states and other jurisdictions restrict marriage to only those couples who are of opposing sexes or to only those people who are of opposite genders in the gender binary. As far as same-sex marriage is concerned, it is the legal recognition of marriage between two individuals of the same sex or gender. It is a social, political, and legal issue that has been the subject of much debate and activism worldwide. It is legally recognized in over 30 countries, including the United States, Canada, the United Kingdom, Spain, and South Africa.<sup>[6]</sup> However, it is important to note that the legal status of same-sex marriage can vary widely between different countries and regions, with some legalizing it through legislation while others have done so through court rulings or referendums. In India, in the year 2018, the Hon'ble Supreme Court of India delivered a landmark judgement in the case of Navtej Singh Johar v. Union of India.<sup>[7]</sup> In this case, the court

overturned a rule from the colonial era that made sexual relations between people of the same gender illegal. The court decided that the law infringed upon the constitutionally protected rights to equality and privacy, as well as the freedom to express one's opinions. In an ongoing case, over the past few weeks, the five-judge Constitution bench of the Supreme Court of India takes the legality of same-sex marriages into consideration. In this case, the rights of heterosexual and homosexual partners in marriage are vying for equality.<sup>[8]</sup>

Various cultures have had their genesis of marriage followed by their respective marriage practices. Hinduism perceives marriage as a sacred duty that entails both religious and social obligations and as such, it brings with it several religious and societal responsibilities. Marriage is considered to be a *sanskara* (sacrament) among Hindus. It is one of the ten sacraments that adherents to the Hindu religion partake in to facilitate the spiritual rebirth of men, and it is required of any Hindu who does not choose to lead the ascetic lifestyle of a *sanyasi*.<sup>[9]</sup> According to Hindu texts, a wife is considered as '*ardhangini*'. In *Tikait Munmohiniti v. Basant Kumar*<sup>[10]</sup>, it was observed by the court that "in Hindu Law, marriage was a sacrament, a union, an indissoluble union of flesh with flesh, bone with bone- to be continued even in the next world".

In *Gopal Kishan v. Mithilesh Kumari*<sup>[11]</sup>, an observation was given by the Allahabad High Court that, "the institution of matrimony under the Hindu Law is a sacrament and not a mere betrothal". In Hindu texts, a man cannot be said to have a material existence until he takes a wife in marriage. A man is only half of himself. Therefore, he is not fully born until he takes a wife, and only after marriage alone, he becomes complete.<sup>[12]</sup> Although marriage under the Hindu Marriage Act of 1955, to an extent, the sacramental character of Hindu marriage has been done away with.

In Islam, marriage is regarded as the cornerstone of society. In addition to being a legal agreement, it is also a solemn promise. Marriage is both an institution that can elevate man and a way through which the human race can be maintained and passed on to future generations. It has also been said that marriage is such a holy sacrament and that in this world, it is an act of '*ibadat*' or worship because it maintains the purity of humans and protects them from pollution. According to Tyabji, "Marriage brings about a relationship based on and arising from a permanent contract for intercourse and procreation of children, between a man and a woman who are referred to as '*parties to one marriage*' and who, after being married, become husband and wife".<sup>[13]</sup> In Islam, the practice of polygamy is permitted, whereas the practice of polyandry is prohibited, with the specific restriction that men are only permitted to have a maximum of four wives at any given time, and they must be able and willing to divide their time, wealth, and other resources equally among all of their wives.<sup>[14]</sup>

Christian marriage is the union of two individuals, a man, and a woman, in a religious and spiritual context based on Christian beliefs and values. In Christianity, marriage is viewed as a sacred and lifelong commitment between two people, and it is considered one of the most significant events in a person's life. Christian marriage also involves the concept of submission, which means that both partners should submit to each other out of love and respect. Christian marriage is viewed as a holy and sacred institution that requires commitment, sacrifice, and faith. It is a union that is blessed by God and is meant to reflect the love and devotion between two people as well as their commitment to God.<sup>[15]</sup>

Parsi marriage refers to the traditional marriage customs and rituals of the Parsi community, which is an ethnic and religious group. Parsis follow the Zoroastrian religion,

emphasizing purity, honesty, and morality. The Parsi wedding ceremony is known as 'Lagan' and involves several pre-wedding and post-wedding rituals. The religious ceremony of "ashirvad" is regarded as a necessary basis for establishing and sustaining the validity of a Parsi marriage. Under Parsi law, the religious ceremony of 'ashirvad' must be performed by a Parsi priest in the presence of two Parsi witnesses in order to establish the sacrament of marriage, and its registration is also essential and necessary. The Parsi community is an exclusively monogamous and endogamous society. Overall, Parsi wedding is steeped in tradition and rituals and emphasizes the importance of family, community, and spirituality in the union of two individuals.<sup>[16]</sup>

The parents or families of the bride and groom traditionally arranged marriages in India. Arranged marriages are frequently viewed as a means of preserving traditional values and family ties. When choosing a life partner for their child, the families would consider various variables, including religion, caste, social standing, and financial stability, among other things. Due to the progression of society, members of the younger generation in India have begun to favour the institution of love marriages, in which individuals select their spouses. A love marriage is one in which both partners choose each other voluntarily and based on mutual attraction and compatibility. It is viewed as a more modern and individualistic form of marriage and has gained popularity in the recent past. Before getting married, the partners have the opportunity to get to know each other and form a strong emotional connection, which is one of the benefits of a love marriage. This can make the relationship stronger and more fulfilling. However, arranged marriages may not allow the partners to get to know each other well before the wedding, and they may result in forced or unpleasant unions.

In India, marriage is viewed as a way to prolong the family lineage and preserve family

traditions. The couple is expected to have children and raise them according to the traditions and values of their respective families. Marriage is seen as an integral component of Indian culture. The concept of marriage is strongly founded in history and represents society's values, beliefs, and practices. It is a legal and social union between two people recognized by law, religion, or custom. The definition of marriage has changed over time and varies between countries, religions, and customs. Yet, at its foundation, marriage is a promise between two individuals to share their lives and support one another through thick and thin.

In the course of the development of human civilization, India has undergone a great deal of change. An examination of its philosophical, historical, political, and social features reveals that there has been a significant shift in the value system from the distant past to the current day. But, the wave that swept the nation to break free from all the rules led people to search for an alternative concept of commitment, as many viewed marriage as a burden. The generation that is afraid of commitment has given rise to the practice of live-in relationships, which was adopted from our Western neighbours. Live-in relationship is the outcome of our modern society to accord the individuality of each status. India is a nation that is in the process of gradually opening its doors to Western concepts and ways of life. The idea of live-in relationships is one of the most significant episodes among those contributing to India's gradual but steady acceptance of Western ideas and philosophies in their life. It was considered quite scandalous only a generation or two ago for a man and a woman who were not married to live together, whereas it is now considered a common practice for most couples to live together before getting married. But, the pace of that shift is swift. There has been a discernible shift in the norms of our culture, from arranged marriages to love marriages and now to 'live-in relationships'.

Live-in relationships, or cohabitation or domestic partnership, are when an unmarried couple lives together in a long-term relationship without being legally married. Nonetheless, live-in relationships are becoming increasingly widespread in India, particularly among the younger generation, who consider it a method to assess compatibility before getting married. Couples choose to cohabit instead of getting married because they believe it is more practical and comfortable. The primary motivation behind the development of this kind of partnership is convenience. If one were to research the factors that contribute to the necessity of such relationships, evading responsibility would emerge as the most important factor. Alternatives to marriage have become increasingly popular due to a declining commitment rate, a disregard for social bonds, and a lack of tolerance in relationships.

The perception of live-in relationships in India differs greatly from one part of the country to another and from one social stratum to another. Some consider it a matter of personal choice and support the couple's right to live together without marriage, whereas others believe it inappropriate and immoral. It is essential to remember that live-in relationships in India are not yet universally accepted and that families and society may stigmatize and discriminate against couples who choose to live together.

Legally speaking, a person in a live-in relationship does not have the same rights or protections as married people who have their marriage recognized by the state. For example, the couple may lack inheritance rights, shared property rights, and legal protection in the event of the separation or death of one partner. Hence, couples in live-in relationships must be aware of their legal rights and take the appropriate precautions to safeguard themselves. In India, the matter of live-in relationships is not governed by any particular laws, social conventions, or customs because

there are none. The Supreme Court, through its judgments at various points in time, has provided elaboration on the notion and guidelines to address issues related to partnerships of this nature.<sup>[17]</sup> In India, a live-in relationship between two consenting adults is not seen as a violation of law. It was observed by the apex court of the land that a live-in relationship between two consenting individuals of different sexes, even though it could be considered immoral, does not constitute any illegal activity under the law.<sup>[18]</sup> Since cohabitation is a fundamental human right, it can under no circumstances be construed as a criminal offence.<sup>[19]</sup> The presumption under the law is that a man and a woman are legally married to each other if they have been living together as husband and wife for an extended time, unless it can be proved that they are not married to each other, and children born out of such relationships would be entitled to inheritance in the property of the parents. This was observed in the case *SPS Balasubramanian v. Suruttayan*,<sup>[20]</sup> and in the case of *Indra Sarma v. VKV Sarma*<sup>[21]</sup>, where the Supreme Court determined that not all live-in relationships are of the type of marriage. In this specific case, it was determined that the appellant, who was fully aware that the respondent was married, could not have entered into a live-in relationship like marriage because it lacked any inherent or essential characteristics of a marriage but was instead a relationship not like marriage.<sup>[22]</sup> The Protection of Women from Domestic Violence Act, 2005 (PWFDA) protects injured parties against any atrocities committed against females living in non-marital adult heterosexual relationships. This Act has been widely lauded as the first legislative statute to acknowledge that “any woman who is or has been in a domestic relationship with the respondent and who alleges to have been victim to any act of domestic abuse by the respondent” will be covered by this Act. In addition, the Act defines “domestic

relationship” under 2(f) of the Act as “a relationship between two persons who live or have lived together in a shared household, when they are related by consanguinity, marriage, or through a relationship in the nature of marriage, adoption, or are family members living together in a joint family”. By employing the concept of “relationships in the nature of marriage”, the Act appears to have broadened the scope of legally recognized domestic partnerships between men and women. In *Aruna Parmod Shah v. Union of India*<sup>[23]</sup>, the constitutionality of the Act was challenged because “first, it discriminates against men and second, the definition of “domestic relationship” contained in Section 2 (f) of the Act is objectionable. The petitioner argued that placing “relationships in the nature of marriage” at par with “married” status leads to the derogation of the rights of the legally wedded wife. The Delhi High Court rejected both these contentions regarding the constitutional status of the Act and the court said that “there is no reason why equal treatment should not be accorded to a wife as well as a woman who has been living with a man as his “common law” wife or even as a mistress”. In this case, the judges interpreted “a relation in the nature of marriage” as covering both a “common law marriage” and a relationship with a “mistress” without clarifying the legal and social connotations of these terms.<sup>[24]</sup> In *Payal Katara v. Superintendent Nari Niketan Kandri Vihar Agra and Others*,<sup>[25]</sup> the high court of Allahabad ruled out that “a lady of about 21 years of age being a major, has right to go anywhere and that anyone, man, and woman even without getting married can live together if they wish, and also in a case the apex court observed that live-in relationship between two adults without formal marriage cannot be construed as an offence”.

In *Lata Singh v. State of U.P*<sup>[26]</sup>, the apex court of the land found that “live-in-relationship is admissible only in major unmarried persons

of diverse sex”. In *Radhika v. State of M.P*<sup>[27]</sup>, the apex court stated, “if a man and a woman are involved in a live-in relationship for an extended term, they will be viewed as a married couple and their child will be considered legitimate”. In the case of *Abhijit Bhikaseth Auti v. State of Maharashtra and Others*<sup>[28]</sup> on September 16, 2009, the Supreme Court noted that “it is not required for a woman to strictly establish the marriage in order to claim maintenance under section 125 of the Criminal Procedure Code, 1973”. In *Madan Mohan Singh & Ors.v. Rajni Kant & Anr*<sup>[29]</sup>, the court ruled that “the live-in relationship cannot be described as a “walk in and walk out” connection if it continues for an extended period of time, and there is a presumption of marriage between the parties. While there is no doubt that marriage is an important social institution in India, people must also keep an open mind regarding the fact that certain individuals or groups hold different opinions. Certainly, there are some tribal communities in our nation where sexual interactions outside the context of marriage are viewed as natural. In this decision, the supreme court opined that getting into a live-in relationship cannot constitute a crime.

Since ancient times, the social union known as “marriage” has been viewed as “more of a sacrament and a divine concept”. Thus, the Indian populace is ignorant of the concept of live-in. In the landmark case of *S. Khushboo v. Kanniammal*<sup>[30]</sup>, the Supreme Court ruled that there was no statute prohibiting cohabitation or sexual activity before marriage. The Hon’ble Supreme Court in *SPS Bala Subramanyam v. Sruttayan*<sup>[31]</sup> held that “if a man and woman are living under the same roof and cohabiting for several years, there will be a presumption under Section 114 of the Evidence Act that they live as husband and wife and the children born to them will not be illegitimate”. In this landmark judgment, the apex court of India recognized the legal standing of children born out of live-in

relationships and interpreted relevant laws so that they are consistent with Article 39 (f) of the Indian Constitution, which mandates that the state ensure the proper growth and protection of all children. The Hindu Marriage Act, 1955, also recognizes the legality of children born into marriages that are considered “void” or “voidable”, it also establishes the legal rights of such children to succession and property ownership.

Thus, the High Courts and the Hon'ble Supreme Court have indicated a willingness to recognize the legitimacy of live-in relationships and to pass legislation to preserve the rights of couples in a live-in relationship. The judiciary is neither explicitly encouraging nor segregating such kinds of live-inrelationships in India. It only renders justice per the law in a particular case. The Protection of Women from Domestic Violence Act, which includes “partnerships comparable to marriage” and live-in situations in its purview, provides just a few traces of help for women's rights in such relationships. A domestic relationship is the relationship between two people who live or have lived together in a common household, and who are linked by consanguinity, marriage, a relationship in the nature of marriage, adoption, or family members living in a joint family. So, the words in the definition of marriage are self-explanatory and incorporate the social concept of cohabitation.

Furthermore, in recent years the recommendations by various committees and NGOs have awakened the spirits of justice in the interest of women, especially those aggrieved by such relationships. The concepts of ‘live-in-relationship in the nature of marriage’ and ‘live-in-relationship not in the nature of marriage’ have been differentiated in several cases. The Supreme Court of India observed that the definition of domestic relationship as defined under the Protection of Women from Domestic Violence Act, 2005 covers only ‘relationships in nature of marriage’ and as such, the women in relationships not in nature

of marriage are not entitled to reliefs provided under the said Act. To make a ‘live-in’ legal, i.e., a ‘relationship in nature of marriage’ the Supreme Court noted that the couple must hold themselves out to society as being akin to spouses; they must be of legal age to marry; they must be otherwise qualified to enter into a legal marriage, including being unmarried; and they must have voluntarily cohabited for a significant period.

The various components of Indian society are bound together by a profoundly ingrained sense of culture and tradition. Indian society represents the actual colour of India amongst the patchwork of traditional rituals and the mosaic of Indian celebrations. It is the crest of varied traditions and the symbol of rich ethnicity. The country's rich social legacy and heritage make it stand out from the crowd. A rich culture and profound tradition characterizes the various facets of society. The country's rich social legacy and heritage make it stand out from the crowd. As the institution of marriage is the foundation of society, society's interests are well preserved by maintaining the institution's foundation. Marriage offers a transient longevity bond, requiring two dissimilar personalities to adjust to and care for one another. It requires dedication and sacrifice. With a high percentage of educated girls and boys living away from their families, it has become easier for the younger generation to experiment with noncommittal relationships. The option to separate for numerous reasons makes it both alluring and threatening. Attractive because they may offer them a wonderful time until they leave on their own accord; frightening because the emotional connection can lead to bitterness or exploitation, particularly if one partner is more committed than the other, uncertainty coupled with it may induce anxiety. Moreover, in our societal structure, there is also a lack of approval for such couples, which places them under considerable stress. Society's censure

and parental disapproval can make life tough if one lacks the strength and confidence to maintain the relationship. Marriage signifies both a sacrament and a civil contract in personal law; consequently, a man's complete personality combines with a woman's total personality, and the in-laws are naturally connected for the duration of their married lives. Live-in relationships provide a remedy for a carefree life free from the burdens of responsibility and commitment, which are the very prerequisites of the institution of marriage, for the modern group of youths who want to experiment with new things in life rather than just clinging to the old customary traditions imposed on them by their ancestors, they prefer to live in more than the institution of marriage. Marriage encourages adjustment, whereas individual liberty is emphasized in a live-in relationship. One could say that such a relationship is an escape. No relationship can become more resilient and expressive if an escape option is accessible. The Indian judiciary has taken the initiative to lead the way in demonstrating the appropriate way forward in light of the shifting lifestyle patterns that have emerged in society, and now it's the turn of society to accept the change and honour the choice. Encouragement of live-in relationships is warranted because they provide the parties involved the opportunity to have a better understanding of one another. The partners have no social commitments and can therefore live guilt-free lives, which may reduce the number of divorces and the mental anguish endured by families. The partner's ability to leave at any time could minimize domestic violence. It is a collective responsibility of society to sensitize and make the new generation aware of the pros and cons of both marriages as well as live-in relationships and allow them to make an informed decision without being judgemental.

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Review Article

## **Intimate partner violence among South-Asian women : A scoping review of understanding and safeguards in modern marriages**

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**Abstract**

Intimate partner violence (IPV) is defined as a physical, sexual, or psychological form of violence by a male partner and is the most predominant form of violence against women globally. Violence always causes mental, physical, and emotional issues, causing substantial global public health concerns. Quantitative and qualitative studies were used for the review. A total of 163 research papers were identified by searching PubMed, Web of Sciences, Scopus, and Embase databases, and 14 papers were selected as relevant for the review. Among 14 studies, 12 were published in India, one from Pakistan, and one from Nepal. We found that IPV is highly prevalent with substance abuse, dowry system, male dominance, and spousal coercion leading to severe health problems. Utilising Intra Uterine devices (IUDs) as contraceptives, economic and electronic media empowerment, help-seeking behaviour as well as using the healthcare system enables safeguarding women from IPV.

