



WOMEN'S LEADERSHIP AND EMPOWERMENT CONFERENCE 2025

1-3 MARCH 2025

BANGKOK, THAILAND

CONFERENCE PROCEEDINGS

Tomorrow People Organization

Dušana Vukasovića 73, Belgrade, Serbia

www.tomorrowpeople.org

Proceedings of international conference:

"WOMEN'S LEADERSHIP AND EMPOWERMENT CONFERENCE 2025"

Editors: Tomorrow People Organization

Dušana Vukasovića 73

11070 Belgrade, Serbia

Secretary: Vladimir Ilić

Scientific committee: **Dr. Lisa Morgan** - Government of Nunavut, Canada

Dr. Megumi Okugiri - University of the Sacred Heart, Tokyo, Japan

Dr. Susan Crosbie – Savannakhet University, Laos

Dr. Khandicia Randolph - Regent University, USA

Producer: Tomorrow People Organization

Publisher: Tomorrow People Organization

Quantity: 200 copies

Table Of Contents:

Breaking Barriers: A New Paradigm for Women's Leadership and Empowerment	Val Margarit	Val Margarit Coaching & Consulting, USA	5
Care Economy As An Accelerator For Women's Empowerment: A Comparative Analysis Of G20 Innovations And Policy Frameworks	Mitali Nikore	Nikore Associates, India	24
	Brinda Juneja	Nikore Associates, India	
Cervical cancer survivorship and quality of life in Pakistan: Examining the long-term impact on women's well-being	Gul I Warda Farid	University of the Punjab, Pakistan	42
	Alishba Fatima	The University of Lahore, Pakistan	
Ethical Dilemmas of African Feminist Leadership: Perspectives from Wangari Maathai's Personal Experiences	Njeri Clement (M.Sc., M.P.N.A)	St Cloud State University, USA	56
	Mumbi Mwangi (Ph.D.)		
Healing, resilience, and empowerment: How overcoming adversities fuels women's leadership	Dr. Chabela McFashion	The B Venture, USA	78
Unveiling the layers: A single-case study on the sexual expression of a physically disabled woman in Lahore, Pakistan	Alishba Fatima	The University of Lahore, Pakistan	95
	Gul I Warda Farid	University of the Punjab, Pakistan	

Index Of Authors:

Clement (M.Sc., M.P.N.A), Njeri	56
Farid, Gul I Warda	42
Farid, Gul I Warda	95
Fatima, Alishba	42
Fatima, Alishba	95
Juneja, Brinda	24
Margarit, Val	5
McFashion, Dr. Chabela	78
Mwangi (Ph.D.), Mumbi	56
Nikore, Mitali	24

Breaking Barriers: A New Paradigm for Women's Leadership and Empowerment

Val Margarit

Val Margarit Coaching & Consulting
18117 Biscayne Blvd. PMB 61254
Miami, FL, USA
drval@valmargarit.com

ABSTRACT

Despite advances in gender equity, women remain underrepresented in leadership across institutions. While workplace discrimination and structural inequalities contribute to this disparity, the root causes lie in cultural socialization, outdated educational pedagogy, and deeply ingrained psychological barriers. From an early age, societal norms condition women to seek validation, avoid risk, and prioritize compliance over confidence, creating a persistent leadership and confidence gap. Conventional leadership models, which emphasize external skill acquisition, fail to address these internalized barriers, reinforcing the misconception that technical competency alone is sufficient for leadership success.

This paper introduces *The Empowerment Code Framework*, a four-phase transformational model designed to dismantle limiting beliefs, cultivate resilience, and align leadership with purpose. Unlike conventional leadership programs, this framework integrates mindset transformation as the foundation for sustainable and authentic leadership development. Through case studies of women who have applied this model to overcome societal conditioning and advance in leadership, this research illustrates how internal transformation leads to tangible leadership success.