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**Introduction**

Intimate partner violence (IPV) is described as a physical, sexual, or psychological form of violence by a spouse or male partner. It is the most prevalent form of violence against women in every part of the world. Violence always results in mental, material, and emotional complications for an individual causing one of the substantial global public health concerns where violence against

women violates human rights.<sup>[1]</sup> The Sustainable Development Goals by the United Nations (UN) also aim to reduce IPV.<sup>[2]</sup> IPV is a crucial causality of morbidity and mortality among reproductive-aged women.<sup>[3]</sup> This violence is harsh at times, such that the victims are booted, dragged, or beaten by their spouses. Mental health disorders such as anxiety and depression are also the followers of IPV.<sup>[4]</sup> Studies indicate that more than one in three women are affected, and their children also bear the effects, particularly in the context of marriages.<sup>[5]</sup> IPV includes physical abuse, psychological abuse, sexual abuse, including marital rape, and delimited behaviours.<sup>[6]</sup> The risk factors for IPV are illiteracy, substance abuse, age, behavioural disorders, abusive partner, and acceptance of violence.<sup>[6]</sup> IPV highly affects Low and Middle-income countries regardless of ethnicity.<sup>[6]</sup> The beginning of COVID-19 has also fostered IPV, where couples are detached from families and friends, stress and depression due to lockdowns, travel restrictions, and substance abuse. National Commission for Women statistics reported that the prevalence of IPV as double during the lockdown period.<sup>[6]</sup>

Safeguarding is defined by Global Fund for Women as defending people from harm and keeping them safe.<sup>[7]</sup> World has evolved exceptionally; however, patriarchal women are distressed and mistreated. It is challenging to accomplish surveys among women to ask about IPV that they experience. Few insights are available from Demographic and Health Surveys, National Family Health Surveys (NFHS), and World Health Organization (WHO) surveys.<sup>[8]</sup> Marital rape, reproductive pressure, insertion of objects into female private parts, and sexual avoidance are forms of brutality women regularly encounter by their spouses or partners. Pregnant women are not even an exception from violence. Partner coercion and resulting violence adversely affect pregnant women and limit their ability to make decisions for their health as well as the

fetus's health. Dowry-related abuse, male dominance, and substance abuse are also reasons for IPV. In South Asia, married adolescents are more vulnerable than older adults. Greatly, abuse occurs in the early years of marriage when women are less capable of resisting it.<sup>[9]</sup> An enormous amount of survivors of IPV confessed that they have experienced compelled sexual interaction by their partner during intervention counseling.<sup>[8]</sup> Since IPV is a reason for various health and mental concerns, it is necessary to protect women from the harms of violence. Incorporating community-based interventions with other health services encourages health workers to identify and promote safeguarding measures among women against IPV. Such measures are also required to be implemented at government levels along with programs that strengthen women, training, and education to recognize the forms of violence occurring to them by their spouses/partners.<sup>[6]</sup> Nurses play an integral role in determining and sustaining abused women in mental health care settings.<sup>[10]</sup> Safeguarding programs exist in the South Asian subcontinent. However, the absence of accurate measures and evaluations implemented on time makes it challenging for women to survive IPV or pursue the needful approaches for them.<sup>[9]</sup>

Globally, WHO assessed a prevalence of 26% IPV in ever-married/partnered women aged 15 or more, elevated to 35% within Southern Asia in 2018.<sup>[1]</sup> Almost 60% of women have experienced IPV in their married life.<sup>[4]</sup> 2 out of 3 women disclosed that either they or any other woman they knew were victims of violence. In most cases of sexual abuse, offenders are their spouses, partners, or family members and not a stranger.<sup>[11]</sup> The most common form of violence against women is IPV. Southeast Asia victimizes 33 percent of women undergoing forms of violence from their partner at least once in their lifetime. Even though after all these sufferings, the feasibility of women reporting them is

comparatively lesser fearing refusal, revenge, stigma, and blaming from family. <sup>[1]</sup> Still, countries exist where there are no laws to protect women from marital rape, including India. Legislations for safeguarding women must be assertive in every part of the world such that the UN can achieve the goal of Sustainable Development by joining the hands of countries. This review aims to identify IPV among South-Asian women, grounds,

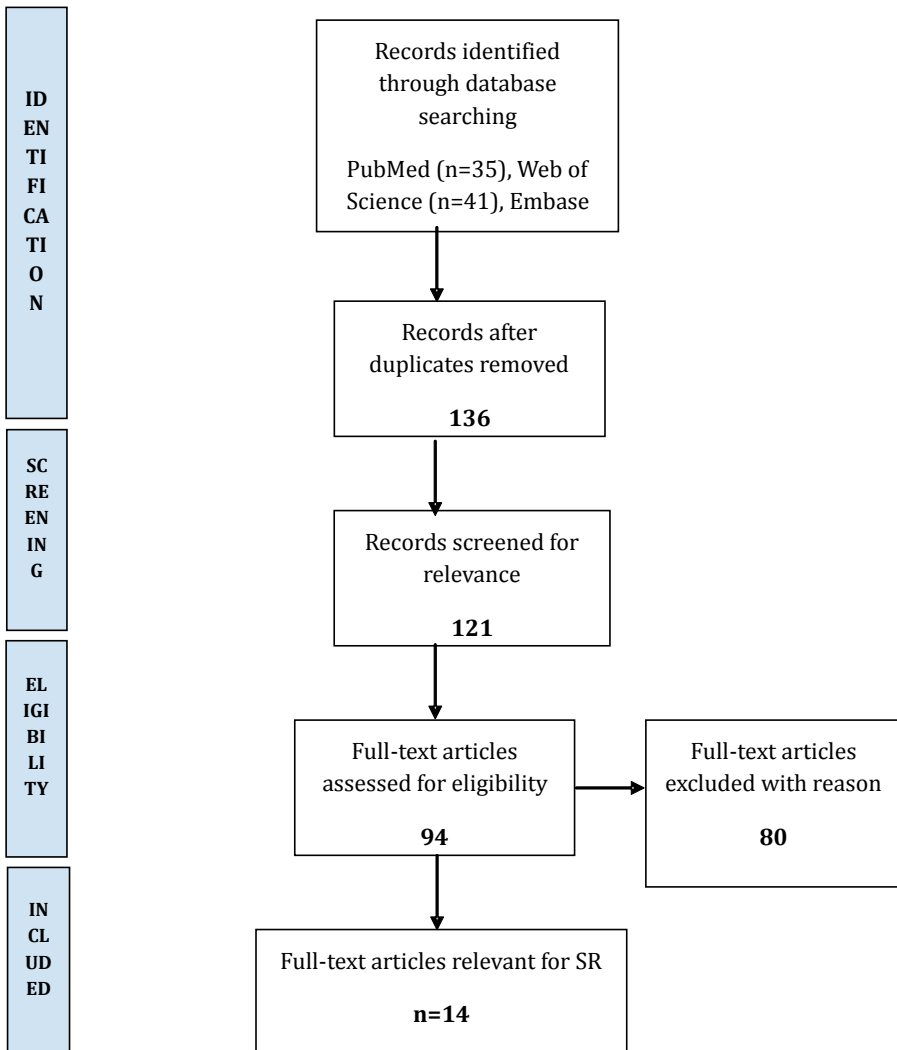
understandings, and safeguards in the context of modern marriages.

**Methodology**

**Study design**

Quantitative as well as qualitative primary research papers were included in this scoping review.

**Figure 1 : Preferred reporting items for systematic reviews and meta-analyses flow chart for screening the studies for systematic search**



**Search strategy**

The literature search was performed in databases such as PubMed, Web of Sciences, Scopus, and Embase within the time frame between January 2018 and February 2023. The search terms used were:

- ◆ Intimate partner violence, marital rape, physical violence, sexual violence, psychological violence
- ◆ Modern partnership, marriage
- ◆ Dowry system, substance abuse, male dominance
- ◆ South Asian women, Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka

A wide range of literature searches was carried out to identify the published literature. The search was extended to South-Asian countries since WHO assessed a significantly higher rate of IPV.<sup>[1]</sup> This also allows us to obtain all the applicable studies and safeguarding interventions available for review. References of relevant studies and applicable reviews were examined for further literature availability. Search terms and the Boolean operator ‘AND’ were used in the search technique for all four databases. Duplicate articles were pulled out before implementing inclusion and exclusion criteria to avoid duplicate bias. However, sufficient articles that discussed IPV and

safeguarding principles were lesser in number.

A total of 163 research papers were identified through database searching and many of the articles were removed during the screening process for various reasons. Major reasons for exclusion were duplicate articles, lack of full-text availability, irrelevant to the main subject, or discussing more topics other than the inclusion criteria (Table 1). A few systematic reviews and meta-analyses were found during the search, where most of them analysed the relationship between IPV and any of the risk factors of IPV. Figure 1 shows the PRISMA chart,<sup>[12]</sup> which gives the number of articles at every stage. Finally, 14 articles were selected for the review.

**Inclusion and exclusion criteria**

Briefly, research papers were included if they investigated IPV, marital rape with a dowry system or substance abuse, or male dominance among South-Asian women. Articles were screened after applying the criteria mentioned in Table 1. The articles that did not meet the criteria or did not supply adequate information were excluded. Research papers between January 2018 and February 2023 were included in the review. After implementing the inclusion and exclusion criteria, 14 articles were chosen.

**Table 1 : Inclusion and exclusion criteria**

Inclusion criteria	Exclusion criteria
Research papers where the population of women who are married and belong to South-Asian countries was included	Research papers where the population of women who are not married and do not belong to South-Asian countries were excluded
Research papers that studied IPV or marital rape and dowry system/substance abuse/male dominance were only included	Research papers that discussed IPV or marital rape alone and IPV or marital rape with any other subjects were excluded
Experimental & Observational Research papers were included	Case studies, Case series, Conference abstracts, Animal studies, and Grey literature were excluded
Research papers published between January 2018 and February 2023 were included	Research papers published before January 2018 were excluded
Only full-text research papers were included	Abstracts, Analyses, and Reviews were excluded
Research papers only in the English language were included	Research papers in all other languages were excluded

## Results

Data were extracted from eligible full-text papers. Data extracted included the study design, aim of the study, sample size, study setting, key findings & limitations. Characteristics of the relevant studies are shown in Table 2. Studies were published between 2018 and 2023. There were 12 Cross-Sectional Studies, one Qualitative study, and one Mixed Method study which included qualitative and quantitative data analysis.

### Study characteristics

Among 14 studies, 12 were published in India, one from Pakistan, and one from Nepal. No relevant articles were identified from Afghanistan, Bangladesh, Bhutan, Maldives, and Sri Lanka. All the studies were based on married women between the reproductive ages (15 to 60 years). Of all the studies, six were conducted nationwide, four were conducted among communities and four were based in hospital settings. In India, four studies estimated the prevalence of IPV nationwide and in particular communities. Three studies investigated the utilisation of the healthcare system and whether electronic, economic, and media empowerment protect women. Two Studies investigated IPV among married women with mental health disabilities. One Study investigated the pregnancy outcome associated with IPV and another investigated the usage of contraceptives among IPV victims. One study explored the association between social status and IPV in India, and the other investigated the influence of dowry systems on IPV in Pakistan. The study conducted in Nepal evaluates the relationship between alcohol use and IPV.

As a result of the thematic analysis that was performed, the following main themes were generated:

1. Understand IPV among South-Asian women in modern marriages
2. Safeguarding of IPV among South-Asian women in modern marriages

## 1. Understand IPV among South-Asian women in modern marriages

### I. Prevalence of IPV and outcomes among South-Asian women

Violence against women is a violation of human rights<sup>[1]</sup> and the prevalence of IPV in marriages in South Asia is higher. Four relevant studies discussed the prevalence of IPV and its outcomes whereas all studies mentioned a higher prevalence. In the fourth round of study where the NFHS dataset is used by Garg et al<sup>[13]</sup>, it pointed to a decrease where physical violence was 29.2% making it the commonest, sexual violence was 6.7% pushing it to the least, emotional was 13.2% and all other forms was 32.8%. The fourth round showed a comparative decline in prevalence to the third round. Another study by Gupta and his coworkers<sup>[14]</sup> revealed 171 (56.6%) women out of 315 had encountered any form of violence. The psychological form was the most prevalent with 32.16%. 55.5% notified that they oppressed violence due to substance abuse. Pengpid and Peltzer<sup>[15]</sup> also studied the association between IPV and factors such as spousal violence victimization and physical health outcomes. 29.9% reported physical violence, and 7.1% reported sexual violence. Furthermore, malnourishment, elevated blood glucose levels, anaemia, and hypertension are the health outcomes depicted in the study. Ram et al<sup>[10]</sup> also studied the prevalence of IPV documented as 77.5% where 40% has undergone severe abuse.

### Relationship between IPV, substance abuse, dowry system, pregnancy outcomes, and male dominance in modern married life.

The grounds for IPV among modern couples are diverse in South Asia and it results in physical, health, and mental complications. Akombi-Inyang et al<sup>[16]</sup> studied the relationship between IPV and substance abuse and its aftereffect on perinatal care in pregnant women. Out of 2,728 women, 47.6% have partners involved in substance abuse where 22.3% of women faced physical, 14.1% faced

emotional and 11.4% faced sexual violence. These women are less likely to utilise maternity health services and hence complicate the lives of their children too. Ali et al<sup>[17]</sup> scrutinize the perspectives of women on dowry practice and its influence on their marital life. Dowry system exists in Pakistan ranging between 87% - 97%.<sup>[19]</sup> 94.1 % of women conveyed that dowry was given while their marriage and more than 40% of male partners belong to the age group of 25-35 years. Although this practice is considered to nourish a marital life, still more than 50% of women face all forms of violence. Women may blame the dowry practices as a platform for their IPV experience since in this study, couples, where dowry trade is performed, have more favourable outcomes.<sup>[17]</sup> Poor reproductive and maternal health effects are also associated with IPV as per the study conducted by Dhar and his colleagues.<sup>[20]</sup> 45% of mothers face IPV and the complications increased with increasing age. Multivariable analysis revealed that IPV has an association with labour complications. Those women who have experienced violence are more prevalent to maternal complications, abortions, stillbirth, and miscarriage. The study also emphasizes the implication of the healthcare sector in supporting women. Indicators of wealth also decline the risk of IPV and perinatal health concerns.<sup>[20]</sup>

Male dominance through coercive control is more frequent than other forms of IPV and it restrains women from socializing, lowering self-respect and mental health crises. Kanougiya, Sivakami, and Rai<sup>[21]</sup> studied the association between spousal coercive control and IPV. Sociodemographic and socioeconomic predictors are assessed in this study. Physical or sexual IPV has spousal control as a critical factor and ultimately leads to partner dominance. 48% of women inform that they were victims of spousal control and were newly married. Risk factors such as alcohol abuse, employment status, and education also contribute to coercive control. 82% of women

faced emotional, 72% faced physical, and 84% faced sexual forms of IPV. All of the cross-sectional studies also remark on the confounding factors of IPV such as the education of couples, employment status of women, the rural or urban area of residence, ethnicity, age, sex of children, and mass media. Surprisingly, mobile phones and bank accounts also acted as a risk factor for IPV in maternal health as per Dhar et al.<sup>[20]</sup>

### **Estimation of IPV among psychiatric patients**

Psychiatric people is a high-risk group for being vulnerable to IPV. Aggression, grumpiness, lowered self-control, and lacking judgment capabilities put them for being perpetrators of IPV.<sup>[22]</sup> Out of 500 married people, 13% had psychosis and 41.2% had neurosis. 16% of the sample size experienced IPV and 6% were perpetrators of IPV. Victims of sexual IPV were the commonest. Poreddi et al<sup>[23]</sup> explored the IPV experience of women in a mental health care setting. Women described that they had experienced various forms of IPV from their partners as well as family members. Physical, sexual, and physiological forms were prevalent along with social and financial violence.<sup>[23]</sup> Many of the participants had a fear of disclosing their abusive experience to nurses due to several reasons such as their family may be shameful in society, worrying, poor support, or hopelessness. This study concluded that mentally-ill women are vulnerable to various forms of IPV.

## **2. Safeguarding of IPV among South-Asian women in modern marriages**

### **I. Contraceptive use effectiveness in IPV**

IPV is stated to be associated with contraceptive use specifically based on the type used. Of the 14 research papers, only one relevant paper studied the association between IPV and contraceptive uses among married women. IPV is said to be more prevalent among pill users and less prevalent among condom users. In the study by Chen et al<sup>[18]</sup>,



among 1001 women, 10.9% reported physical and 2.7% reported sexual violence. 37.9% were using contemporary contraceptives, 8.4% were using pills, and 23.5% were using IUDs. IUD use was seen raised among women who undergo physical violence.

## II. Effectiveness of economic and electronic media empowerment to protect women

Electronic and economic empowerment has positive as well as negative impacts on population health. Dalal and his co-workers<sup>[8]</sup> studied the effectiveness of economic and electronic empowerment as a protective factor against IPV. This study also analysed based on the NFHS data set. Prevalence of physical, emotional, and sexual violence was 28%, 13%, and 7% respectively. Women residing in rural areas encountered more IPV than in urban areas. Hindu women experienced more physical (30%) as well as sexual violence (7%) than women from any other community. Women who are educated and wealthy show a lesser prevalence of IPV. Other factors, such as understanding business loans, using mobile phones, and operating bank accounts, were less exposed to IPV. Women often accept the misuse and violence imposed on them, quietly worrying about the stigma and family and treating male dominance as normal in society. However, improved economic status and electronic equipment support women to an extent.

## III. Examination of help-seeking behaviour of sexual violence in marriage

Violence in marriage is not rare and is epitomized in various states including marital rape. IPV has serious consequences on women's health ranging from sexually transmitted diseases (STI) to reproductive tract infections and on their rights. Deosthali, Rege, and Arora<sup>[24]</sup> analysed the service records of women who are survivors of violence. Out of 1783, 1416 women were married and 58.5% reported experiencing sexual violence including forced intercourse. After the

counseling, 41% of women were guided to seek support from the crisis intervention department. 91% also mentioned that they were facing forms of violence since marriage. Mental health issues were cited by 98%. An interesting fact is that nearly half of this population, that is 48% seek help from the police by filing a complaint. Out of 1664 marital rape survivors, 18 of them requested medico-legal support. Even though it was not the first attempt at rape, the fear of being attacked including their children or family forced them to seek help.<sup>[24]</sup> Regrettably, since the police aren't aware of how to act in situations of marital rape, outcomes were delayed. For a few of the cases, rather than filing a rape case, it was domestic violence. Health workers carried out the examinations for medico-legal support, however, this help cannot be expected in every hospital due to a lack of knowledge. The study also highlights that hospitals are the primary places where help can be initiated as they can apprehend the signs of rape and violence in women.<sup>[24]</sup>

## IV. Utilisation of the healthcare system for safeguarding women from IPV

Paul and Mondal studied the association between the maternal healthcare system (MHS) and IPV exposure. Utilising MHSs is a crucial measure to lower the incidence of maternal death. Data used for this study was from the fourth round of NHFS.<sup>[25]</sup> 58% of the sample population was between 25 and 34. Physical, sexual, and emotional abuse was reported by 22%, 6%, and 10%, respectively. MHS included Antenatal care (ANC) visits, assisting delivery by a skilled health worker, and Perinatal care (PNC) in less than 2 days after delivery.<sup>[25]</sup> MHS was mostly used by women residing in urban areas along with forward caste groups. Lowered use of MHS was seen among women for whom decisions are made only by husbands or by family members, illiterate, and employed. One another significant inference is that women who have faced IPV are less likely to receive MHSs.

Table 2 : Data extraction table (Characteristics of 14 studies included in the review)

Sl No	Author & Year	Study Design	Aim of the Study	Sample Size & Study Setting	Key Findings	Limitations
1.	Dalal et al, 2022 [8]	Cross-sectional study	To determine if economic and electronic empowerment safeguards Indian women from IPV by conducting NFHS from 29 states and 7 union territories. The study also explores if media exposure can protect women from IPV.	An NFHS between 2015 - 2016 where the sample size was 66,013 ever-married Indian women.	The prevalence rate of emotional, physical, and sexual violence was 13%, 28%, and 7%, respectively. IPV was highly experienced by women in rural households from the Hindu religion and SC. Higher socio-economic class as well as education are reported to be the preventive factors from IPV. Media exposure also reduced IPV prevalence. Working women, women who took advantage of mobile phones, SMS services, and business loans have experienced higher forms of IPV.	A cross-sectional study makes it challenging to determine causality. This study only assesses the IPV from IP or husbands. But Indian women are likely to be abused by other family members, relatives, and even political figures or police which can also be included. This can result in information bias. Longitudinal and qualitative studies which examine the causality as well as the use of mobile phones or SMS to prevent IPV may guide in further policy development.
2.	Ram et al, 2019 [10]	Community-based cross-sectional study	This study evaluates the domestic violence prevalence and the three components - emotional, physical, and sexual violence in women from 15 to 49 years aged.	120 permanent resident women (15 - 49 years) from six villages of Tamil Nadu - Edyansathu, Pennathur, Mururpet, Adukkampara, A. Kartupadi, and Metru-Edyampatti from Kanyambadi block, Vellore, Tamil Nadu, South India	77.5% of women were prevalent to all forms of domestic violence and 40% experienced severe forms of violence. Prevalence of physical, emotional, and sexual violence was 65.8%, 54.2%, and 17.5% respectively. Alcohol consumption by husbands is a remarkable factor contributing to IPV. In addition, the controlling nature of family members as well as the employment status of women also plays a crucial role. Dowry and IPV also correlate with each other as per this study (OR 2.29; 0.92, 5.65).	Sample bias is noted here since the sample size is smaller. A larger sample size may enhance this study by identifying more correlations. As there was no sound way to estimate domestic violence, this study had to exclude the severe violence faced by women. The study could be more generalised if the sample setting was extended to urban and tribal areas.
3.	Garg, et al, 2021 [13]	Cross-sectional ecological study design	The aim of this study is to evaluate the IPV prevalence in India along with the changes above a decade from Round 3 & 4 of NFHS.	64,607 ever-married women from Round 3 and 62,716 ever-married women from Round 4 of NFHS.	Prevalence of IPV as per NFHS -4: Physical=29.2%, Sexual=6.7%, Emotional=13.2%, Other forms=32.8%. These components had a relative change when compared to NFHS -3 and they are Physical= -14.9%, Sexual= -30.2%, Emotional= -11%, Other forms= -15.7%. Remarkable changes in prevalence were seen state-wise. Multivariate binary logistic regression analysis underlined the predictors of IPV as education of women and partners, socio-economic class, women empowerment, rural or urban residential areas, and controlling behaviour.	Only predetermined variables were considered to estimate the prevalence of IPV in this analysis which was the major limitation since there were many other variables that can affect IPV. These variables were not comprised in NFHS. Also, the self-reporting nature may result in information bias. This can miscalculate the overall IPV prevalence which contributes to fear, dependence, embarrassment, and detention faced by women.