Beyond individual impact, this paper advocates for systemic reform in leadership education, calling for early leadership identity formation and cognitive development strategies that empower women from an early stage. By bridging the gap between individual empowerment and systemic change, this research offers a revolutionary approach to closing the gender leadership gap and shaping a future where women lead with confidence, power, and purpose.

The Empowerment Code Framework is designed for application in corporate leadership training, educational curricula, and mentorship initiatives. It offers a scalable, action-driven model for women's leadership empowerment. To truly close the gender leadership gap, we must move beyond technical training and equip women with the mindset, confidence, and self-leadership skills to take bold action in shaping the future.

Keywords: Women's Leadership, Empowerment, Gender Equity, Mindset Transformation, Leadership Development, Confidence Building, Educational Reform, Purpose-Driven Leadership, Resilience, Self-Leadership

INTRODUCTION

The Persistent Leadership Gap: A Systemic Issue

Despite progress in gender equity, women remain significantly underrepresented in leadership roles across industries and institutions. Globally, women hold only 28.2% of managerial positions (UN Women, 2023), and in S&P 500 companies, only 8.2% of CEOs are women (Catalyst, 2023). The numbers are even lower for women of color, highlighting that traditional explanations often attribute these disparities to workplace discrimination or work-life balance challenges. However, these factors only address the surface of a much deeper issue. The root causes of the leadership gap lie in cultural norms, early socialization, and outdated educational models that shape women's leadership identities long before they enter the workforce (Eagly & Carli, 2007). This paper argues that real transformation starts from within, by breaking down the doubts, fears, and invisible barriers that hold women back. Without this shift, traditional leadership programs will keep failing to prepare women for the roles they are more than capable of leading.

Culture and Socialization

From an early age, cultural expectations shape gender roles, influencing how girls perceive power, ambition, and leadership. Many societies associate leadership with traditionally masculine traits such as assertiveness, decisiveness, and competitiveness, while women are expected to be nurturing, collaborative, and self-sacrificing (Rudman & Phelan, 2010). These gender norms are reinforced through family expectations, media representation, and school curricula, leading many women to internalize the belief that leadership is not for them (Madsen & Andrade, 2018).

Even in developed nations, research finds that girls are less likely than boys to be encouraged to take on leadership roles in school, sports, or extracurricular activities (Reuben, 2014). By adulthood, many women struggle with self-doubt, imposter syndrome, and hesitation to step into leadership positions, not because they lack ability, but because they have been conditioned to undervalue their potential (Kay & Shipman, 2014).

The Role of Education In Women's Preparation For Leadership

Education should be the great equalizer, providing everyone with an equal chance to achieve greatness based on their own merits. Yet, it remains a flawed system that too often reinforces disparities instead of eliminating them. Outdated models fail to prepare students, particularly women, with the mindset, resilience, and leadership skills needed to thrive and lead in the real world. Research shows that even within education itself, women in leadership roles experience gender-based biases that hinder their professional growth, well-being, and ability to lead effectively (Women Leading Ed, 2023).

A key factor in this failure is inadequate teacher leadership training. Teachers play a critical role in shaping the next generation, yet many enter the profession lacking the confidence, pedagogical tools, and leadership identity needed to cultivate future leaders (Watt et al., 2019). Teacher preparation programs remain outdated, failing to meet the demands of a rapidly evolving world that urgently needs confident leaders to navigate uncertainty, drive innovation, and foster inclusive, empowered communities (Darling-Hammond, 2017).

Outdated Curricula

The structure of modern education prioritizes compliance over innovation, reinforcing a system that produces passive learners rather than critical thinkers. The traditional school system rewards obedience, memorization, and standardized testing, conditioning students to seek approval rather than develop independent thought (Robinson, 2011). From an early age, students are taught to conform rather than challenge, to consume rather than create, and to obey rather than lead (Freire, 1970).

Higher education continues this pattern. Universities often push students toward grades overgrowth, emphasizing test scores over critical thinking, creativity, and leadership development (Zhao, 2012). The "teach-to-the-test" model has created a generation of students who graduate with degrees yet lack the skills, confidence, and mindset needed to navigate leadership roles, let alone innovate in their fields. Many enter the workforce seeking security rather than influence, hesitant to challenge the very systems that limit them.

Why Traditional Leadership Models Fail Women

Most leadership programs focus on external competencies, strategic decision-making, negotiation, and executive presence, while failing to address the internal barriers that prevent women from stepping into leadership in the first place (Eagly & Carli, 2007). Leadership is not simply about skill acquisition; it is about understanding and overcoming the skills required for leading oneself and others successfully, skills such as self-doubt, limiting beliefs, and developing the resilience to overcome and achieve excellence.

Women face unique challenges in leadership development that traditional models overlook. They experience higher levels of self-doubt and imposter syndrome, leading them to underestimate their capabilities despite being equally or more qualified than their male counterparts. When women exhibit assertiveness, they are often penalized for being too aggressive, while men demonstrating the same behavior are viewed as strong leaders (Brescoll, 2011). This double standard forces women to navigate leadership with greater scrutiny and pressure to conform, making authentic, purpose-driven leadership difficult to sustain.

Despite decades of leadership training initiatives, women remain underrepresented in executive and decision-making roles. This failure is not due to a lack of talent or ability but rather to an incomplete approach, one that ignores the critical need for mindset transformation, confidence-building, and self-leadership as foundational elements of leadership development. Without addressing these deeply ingrained psychological and societal barriers, leadership programs will continue to fall short in fostering true empowerment and sustainable success for women.

A New Approach: Leadership Empowerment Begins Within

Given the systemic nature of these barriers, a new leadership framework is needed, one that prioritizes internal transformation as a foundation for external success. The Empowerment Code Framework challenges outdated models by integrating mindset transformation, emotional resilience, and purpose-driven leadership into leadership development. By addressing the deeply ingrained narratives that hold women back, this framework provides a structured, step-by-step approach to unlocking leadership potential

from within.

This paper explores:

1. How cultural conditioning, socialization, and education contribute to women's leadership barriers.
2. Why traditional leadership models fail to address these issues.
3. How The Empowerment Code Framework provides a transformative solution for sustainable leadership development.

LITERATURE REVIEW

Barriers to Women's Leadership: A Persistent Global Issue

Women remain significantly underrepresented in leadership across various sectors, despite decades of research highlighting gender disparities. Globally, women hold only 28.2% of managerial positions, with even lower representation at the executive and board levels (UN Women, 2023). In S&P 500 companies, only 8.2% of CEOs are women (Catalyst, 2023), and women of color face even greater barriers. The pipeline theory, which assumes that increased education and workforce participation will lead to proportional leadership representation, has largely failed (Eagly & Carli, 2007). Instead, systemic barriers prevent women from fully realizing leadership potential, creating a "leaky pipeline" where they disengage from leadership pathways at various career stages (Madsen & Andrade, 2018).

These barriers can be categorized into three major areas:

1. Cultural and societal expectations
2. Outdated educational models that reinforce compliance rather than leadership
3. Traditional leadership frameworks designed for men, which neglect women's leadership development needs

Cultural & Social Barriers: How Gender Norms Shape Leadership Potential

From an early age, gender norms and cultural expectations shape how boys and girls see themselves, their abilities, and their potential for leadership. These societal constructs influence how individuals value themselves, take risks, and develop the courage necessary to lead. While both boys and girls experience socialization, the expectations placed on them differ significantly, leading to long-term consequences that extend into adulthood and impact leadership representation. The way girls are raised, the messages they receive from their families, schools, and communities, and the behaviors that are encouraged or discouraged all contribute to their perception of what they can or cannot do. Leadership potential is cultivated through experience, encouragement, and the opportunity to develop resilience in the face of challenges. However, from a young age, many girls receive fewer opportunities to build these essential leadership muscles, leaving them hesitant to embrace leadership roles later in life (Rudman & Phelan, 2010).