<p>4.</p>	<p>Gupta, et al, 2019 [14]</p>	<p>Community-based cross-sectional study</p>	<p>To estimate the domestic violence prevalence and risk factors in rural regions of Jammu district.</p>	<p>301 newly wedded women in Miran Sahib health zone of R.S Pura block which is a rural health training center of a tertiary care hospital in Jammu, J&amp;K state, India.</p>	<p>171 (56.6%) of 301 respondents revealed forms of domestic violence. Prevalence rates of physical violence is 9.9%, psychological violence is 32.16%, and sexual violence is 2.33%. A statistically significant relation was found with variables such as literacy, type of family, income, sex of children, etc.</p>	<p>Since the research was performed in a small geographic area, findings cannot be generalised. Fear of Stigma is an addition to the limitation.</p>
<p>5.</p>	<p>Pengpid and Peltzer, 2018 [15]</p>	<p>Cross-sectional Study</p>	<p>This study aims to evaluate the relation between victimization of lifetime spousal violence, spousal violence perpetration, physical health outcomes and women's behaviour in India.</p>	<p>66,013 women who answered the domestic violence model from Round 4 of NHIS between 2015 and 2016.</p>	<p>This study shows that victimization of lifetime spousal violence was disclosed by 29.9% of women as a physical form, and 7.1% of women as a sexual form. 3.5% of women disclosed lifetime spousal physical violence perpetration. Lifetime spousal violence victimization and perpetration are substantially associated with STIs, asthma, genital discharge, genital sores or ulcers, tobacco use, alcohol use, and termination of pregnancy, whereas, adversely associated with dark vegetable consumption on a daily basis. Moreover, lifetime spousal violence victimization is also correlated with being undernourished, having high random blood glucose levels, anaemia and negatively correlated with being obese. Lifetime spousal violence perpetration was marginally significantly associated with hypertension.</p>	<p>Cross-sectional design makes it difficult to determine the causative relations. Need for further research on assessing victimization of spousal violence, spousal violence perpetration, mental health outcomes, and including Indian men is required.</p>

6.	1. Akombi-Obinyang et al, 2021 [16]	Cross-sectional Study	This study estimates the correlation between IPV and alcohol use by husband/partner and the receipt of PNC in Nepal.	2728 women from Nepal	Prevalence of IPV experienced by women is as follows: Physical=22%, Sexual=11%, Emotional=14%. The study reports that women with alcoholic partners are less likely to engage in at least 4 skilled ANC visits and use institutional delivery or qualified delivery assistance services. This study points out the requirement of formulating community-based interventions and incorporating IPV support services with other healthcare services to address the negative relationship between IPV and PNC.	Since the study was a cross-sectional design, establishing causality was a challenge. Additionally, other factors that can influence PNC were not taken into consideration.
7.	Ali et al, 2021 [17]	Cross-sectional Study	Goal of this study is to investigate the perceptions that women have about the impact of the dowry system in their married life and IPV.	759 married women from two towns of Karachi between 2008 - 2010. Women belonged to the reproductive age group (25 - 60 years).	Overall IPV prevalence was 87.1% (661). The prevalence of the components is as follows: Physical= 57.6% (437), Sexual= 54.5% (414), Psychological= 83.5% (634). However, this study summarizes that contributing dowry to the husband does not necessarily prevent women from any forms of physical (adjusted OR: 3.7), sexual (adjusted OR: 3.7), or psychological (adjusted OR: 8.9) forms of IPV.	The key limitation of this study is that the study setting was restricted to two towns of Karachi. The study also didn't consider women below 25 years of age who were married. In addition, females whose spousal commitments were connected to the endorsement as a rule detailed a more flourishing marital life. This finding, in any case, comes with a caveat as there were significantly differing qualities among the detailed results, as illustrated by the significant confidence intervals.

<p>8.</p>	<p>Chen et al, 2020 [18]</p>	<p>Cross-sectional study</p>	<p>To determine the relationship between self-reported IPV and self-reported birth control usage, by type, among married women who are not pregnant and live in rural India who is more likely to use IUDs.</p>	<p>In rural Maharashtra, 1001 women were enrolled between September 2018 and May 2019.</p>	<p>In the preceding 12 months, 109 (10%) and 27 (2%) of 1001 included women reported having physical and sexual IPV, respectively. In comparison to women who did not experience violence, women who experienced physical IPV were considerably less likely to use condoms (adjusted relative risk ratio [RRR]: 0.54, 95% confidence interval [CI]: 0.30-0.98, <math>p = 0.042</math>). When compared to women who were not suffering physical IPV, there was a tendency towards higher IUD usage (adjusted RRR: 1.78; 95% CI: 0.91-3.41; <math>p = 0.091</math>), but this did not achieve statistical significance.</p>	<p>The study's cross-sectional methodology makes it impossible to pinpoint the timing of connections. The research also depends on women's self-reported replies to questions concerning IPV and contraception usage when utilising baseline survey data. In addition to recollection bias, these reports are vulnerable to social desirability bias and may have underreported contraceptive usage owing to social stigma or overreported it because of the respondent's awareness that the survey was conducted as part of a family planning effort in the case of contraceptive use. Both the overall incidence of sexual IPV and the use of tablets were quite low in this investigation, thus null results should be seen in the light of the study's low power.</p>
<p>9.</p>	<p>Dhar, et al, 2018 [20]</p>	<p>Cross-sectional analysis</p>	<p>To determine if IPV is connected to poor fertility and maternal health, as well as whether poverty contributes to any observed connections, among women who delivered a child in the preceding period of 23 months in Bihar, India</p>	<p>13,803 moms of infants under the age of three reside in Bihar, India.</p>	<p>In the sample, 45% of the women reported using IPV. 8.7, 4.6, and 1.3% of the sample, respectively, reported having experienced a miscarriage, stillbirth, or abortion. 10.7% of women said that labour problems occurred during their most recent pregnancy, while 16.3% said that additional issues occurred either during pregnancy or birth. AOR = 1.35, 95% CI = 1.11-1.65) and stillbirth (AOR = 1.36, 95% CI = 1.02-1.82) ever, as well as with labour complications (AOR = 1.27, 95% CI = 1.04-1.54) and other pregnancy/delivery complications (AOR = 1.68, 95% CI = 1.42-1.99). These associations were significant according to adjusted regressions. While women in the greater wealth quartile (Quartile 3) observed correlations between IPV and pregnancy loss (Quartile 3 AOR = 1.55, 95% CI = 1.07, 2.25) and stillbirth (Quartile 3 AOR = 1.79, 95% CI = 1.04, 3.08), women in the lowest income quartile (Quartile 1) observed no relationship between IPV and miscarriage (Quartile 1 AOR = 0.98, 95% CI = 0.</p>	<p>In this study, survey data were cross-sectionally analysed. Although it is impossible to determine causation, using a representative sample of moms who recently gave birth in the state (while omitting stillbirths) does make the results more state-specific. In order to address the confounding effect of therapy, it was additionally adjusted for the intervention group. This study only examined self-reported instances of physical and sexual abuse; it did not examine other manifestations of IPV, such as emotional or financial abuse. These statistics also rely on individual self-reports of IPV experiences and reproductive outcomes, which may be biased by social desirability and recollection. For sensitive topics like sexual IPV and abortion, social desirability bias may be more pronounced, which might result in underreporting of these occurrences.</p>

<p>10.</p>	<p>Kanongya, Sivakami, and Rai, 2021 [21]</p>	<p>Cross-sectional Study</p>	<p>The goal of this study is to look at sociodemographic and economic factors that predict obsessive marital control and its link to IPV during the previous 12 months.</p>	<p>Between 20 January 2015 and 4 December 2016, there were 66,013 ever-married women in India's urban and rural areas, aged 15 to 49.</p>	<p>Spousal coercive control is often disclosed by 48% of women more frequently than IPV, which is only disclosed by 25% of women (emotional 11%, physical 22%, and sexual 5%) in the last year. With more instances of coercive control, more women reported experiencing IPV. In comparison to husbands without these traits, women with these attributes have demonstrated greater coercive control. The likelihood of coercive control increases with the presence of the markers three or more children per woman, employment status for women, higher level of education for the husband, and alcohol use by the husband.</p>	<p>Since this study is cross-sectional, no causal connection was established. In multivariate logistic regression models, potential risk variables such as the mental health of participants, spouses, and family members were not taken into account.</p>
<p>11.</p>	<p>Gupta, et al, 2023 [22]</p>	<p>A questionnaire-based, cross-sectional study using systematic random sampling</p>	<p>To calculate the prevalence and correlation of IPV in mental patients, both as offenders and victims.</p>	<p>At a tertiary care hospital in Haryana, India, the psychiatric outpatient department's 500 participants diagnosed with a mental illness.</p>	<p>The lifetime prevalence of IPV victimisation was 26% and the past year's prevalence was 16%. During the first 10 years of marriage and the first 10 years of the disease, IPV victimisation was shown to be substantially more common among females (particularly sexual), young, and jobless participants. Most IPV was sexual in nature. The subjects' lifetime IPV prevalence was 10.6% and their annual IPV prevalence was 6%. Males between the ages of 40 and 50 who were jobless, had lower incomes, came from joint families, and lived in rural regions were more likely to commit crimes. The likelihood of perpetuation increases with a psychiatric disease diagnosis, especially psychosis. The frequency of IPV abuse rose as disease duration increased.</p>	<p>Due to the sensitive nature of the study, the study's limitations include the potential for recollection bias and participant reporting inaccuracies. Additionally, the examination of the complete IPV spectrum was constrained by the absence of drug use disorder (which is by itself a substantial cause of IPV).</p>

12.	Porceddi, et al, 2021 [23]	Qualitative narrative research design	To examine women's experiences with violence and their views on routine screening by nurses in domestic violence mental health care facilities.	20 mentally ill women who are asymptomatic in a tertiary care facility in Bangalore, India.	Most of the participants agreed that frequent screening by nursing experts would help prevent the several forms of violence experienced by women with mental illness. In mental health care settings, nurses are crucial in recognising and helping abused women.	The present study may have several limitations, such as sample bias because participants were chosen deliberately and from a particular environment. Women with acute symptoms were also not included in this study. The women in question might very well be victims of serious instances of domestic violence (including sexual and physical abuse). So, these results might not apply to all women with mental disorders.
13.	Deosthali, Rege, and Arora, 2022 [24]	Mixed Method (Qualitative and Quantitative Study)	This essay tries to depict the experiences of married women who experience sexual assault, how these women interact with the healthcare system, and how the police and healthcare system responds to them.	Between 2008 and 2017, 1783 women enrolled in total. Data from the crisis intervention section of a public hospital and the medico-legal documents of three general hospitals in Mumbai.	The research shows that many victims of domestic violence who talk to crisis intervention counsellors about their experiences with physical, financial, and emotional abuse reveal that their husbands have pushed them into having sex. However, a limited percentage of women do disclose marital rape to authorities, including the police and hospitals.	The analysis used in this study is not based on population data, but rather on service documentation of women who could access the public hospital, which poses a major restriction on generalising the findings. Rape and other forms of sexual violence inside marriage may perhaps be more widespread than what has been documented in this study because the information provided is based on women's self-reports.

14.	Paul and Mondal, 2021 <sup>[25]</sup>	Cross-sectional study design	The study uses the latest large-scale population survey to examine the link between women's experience with IPV and the use of maternity medical facilities among women who are now married in India.	24,882 Indian women who are currently married and who had at least one live kid in the previous five years	In the previous year, 26% of the sample's married women reported engaging in any type of IPV. According to bivariate studies, women who encountered emotional, sexual, or physical abuse from their spouse used all three aspects of maternal medical care less frequently than women who did not experience any such violence. Even after adjusting for socio-demographic factors, multivariate analysis shows that women's exposure to IPV was substantially related to a decreased chance of appropriate ANC use (Adjusted Odds Ratio [OR]: 0.90, 95% CI 0.84-0.97). In the adjusted analysis, IPV exhibited an unanticipated favourable link with PNC use but did not correlate significantly with expert delivery assistance.	Because of the cross-sectional nature of the research design, a causal relationship between women's experiences with IPV and maternity care could not be established. Additionally, the data are retrospective and self-reported. Therefore, it is impossible to overlook the study's potential recollection bias. The women frequently don't speak out about their violent encounters. As a result, there's a chance that violence may not be reported as much as it should be because of shame, fear, and sensitivity. The variables were finally chosen based on prior research and in accordance with the data included in the dataset. As a result, our current study did not account for all possible factors that can have an impact on how often women use healthcare.
<p>IPV: Intimate partner violence, ANC: Antenatal care, PNC: Perinatal care, FSW: Female Sex Workers, OR: Odds ratio, IUD: Intra -uterine device, NFHS: National Family Health Surveys, CI: Confidence Interval, SC: Scheduled Caste</p>						



## Discussion

A total of 163 research papers were identified through database searching, and 14 papers were selected as relevant for the review. Among 14 studies, 12 were published in India, one from Pakistan, and one from Nepal. No relevant articles were identified from Afghanistan, Bangladesh, Bhutan, Maldives, and Sri Lanka. Studies focused on the association of IPV, substance abuse, dowry system, pregnancy outcomes, psychiatric patients, and male dominance, along with the effectiveness of contraceptive use, electronic empowerment, maternal healthcare, and help-seeking behaviour.

All of the studies repeated IPV as a major public health problem not only in South Asia but also worldwide. All 14 research papers discussed the prevalence of IPV as high together with the risk factors, including education of couples, employment status of women, the rural or urban area of residence, ethnicity, age, sex of children, and mass media. In addition, women using a mobile phone and handling bank accounts are said to have less exposure to IPV compared to those who do not use it.<sup>[18]</sup> Substance abuse,<sup>[16]</sup> spousal coercive control,<sup>[21]</sup> and the dowry system<sup>[17]</sup> are serious concerns that make IPV and marital rape more prevalent among married women and insist on the need to establish safeguarding interventions. IPV is noticed in diverse age groups, sexual orientations, gender, cultural, and economic statuses in all parts of the world. WHO assessed that one-third of women in a partnership had faced any form of IPV.<sup>[20]</sup> Many researchers preferred an ecological model to learn more about IPV and relations at the individual and community levels.<sup>[26]</sup> Severe mental health issues such as neurosis and psychosis,<sup>[22]</sup> physical injuries, and health intricacies are a result of forms of violence ranging from malnourishment, elevated blood glucose levels, anaemia, hypertension,<sup>[15]</sup> STIs, and reproductive tract infections.<sup>[24]</sup>

In a study by Akombi-Inyang et al,<sup>[16]</sup> the association between IPV and substance abuse and its aftereffect on perinatal care in pregnant women is studied. 47.6% of women have spouses who are involved in substance abuse. Substance abuse by males is stated as a substantial causal factor of IPV.<sup>[2]</sup> WHO study also reported that alcohol consumption at dangerous levels is a causal factor of IPV.<sup>[27]</sup> Non-attendance of ANC visits 4 or more times is related to the substance abuse behaviour of the spouse.<sup>[16]</sup> The negative relation between IPV and PNC indicates that developing community-based interventions incorporating health services is necessary for promoting ANC and PNC among pregnant women.<sup>[16]</sup> Further studies by Paul and Mondal<sup>[25]</sup> and Garg et al<sup>[13]</sup> also discussed the support by the healthcare system in safeguarding women from IPV. Garg et al mentioned the routine screening program in health settings for detecting IPV, however, limited knowledge of constructed intervention is not appreciated.<sup>[28]</sup> According to Paul and Mondal,<sup>[25]</sup> lack of usage of ANC, assistance by a skilled health worker during delivery, and PNC is strongly associated with all forms of IPV among pregnant women. They also emphasize providing urgent MHS to women who were exposed to IPV. Likewise, violence is also correlated with the liberation of decision-making power of women unfavourably but favourably with male dominance and coercion. With the increase in the age of females, literacy level, and wealth, the risk of spousal control is subsided, but working women are more prevalent to IPV based on male dominance. Men's age is also associated where younger men display more control.<sup>[21]</sup> Yet, studies from Nigeria<sup>[29]</sup> and Myanmar<sup>[30]</sup> show that a husband's education is not related to coercive control. The literature proposes that empowering women jeopardizes the status of male partners, making women riskier to IPV and controlling behaviour.<sup>[31]</sup> Another study in India also highlighted the relationship

between physical violence and PNC<sup>[32]</sup> and is similar to the studies conducted in other countries such as Bangladesh<sup>[33]</sup>, Nigeria<sup>[34]</sup>, and Ethiopia<sup>[35]</sup>. Although the study by Garg et al<sup>[13]</sup> found a lesser proportion of sexual violence, they still regard it as an area of research that needs more attention. Data available is scarce since women seeking the help of medical services is less in number. IPV is alike associated with poor pregnancy outcomes as concluded by Dhar et al.<sup>[20]</sup> IPV was prevalent in 45% of women and a history of abortion, miscarriage, and stillbirth was also noted. They are more vulnerable to maternal health complications compared to women who had not faced IPV.<sup>[20]</sup> Further results from multi-country research boosted these findings by concluding that there is a strong association between IPV and stillbirth.<sup>[36]</sup> This is contradicted by another study from India suggesting that IPV reduces with pregnancy, but other forms of abuse such as refusal of appropriate food or rest exist.<sup>[37]</sup>

The Dowry system is practiced for ages in many countries including India and Pakistan where it is believed to give a positive marital impact on females, however, is contradictory. Proofs urge that females are at risk of violence from husbands or family members oftentimes due to the failure of giving promised dowry at the time of marriage.<sup>[17]</sup> Ali et al<sup>[17]</sup> concluded that the dowry system ultimately does not protect women from IPV and only a quarter of women have positive impacts.<sup>[38]</sup> Deosthali, Rege, and Arora<sup>[24]</sup> assessed the service records of violence survivors where help-seeking behaviour is also recorded. 91% mentioned that they were facing forms of violence since marriage. Marital rape was another key element of this study. The Criminal Law Amendment Act of 2013 protected against rape and sexual violence but sadly, marital rape was left out making most police officers not know what steps have to be taken when a women report a case of marital rape causing delays.<sup>[24]</sup> 18 women out of 1664 marital rape

survivors have requested medico-legal support. Doctors, nurses, and crisis center workers act an integral role in helping women to protect themselves from violence.<sup>[39]</sup> Nevertheless, this is not applicable in every hospital as health workers are not properly trained to perform rape case activities sensitively.<sup>[24]</sup> Electronic and economic empowerment are powerful tools to protect women against IPV. Women living in rural areas, employed women, and belonging to the Hindu community were more vulnerable to IPV as per the study by Dalal et al<sup>[8]</sup> whereas women who used mobile phones, bank accounts and have access to mass media were less threatened. Babu and Kar<sup>[40]</sup> in their research found that rural women are less exposed to sexual violence which is not true as per Dalal et al.<sup>[8]</sup> Another study from Bangladesh summarized that Muslim pregnant women face more violence than the Hindu community.<sup>[41]</sup> This difference is basically due to the existence of various socio-economic backgrounds. Dalal and his coworkers conclude that policymakers may utilise mobile phone services and media for creating awareness about IPV.<sup>[8]</sup> The effectiveness of contraceptives in IPV was analysed by Chen et al<sup>[18]</sup> who concluded that women facing IPV are more likely to use IUDs than condoms and pills. Dasgupta and his coworkers find similar results in their analysis.<sup>[42]</sup> Using condoms requires the participation of husbands and females facing violence are less likely to use condoms. This situation is confounded by IUDs where women have access to control their reproductive health safely and confidentially without the interference of husbands.<sup>[18]</sup>

This review aims to draw a few insights into understanding and safeguarding women facing IPV in modern marriages. Only peer-reviewed studies were taken into consideration such that to reduce the chances of bias. There were no relevant research papers within the short duration of 5 years, however, the context

of modern marriages was satisfied as the research papers were from the recent time frame. No relevant articles were identified from Afghanistan, Bangladesh, Bhutan, Maldives, and Sri Lanka, making it difficult to analyse the situation from these countries. Most of the research papers also noted the lack of studies conducted due to the lack of proper data from women survivors. This review also realized the need for more studies on physical, psychological, sexual, and social forms of violence against women.

### Conclusion

This review aimed to identify IPV among South-Asian women, grounds, understandings, and safeguards in the context of modern marriages. Violence against women is a violation of human rights and the prevalence of IPV in marriages in South Asia is higher. Various reasons contribute to IPV and we found that IPV has a close association with substance abuse, dowry system, male dominance, and spousal coercion leading to severe health disparities. All of these factors contribute to IPV being more prevalent among female partners. After analysing the research papers, the main themes generated were understanding and safeguarding of IPV among South-Asian women in modern marriages. Utilising IUDs as contraceptives, economic and electronic media empowerment, help-seeking behaviour such as requesting medico-legal support and filing complaint, as well as using the healthcare system allows protecting women from forms of violence.