Research consistently shows that boys are socialized to be bold, competitive, and assertive, while girls are encouraged to be nurturing, accommodating, and risk-averse (Eagly & Carli,

2007). These early messages begin in childhood, where parents, teachers, and media play a significant role in reinforcing traditional gender roles. Boys are often given more freedom to explore, assert themselves, and take charge in social settings, while girls are praised for politeness, compliance, and being “good” (Madsen & Andrade, 2018). Risk-taking is often encouraged in boys through activities such as competitive sports, physical challenges, and leadership roles in school projects. In contrast, girls are subtly directed toward activities that emphasize caretaking, cooperation, and emotional intelligence rather than leadership, decision-making, or competitive skills (Sadker & Zittleman, 2016). By adolescence, these experiences shape how young women perceive their abilities, particularly in areas that require confidence, initiative, and self-promotion. Unlike boys, who are often taught that failure is a natural part of growth, many girls internalize the belief that failure is something to be avoided. This fear of failure discourages them from stepping outside their comfort zones, making bold decisions, or challenging authority, critical skills necessary for leadership (Kay & Shipman, 2014). Without these formative experiences, many women enter adulthood hesitant to take risks or advocate for themselves, not because they lack the capability but because they were never encouraged to develop the courage required to do so (Reuben et al., 2014).

The long-term effects of this socialization process manifest in how women navigate professional environments and leadership opportunities. Many women, having received less encouragement to take risks and lead, develop lower confidence in their abilities despite being equally or more competent than their male counterparts (Sandberg, 2013). Studies show that women are less likely to apply for leadership positions unless they feel fully qualified, whereas men will apply even when they meet only a portion of the required criteria (Mohr, 2014). This self-imposed hesitation is not a reflection of women’s actual capabilities but rather a consequence of years of conditioning that has reinforced doubt and the need for perfection before action. The impact of these internalized beliefs is significant; they influence how women negotiate salaries, advocate for promotions, and position themselves as leaders in their fields (Ibarra, Ely, & Kolb, 2013). While men tend to assume that they belong in leadership, women often feel the need to prove themselves before they can claim the same space (Brescoll, 2011).

For those women who do enter leadership roles, the challenges do not disappear. Instead, they find themselves navigating a delicate and often exhausting balancing act. To be taken seriously, women must adopt traits traditionally associated with male leadership, assertiveness, decisiveness, and confidence. However, when they do so, they face social backlash. They are frequently criticized for being too aggressive, unlikable, or difficult, whereas men exhibiting the same behaviors are seen as strong and competent (Brescoll, 2011). This paradox, often referred to as the “double bind”, forces many women to suppress aspects of their natural leadership style, their feminine powers, in order to conform to traditional expectations and keep the job. (Eagly & Carli, 2007). Rather than being able to lead authentically, they must continuously monitor how they are perceived, carefully calibrating their behavior to avoid being seen as either too soft or too harsh (Rudman & Phelan, 2010). The pressure to walk this fine line leads many women to feel that they must leave a part of themselves behind when stepping into leadership roles, creating a dissonance between their personal and professional identities (Ibarra, Ely, & Kolb, 2013).

Society must redefine leadership in a way that moves beyond outdated gender norms and encourages girls to take risks, develop resilience, and embrace leadership identities without fear of judgment (Kay & Shipman, 2014). Women must also be given the tools

to overcome the internal barriers that have been instilled in them over decades of socialization. Leadership development programs must go beyond teaching external skills; they must address the internal mindset shifts required for women to step into leadership with confidence and authenticity (Dweck, 2006). True empowerment requires not just external training but an internal transformation, one that allows women to revise and rewrite the leadership narrative on their own terms, without compromising who they are.