### Abbreviations

IPV - Intimate Partner Violence  
 UN - United Nations  
 WHO - World Health Organization  
 PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses  
 NFHS - National Family Health Surveys  
 IUD - Intra-uterine devices  
 MHS - Maternal Healthcare System  
 ANC - Antenatal care  
 PNC - Perinatal care  
 STI - Sexually Transmitted Infections

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Review Article

## **Shedding light on sexual crimes and victim's rights: Examining the intersection of psychology and law in the Indian legal system**

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### **Abstract**

The Indian legal system reveals a complex and often problematic relationship between law, society, and sexual crime. This paper tries to investigate the different legal meanings and the role of law in treating individual psychology through analysis of various laws, scenarios, and their respective shortcomings, along with the changes that need to be introduced. The paper thoroughly asserts, taking with it arguments and criticisms of the law, the need for a sense of awareness regarding victim's rights in India. One side of the Indian legal system which has to change and has been changing for progress in penalizing sexual crimes is the Indian Penal Code which has also been critically analyzed; moreover, the contradictory paradox of marital rape and the retrogression which is extremely prevalent in India has also been discussed in the paper. There is a need for greater awareness and education about sexual rights and laws in India, particularly in rural areas where there may be a lack of understanding and access to legal resources. The laws must be reformed to reflect the diverse sexual identities and experiences of individuals

and communities and to ensure that the legal system serves as a tool for justice and equality rather than a source of further oppression and discrimination.

### **Introduction**

According to the National Crime Records Bureau (NCRB) data of 2021, an Indian body that collects and analyses data on crime and criminal activities, the crime rate in India increased from 385.5 in 2019 to 383.8 in 2020.<sup>[1]</sup> There are

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hundreds of publications, research, and empirical studies on the mental health impact of the victims and the victimization of the individual; however, Post Trauma Stress Disorder does not have to be limited to the victims. The accused, who, in fact, is innocent until proven guilty, also has a fair share of grief to deal with. There are several behavioural-emotional conditions that are experienced, which include but are not limited to a feeling of fear, a feeling of loss of control, a feeling of helplessness, depression, attempted or actual suicide, self-harming, substance abuse, and a cry for help behaviours.

One theory is that criminal behaviour is often the result of a complex interplay between genetic, environmental, and psychological factors. For instance, a study published in the *Journal of Criminal Justice* found that childhood maltreatment and abuse were significant predictors of criminal behavior in adulthood.<sup>[2]</sup> The *Journal of Abnormal Psychology* suggested that certain genetic variations could increase an individual's risk of engaging in violent and aggressive behavior.<sup>[2]</sup> Another perspective is that criminals often weigh the potential benefits and costs of committing a crime.<sup>[2]</sup> This 'Rational Choice Theory' suggests that individuals who perceive a higher likelihood of getting away with a crime and lower chances of getting caught and punished are more likely to engage in criminal behavior. A study published in the *Journal of Research in Crime and Delinquency* found that offenders who reported more positive attitudes towards crime and lower perceived risk of apprehension were more likely to commit offences.<sup>[3]</sup> However, not all crimes are committed for material gain or rational reasons. Some individuals may commit crimes due to emotional or psychological factors such as anger, revenge, or a desire for power or control.

Another study published in the *Journal of Interpersonal Violence* found that a significant proportion of homicides committed by men

against intimate partners were motivated by jealousy, possessiveness, and perceived infidelity. In all cases, a timely study focusing on the legal aspect of the psychological impact of criminals and victims after the act is a dire need and much required to understand the interplay between law and psychology. This paper attempts to study the different legal connotations and the role law plays in handling the psychology of an individual through the medium of the case and statutory analysis.

### **Changing need for the Indian legal system and the interplay of criminal law**

India has a rich history of legal systems that have evolved over time, ranging from the ancient Vedic legal system to the British colonial legal system. However, despite its long development history, India's legal system has faced several challenges in adapting to the changing needs of society. One of the challenges stems from the colonial legacy of the British legal system, which still forms the backbone of the Indian legal system. The British legal system was primarily designed to serve the needs of the colonial administration and maintain social order rather than promote justice or protect individual rights.

As a result, many of the laws and legal institutions inherited from the British colonial era are often criticized for being outdated, archaic, and irrelevant to the needs of modern society.<sup>[4]</sup> Furthermore, the Indian legal system has struggled to keep up with the country's changing social and political landscape. For instance, despite the growing awareness of gender issues and the need for gender justice, the legal system has responded slowly, with many laws and practices still reflecting patriarchal attitudes and discriminatory practices. Despite these challenges, there have been several efforts to reform and modernize India's legal system in recent years. For instance, there have been several landmark judgments by the Indian Supreme Court that have expanded the scope of individual rights and civil liberties and paved the way for greater

social justice and inclusivity.<sup>[7]</sup> Additionally, there have been several initiatives to simplify and streamline legal procedures, increase access to legal aid and services, and strengthen the independence and accountability of the judiciary. In the Journal of traumatic stress, the paper by Riggs titled “Anger and posttraumatic-stress-disorder in female crime”, victims mention anger as a reaction to post-trauma stress, which has not been discussed in the history of psychological works.<sup>[8]</sup> It seems that extreme rage prevents the traumatic memory from being changed.

Understanding the interactions among these

emotional memory structures, if emotions other than fear are also represented as memory structures, may lay the foundation for understanding how anger impedes psychological recovery after trauma. One could imagine an “anger structure” analogous to the “fear structure”. The recent findings imply that trauma creates an easily triggered anger structure similar to fear. The strong correlation between fear and rage shows that the stimulus components omitted in these two structures are very similar. India’s legal system is complex and evolving that reflects the country’s rich history and diverse social and cultural fabric.

**Table 1: Number of reported crimes against women across India during 2021**

<b>Reported crimes against women in India 2021, by type</b>	
Cruelty by husband or relatives	14,312
Kidnapping and abduction	8,664
Assault	7,610
Protection of Children from Sexual Violence Act	5,702
Rape	3,208
Insults	1,496
Dowry Prohibition Act	889
Abetment to suicide of women	389
Dowry deaths	375
Immoral Traffic (Prevention) Act	309
Cyber crime	224
Human trafficking	104
Attempt to commit rape	56
Protection of Women from Domestic Violence Act	21
Acid attack	16
Murder with rape/gang rape	15
Attempt to acid attack	12
Miscarriage	10
Selling of minor girls	1
Buying of minor girls	1

\* National Crime Records Bureau



The plight of women in India is shown critically by national crime statistics, influenced by social, economic, and cultural variables. An examination of India's official statistics for 1991 to 2001 reveals a general rise in crimes perpetrated against females. Rape of women increased by 5.34 percent during the time period, as did the cruelty by husbands and relatives by 11.32 percent and molestation by 6.8 percent.<sup>[5]</sup>

### **The crime of marital rape: Current legal position**

Marriage as an institution was long stated as a 'recluse for' social protection' for women. Unlike the claims living in a domestic setup can make women equally vulnerable to gender-based crimes, the -talked and debated one is the marital rapes. The decades-old debate on the fundamental constitutional validity of marital rape still continues and doesn't seem to change its pace. Much talked about and much-needed marital rape provisions remain stuck at the parliamentary constant level due to a lot of weakly thought-about reasons, but mainly the unnatural political pressures create an unending debate about a "controversial law to be proposed". The recourses offered to women are incomplete, and in essentiality, their rights are being denied.

Existing criminal remedies are provided under Section 498A of the IPC for cruelty. Other legislations, such as the Domestic Violence Act of 2005 (DVA) add civil remedies while continuing to ignore the status of marital rape. Although Section 498-A deals with cruelty to protect women from their husbands' perverse sexual behaviour, there is no legal standard or interpretation for the courts regarding what constitutes "perversion" or "unnatural" in the context of intimate spousal relations. Is a disproportionate craving for sex perverse? Consent is a requirement? Can a rape occur with a marriage license? These are some of the questions that need to be addressed,

keeping in mind that the provisions which may be introduced in the future do not cause hurt, injury, jeopardize health, physical, mental, or sexual existence, etc.

The freedom of a woman to choose what she wants is not an issue whatsoever; Despite being married, she maintains her independent status and is free to refuse every bodily request even though it is only her husband. This is about the essential design of the marital institution. Except in cases where one marriage partner is being prosecuted over an infraction against the other, Section 122 of the Indian Evidence Act prohibits disclosure of marital correspondence in law. Since marital rape is not a crime, the evidence is irrelevant but inadmissible unless a battery case is pursued or anything else is included in Section 3 of the DVA's definition of domestic violence.

In such cases where women are being subjected to such violence, they have an option of resorting to the Protection of Women from Domestic Violence Act, 2005, where the victim of such violence has the right to proceed with a formal police complaint or institute a suit. If the woman instead feels that the husband should be punished and penalized, she has the option to use an alternate option of using Section 498A, this, however, cannot be a substitute for a much-needed marital rape act. Many different courts have taken up the issue of marital rape at various times. A landmark verdict by the High Court of Kerala ruled that marital rape is a solid ground for divorce.<sup>[6]</sup> The Karnataka high court recently held that a man could be prosecuted for raping his wife, and the exception granted to the husband under the IPC cannot be "absolute" in any sense. Supreme Court of India made differential observations in September 2022, where it was realized and acknowledged that forceful pregnancy of a married woman can be treated as rape.<sup>[7]</sup>

In the broader context of rape in general, the revised section 376A has been added that states anyone convicted of sexual assault who inflicts an injury that results in death or renders the victim in a persistent vegetative state shall be punished with rigorous imprisonment for a term that shall not be less than 20 years but which may extend to imprisonment for life, meaning the remainder of that person's natural life, or with death.

Under Section 376(2)(g) in The Indian Penal Code, Without regard to gender, those responsible for gang rape must be punished with strict imprisonment for a time that is not less than 20 years but may run as long as life. They must also provide the victim with fair financial compensation. The Criminal Procedure Code, 1973 and the Indian Evidence Act, 1872 have undergone some changes, including the facilitation of the victim's statement recording, the exclusion of the victim's character from consideration, and the presumption of no consent in cases where sexual intercourse is established and the victim testifies in court that no consent was given. But when it comes to marital rape, it still needs to be seen how the legislature or the judiciary carves the law and protects the woman and her psychological health.

## **Indian legislations and the problems they pose**

### **1. Indian Penal Code, 1860**

The Indian Penal Code (IPC) is the principal criminal code of India that covers various crimes against the state, public order, and individual rights. However, the IPC has been criticized for its implementation and impact on various sections of society. One of the most significant criticisms of the IPC is related to false accusations and prosecutions.<sup>[8]</sup> The code has several provisions that criminalize various acts, but in practice, these provisions have been used to harass and falsely accuse individuals, particularly marginalized groups such as Scheduled castes and scheduled tribes,

women, and religious minorities. False accusations and false prosecutions not only lead to the miscarriage of justice but also erode public trust in the legal system. The hassle and the mental harassment create a long-lasting trauma that needs urgent medical attention. With the media portrayal of certain cases, public shaming and online trolling, the individual's mental health can take an immense backseat while awaiting court proceedings. Another criticism of the IPC is related to the treatment of the accused. In many cases, the accused are subjected to torture, coercion, and inhumane treatment, which violates their human rights and undermines the principles of justice. The IPC has provisions prohibiting such practices, but implementing these provisions remains weak, resulting in impunity for the perpetrators.<sup>[9]</sup>

Low-income groups are also adversely affected by the IPC, as they often do not have access to adequate legal representation and face discrimination within the legal system. As a result, they are more likely to be falsely accused, wrongfully convicted, and subject to harsher sentences. Furthermore, some sections of the IPC are problematic, such as Section 377, which criminalized consensual same-sex relationships until it was decriminalized by the Indian Supreme Court in 2018; this provision had been used to discriminate against and stigmatize the LGBTQ+ community, undermining their rights and dignity.<sup>[10]</sup> Presently, the Supreme Court is hearing the plea on same-sex marriage, and the nation awaits the decision and the impact it will create, whether positive or negative, that needs to be seen with time.

The Indian Penal Code (IPC) has provisions that protect the rights of the accused, such as the presumption of innocence until proven guilty, the right to a fair trial, and the right to legal representation. However, these rights are often violated in practice, particularly for marginalized groups and individuals with low socio-economic status. One of the major

problems faced by the accused in India is police brutality and torture. The police are known to use coercive methods to extract confessions, including physical and psychological torture, threats, and blackmail. This violates the human rights of the accused and undermines the principles of justice.<sup>[11]</sup> According to the National Crime Records Bureau, there were 1,731 cases of custodial deaths in India between 2010 and 2019, highlighting the severity of the problem.<sup>[12]</sup> Moreover, the slow pace of the legal system is another significant issue faced by the accused. The Indian legal system is notoriously slow, with cases often taking years, if not decades, to be resolved. This causes undue stress and anxiety for the accused and results in prolonged pre-trial detention, which can be detrimental to their physical and mental health. According to the National Crime Records Bureau, about 70% of the prison population in India consists of under trial prisoners awaiting trial. Additionally, the lack of access to adequate legal representation and medical assistance is a significant problem faced by the accused, particularly for low-income groups.

The cost of legal representation is prohibitively high for many individuals, and government-appointed lawyers are often overburdened and underpaid, resulting in inadequate representation. This can lead to wrongful convictions and harsher sentences, undermining the principles of justice.

## **2. The Protection of Children from Sexual Offences (POCSO) Act, 2012**

Under reporting of cases of sexual abuse against children is a significant issue in India. Section 19 of the POCSO Act makes it mandatory for any person who has the knowledge or has reason to believe that a child has been sexually abused to report the offence to the police or the Special Juvenile Police Unit (SJPU) or the Child Welfare Committee (CWC). However, many cases go unreported

in practice due to fear, shame, and societal stigma. Delayed justice is another problem related to POCSO. Section 35 of the POCSO Act mandates that the trial of POCSO cases should be completed within one year from the date of filing of the charge sheet.<sup>[13]</sup> However, due to the large number of cases and other factors, such as procedural delays, cases often take much longer to be resolved, resulting in delays in justice for victims.

Lack of awareness about the POCSO Act is also a significant challenge. Section 44 of the Act requires the government to take measures to ensure that the provisions of the Act are widely disseminated through media, including television, radio, newspapers, and other sources. However, many people, especially in rural areas, are still not aware of the provisions of the Act, how to report sexual abuse against children, or the support services available to victims. Section 39 of the POCSO Act mandates the establishment of Special Courts for the speedy trial of POCSO cases. These courts are intended to ensure that cases are resolved quickly and that victims receive timely justice.<sup>[14]</sup> However, the shortage of judges, prosecutors, and other staff has resulted in a backlog of cases and delays in justice for victims. Inadequate support for victims is another significant issue related to POCSO. Section 39 of the Act requires the establishment of Special Courts and the appointment of Special Public Prosecutors to ensure that victims receive justice. However, support services such as counselling, rehabilitation, and other forms of assistance are often inadequate and underfunded. False allegations can also be made under the POCSO Act. Section 22 of the Act provides for punishment for false complaints or false information. However, false allegations can significantly impact the accused, especially if they are innocent. In conclusion, the POCSO Act is an essential tool for protecting children from sexual abuse and exploitation. However, the Act faces several challenges, including

under reporting, delayed justice, lack of awareness, inadequate support for victims, and false allegations. Addressing these issues requires a comprehensive approach that includes awareness-raising, capacity building, and strengthening support services for victims.<sup>[15]</sup> It is essential to ensure that the provisions of the Act are implemented effectively to protect children and ensure justice for victims.

One famous POCSO false allegation case is the Ryan International School case<sup>[16]</sup> in Gurugram, India in 2017. A seven-year-old boy at the school was found dead in a bathroom with his throat slit. The school's bus conductor was initially accused of sexually assaulting and murdering the child. However, it was later discovered that the allegations were false and the real culprit was a senior student at the school. False allegations can have a significant impact on the accused, and it is essential to ensure that justice is served in a fair and unbiased manner. The murky boundaries surrounding the POCSO act are also evident when a family of girls labeled a false accusation where the relationship could be consensual between the adolescents. If falsely charged, the social, mental, and legal impact on a young male can be tremendous, scarring him for life.

### **3. Medical Termination of Pregnancy Act, 1971**

The Medical Termination of Pregnancy (MTP) Act, 1971 is an important legislation in India that allows women to terminate their pregnancies under certain circumstances legally. Despite its significance, the Act has been criticized and debated, particularly around its provisions and implementation. In this article, the authors discuss the criticisms of the MTP Act and its impact on women's reproductive rights in India.

One of the primary criticisms of the MTP Act is its restrictive nature. The Act only allows for the termination of pregnancies up to 20 weeks,<sup>[17]</sup>

which many argue is an arbitrary limit. In cases where a woman's health is at risk or the fetus has severe abnormalities, termination may be needed after the 20-week mark. However, under the MTP Act, such cases are not allowed, and women are forced to carry the pregnancy to term, which can have serious health consequences. Another criticism of the MTP Act is its failure to adequately address the issue of access to safe abortion services. While the Act legalizes abortion, it does not ensure that women can access safe and affordable abortion services. In many parts of India, especially rural areas, women face significant barriers to accessing safe abortion services. This includes a lack of trained healthcare providers, inadequate facilities, and a lack of awareness of the legality of abortion.<sup>[18]</sup> This lack of access can lead women to seek out unsafe and illegal abortion methods, resulting in serious health complications or even death. The MTP Act also restricts who can perform abortions, which has been criticized as a barrier to access.

According to the Act, only registered medical practitioners who have undergone specialized training can perform abortions. This restricts access to abortion services, as certain areas may not have enough trained healthcare providers. Moreover, it is argued that other healthcare providers, such as nurses and midwives, should also be allowed to perform abortions, as they are often the first point of contact for women seeking abortion services. Another issue with the MTP Act is the requirement of consent from a husband or guardian in cases where the woman seeking an abortion is married or a minor. This has been criticized as a violation of women's autonomy and right to decide about their bodies. In cases where the husband or guardian does not provide consent, women may be forced to continue with unwanted pregnancies or seek out unsafe abortion methods.

Finally, the MTP Act has been criticized for its lack of clarity around conscientious objection.

The Act allows healthcare providers to refuse to perform abortions on moral or religious grounds. However, it does not specify how this should be implemented, and there have been cases where healthcare providers have refused to perform abortions, even in cases where it is legal and necessary. This can significantly impact women's access to safe abortion services and their reproductive rights. While the MTP Act is an important legislation in India that has provided women with the legal right to terminate their pregnancies, it has been subject to criticism and debate. These issues highlight the need for reforms to ensure that women have access to safe and affordable abortion services and that their reproductive rights are protected.

#### **4. The Transgender Persons (Protection of Rights) Act, 2019**

The Indian government introduced the Act to protect the rights of transgender individuals in the country. The Act recognizes transgender persons as a separate category and provides for their welfare, development, and equal rights. However, the Act has been criticized for various reasons, including its restrictive definition of transgender persons, inadequate provisions for affirmative action, and insufficient protection against discrimination and violence. One of the major criticisms of the Act is its definition of transgender persons. The Act defines a transgender person as someone who is 'partly female or male; or a combination of female and male; or neither female nor male' and whose gender does not match the gender assigned at birth. However, the definition excludes inter sex and non-binary individuals who do not conform to binary notions of gender. This exclusion of non-binary persons from the definition of transgender has been criticized as discriminatory and non-inclusive. The Act also requires transgender persons to apply for a certificate of identity from a district magistrate, which can be a complex and difficult process. The certificate is required to access various

government welfare schemes, employment opportunities, and education, among other things. The requirement for a certification of identity has been criticized as intrusive and a violation of the right to privacy. The Act also lacks sufficient provisions for affirmative action, such as reservations in education and employment for transgender persons. The Act only provides for the inclusion of transgender persons in the 'socially and educationally backward classes' category, which may not be sufficient to address their socio-economic marginalization. Another criticism of the Act is its failure to provide adequate protection against discrimination and violence faced by transgender persons. The Act criminalizes offences such as physical and sexual abuse of transgender persons but does not provide for affirmative action, such as reservations in education and employment for transgender persons. The Act has also been criticized for failing to recognize the right to self-identify gender. The Act only allows for the recognition of transgender persons if they undergo sex reassignment surgery, which is a costly and invasive procedure. The requirement for surgery has been criticized as intrusive and a violation of the right to self-determination. In addition, the Act also lacks provisions for the welfare and development of transgender persons. While the Act provides for the establishment of a National Council for Transgender Persons, it does not provide for the provision of adequate healthcare, education, and employment opportunities for transgender persons.

#### **Recent cases that were legal turning points for women in India**

The Shayara Bano<sup>[19]</sup> case first gained attention when the named petitioner and four other Muslim women objected to the practice of 'talaq-e-biddat', or instantaneous unilateral divorce, after each of them had gone through such a divorce. They claimed, in their Writ Petition (Civil) No. 118 of 2016, that this traditional form of divorce violated their

individual constitutional rights to equality and against sex discrimination and that Islam did not recognize it as a religious practice because it was not sanctioned by the Muslim faith.