The Role of Education in Reinforcing Leadership Disparities

Education has historically been seen as a pathway to personal empowerment, yet it remains one of the most outdated systems in preparing individuals for leadership. The structure of modern education rewards compliance over innovation, with many schools functioning as mechanisms for conformity rather than leadership development (Freire, 1970). Traditional schooling emphasizes rote memorization, standardized testing, and passive learning, conditioning students to seek external validation rather than develop independent thought (Robinson, 2011). This pattern continues in higher education, where academic performance is prioritized over critical thinking, creativity, and leadership development, leaving graduates ill-equipped for the demands of real-world leadership (Zhao, 2012). Women, in particular, are socialized to excel academically but are not necessarily encouraged to take risks, challenge authority, or cultivate leadership identities (Sadker & Zittleman, 2016). As a result, the education system reinforces the very barriers it should be dismantling, producing graduates who may be high-achieving on paper but lack the confidence and strategic thinking necessary for leadership roles.

Teacher Preparation & The Leadership Deficit

Many teachers themselves struggle with leadership identity and self-worth, making it difficult for them to serve as leadership role models for students (Watt et al., 2019). If teachers are trained under compliance-based models, they unknowingly pass these limitations on to students. Leadership development is not a standard part of teacher education programs, meaning that even well-intentioned educators may reinforce limiting beliefs rather than challenge them (Darling-Hammond, 2017). Without intentional leadership training, teachers continue to operate within systems that emphasize conformity over empowerment, ultimately failing to cultivate the confidence and leadership potential in the very students they aim to inspire.

Lack of Cognitive Learning & Mindset Development

Perhaps the most critical failing of education is that it does not teach students how to think, learn, grow, or change their mindset. Research in neuroplasticity demonstrates that intelligence, skills, and leadership potential are not fixed but can be developed and anyone can learn it. (Doidge, 2007). Despite this, schools continue to operate as if intelligence is static, reinforcing the belief that some individuals are natural leaders while others are not (Dweck, 2006). This outdated approach neglects the science of mindset transformation, the process of changing thought patterns, building new habits, and overcoming limiting beliefs. Even though research confirms its importance for leadership and success, mindset transformation remains absent from standard curricula (Clear, 2018). By failing to integrate cognitive learning principles and leadership identity formation into education, schools fail to

prepare students not only for the real world but for leadership itself.

The Limitations of Traditional Leadership Models

Most leadership development programs focus on external skills such as negotiation, communication, and decision-making, yet they fail to address the internal barriers that prevent women from stepping into leadership in the first place (Eagly & Carli, 2007). Women frequently experience higher levels of self-doubt and imposter syndrome compared to men (Kay & Shipman, 2014). They also face greater social penalties for displaying assertiveness, as behaviors deemed strong in male leaders are often criticized when exhibited by women (Brescoll, 2011). Furthermore, women have significantly fewer mentorship and sponsorship opportunities, both of which are critical for leadership advancement (Ibarra, Ely, & Kolb, 2013).

Traditional leadership models have largely been designed by men and for men, operating under the assumption that the same strategies will work universally. However, these models fail to account for the psychological and systemic barriers unique to women. They do not integrate mindset transformation, a crucial component in overcoming self-doubt and internalized beliefs that hold women back from leadership roles. Without addressing these internal challenges, traditional leadership programs remain ineffective in achieving long-term empowerment and representation for women. True leadership development must move beyond skill acquisition and toward a holistic approach that nurtures confidence, resilience, and authentic leadership identity.

Given these persistent gaps, a new leadership development model is required, one that prioritizes internal transformation alongside external skills. The Empowerment Code Framework provides a structured, step-by-step approach to leadership development that begins with rewiring beliefs and shifting mindset before focusing on leadership strategy.

The Need for a New Leadership Model

Traditional leadership development models have historically focused on external competencies such as strategic decision-making, negotiation, and executive presence. While these are valuable skills, they fail to address the internal barriers that prevent women from stepping into leadership roles with confidence and authenticity to begin with (Eagly & Carli, 2007). Women experience higher levels of self-doubt, imposter syndrome, and social scrutiny in leadership compared to men (Brescoll, 2011). However, most leadership programs do not account for these psychological and societal barriers, instead training women to adopt leadership traits modeled after male leaders. As a result, women often feel pressure to suppress aspects of their identity, leading to disengagement, inauthentic leadership, and burnout (Ibarra, Ely, & Kolb, 2013).

The missing component in existing leadership development models is internal transformation, the process of rewiring limiting beliefs, shifting mindset, and developing resilience before focusing on external leadership skills. Without this foundational shift, women may gain technical leadership competencies but continue to struggle with confidence, authenticity, and purpose alignment. To bridge this gap, a new holistic approach is required, one that integrates psychology, neuroscience, and leadership studies to empower women from within. The Empowerment Code Framework provides this internal-first

approach by addressing the deeply ingrained narratives and limiting beliefs that hold women back from leadership success.

The Empowerment Code Framework

The Empowerment Code Framework is a four-phase, structured model designed to help individuals identify, reframe, act upon, and sustain their transformation, personal and professional. Rooted in research from neuroscience, sociology, psychology, and leadership studies, this framework shifts the focus from external strategies to the internal rewiring necessary for sustainable empowerment. Each phase is designed to progressively build confidence, resilience, and self-leadership so that women can step into leadership with clarity and purpose, rather than fear and self-doubt.

Unlike traditional leadership models, which assume that competency leads to confidence, the Empowerment Code reverses the equation, recognizing that confidence must be built first, from within, before leadership skills can be effectively developed. The framework is structured into four phases: The Awareness Code, The Mindset Mastery Code, The Activation Code, and The Transformation Code. Each phase represents a critical step in the empowerment journey.

The Four Phases of The Empowerment Code

Phase 1: Awareness Code

Empowerment begins with awareness, understanding how personal beliefs, societal expectations, and cultural narratives shape one's identity. Many women unknowingly internalize messages from childhood, education, and workplace environments that reinforce self-doubt and limit ambition (Rudman & Phelan, 2010). Research in cognitive behavioral science and neuroplasticity confirms that beliefs are not fixed; they can be restructured through intentional awareness and reflection (Doidge, 2007).

This phase focuses on:

- Identifying and dismantling limiting beliefs that prevent empowerment and leadership potential.
- Clarifying personal and professional values to align leadership identity with core beliefs.
- Recognizing social conditioning and internalized biases that shape self-perception.

Phase 2: Mindset Mastery Code

Once individuals become aware of their internal barriers, the next step is rewiring and reprogramming their mindset. Growth mindset theory (Dweck, 2006) demonstrates that individuals who believe abilities and intelligence can be developed outperform those with a fixed mindset. In leadership, this means that leaders who reframe their challenges as opportunities for growth are more likely to succeed.

This phase focuses on:

- Shifting from a fixed mindset to a growth mindset to develop resilience and adaptability.
- Overcoming imposter syndrome through cognitive restructuring and self-affirmation techniques.
- Developing emotional intelligence to enhance self-awareness and leadership effectiveness.

Phase 3: Activation Code

Empowerment requires more than mindset shifts, it demands deliberate action. This phase ensures that individuals move from internal transformation to applying their newfound confidence to goal-setting, strategic decision-making, and leadership execution. Habit formation and structured, intentional goal-setting are key to leadership success (Duckworth, 2016). By taking deliberate, purpose-driven action, women can step fully into their leadership roles with intention, urgency, and impact.

This phase focuses on:

- Setting aligned, values-driven leadership goals that reflect personal and professional ambitions.
- Creating actionable strategies for career growth and self-leadership in professional spaces.
- Implementing confidence-building practices to reinforce new leadership habits.

Phase 4: Transformation Code

The final phase ensures lasting change by helping women integrate their leadership identity into their long-term personal and professional success. Consistency and continuous reflection, accountability, and personal growth is imperative in sustaining transformation (Seligman, 2011).

This phase focuses on:

- Sustaining confidence and leadership growth through reflection and long-term goal alignment.
- Celebrating milestones and personal victories to reinforce new leadership identities.
- Envisioning a future leadership journey and making a difference for the benefit of all.