The case was later turned into a Public Interest Litigation (PIL), not at the request of the concerned petitioners but at the court's request, even though it had originally started as an individual lawsuit by aggrieved individuals. In a previous case<sup>[20]</sup> involving the application of a rule governing property succession for Hindu women, Even though it is not directly related to this appeal, the Court offered a few observations on what it called a "crucial matter concerning discrimination based on gender that affects the liberties of Muslim women", which has been highlighted by a few of the learned counsel. The Supreme Court chose to associate Shayara Bano's petition and four additional proceedings with the Petition after concurrently considering all claims and allowing numerous submissions from parties worried about the legal issues during the hearings. Although similar spontaneous interventions have been done before, their degrees of effectiveness have varied. One prominent objection is that the Court routinely denies representation from people directly impacted by the case.

The Supreme Court approved participating in the PIL of numerous parties and organizations. One example of them was the All-India Muslim Personal Law Board (AIMPLB), a privately organized group that requested to be implead to support the practice of 'talaq-e-biddat'. The foundation stated for its defense was the assertion that the talaq-e-biddat was acknowledged and accepted by Islamic law. The Bharatiya Muslim Mahila Andolan (BMMA), a women's organization, intervened against the practice after organizing a public campaign that garnered 50,000 signatures denouncing 'talaq-e-biddat' as a Muslim tradition.<sup>[21]</sup> No standards were employed to determine how well the intervening parties were competent to argue their interests; for

instance, the Court didn't consider accusations stating that AIMPLB lacked the authority to advocate for Muslim opinions on their religious legislation. No background information or rationale was given; the decision to grant petitions was completely one of discretion.

The Court ultimately used these various parties' arguments as the basis for its decision on talaq-e-biddat, abolishing the practise rather than Shayara Bano's assertion that it infringed the statutory guarantee of equality because it did not adhere to Islamic law, as she, with others had argued.

Muslim women, privately and in official organisations stress the importance of the problem.

### **The Sabarimala temple issue and menstruation**

The Court, though they preferred a religious construction over constitutional law as the basis for their decision, put an end to a long-standing discriminatory practise that was blatantly against women's rights. Despite this, where there are issues with how this power is utilised and the verdict is not as universally recognised, reasons for the ruling in this case that rely on the Court are required. This was made clear in the Sabarimala Temple case, as contrasted to Shayara Bano when the court had to deal with a challenge to the plaintiffs' eligibility to intervene in a case involving religious freedom. A trip to the Sabarimala Temple is dedicated to the celibate deity Lord Ayyappa. A pertinent state statute forbade discrimination in admission; a subsequent change to the act gave temple officials the authority to limit admission. Based on religious notions of purity and cleanliness connected with menstruation, the temple management subsequently issued rules prohibiting women between the ages of 10 and 50 from accessing the grounds. In response to news reports about the discriminatory habit of forbidding women

from entering the temple, a group of solicitors filed a PIL, which resulted in the Sabarimala Temple case. In contrast to the Shayara Bano case, this was the result of a petition presented by a group of young lawyers who strongly emphasized gender equality. The respondent temple representatives disputed the petitioners' qualification to file the case. They argued that they could not challenge a rule as discriminatory if they had not been the subject of prejudice, as none of them had actually been turned away from the temple. Ultimately, the Court determined that the restriction was discriminatory and overturned the pertinent rule with a 4:2 ratio. According to Justice Nariman, who sided with the majority, the petitioner's eligibility to lodge the PIL was only a technicality that could not stop "a constitutional court applying the constitution". The majority decision by the Chief Justice and Justice A. M. Khanwilkar did not even consider the objection.

In his lone dissent in the Sabarimala Temple case, Justice Malhotra did forcefully warn of the procedural repercussions of acknowledging that this case might result in risky, populist outcomes. She asserts that if this case is accepted, this Court will be compelled to handle religious issues at the request of individuals who do not adhere to this faith. It would also inspire majoritarian challenges to open cases to "interlopers". If petitions like this are granted, the hazards to religious minorities can be even bigger.

### **Conclusion**

The realms and boundaries of sexual abuse in the Indian legal system are complex and multifaceted. Despite the existence of laws that aim to protect the rights and freedoms of individuals in matters of sex, there are several challenges and limitations that persist. In fact, the discussion of these laws surrounds the fact that there is heaving ramification on the mental health of the victims in sexual assault cases and in general cases relating to women and their rights.

The Indian legal system reveals a complex and often problematic relationship between law, society, and sexual-related crimes. While there are laws to protect individuals from sexual violence, abuse, and exploitation, there are also instances of misuse and abuse of these laws. The current legal framework in India often fails to address the diverse sexual identities and experiences of individuals and communities, leading to further marginalization and discrimination. The Indian legal system must recognize and respect the autonomy and agency of individuals in matters of sexual crimes, without reinforcing harmful societal norms and stigmas. The legal framework must be inclusive and sensitive to the needs of diverse sexual communities and identities, including but not limited to transgender, intersex, and non-binary individuals. The laws must be enforced impartially and without discrimination while ensuring due process and fair treatment for the accused. There is a need for greater awareness and education about sexual rights and laws in India, particularly in rural areas where there may be a lack of understanding and access to legal resources. Civil society and the media also have a crucial role in advocating for the protection of sexual rights and holding the legal system accountable for any violations. The Indian legal system has made some progress in addressing the realms and boundaries of sexual crimes, but there is still much work to be done. The laws must be reformed to reflect the diverse sexual identities and experiences of individuals and communities and to ensure that the legal system serves as a tool for justice and equality rather than a source of further oppression and discrimination. Similarly, the medical fraternity must work in tandem with the legal fraternity to see that the victims of sexual crimes receive adequate medical help and psychological assistance to overcome the deep-inflicted mental trauma.

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Perspective

## Exploring the socioeconomic factors behind girl child marriage in India

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### Abstract

Child marriage has been a persistent problem in India. Child marriage is deeply rooted due to traditional, cultural, and religious practices, which have made it difficult to combat. Girl child marriage is an issue that can create several other problems among children, such as sexual abuse, juvenile justice, reproductive & sexual health, psychosocial & mental health, nutrition, protection, education, opportunities, and livelihood. Marriage of a girl child is frequently associated with problems such as the practice of dowry and the prevalence of child widowhood. Moreover, it results in unfavourable outcomes such as malnutrition, inadequate maternal health, and high fertility rates, and contributes to the problem of overpopulation. The aim and objective of this paper are to understand the factors behind child marriages and their impact on the girl child. The limitation of this paper is to cases related to girl-child marriages in India only. The finding of this paper focused on three key issues; how to improve the interaction between parents and child, social norms and culture, and gender socialization practices to combat girl-child marriage in India.

### Keywords:

Child-marriage, Poverty, Illiteracy, Social norms, Implementation

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### Introduction

The increasing prevalence of child marriage in India can be attributed to several social and economic factors, such as an outdated mind set among the older generation, parents with limited education, traditional cultural practices, and weak social ties. Girls are often viewed as the property of their future husband's family from birth, leading to a weak social bond between the girl child and their

parents. In the Indian system, parents have authority to arrange daughters' marriages and make all decisions regarding their daughters' lives, including education and marriage.<sup>[1]</sup> Parents tend to avoid educating their daughters too much, fearing it will make finding a suitable husband more challenging. As a result, girls often handle household chores alongside their mothers and are not allowed to object to child marriage. Parents justify child marriage to protect family values and avoid the potential negative effects of delaying marriage. Not marrying off their daughter at a young age is perceived as a loss of social status and an additional financial burden for the family.<sup>[2]</sup> All the above-discussed factors have reduced parents' interactions with the girl child. It is also observed that due to poverty and poor economic conditions, parents are unable to interact with their children, which increases girl-child marriage among poor parents.

As per the UNICEF report published in 2020, India contributes the highest number of child marriages in the world, with 223 million child brides accounted one-third of the global total percentage.<sup>[3]</sup> Child marriage has profound and long-lasting effects on children and adolescents, with irreversible impacts on their health, education, opportunities, and livelihoods.<sup>[4]</sup> It places them at heightened violence, exploitation, and abuse, affecting overall development.<sup>[5]</sup> While child marriage impacts both genders, girls are impacted to a greater extent due to strongly established gender norms. Across the globe, the occurrence of child marriage among boys is only one-sixth of that among girls.<sup>[6]</sup> Moreover, the adverse effects of child marriage are harsher and more enduring for girls as compared to boys. These effects may include early pregnancy, increased risks of maternal and neonatal mortality, educational setbacks, limited employment opportunities, and a higher likelihood of being subjected to violence and abuse.<sup>[7]</sup>

In India, the legal age for women to get married is 18, and for boys is 21, and it is not legal for girls to get married before 18.<sup>[8]</sup> However, around 1.5 million girls before completing their 18 years of age get married every year. Shockingly, almost "16% of adolescent girls between the ages of 15-19 are currently married in India".<sup>[9]</sup> A recent survey, the District-Level Household and Facility Survey (DLHS), has found that in rural areas, nearly 48% of women between the ages of 20-24 got married before the age of 18, compared to 29% in urban areas. National Family Health Survey 2019-21 (NFHS-5) shows that over the past few years, there has been a decrease in the percentage of women between the ages of 20 and 24 who got married before turning 18, declining from 27% to 23%.<sup>[10]</sup> But all such initiatives are not sufficient to prevent the continuation of early child marriages.<sup>[11]</sup>

### Theoretical approach

The Social Ecological Model was founded by Urie Bronfenbrenner. Bronfenbrenner proposed a range of factors at multiple levels, including the individual, the family, the community, and the broader society.<sup>[12]</sup> He argued that these factors interact in complex ways and shape individual behaviour, attitudes, and beliefs. The Social Ecological Model has become a widely used framework in public health and community development. This model is used to examine multiple factors which is the reason behind girl-child marriage in India. Also, through this model, child marriage can be understood as a result of the interaction between multiple individual factors, such as poverty, illiteracy, social norms, and insecurity, as well as economic and political factors.<sup>[13]</sup> The fundamental concept of the socioecological paradigm involves the examination of social connections and arrangements within a particular social context, as represented by the "microsystem (social interaction) and macrosystem (social structure)".<sup>[14]</sup> Bronfenbrenner's work has

explored the social interaction and structure within this socio-ecological framework.

**Factors for girl child marriage in India**

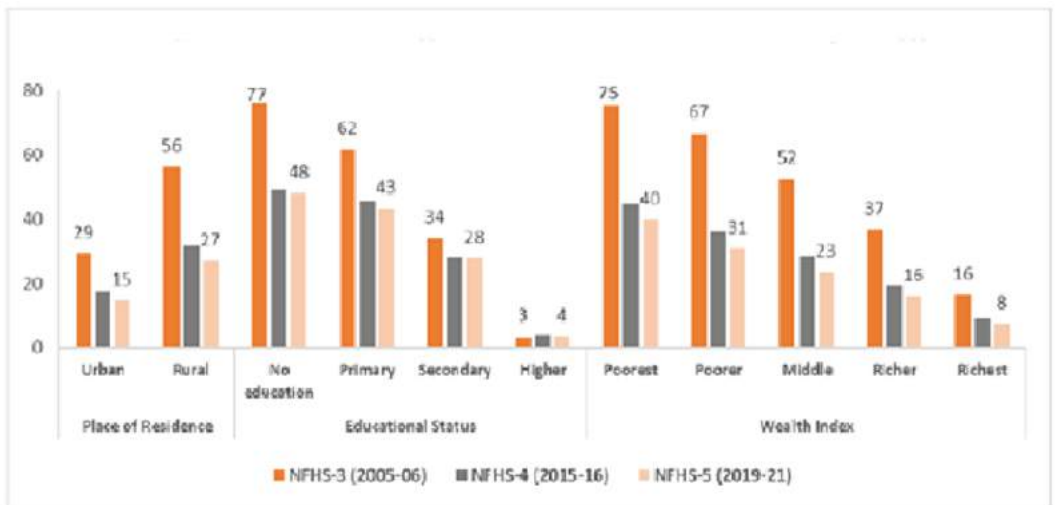
There are several factors that increase child marriage in India, like poverty, illiteracy, social norms, insecurity, and lack of programme and policy, ineffective implementation.

**Poverty:** Poverty in India can be defined as the lack of access to basic human needs, including food, shelter, clothing, and healthcare, essential for a healthy and productive life. According to the World Bank, poverty in India can also be measured in terms of income, with individuals earning less than \$1.90 per day living in extreme poverty.<sup>[15]</sup> While examining India’s social and economic structure, it is found that a large section of India’s population still lives in poverty, and family members agree to child marriage because they are unable to afford the dowry. Many poor

parents agreed that underage daughters were married to the proposal of anyone who did not ask for a dowry. The belief exists in Indian society that if brides are younger, they have to pay a smaller dowry amount as they are perceived as more compliant and adaptable to the expectations and customs of the household and are therefore less likely to oppose them. According to a report by Girls Not Brides, It is more probable for impoverished families to arrange marriages for their daughters at an earlier age.<sup>[16]</sup> In many cases, families see the marriage of a girl child as a way to alleviate economic pressures and secure their daughter’s future. Furthermore, poverty limits access to education and healthcare, exacerbating the risks associated with early marriage.

**Illiteracy:** Child brides often increase drop out of school, which limits their opportunities and exposes them to early marriage and pregnancy. Without access to education,

**Figure 1: Percentage of women aged 20-24 who were married before 18 years of age by place of residence, education, and wealth in India, (NFHS-3,4, & 5)**



younger girls may not understand the importance of delaying pregnancy or how to take care of their health during pregnancy. According to a study by the International

Center for Research on Women (ICRW), “Girls without education are three times more likely to marry before the age of 18 than those who have completed secondary education”.<sup>[17]</sup>

Lack of education increases several health issues, such as maternal health and early pregnancy, including mental and psychological issues. In many parts of India, particularly in rural areas, girls and their families may not fully understand the dangers and negative consequences of early marriage due to illiteracy. They may also not be aware of their legal rights, including the minimum age of marriage. According to the National Family Health Survey 2019-21 (NFHS-5), “48% of girls with no education were married below 18 years of age as compared to only 4% among those who attained higher education”.<sup>[18]</sup>

**Social norms:** In India, people are following certain social norms from ancient times, which are still prevailing in society due to a lack of education, advocacy, and awareness. Community in response to performing old age orthodox and conservative norms to demonstrate their belongingness to the society, to comply with social pressure or the influence of those in power, or simply because it's a familiar practice. However, social norms are often biased towards gender and are designed to control the sexuality of girls and women while also perpetuating age-old customs. Girl child marriage is a prevalent example of such a practice, and it has been occurring for generations in many parts of the world. In certain cultures, a girl's transition into womanhood is marked by her first menstrual cycle.<sup>[19]</sup> Following this, the next step towards gaining social status as a wife and mother is often seen as a marriage. Marriage of a girl child is viewed as a traditional custom normalized and accepted by many communities.

**Gender inequality:** Even after 76 years of Indian independence, the patriarchal nature of society in India restricts girls and women from making any decision in their own lives. Parents are still the sole authority to decide the future of girl children. Even after the marriage, they may not have the power to negotiate with their husbands about contraception or family planning, leading to early and unintended

pregnancies. According to a report by UNICEF, “child marriage is rooted in gender inequality and the social norms that perpetuate it”.<sup>[20]</sup> Discrimination against women in India is carried from ancient times and still prevails in society due to their unequal status. In Indian society, girls are seen as a burden and an economic liability as they are expected to leave their families and move in with their husband's families after marriage. In such situations, families often view early marriage to reduce the financial burden of raising a daughter and to ensure her safety and security in the future.<sup>[21]</sup>

**Insecurity:** Incidence of child marriage rises in times of natural calamities or crises. Situations arising from conflicts, widespread violence, and natural disasters like drought, flood and disease outbreaks, hunger, and poverty exacerbate the factors that promote child marriages. Family members perceive child marriage to deal with escalating financial difficulties. Parents conduct their daughter's marriage believing that it will safeguard them against heightened or generalized violence, including sexual assault. Displacement leads to the breakdown of support systems and social networks, rendering girls more susceptible to child marriage. United Nations Educational, Scientific and Cultural Organization (UNESCO) estimates that “nearly 24 million children and adolescents, including 11 million girls and young women, may drop out of school due to the pandemic's economic impact”.<sup>[22]</sup> There is concern that the financial difficulties resulting from both the lockdown and cyclones may lead impoverished parents to contemplate marrying off their underage daughters to men who don't require dowries.

### Child marriage legislation in India

For the first time, the Child Marriage Restraint Act (CMRA), 1929/Sarda Act: restricted child marriages in India, but at that time minimum age of marriage for girls was 14 years and for boys was 18 years. After the Indian independence, CMRA was amended in 1949 which minimum age of marriage was raised for girls to 15 years.

Another reform in the CMRA was made in 1978 in which the minimum age of marriage was raised for girls to 18 years and for boys to 21 years, which is still valid.<sup>[23]</sup>

The Prohibition of Child Marriage Act (PCMA) of 2006 completely forbids child marriages, setting the minimum marriage age for girls to 18 and for boys to 21. The PCMA also designates child marriage as a punishable offense, which is both cognizable and non-bailable.<sup>[24]</sup> Offenders may be incarcerated for up to two years or fined up to INR 1,00,000. Despite these strict measures, the effectiveness of the law in ending child marriage in India has been limited. The practice continues to be widespread in many regions of the country. The Prohibition of Child Marriage Act, 2006, defines a child in India as someone below the age of 21 if male and 18 if female. The act further invalidates any marriage between minors who fall below the age limit set by the law. The legislation also imposes penalties for several violations, including allowing or conducting a marriage between two minors or between minors and adults.

### **Girl child marriages and the response of state**

Out of all the states and union territories in India, Karnataka had the highest number of cases registered under the PCM Act between 2011 and 2021, with 849 cases, accounting for over 19% of all cases reported. Tamil Nadu (649) and West Bengal (619) had the second and third-highest numbers of cases, while Assam reported 596 cases. These four states together accounted for more than 59% of all cases reported during the same period. Additionally, Maharashtra, Telangana, and Haryana reported more than 200 cases each, and when combined with the top four states, contributed to 75% of all cases reported. Andhra Pradesh, Odisha, Gujarat, Kerala, and Bihar also reported over 100 cases each. Collectively, these 12 states accounted for more than 90% of all cases registered between

2011 and 2021.<sup>[25]</sup> United Nations Population Fund (UNFPA) and United Nations International Children's Emergency Fund (UNICEF) have extended their technical assistance in the formulation, implementation, and monitoring of social protection programs to combat child marriages in India. UNFPA and UNICEF have initiated several programmes with several states such as Kanyashree (West Bengal), Mukhya Mantri Kanya Utthan Yojana (Bihar), Mukhyamantri Sukanya Yojana (Jharkhand), and Kanya Sumangla Yojana (Uttar Pradesh), to ensure that underprivileged girls have access to education, skills-based training, and opportunities for career development.<sup>[26]</sup> Furthermore, the technical support offered to the district task forces with the Beti Bachao Beti Padhao (BBBP) initiative has been reinforced and made more enduring and collaboration with civil society networks, resulting in greater utilization of funds.<sup>[27]</sup>

UNFPA and UNICEF have formed a robust partnership and cooperation in Odisha at the state level. Since 2019, both organizations have been involved in the state steering committee for multisectoral convergence on the Prohibition of Child Marriage Act and the State Action Plan. Through this collaboration, they have established the ADVIKA adolescent program and provided training to important government officials on adolescent empowerment and ending child marriage in the state. The program was launched in Odisha, and a social media campaign was conducted across various platforms such as YouTube, Facebook, and Twitter to raise awareness about the themes covered by the program. Odisha state has made several efforts to enhance the learning environment in 1,730 residential schools to ensure that schools are more student-friendly and they are getting technical assistance to reinforce the life-skills program. Odisha state budget allocation to implement the state action plan was increased from US\$100,000 in 2019 to

US\$50 million in 2020.

Assam received assistance from UNICEF to create a thorough strategic action plan to implement a multisectoral approach to stop child marriage in the state. The action plan was developed based on six dimensions - political support, policies, governance, human rights, accountability, access, and participation - customized to cater to the specific needs of 17 critical districts. The objective was to guarantee the successful implementation of the plan. The Assam police launched a special drive in 2023. They arrested more than 3,000 individuals involved in child marriages under the Prohibition of Child Marriage Act 2006 and the Protection of Children from Sexual Offences (POCSO) Act 2012. The police said that “they have registered 4,235 cases and identified 6,707 accused. Out of the 3,047 arrested individuals, 93 are female and 2,954 are male”.<sup>[28]</sup> The State Government of Gujarat launched a strategic action plan to end girl child marriage, which includes a commitment of US\$700,000 towards generating awareness about the plan, conducting community outreach and campaigns, developing information and communication materials, and providing skill-based training to combat girl child marriage.

In Madhya Pradesh, a state action plan was developed to empower adolescents while focusing specifically on fighting and end child marriage-related violence. This plan was created with the support of various stakeholders, including government bodies, NGOs, and other civil society organizations. The plan was designed to be comprehensive and incorporate a range of sectors, including health, education, child protection, and women’s empowerment, among others. The United Nations Population Fund (UNFPA) played a critical part in the creation of the Rajasthan State Policy for Women 2021, which was a collaborative effort with the Directorate of Women Empowerment and involved consulting with various stakeholders and rep-

resentatives from marginalized communities. The policy was designed to focus on the holistic empowerment of girls and women and to address a wide range of issues affecting their lives.

The state of Uttar Pradesh in India has taken concrete steps towards addressing girl child protection and adolescent empowerment. One such initiative is the formation of functional district task forces in all 75 districts of the state. These task forces are responsible for planning, implementing, monitoring, and reviewing the progress of the “child protection and adolescent empowerment program based on the state action plan”.<sup>[29]</sup> The district action plans aim to address issues related to masculinity, gender-based violence (GBV), and child marriage. UNFPA (United Nations Population Fund) has been working closely with the Government of Karnataka and civil society organizations to combat child marriage in the state. One of UNFPA’s key roles has been to provide technical assistance and support in the development and implementation of the state’s strategic action plan to end the girl-child marriage. Additionally, UNFPA has worked with civil society organizations to promote the rights of adolescent girls and advocate for policy and legislative changes to end girl child marriage. UNFPA has supported the establishment of networks of advocates, including youth-led organizations, to raise awareness and advocate for the rights of adolescent girls.

In Tamilnadu, seven key areas were identified to enhance the execution of certain actions, which include political support, education for adolescents, provisions for adolescent-friendly water, sanitation and hygiene, improvement in adolescent health and nutrition, safeguarding children, and eradicating child marriage. In West Bengal, UNICEF and its partners aided districts in collecting and analyzing the SAG-Kanyashree Prakalpa District Monthly Progress Report. This allowed for progress tracking, gap

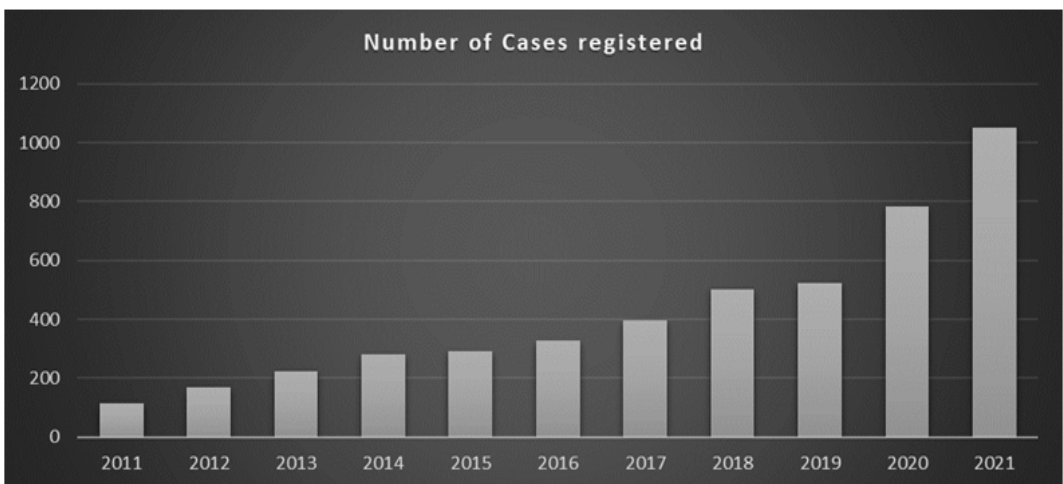
identification, and required adjustments. By analyzing the District Level Monitoring Reports (DMPRs) of all 23 districts, the Department of Women and Child Development conducted a review meeting at the state level. This allowed them to evaluate the efficiency of the process and make any required modifications.

**COVID-19 and its impact on girl child marriage**

The COVID-19 pandemic has resulted in a rise in child marriages, primarily due to five factors. These factors include economic instability, interrupted education, restricted access to social services, inadequate access to sexual and reproductive healthcare, and the loss of parents. These factors are interconnected and operate in diverse ways. Due to the government-imposed lockdown, over 120 million Indians lost their jobs by May 2020, leading to economic insecurity that forced some parents to turn to child marriage to alleviate poverty.<sup>[50]</sup> Poverty and limited household resources also increase the risk of child marriage. School and community center

closures cut off children from their support systems and formal legal systems, limiting their ability to communicate and report incidents. Additionally, the pandemic disrupted access to sexual and reproductive healthcare, leading to unintended pregnancies and subsequent child marriages. COVID-19-related parents’ deaths have also increased the likelihood of early marriage for female orphans who may be left without support. In some cases, parents’ fears about their children’s care if they were to die from COVID-19 led them to push their children into underage marriage. The NCRB’s CII report shows that the number of cases filed under the PCM Act exceeded 1000 for the first time in 2021, with 1050 cases registered, indicating a 34% increase from the previous year. The number of cases has been increasing gradually since 2011 and has risen by nearly 50% in 2020 compared to 2019 and more than doubled in 2021. Of the total 4,654 cases registered between 2011 and 2021, 39% were registered in just the past two years (2020 and 2021). The increase in cases may indicate better reporting of such cases or a genuine rise in their occurrence, or both.

**Figure 2: Number of registered child marriage cases between 2011-2021**





## Recommendations and conclusion

Social and economic factors are the main reasons for leading cases of girl-child marriages in India. Due to poor economic conditions, bonding in society is weaker. To improve the relationship between girl child and their parents, have to increase bonding at the societal level. In many circumstances, if a parent is educated, they disagree with their girl-child marriage. Educated parents are also aware of the laws which restrict child marriages and programmes and policies which can benefit girl children for education. Education among parents is also one of the factors to increase interaction with a girl child. Similarly, state authorities, with their advocacy and awareness programme can eradicate traditional social norms and cultural practices which prioritise the marriage of a girl child. Apart from them, gender socialisation practices are another way to increase relations and bonding between girl children with their parents. Gender socialisation teaches individuals how to behave and take appropriate ways to promote gender equality, which can improve the status of girl children in society. The Global Programme has partnered with various government bodies, civil society organizations, academic institutions, media entities, and other stakeholders to engage across sectors such as health, education, social protection, child protection, justice, finance, and gender socialisation to address this issue.<sup>[51]</sup>

From the legal point of view, the Prohibition of Child Marriage Act (PCMA) law only makes child marriages illegal if they are a result of force, threat, fraud, kidnapping, or violation of a court order. In other cases, child marriages remain legally valid unless one of the parties files a petition to annul the marriage. Children are often unaware of their legal rights and depend on others to challenge violations of their rights in court. If a child bride or groom wants to annul the marriage, they must file a petition within two years of becoming an adult. For minors, the complaint

must be filed through a guardian or “next friend” along with the Child Marriage Prohibition Officer. This two-year limit is challenging for girls because they often have children in their first two years of marriage, making it even more difficult to leave the marriage.

It is also noticed that the Centre, State, and village communities are working with international and national organisations to eradicate orthodox social norms through advocacy and awareness. But until, unless poverty and illiteracy are not removed properly in all the states, the issues will remain the same. Child marriage is increasing in India because parents still consider the girl child as a financial and economic burden, employment generation in rural are a sand reduce the parents’ economic conditions. It is required to all departments work to-gether, such as education, health, labour, Rashtriya Kishor Swasthya Karyakram (RKSK), Beti Bachao Beti Padhao, District Child Protection Unit, Child Welfare Committees, the Juvenile Justice Board and the Special Juvenile Police Unit, who were responsible to implement programme and policies, ensure that it is not only on paper but working in reality.

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Perspective

## Restoring sexual functioning and couple bonding following childbirth

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### Abstract

Pregnancy and childbirth represent important transitional periods. Sexual concerns and relationship quality following childbirth are often under-addressed. Sexual functioning following childbirth may be influenced by a myriad of factors, inter alia misconceptions, dyadic coping, disparate role expectations, reduced sexual desire, disruption of biological rhythms, lack of contraceptive awareness, mental illness, perineal injuries, fatigue, new born related factors and sociocultural practices. Moreover, post-partum concerns are largely focussed on the mother-baby unit, and there may be overall neglect of the couple. Healthcare professionals need to adopt culturally sensitive and evidence-based interventions to improve sexual functioning and bonding between the new parents and their overall quality of life.

### Introduction

Child birth is a time of change. During the first few months following childbirth, new parents encounter a host of new stressors and responsibilities that impact their personal lives

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and relationships.<sup>[1,2]</sup> Reaching a dyadic equilibrium can be arduous following this milestone event.<sup>[3]</sup> Sexuality is an important and often under-addressed facet of the couple's relationship post-partum.<sup>[4]</sup> When actively enquired about, research suggests that over 80% of new parents endorse sexual concerns, and about half of them experience sexual difficulties within the first year of childbirth.<sup>[5,6]</sup> Moreover, sexual concerns following childbirth are associated with distress related to the sexual relationship and the couple's relationship overall.<sup>[6]</sup> Despite the prevalence and associated distress, this aspect of health is under researched. Moreover, sexuality is influenced by a complex interplay

of several individual, social, medical and relationship factors. Thus, this narrative review hopes to provide an overview of the impact of childbirth on sexuality, the couple unit, the factors determining sexual functioning, healthcare barriers and suggested interventions to improve sexual functioning in new parents.

### The dyad

Parents commonly endorse apprehension regarding the frequency of sexual relations and the appropriate time to resume sexual activity following childbirth.<sup>[6]</sup> A study of over 200 participants from North America reported the importance of several other factors that may impact sexual activity, such as the mother's perception of her body, disruption of biological activities such as sleeping patterns, and the physical strains of parenting a newborn and recovering from childbirth.<sup>[6]</sup> Following childbirth, new mothers and fathers may have disparate expectations in parental and couple roles that can be linked to relationship dissatisfaction and can further delude into their sexual relationship.<sup>[7,8]</sup> Conversely, sexual difficulties can lead to greater relationship dissatisfaction.<sup>[9]</sup> Post-partum sexual concerns and distress can negatively impact dyadic coping<sup>[10]</sup>, communication<sup>[11]</sup>, couple intimacy<sup>[12]</sup>, and eventually, parenting<sup>[13]</sup> and child development<sup>[14,15]</sup>. A study of 820 new parents from a Swedish sample found that both sets of parents were discontent with dyadic sexuality, with mothers reporting fatigue as an important factor that deterred sexual activity.<sup>[1,16]</sup> Researchers also report an imbalance in the sexual desire reported between mothers and fathers, which can be a critical source of dissatisfaction in their sexual lives.<sup>[1,17]</sup> The transition to new parenthood has been linked to a decline in marital quality in 40-70% of couples, with the first year following childbirth being the most crucial.<sup>[18]</sup> The postpartum marital decline is greater than the rate of decline from the time

of marriage through the antenatal period.<sup>[8]</sup> Lack of privacy, parental mental health<sup>[19]</sup>, increased domestic and financial responsibilities<sup>[20]</sup>, reduced amount of quality time spent as a couple unit<sup>[21]</sup>, and myths and misconceptions about sexual concerns can further add to this strain. New parents may be reluctant to report dissatisfaction with their relationships and sexuality due to constraints of time, perceived stigma, and perception of their healthcare provider's inability to help with these issues.<sup>[2]</sup> New parents may decrease social activities outside of parenthood which can be linked to greater maladjustment.<sup>[22]</sup> Couples may also postpone sexual activity due to fear of pregnancy and lack of awareness about safe contraceptive methods following childbirth.<sup>[23]</sup>

### The new parents

Pregnancy and childbirth are associated with a significant decline in sexual functioning, and studies have shown that this decline is more evident in the third trimester and three to six months following delivery.<sup>[24]</sup> This decline may be attributable to fears of precipitating labour<sup>[25]</sup> and causing fetal injury<sup>[26]</sup> or due to religious and social beliefs and practices. Antepartum sexual dysfunction and its consequences can undoubtedly extend into the postpartum period. In the period following delivery, the resumption of sexual activity may be influenced by several factors, including parity, lactation, type of delivery, perineal injuries, hormonal fluctuations, and cultural factors. For the new mother, postpartum represents a time for recovery and bonding.<sup>[20,27,28]</sup> Postpartum, women experience increased emotional and physical strain and generally assume the primary responsibility for childcare.<sup>[28,29]</sup> Insomnia and sleep deprivation are prevalent in postpartum women and can have important implications for the mother's well being, overall mood, and functioning.<sup>[30]</sup> Women may experience disturbances in body image, self-identity, grief of their loss of previous self,

fatigue, lowered confidence, and mood fluctuations in the post-partum period.<sup>[16,31-34]</sup> In extreme cases, post-partum mood disorders and anxiety can challenge the mother's health and infant bonding, may require separation or hospitalization, and lead to disruptions within the family.<sup>[35-37]</sup> Moreover, treating depression with psychotropics can potentially cause or worsen sexual difficulties.<sup>[38,39]</sup> An Australian study found that the most prevalent type of sexual dysfunction in post-partum mothers was sexual desire disorder, with over 80% of women reporting low desire.<sup>[40]</sup> The risk factors identified for female sexual dysfunction in this study included late resumption of intercourse, decreased frequency of intercourse, postpartum depression, and dissatisfaction in the relationship.<sup>[40]</sup> A study from a clinical sample in Virginia highlighted that new mothers had higher rates of sexual concerns following cesarean deliveries compared to women with vaginal deliveries.<sup>[5]</sup> Women who experience traumatic labour, perineal tears, episiotomy, and emergency procedures may have increased rates of sexual dysfunction.<sup>[41-45]</sup> Moreover, the couple's sexual frequency may be determined by embarrassment about incontinence, bodily appearance, weight gain, and dermal changes during pregnancy.<sup>[41,46,47]</sup> Post-traumatic stress disorder in new parents following negative experiences in labor and quality of care have been shown to impact the couple's relationship and the parent baby bonding.<sup>[48,49]</sup> Although breast feeding is encouraged for maternal and infant health, lactation is associated with lower estrogen, progesterone, and androgen levels which may negatively affect sexual desire, decrease lubrication and increase breast tenderness.<sup>[42]</sup> Moreover, several studies have shown that breast feeding mothers are more likely to resume vaginal intercourse later than non-breastfeeding mothers.<sup>[50,51]</sup> Overall, female sexual dysfunction in the postpartum period is highly prevalent and requires prompt intervention.<sup>[52]</sup>

Postpartum psychiatric disorders can also affect new fathers.<sup>[53]</sup> Paternal anxieties may stem from their past parental experiences and the fear of uncertainty in the couple's relationship after childbirth.<sup>[3,54]</sup> Partners can also feel side-lined when one parent focuses on the child<sup>[2]</sup>, and fathers can have distress related to their role as a parent.<sup>[55]</sup> Postpartum blues, depression, and bonding difficulties in one partner have been shown to be linked to the Edinburgh postpartum depressive scale scores in the other partner.<sup>[56]</sup> Therefore, a parent's morbidity may very well be a couple morbidity that affects their overall quality of life. Approximately 10% of fathers experience depression, and this prevalence increases to 25% between three and six months postpartum.<sup>[57]</sup> Paternal depression has been linked with substance use, poor father infant bonding, and higher rates of relationship dissatisfaction.<sup>[58-60]</sup> Further more, previous studies have demonstrated that infants of fathers who experienced depression were at an increased risk of developmental delays and behavioural problems.<sup>[61,62]</sup>

### The newborn

The newborn's rhythms and discomfort expression differ greatly from an adult's. Irregular rhythms and crying in the newborn can cause parental stress.<sup>[63]</sup> Parents may face disparities in the division of responsibilities related to the care of the new born<sup>[64]</sup>, frustration, and sleep deprivation<sup>[65]</sup>. A newborn with a difficult temperament<sup>[66]</sup>, colic, or repeated health concerns can provoke parental and marital strain<sup>[67,68]</sup>. Moreover, studies have shown that negative childbirth experiences and sexual dissatisfaction are associated with the development of colic in the baby.<sup>[69]</sup> One may reasonably expect these difficulties to increase proportionately if there are multiple children to care for.<sup>[7]</sup> Studies have shown that irregular sleeping patterns in the child and relationship dissatisfaction are important predictors of parental stress.<sup>[70]</sup>

### Culture and healthcare barriers

The post-partum period in India has been given much emphasis across cultures.<sup>[71]</sup> After childbirth, women are often confined at home with their newborns for a period of 40 days to decrease the risk of infection and ward off the evil eye.<sup>[72]</sup> In some regions, it is common practice for the woman to return to her mother's home for the initial period of mothering to enjoy quality time with trusted female relatives and forego household responsibilities as she bonds with the newborn.<sup>[73,74,75]</sup> Most cultural practices are often centered around the mother and baby, with little focus on the bond between the father and the baby and between the couple. Often, fathers only feature in important rituals related to the post-partum period but may be separated from the mother and newborn's chambers if it is considered inauspicious. Moreover, the couple's temporary separation during the initial months after childbirth and the culturally sanctioned practice of sexual abstinence for the first six months can lead to sexual and relationship dissatisfaction. Misinformation and poor attitudes related to contraceptive practices during this time period are rampant.<sup>[76-78]</sup> Couples may abstain from sexual intercourse due to the fear of pregnancy during lactation. Moreover, co-sleeping with the newborn and lack of privacy from other family members in joint families may contribute to sexual dissatisfaction. Where on the one hand, cultural practices such as increased family support are helpful to the mother's health, they may also lead to a decrease in the time spent as a couple unit for the new parents.

The health system in the post-partum period comprises of the obstetrician- gynaecologist and the paediatrician. The post-partum concerns are largely focussed on the mother baby unit and there may be an overall neglect of the couple. Routine non-judgemental questioning into the sexual lives and

relationship satisfaction of the new parents are uncommon and paternal mental health issues and dissatisfaction are often missed.<sup>[59]</sup>

### Measures to restore sexual functioning and couple bonding

Utilizing the evidence from the available literature as a guide, the efforts to restore sexual functioning and bonding between new parents can be approached from a bio-psycho-socio-cultural lens to address this important but overlooked aspect of the period following childbirth. Health care professionals in culturally diverse settings should be aware of the needs and concerns of the couple and adopt culturally sensitive approaches to the assessments and interventions. Exploring the myths and misconceptions about sexual functioning in the postpartum period as well during pregnancy can provide an avenue to discuss sexual difficulties and provide more information. Identifying psychological, child birth related, medical, social and cultural factors that are influencing the sexual functioning in the couple will aid in providing comprehensive care. Appropriate and timely liaison with specialists for the treatment of incontinence, perineal injuries, hormonal fluctuations, contraceptive procedures and methods, newborn health and behavioral concerns and mental health concerns in the new parents may help to address some of these factors. A comprehensive evaluation and brief advice from the couple's primary physician or reproductive assistant may sometimes be sufficient to educate and inform the couple about the various risks and treatment options through the antenatal and postnatal period. If psychological issues are distressing, couple or individual sessions with a trained mental health professional discussing fears, concerns, expectations, frustrations and role transitions may be planned during and after the pregnancy. The sessions may focus on improving communication between the couple, discussing specific changes in behaviors, quality time, co-troubleshooting

common areas of conflicts, sexual and couple expectancies, division of responsibilities, upbringing and cultural practices, boundary setting between and beyond the couple, enhancing physical and non-physical intimacy and improving the overall sexual and couple satisfaction. The treatment of pre-existing or new onset sexual dysfunction can potentially improve the quality of interpersonal relationships, heighten self-esteem and cohesiveness between the new parents. These measures can improve the couple's quality of life, decrease morbidity and also provide a healthier environment for the child. The beginning of a new family translates to the beginnings of the establishments of new units- the couple unit needs to be given as much emphasis in healthcare practices as the parent-child unit.

Available research has been valuable in providing insights into maternal mental health and physical concerns. However, in comparison, there are fewer studies that have explored paternal concerns, couple distress and bonding, cultural mediators, and the newborn's role in the couple unit. Moreover, there is a dearth of research on the intervention measures to mitigate these concerns. Studies in the future may aim to explore the sensitive and vital issue of sexuality in the new parents and discuss specific treatment options for the same.

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Commentary

## Whether marriage can be free and ideal...?

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*“For adults, a stable, happy marriage is the best protector against illness and premature death, and for children, such a marriage is the best source of emotional stability and good physical health”. -William Doberty*

### Introduction

Marriage is an esteemed institution in India, encompassing a multitude of cultural diversities. It serves as the cornerstone of family units, which are integral components of the social fabric of society. A notable shift has occurred in perspectives on marriage and love, with increased discourse surrounding the concept of free love. Furthermore, considerable attention has been given to advocating for more lenient divorce laws. Surprisingly, however, there appears to be a dearth of initiatives promoting the concept of free marriage. This prompts the question: why hasn't such a campaign been contemplated?<sup>[1]</sup>

A marriage devoid of restrictions is a blissful union. There is absolutely no doubt about it. Every factor contributing to marital unhappiness can be seen as some form of constraint. These

constraints may stem from economic or legal circumstances, but most of them are rooted in personal Issues. While some marriages collapse due to economic factors or oppressive legal frameworks that burden one or both partners, it is indisputable that numerous unions are shattered by the personal deficiencies of the individuals involved.<sup>[1-2]</sup>

There are many happy marriages in the poorest sections of the community. Even so, it is undeniable that inadequate family income accounts for a vast amount of friction and unhappiness. The constant struggle to make ends meet will wear down the nerves of the wife. The continual fight against the odds, year in, year out, will break the spirit of many a man. With nerves worn down and spirits broken one of the partners becomes 'impossible to live with'.<sup>[2]</sup>

To the social investigator poverty is mainly a matter of inadequate shelter, food and clothing. To the economist, it is the relation a particular income bears to the cost of living at any specific date. But to us, concerned about marriage, it is most emphatically one of the chains which must be torn away its free marriage is to be realized. For poverty binds families down, strains the whole atmosphere of the home, and often makes the friendly relationship which should exist impossible.

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But that is only the simplest illustration of how economic factors affect marriage. There are others which are not so obvious. For instance, the dependent position of the wife in most homes is an economic factor which unquestionably tends to mar marriage. I have known wives of wealthy men who never have a penny they can call their own. True, their larger need-dress and the like-are always promptly met with the husband's bank balance. But they cannot spend time apart from their husbands. They cannot indulge in little luxuries or entertain their friends impulsively. They are completely dependent. They are tied tightly to their husband's purse-strings. They are not free. This is true of early marriage with poverty making feminization of poverty.

Sometimes, too, the position of economic dependence is occupied by the husband. He may not depend upon his wife for every penny he needs. But because of poorly paid employment, he may have to take second place as family bread winner to his wife who goes out to work.

“Why shouldn't men sometimes play second fiddle to their wives in this respect”. I have sometimes been asked by women who are mindful, very mindful, of the opportunities which increasingly are open to women in business and the professions. But the strict rights or wrongs of the matter are not the point at issue. It may be a good thing that women should outshine and out-earn their husbands in fields outside of the home, just as it may be a good thing for husbands to be better cooks, child nurses, or needle - workers than their wives.<sup>[3]</sup>

But it is with the severely practical aspect that I am concerned. And it is undeniable that, as a rule, the man who must play a minor role while his wife earns the greater part of the family income, suffers agonies of mind. The wife, too, however kindly disposed she may be towards her husband, is almost certain at some time or other, in the course of an argument, to

ask, “After all, if it were not for what I earn, where should we all be”.

These are only three illustrations of how economic conditions affect marriage. Scores of others could be cited. The fear of having children, or more children, lies at the root of the feeling that adequate financial provision cannot be made for any addition to the family.

Political leaders and economists must solve the economic problems of marriage. My purpose here is merely to draw attention to them. Every step taken towards economic problems of marriage. My purpose here is merely to draw attention to them. Every step taken towards economic security for the masses of our people, providing that it does not undermine the essential family relationship, is a move in the direction of the free marriage.

There has been considerable discourse in recent years concerning the legal status of married women. The prevailing condition of economic reliance, which is commonly experienced by many wives, is legally sanctioned. However, with the recent surge in women reaching economic independence, the male dominance within the institution of marriage is being questioned.

The true impediments to unrestricted marriage do not originate from external sources, but rather from internal ones. If we lack freedom, we are obliged to bring the shackles that restrain us into the institution of marriage. While some of these constraints stem from individual circumstances, others are shaped by society. No one would think of disputing that marriage is essentially for adults, yet, as we shall see later, many marriages fail because one or both of the partners, although of adult years, are emotionally immature. Outwardly they are like other adults, but they have never developed an adult sense of proportion where sex is concerned. They cannot treat their subject rationally at all. If it is mentioned in conversation, they become angry, or flush up and feel awkward. They

know that become angry, or flush up and feel awkward. They know that sex relationships are normal and necessary to the fulfillment of life, yet there is always at the back of their minds a lingering doubt whether it is 'quite nice' to breathe a word about the sexual aspects of experience. This reluctance does not arise from a failure to appreciate the importance of the matter, nor is it due to lack of knowledge about it. Many senior teachers, for example, who willingly admit the need of their pupils for sex instruction, cannot bring themselves to impart it. They recognize that this attitude is foolish, but they are incapable of emancipating themselves from it.

### **Prevalence of reticence and self-consciousness - can it be accounted?**

Superstition and fertility rites of primitive religions may play a leading role in such situations. Because the sex impulse is powerful is powerful, it is also dangerous. Its uncontrolled indulgence threatens the integrity of family life, the security of children and the peace of the community. The primitive, superstitious method of inducing people to restrain powerful and dangerous impulses was to "wrap them in mystery" make people thoroughly frightened of them; and even today our personal behavior and social attitudes are controlled more completely than we know by taboos and prohibitions, rooted in superstitious fear, which have been handed down to us in customs, traditions and habits of thought from the distant past.

Although we know, or should know, that the greatest source of danger is ignorance, and that we can break the power of ignorance and the fear it breeds only by increasing knowledge, in practice we still cling to the older method. The pressure of habit and custom weighs heavily upon us. Our fear of sex and our fear of each other work together to support a superstitious attitude which is reflected in the strength of our feelings, and we obey them by saying, in effect, "Sex is dangerous. Let's pretend there is no such thing, then we shall be safe".

The consequence of this attitude is that we are all, to some extent, the victims of what amounts to a conspiracy to prevent people from growing up. Too many adults dream their way along the road to marriage, expecting at any moment to find a soul mate appearing, on direct instructions from heaven, to greet them and live happily with them ever after!

Mothers look for at all costs to prevent the chill realities of life from touching their children. For this purpose, they use wad after wad of emotional cotton wool. "Someday my prince will come"! Santa Claus will pop out of the grate and bring the precious gift of love!

Books and plays which feature the romantic legend are generally regarded, and sometimes described, as of 'high tone'. Girls are told repeatedly in books, plays, lectures, sermons, and by implication in a host of other ways, that their salvation in life lies in getting married and in 'making a home'. Only slowly is the need for preparation, preliminary training, being recognized. Overall, the attitude still is that eventually. "Love will knock at the door of your heart".

Girls who have been encouraged to believe this romantic rubbish sometimes get the habit of sitting for hours on end-dreaming of the wondrous creature who will "come into their lives" someday. They read novels which confirm these absurd, childish fancies. They see films in which "it all comes right to the end", without any conscious, deliberate, brave effort on anybody's part. If you want to draft a story for a popular magazine read by the masses, rule one is: Have a happy conclusion. These situations due to hormonal chaos warrant consideration.

Alas, life is not at all like that. Those who realize this truth will be happier for the knowledge! Prince Charming holds many married women in bondage. They compare their very human, and therefore ordinary, husbands, with the dream-figure of the handsome prince, and feel badly let down. Why is not the husband all that the good

prince has been for so many years? Why is the reality not as perfect as the dream picture?

Men are sometimes enslaved by a Fairly Princess in precisely the same way. The romantic approach to love and marriage, drilled into them by a score of agencies, ranging from home influence and, to some extent, fostered by the law of the land, causes them to regard women as just a little higher than the angels. One from among this host of perfect creatures, will serve her with all his being, and nothing will come between them and will be lovely, both in the garden and in the house!

These slaves of dream-creations, having been brought up to believe in the magical kind of love, very easily become slaves of love. They really do fall in love with love. They fall in and they fall out with unfailing regularity. They always find that their affections have been misplaced. Never does the object of the temporary affection prove 'worthy' if it. The truth is, of course, that they are incapable of loving anyone for long, since they are really in love with the idea of love-yes, and a totally mistaken idea of love at that! It is these emotional infants who sigh as they declare that love is everything. It most emphatically is not. "We are such stuff as dreams are made on" so vividly said by William Shakespeare..

Love is the motive-power which drives the machinery of the married relationship. It is the incentive of all that is best in marriage- the driving force which keeps the partners striving when they must surmount obstacles, or when, with aching hearts and set teeth, they must fight a terrific battle. Love is not the end of any road. At best it is the start of a long road.

The romantic idealists refuse to learn from what they see around them. Almost every adult knows people who have married while they were very obviously 'in love', only to become frankly bored with each other after a time, possibly a very short time. They may even have grown to hate the very sight of each

other! Grim proofs of the romantic fallacy abound on every hand. But old ideas - especially unsound ones! - die hard.

We'd better be clear about this before we go any further. Falling in love and being in love are not quite the same thing as loving. The first is essentially self-centered, for it is, in the main, an expression of sexual desire. The second, although it always includes the first when it occurs between a man and a woman, is a total response of person to person.

When we are in love, we urgently want another human being as a possession, capable both of stimulating and satisfying our physical desire. The condition is a kind of hunger, and it has pretty much the same effect as hunger upon our thoughts and feelings.

Just as a starving man dream of wonderful banquets and imagines that a crust of bread will taste like a millionaire's dinner, so a man or woman in love sees the object of desire as a vision of incomparable loveliness, the embodiment of every virtue. Every desirable quality of the beloved captures the attention and is magnified by imagination to the point of perfection. Every human limitation, fault and weakness is ignored.

While this state lasts it can have a most powerfully inspiring and transforming effect on the lives and outlooks of the people going through it - and often on their friends as well. At the same time, it can, and usually does, arouse equally powerful emotions of jealousy and possessiveness, sometimes very painful to bear - again because, like hunger, it springs from a physical need and is therefore fundamentally self-centered.<sup>[1-3]</sup>

Now there is no point in denying that love - the real thing - includes this element of physical desire, or that 'failing' in love is usually its beginning. The crucial difference is that real love includes all the rest of the personality as well. It is a relationship that outlasts the satisfaction of all desire because it holds a man and woman together in mutual trust, loyalty



and understanding when they see each other and know each other as they truly are, not only as they seem to be when the intoxication of 'being in love' blinds both of them to the human faults, failings and weakness of the other. In a word, people 'in love' want to make love together. People who love to want to make life together - and living is a full time job.

If we give love its due, we shall give love much, in all truth; but even when we think of it in the very full sense I have tried to define, we must recognize that love alone does not make a marriage happy. It is the basis of a happy marriage, but love-plus is the genuine recipe - love plus a number of things that vary according to circumstances and to the make-up and aspirations of the partners. One essential quality linked with love is common sense, which is not nearly as common as its name implies.

If love alone were enough - love unguided by common sense and unaided by reasonable competence in the ordinary affairs of life - many a marriage which I have known to fail would have proved an outstanding success. One extreme case I recall concerned two people whose love for each other was intense. Each felt a consuming urge to give; their love assumed a sacrificial quality which, within reason, would have been touching and beautiful.<sup>[4]</sup>

But it was not kept within reason. Astonishing extremes of sacrifice by each partner soon resulted in misery for both. There was a veritable competition to be the better doormat! Each feared what the other would do next. Neither could bear to take part in any enjoyable activity without the other. A deep-rooted conviction, which had its beginning in early religious training, that genuine love must inevitably be linked with extreme sacrifice dogged both their lives and, eventually, ruined their marriage. The story of a man married to a mentally compromised wife because he promised to be her husband is an exception to all theories of marriage.<sup>[5]</sup>

We can hardly overestimate the importance of love. Yet we can quite easily create a wrong impression as to what love is, and what is its place in the happy marriage. That, indeed, is precisely what is being done. We tend to put tremendous emphasis upon the importance of being in love. Yet we should help our young people more by insisting that being 'in love' and loving somebody are not by any means the same. It is a fact that those who marry merely because they are in love run the gravest risks of marital unhappiness.

Success in marriage depends to a substantial extent not upon what kind of partner we choose, nor upon the general conditions of our marriage, but upon the sort of person we are. An unhappy marriage is not the result of a decision made by a committee presided over by the Evil one in the nether regions; any more than a happy marriage is one bearing the mark: Made in heaven.

Point to any unhappy marriage, and what do you find more than anything else? Two people, two ordinary human beings, who cannot co-operate fully and effectively in something to which they should attach immense importance and in which it is very much to their interest to succeed.

Yet it is still customary in many quarters to adopt as attitude which is quite as absurd as this as far as preparing young people for love and marriage is concerned. How many husbands and wives of today was given the slightest teaching or preparation on how to be a good husband or wife? How many young people who contemplate marriage have been guided into the ability to be expert lovers?

While there is still a considerable amount of risk in attempting to furnish in print clear information on the subject of sex and marriage which the least-educated can understand-information which is clearly necessary to the well-being of all adults who marry or contemplate marriage-the most dangerous drivell is not merely permitted, but actually encouraged.

In the sphere of marriage, it is vitally necessary that there should be no feeling in either of the partners that there is anything unpleasant about sex. But we must face the fact that thousands of married people are robbed of much of the enjoyment which the married relationship should bring because they are not free within themselves. They are victims to false attitudes which the past has instilled and developed within them. Only clear instruction, honestly and fearlessly given, can be given them the freedom they need.

The concept of free marriage embodies the union of two emotionally mature individuals, who come together to share their lives and unite for mutual enrichment in the most intimate way possible for human beings. A foundation of equality is essential, with both partners contributing towards the common well-being. Therefore, the ideal marriage can be seen as a microcosm of an ideal community.<sup>[6-7]</sup>

The participants in this voluntary union must themselves be liberated-liberated from the internal fears that arise. Achieving this ideal cannot be fully realized in a brief period, as centuries of misunderstandings and a collective suppression of discussions on matters of sexuality have affected all of us to

some extent, preventing us from about sex as the inherent aspect it truly is. Nevertheless, free marriage, as an ideal, is deserving of continuous pursuit, as it is only through it that men and women can achieve their utmost well-being.

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Viewpoint

## **New education policy on sex education in schools: Inhibitions**

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### **Abstract**

The inhibitions in talking about sexual energies to adolescents and imparting sex education in schools are like widening the dark zone of confusion and ignorance among young minds. This is how the whole concept of sex education is dealt by the educational system in India. The New Education Policy (2020) seems to still be in its inhibition zone since the stringent efforts needed to impart “sex education” among adolescents in schools failed to get any desired attention in the policy framework. The present paper is an initiative from the author to bring certain issues and concerns to the teachers, administrators and policy makers in the implementations and inclusion of “sex education curriculum” with reference to New Education Policy.

### **Introduction**

The New Education Policy (2020) envisages a new vision and perspective on education in the light of all round development of the child in the near future, but the initiation of the present paper by the investigator was to analyze why the policy has still certain

inhibitions in discussing certain issues of sex education and sexuality in the curriculum.<sup>[1]</sup>

The complexity involved in discussing the sexual energy in human lives sometimes creates more confusion and hesitation due to the socio-cultural, moral, religious, political dimensions involved in its interpretations. The more we are unclear about our energies and psychological needs, the more it creates stressful and frustrating moments in our life and society. It was held that due to too much repression of sexual feelings, children develop certain complexes, which can hinder the personality of a child.<sup>[2]</sup>

The stigmatized hesitation from one generation to another is being transmitted and

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no one is speaking about the issue openly. Though the problems of HIV-AIDS, sexual and reproductive health, and population explosion are included in the current curriculum with reference to present scenario, the issues concerned with prostitution, rapes, sexual violence, porn, and sexual and reproductive health are still not discussed with an open mind.

### Sex education

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about self-identity, interpersonal relationships, and intimacy issues during sexual development, reproductive health issues, affection, intimacy, body image, and gender roles. It addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality from the cognitive, affective, and behavioural domains, including the skills to communicate effectively and make responsible decisions.<sup>[3]</sup>

Comprehensive sex education is now, in its broadest sense, includes understanding bodies and boundaries, relationships and respect, diversity, and consent along with the knowledge on unwanted pregnancies and better safe sex practices. It also includes the right to education, the right to health, the right to sexuality, the right to non-discrimination, and the right to privacy-all of which impact the right to life.<sup>[4]</sup>

Sex education includes- “The physiological, psychological and sociological developmental process experienced by an individual; the development of interpersonal and intra-personal skill to communicate respectfully and effectively to reduce health risks and choose healthy behaviours; Health care and prevention resources; the development of meaningful relationships and avoidance of exploitative relationships; Understanding of the influence of family, peers, community and media throughout life on healthy sexual relationships”.<sup>[5]</sup>

Another term used for sex education is Sexuality Education or Sex and Relationships Education.

### Components of sex education in the curriculum

The components of sex education usually create awareness among youth and protect them against the risk of pregnancy, STDs, and HIV. In these programs the educators, parents, and policymakers tried to avoid emotional misconceptions about sex education and focused instead on the importance of implementing more innovative programs, programs with proven effectiveness. Sex education mostly incorporates the following components -

- ◆ Both genders must have knowledge and understanding about the body's reproductive system, its structure, functioning, proper care, the process of fertilization, puberty and the associated characteristics.
- ◆ Understanding of the differences in the growth patterns of both the genders in terms of their interests, abilities, anatomy and how both the genders react emotionally and physically to these changes and differences.
- ◆ Opening up about the misconceptions and queries related to sexual development.
- ◆ Understanding of differences in masculine and feminine behaviour patterns.
- ◆ Understanding the approved prevailing general behavioural patterns for both the genders by social customs of the region.
- ◆ Discussing pre-natal and post-natal development, pubertal changes, embryology, the cause and nature of physical changes, methods of adjusting to these changes, and channeling the sexual energy.

- ◆ Adopting strategies of prevention from venereal diseases. of various contraception methods on health.
- ◆ Understanding the benefits of physical exercise, recreational activities and utilisation of leisure time. In the present educational set up, the seven basic components of the Comprehensive Sexuality Education (CSE) curriculum must be covered. <sup>[4]</sup> These seven components are briefly discussed in
- ◆ Discussions on the uses and side effects

**Table 1: Components of sex education in India**

Sr. No.	Components	Description
1.	Gender	Differences between gender and sex, gender roles, perception of masculinity and femininity, changing norms of the society, gender-based discrimination; inequalities; violence, and stereotyping of their role in society.
2.	SRH & HIV	Sexual and Reproductive Health (SRH), sexuality, life cycle, human anatomy, reproductive process, menstrual hygiene management, contraception methods; risk factors in abortion; Sexually Transmitted Infections (STIs) & HIV(Human Immunodeficiency Virus).
3.	Sexual Rights & Sexual Citizenship	Sexual Health; Emotional well-being; Human Rights and Related Barriers; available services; resources, its accessibility in relation to the dynamic nature of sexuality and culture.
4.	Pleasure	It talks about human biology and emotions behind the human sexual response, sexual pleasure, sexual well-being, meaning of CONSENT in sexual activities. Understanding sexuality and acceptance about sexual gratification.
5.	Violence	Types of sexual violence and sexual abuse in relationships or in general ; Rights, laws and other support options available to seek justice in case of violations of sexual rights or right to life
6.	Diversity	Understanding and recognising the socio, economic, political, cultural, religious background of the individual with reference to his/her sexual orientation and enriching his/her outlook in positive self acceptance
7.	Relationships	Empowering and strengthening communication skills and emotional quotient for healthy relationships.

Out of the seven components briefly mentioned above, the present curricula has positively responded to address Gender Roles; SRH & HIV; Diversity, and Relationships but the need to create more awareness among students about the contraception methods, risk factors in abortion, sexual rights & sexual citizenship, sexual pleasure, sexual violence and legal perspective on sexual abuse requires more benevolent insights from the New Education Policy.

The Reproductive and Child Health Programme (RCH-1& 2) was launched by the Government

of India in 1997 and 2005, respectively, and some of the important segments have been well incorporated by the NCERT curriculum in the form of issues and content on Reproductive Health-problems and strategies; Population explosion & Birth Control; Medical Termination of Pregnancy, Sexually Transmitted Diseases (STDs); Infertility etc. <sup>[6]</sup>

**Review of literature**

The studies done by Rani; Toor; Qasim; Subburaj; Halder; Lalnunfeli and Malsawmi; Francis more or less discussion about the

attitude of teachers (whether pre-service and in-service; rural or urban; male or female); parents; community etc. towards imparting sex education to school students.<sup>[7-13]</sup> All these studies were mostly concluding favourable positive attitude of teachers towards imparting sex education in schools. Several articles and views were shared on the print media and social media regarding the narrow approach taken by the New Education Policy on sex education.<sup>[1]</sup> Chkraborty and Mishra discussed the lack of sex education in India and its growing importance in the Digital Era.<sup>[14]</sup> The investigator found the research were missing on the inhibitions of the New Education Policy towards sex education.

### The dilemma of sex education

Indeed, people are now more open toward sex education, and they are considering the issues of sex education rationally and logically that this will reduce the spread of HIV by promoting safer sex. But Pasricha observed that several Indian states are still in a dilemma over this issue where they believe that sex education will ruin Indian culture by corrupting young minds.<sup>[15]</sup> The dilemma of imparting sex education lies in the fact that policymakers doubt that parents may think that this will lead to the exploration of sexual activities in the form of watching porn among children. The socio-cultural, moral, political and, religious, spiritual outlook of the masses of the particular nation holds an important factor in imparting sex education among children and adults in this regard.

### How education policies and educational organizations have taken a stand for sex education?

- ◆ While discussing the New Education Policy, Malik and Shukla argued that “not only does the word sexuality find no mention in the document ‘sex education’ has been subsumed under the component of ethical and moral reasoning. An interdisciplinary engagement with gender

has been made in the post National Curriculum Framework (NCF-2005), in NCERT Textbooks of primary Environmental Studies (EVS); and elementary & secondary Social Sciences textbooks. Meaning of good and bad touch appears in Class IV textbooks of EVS, but a detailed discussion on anatomy of human bodies, genitals, sexual and reproductive health only begins by class VIII- through the medicalized and disembodied content of the Science Textbooks”.<sup>[16]</sup>

- ◆ The stand of NCERT in this regard is also not different as observed by Sharma in her article: “The NCERT, which is the central government agency that provides study material to schools, is currently reviewing its syllabus. It plans to include a revised version of sex education imparted to children in schools. Children from classes 1 to 5 will be taught about sexual abuse in detail through educational films and counselors, as part of the National Council for Educational Research and Training (NCERT) revised syllabus curriculum. The NCERT has developed a curriculum titled Health and Physical Education for classes 1 to 12, which has been prescribed to all schools. While most schools follow only the syllabus, some schools have also appointed well -trained counselors for teenage children”.<sup>[17]</sup>
- ◆ The Adolescent Education Programme (AEP), 2005, as introduced by the Ministry of Human Resource Development (MHRD)/ National AIDS Control Organisation (NACO), in partnership with United Nations Population Fund (UNFPA) and NCERT, was implemented in selected government and private schools affiliated with Central Board of Secondary Education (CBSE).<sup>[18,19]</sup>
- ◆ The Ministry of Health and Family

Welfare in India has also launched the RMNCH+A, 2014 program and Rashtriya Kishore Swasthya Karyakaram (RKSK), 2014, which provides counselling services to adolescents and young people via trained counsellors and peer educators to consider their reproductive health strategies and pre-post natal care measures.<sup>[20,21]</sup>

However, this gradually narrowed down the basic components of sex education to sexual and reproductive health, puberty, contraception, RTI/STI, sex, first pregnancy safeguards, and sexual abuse or sexual rights violations. Students are still not given the required freedom to discuss their sexual orientations, sexual citizenship, sexual rights, gender identities, sexual pleasure, and sexual diversity, the things where teachers have to shed their inhibitions at the school level. India is one of the countries where the legalization of people with different sexual orientations under Article 377 has been decriminalized, and special rights have been given. But how much the school students can discuss the same openly in schools is still a question mark on imparting Sex Education in schools.

### **Breaking an ice to open up about sex education?**

Today, the question is not who will impart sex education to students. Rather how, the parents, teachers, and counselors will open up comfortably about the issues of menstruation, ovulation, conception, childbirth, nocturnal emissions in boys, genital organs, sexual matters, biological and physiological changes etc., that create anxiety among adolescents.

### **Inhibitions of the new education policy and stakeholders of the education system**

The policy's inhibition is that it not discussing the role of stakeholders (students, teachers, parents, administration, policymakers, educationists, print and social media, etc.) and barriers (student, teachers, parents, administration,

policymakers, community, etc.) in making the Sex Education as a comprehensive program for the overall development of the student.

### **How new education policy is failing in inclusion of the sex education in schools?**

The New Education Policy is nowhere in discussing and promoting that sex education can be important in enhancing young people's knowledge, attitudes, and behaviour towards sex.<sup>[1]</sup> The imparting of sex education in schools is still a 'selected content', which is sometimes termed School-based Sex-education. The policy must have included sex education and sexuality in the school curriculum so that it

- ◆ Focuses on reducing specific risky sexual behaviours among adolescents.
- ◆ Can influence students' sexual choices and behaviour in life.
- ◆ Can provide the awareness regarding the risks associated with unprotected sexual activities and options available for contraception and birth control.
- ◆ Can provide strategies for how to deal with peer and other social pressures.
- ◆ Can provide opportunities to practice Life Skills like communication, negotiation and assertion skills in matters related to sex.
- ◆ Can provide a variety of teaching and learning approaches to teachers to engage young people and help them to channelize their sexual energies positively and constructively.
- ◆ It can help teachers to understand the notions of sexuality concerning young people's age, experience, and social, economic, cultural, and religious background with rationality.
- ◆ Can provide support through training or consultation modules to teachers and

other sex educators regarding how to impart sex education in schools.

- ♦ Can inform the adolescents about laws about sexual rights, human rights like the right to privacy, right to marry, right to choose life partners etc.; Cyber Laws, Laws concerned with sexual violence: rape, child trafficking, porn, eve teasing, sexual abuse etc. and information about Protection of Children from Sexual Offences (POSCO) Act, 2012. The prevention strategy from Laws will give a holistic view to adolescents about their rights and duties towards society's development.

Since the complex issues pertaining to divorces, problems of single parent, extra marital affairs, marital rape etc are associated with sex education, these problems can be slowed down if the students have been acquainted with the right sex education curriculum.

**Recommendations for future policy makers concerning sex education**

1. The concept of gender equality, gender-based violence, human rights must be explained to adolescents.
2. The issue of Sexual and Reproductive Health must be tackled in qualitative and non-judgmental ways.
3. The evaluation, feedback, follow up, reviews, or revision of each policy or strategy must be incorporated to implement Comprehensive Sexuality Education.
4. The accessibility to counseling services for adolescents must be available offline and online.
5. Evolve parents and society in sensitizing the issues related to sexual health and decision-making.
6. Introducing training and sensitization programs for teachers, counsellors,

experts, and administrative departments to formulate the curriculum and education policies regarding sex education.

7. Use social media to reach adolescents who need privacy in discussing matters or queries related to sex.
8. Further research and studies must be done on the policies effectiveness and implementation.
9. Involving NSS/NCC/Scout units or groups or societies awareness for informing and creating awareness about AIDS and other sexual diseases.
10. Incorporating Life Skills Modules at each stage of education.
11. Adequate resources be generated in the form of manpower or finances,
12. Imparting sex education must be under the guidance of teachers, parents, and trained sex educators.
13. There must be some specific strategies and methods while imparting sex education by school authorities, which will deliberately put all the teachers, parents, and students in a trustful and healthy relationship.
14. There must be an understanding among teachers and parents that young ones need guidance and direction in developing self-assurance and confidence when dealing with sex-related questions.
15. Sex education should acquaint children with their sexual energies and be appreciative of the attributes and capacities of the other gender's sexual energies.
16. Sex education must create an understanding that sexual energy is one of the positive and creative parts of life, and its proper channelization leads to a healthier personality.



**Conclusion**

The New Education Policy must have thought along the lines of Mahatma Gandhi that the Sex Education that I stand for must have for its object the conquest and sublimation of the sex passion. Such education should automatically serve to bring home to children the essential distinction between man and brute, to make them realize that it is man's special privilege and pride to be gifted with the faculties of head and heart both, that he is a thinking no less than a feeling animal as the very derivation of the word shows, and to renounce the sovereignty of reason over the blind instincts is, therefore to renounce a man's estate.<sup>[22]</sup>

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Viewpoint

## **Raising against the trauma of parenting: A trans woman's existent experience in 'Stuck in the Middle with You'**

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### **Abstract**

The term 'Transgender' is used to describe people who hold a different gender identity than their birth sex. Many transgenders are prescribed hormones and Sex Reassignment Surgeries by their doctors to change their bodies as part of the process of transition. Sometimes, not everyone in the transgender community will take these steps to live to their inner identity. A transsexual is one who wishes to transition to the sex he/she identifies. Jennifer Finney Boylan is a highly praised trans woman author and professor. She is an activist, and her involvement in social activities for LGBT people, especially transgenders, are highly notable. The work *Stuck in the Middle with You: A Memoir of Parenting in Three Genders* is a memoir about Boylan, and her transition from a man to a woman while being married and raising a family. It explores how changes in gender roles affect one's viewpoint of our family as parents. This paper deals with how Boylan's memoir reflects her role as a trans parent, and it also explores her journey from being a dad to both mom and dad.

### **Keywords:**

Transgender, Gender, Sex, Transition, Parent

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### **Introduction**

The term 'transgender' is coined in 1980s and first appeared in 1992 in the title of an influential pamphlet titled 'Transgender Liberation: A Movement Whose Time has Come' by Leslie Feinberg.<sup>[1]</sup> She used this term to refer to a community who are marginalized or oppressed due to their difference in social norms of gender embodiment. Thus, it becomes an umbrella term for a community

that includes transsexuals, drag queens, butches, hermaphrodites, cross-dressers, masculine women, effeminate men, sissies, tomboys, and all others who exhibit transgendered phenomena. Susan Stryker, in her essay '(De) Subjugated Knowledges: An Introduction to Transgender Studies', says:

"The field of transgender studies is concerned with anything that disrupts, denaturalizes . . . makes visible the normative linkages we generally assume to exist between the biological specificity of the sexually differentiated human body, the social roles, and statuses that a particular form of body is expected to occupy".<sup>[2]</sup>

It helps to understand the assumptions about sex and gender, biology, and culture. It seeks to define who transgenders are by researching the cultural presentations, political movements, social organizations, and the lived experience of various forms of gender nonconformity. It works on the principle that people experience and express their gender in fundamentally different ways.<sup>[3]</sup>

Gender differences and the issues of sexuality have created deeper divides in the society which staunchly believes in a binary gender system. The gap between male and female sexes is filled with a third space which consists of people who are neither male nor female. The dyadic male-female codes and norms make them an outsider, an oddity, and perhaps wretched creatures who have no right to live in this society. The failure of the cis community to realize that transgender have their own sexual identities has added to discrimination. This makes them the victims of various prejudices and violence.<sup>[4]</sup>

As Delli Swararao opines, "Seldom, our society realises or cares to realise the trauma, agony and pain which the members of transgender community undergo, nor appreciates the innate feelings of the members of the transgender community, especially of those whose mind and body disown their

biological sex. Our society often ridicules and abuses the transgender community and in public places like railway stations, bus stands, schools, workplaces, malls, theatres, hospitals, they are side lined and treated as untouchables, forgetting the fact that the moral failure lies in the society's unwillingness to contain or embrace different gender identities and expressions, a mind set which we have to change".<sup>[5]</sup>

The autobiographies of transgender people stand as a testimony that claims to record the collective trauma of the community. It has evolved into a new genre called trans narrative. Such personal narratives are important to celebrate trans identity. Most of the trans narratives share the specific tropes of sexual abuse, attempted suicide, and use of aggression as a means of survival.

Jennifer Finney Boylan is an authentic writer who has experienced both fatherhood and motherhood on both sides of the gender line, as a father for six years, a mother for ten, and for a time in between, neither or both. When her two children were small, Boylan came out as transgender, and her family encountered unique challenges and questions as she transitioned from a male to a woman and from a father to a mother. She questions what it means to be a father or a mother in this profound, tear-jerking, and humorous memoir and to what extent gender shapes one's experiences as parents.

Jennifer Finney Boylan became a well-known writer with the publishing of 'She's Not There: A Life in Two Genders' (2003). Gender issues became firmly established as a topic of popular discussion during her time, and she was drawn to nonfiction writing. Because gender issues were so central to her life, it seemed natural that gender would become a topic she revisited again and time again. Anyone who has given it even a fleeting thought understands that stepping beyond the so-called 'norm' and embracing a gender identity or expression that is not defined by the

traditional gender binary is not easy. There's a lot of fear and prejudice in the world, and the sad truth is that in order to find peace and happiness within ourselves, we frequently have to accept the loss of friends and family.<sup>[6]</sup> However, when children are involved, the situation becomes even more complicated. *Stuck in the Middle with You* does an excellent job of analysing the role of gender (and gender transformation) in parenting and demonstrating that one's own health and happiness may coexist happily with that of one's children. There are some profound thoughts and sad tears involved, but most wounds heal with time, love, and compassion.<sup>[7]</sup>

Her memoir 'Stuck in the Middle with You: A Memoir in Parenting in Three Genders' is a serious examination of how gender roles influence one's perceptions of themselves as parent. What characteristics distinguish a mother, is it possible for a man to be a father? What criteria should one person employ to describe themselves, and where should those criteria originate? These are some of the questions that may have been answered through Boylan's transformation from man to woman. She intersperses and supports her own narration with other interviews with people like Augusten Burroughs, Richard Russo, and Ann Beattie, who talk about their own families. Each of them has vastly different backgrounds, but their stories gradually and subtly reveal common connections.

The psychological trauma produces confusion and anxiety in the lives of transgenders. They continue to live with concern about what is wrong with them. When they realize that they are different from the normal being, they find themselves odd and unsuitable for the normal world. Right from childhood, Boylan always found something wrong with her own body.<sup>[8]</sup> Her parents named her James Boylan, as she was assigned as a male by the doctors by looking at her male genitalia. She finds it hard to live in a body which doesn't correspond

with her inner sex. She was caught in a dilemma where she was not sure to what sex she actually belonged. Because she was not satisfied with her boyish physique, but at the same time, she found that the body of the girls differ from her body. This conflict between the physique and psyche tormented her a lot. It was during her mid-age, she confirmed that she is transgender, i.e., a trans woman.

Boylan was afraid to tell this truth to others because of the fear of being discriminated, ridiculed, and the thought of prejudice. She kept it a secret and hidden for years, which was not an easy job for Boylan. She often cross-dressed and went outside wearing feminine clothes and makeup. This eased up her desire to become a female. She had been in a series of relationships as a boy because she thought that someone would make her forget about her trans identity through their love. She says, "nobody really gets cured by love, but transsexuals are hardly the only people who believe romance will lead them outside of themselves. You can't fault a person for hoping that love will make her into someone else, someone better".<sup>[9]</sup> At last, she fell in love with Deirdre (Deedie) and married her. She was having a happy life as husband and wife. They became parents to two children, Zach and Sean.

Even though leading a happy life with a loving wife and sons, Boylan was not able to cage up her feminine self of her. Her life appeared to be perfect on the surface, but she couldn't fool himself. In her thirties, she understood that she had two options: live a life of deception or do something about it and tackle the problem. Thus, eventually, she opened up about her trans identity to her wife. Deirdre was given a detailed explanation by James in the hopes that she would comprehend. It was a shock to her wife and but she was determined not to leave Boylan alone during this tough time and decides to stay together as a family.

Boylan wife, Deirdre had to adjust to the loss of her husband, and her sons had to adjust to

the loss of their father. Deirdre stays with Boylan during her transitioning period and was happy for Boylan's transition from a man into a woman. Boylan's children accepted her for what she is and called her "Maddy" (half mommy, half daddy), which they believed had a profoundly positive effect on them.<sup>[9]</sup> Boylan's sons are thoughtful, loving, and well-rounded people. Even in her own life, Boylan presents both sides of the issue. She has supportive and non-supportive family members. She was comfortable in her womanhood in some contexts and uncomfortable in others. Boylan's journey from a man to a woman while being in a married relationship is a tough and hard one. When it comes to parenting, she feels,

I wonder sometimes if I am fathering my children without maleness, Deedie and I have very different relationships with our kids. There was a time when I thought, No, I need to be more womanly with my sons because otherwise I'm short changing my identity as a female. But now I believe that parenthood is a mutable experience. There's a lot of room for me to be whoever I want to be with my children without having to lose any of my own identity.<sup>[9]</sup>

Jennifer Boylan ends the book with an interview conducted by novelist Anna Quindlen, who interviews Boylan and her spouse. They discuss the prejudices and secrets, as well as the experiences of Maddy vs. Daddy and a few tough issues. *Stuck in the Middle with You* is a wonderful addition to the many parenting books, and it offers a new perspective for both men and women. Boylan had been a father for almost six years when she realised she couldn't keep up the act of being a man any longer. She decided to transition by undergoing sex reassignment therapy, and changed her name from James Boylan to Jennifer.<sup>[9]</sup> Deirdre, her wife, decided to stay married and raise their two sons together. Boylan fears that her transition might harm the boys. But to her surprise, they are happy,

well-adjusted young men who believe their family is even somewhat unique, as told in alternating sections by Jennifer and in interviews with other writers about family and raising children. She confesses that she was extremely fortunate throughout her transition because many things could have gone wrong, but it did not. In her another book of Boylan, *She's Not There*. When Jenny (Jennifer Boylan) asks her wife about the surgery,

"Do you want the surgery, Jenny?"

I nodded. "Uh-huh", I said.

"Well, you should have it", she said. "I mean, there's no reason not to".

"Yeah, but - If this one thing would keep us together, I'd be willing not to do it".

Grace laughed sadly. "Jenny, that's not what's keeping us together..."<sup>[10]</sup>

On having a parent who has transitioned from being a male to female is not an easy one for the children to accept. Boylan had this constant fear about the trauma her children would undergo in their school and society when others found out about their transition. But the children were ready to face it together as a family. They happily called her Maddy, and whenever their friends enquired about the feminine look of their father, they were brave enough to say that male or female doesn't matter because Boylan is still the same person on the inside. Parenting, in spite of being a trans woman, doesn't seem much hard for Boylan as she was lucky enough to have a family that supports her.

Deedie says, "what I did get to decide is that I still do want to be married to Jenny. We do still love each other and we have a life together which is rich and rewarding. Our family is very close and very happy and very successful, and everybody appears to be doing what they want to do... we live where we want to live and we do what we want to do, and we're doing it together as a family. And that's not something that I feel trapped in, it's something at this

point that I totally embrace and am happy with".<sup>[9]</sup>

One of the shocking turns of events which Boylan didn't predict was the sexual transition of her son Zach. When Boylan enquired about it, Zach said that she had always felt different about her own body, and now, she is aware that she is no longer a boy but a girl. She underwent sex reassignment surgery and facial recognition surgery with the support of her family and converts her name from Zach to Zaira. Boylan was happy that her son had now been transitioned into a daughter like she had been converted from being a father to a mother. The only thing that terrified Boylan was that now Zaira had transitioned her sex to female, she would more likely to face ridicule, harassment, and hatred from others. Since Boylan herself is a trans woman, she very well knew the aversion the gender binary society has over transgenders, especially towards trans women. But Boylan decides to be a supportive Maddy to Zaira.

Boylan has a knack for penning memoirs about mundane aspects of her life while still keeping them intriguing. Each section flows into the next, and everything is well-connected. Furthermore, it's refreshing to read a transwoman narrative that has a lot to do with the act of transition. This is all about being a father transitioning into a mom and figuring out what parenting entails at various stages of her life. She gets to compare and contrast what it's like to be a father and a mother.<sup>[9,10]</sup>

It is vital, to be honest with oneself as well as with others. Being James, no matter how clever, sensitive, or brave she is, she thinks she is still a normal person, so she avoids conflicts and other situations that can make her uncomfortable. Even though she has the ability to live in a man's body, she does not wish to. As soon as she starts to embrace herself, she starts to feel better. James (Jennifer) becomes aware of the situation and begins to

act. In this situation, sex reassignment surgery is an act of trust and acceptance. She is aware of who she is and what she wants out of life. Therefore, even after marriage, James Boylan decides to transition into a female. She decides to transition not just from a male to a female but also from being a dad to a mom. Only one way leads to happiness, and it is quite difficult. Boylan aspires to depict the internal turmoil that all transgender people have as they mature and come to terms with their true identities.

Boylan wants people to be more aware of the difficulties people face while coming out to their loved ones and undergoing lengthy and expensive gender reassignment procedures. People must first recognize and understand that they have no control over anyone. The second thing to keep in mind is that no one is perfect. Deirdre tells James Boylan straight out that she dislikes his transformation and is afraid of losing him. It takes her some time to understand James' reasoning, but she eventually does. Jennifer Boylan's book is meant to show that everyone is different and that everyone's route to happiness is different as well. We must be courageous enough to confront our fears and fight for our goals. Acceptance and comprehension are also important issues. Jennifer Boylan appeals through her autobiography that the people of hetero-normative society should come forward to end up their sorrows and miseries. Demystification of transgenders will help in bridging the gap between heteronormative people and the transgender community. She believes that the humiliation they suffer from the society will be reduced only if the public become aware of their realities. In the process of writing her life story, Boylan has tried to articulate the voice of the oppressed sections of the society whose identity is restrained in the concealment of myths and social prejudices.

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