By completing all four phases, individuals become empowered to live successful and meaningful lives.

Theoretical Foundations Supporting The Empowerment Code

The Empowerment Code Framework is built upon well-established psychological and

leadership theories that collectively form the foundation for long-term leadership transformation. Growth mindset theory (Dweck, 2006) shows how belief systems shape identity and influence performance, emphasizing that intelligence and abilities are not fixed but can be developed through effort and perseverance. Emotional intelligence research (Goleman, 1995) highlights the critical role of self-awareness, resilience, and social intelligence in effective leadership, reinforcing that strong leadership is not just about technical expertise but also about emotional adaptability and connection.

Additionally, purpose-driven leadership research underscores that leaders who align their leadership approach with a strong sense of personal and professional purpose experience greater fulfillment, increased motivation, and sustained success over time (Pink, 2009). Neuroscience and cognitive reframing further support this framework by confirming that thought patterns can be rewired, leading to profound shifts in behavior and self-perception (Schwartz & Begley, 2002). The concept of neuroplasticity demonstrates that leadership is not an inherent trait but a skill that can be developed through intentional mindset shifts, structured learning, and action-oriented transformation. It's a skill we can learn.

By integrating these theoretical foundations, The Empowerment Code bridges the gap between traditional leadership development and the deep psychological transformation necessary for genuine empowerment. Unlike conventional leadership models that prioritize skill acquisition without addressing internal barriers, The Empowerment Code focuses on restructuring belief systems, transforming educational approaches, developing resilience, and aligning leadership actions with purpose. This holistic model prepares women with the confidence and tools to lead effectively in their personal and professional lives.

Case Studies: The Empowerment Code in Action

Theoretical models are essential for understanding complex issues such as leadership development and empowerment. However, theory alone is insufficient; real-world application is necessary to assess the effectiveness and adaptability of a framework. Case studies serve as a bridge between theory and practice, offering concrete examples of how The Empowerment Code transforms individuals from self-doubt and hesitation to confident leadership and purpose-driven success.

This section presents two case studies of women who underwent transformative journeys using *The Empowerment Code Framework*. To protect their privacy, pseudonyms have been used. The first case, Rose, is a highly educated mid-level leader in the health industry who, despite her credentials, felt stuck on a cycle of hesitation, fear, and self doubt. She continuously second-guessed her ability to pursue a higher leadership role and launch her own business.

The second case, Claire, worked in the wellness and beauty industry while dedicating herself to raising her children. Having never questioned the traditional path she followed, she eventually found herself feeling unfulfilled, disconnected from her identity and afraid to step outside her comfort zone. Struggling with low self-esteem, and a deep sense of purposelessness, she sought a way to rediscover meaning, confidence and direction in her life.

Case Study 1: Rose

Background and Context

Rose is a highly educated woman with extensive academic and professional achievements. However, despite her expertise, she struggled with deep-seated self-doubt, fear of failure, cultural expectations, and hesitation about establishing her own business. Her formal education equipped her with technical knowledge but did not provide her with the mindset, confidence, or leadership identity necessary to take bold action. She longed to make a difference, yet she felt stuck in hesitation, overanalyzing decisions, and fearing criticism. Though she had an idea for a business, she believed she was not capable or qualified enough to pursue it.

Identified Challenges

Rose faced significant barriers to her leadership journey. Her imposter syndrome prevented her from taking action towards her goals despite her qualifications. She experienced self-doubt even with her academic and professional credentials, relying heavily on external validation to determine her self-worth. Additionally, she lacked structured goal-setting and clarity on actionable steps that would enable her to move forward with confidence.

Application of The Empowerment Code

Phase 1: Awareness

In the Awareness phase, Rose confronted and deconstructed her limiting beliefs about success, leadership, and failure. Through our coaching sessions, she recognized that her hesitation stemmed from deeply ingrained societal expectations, educational conditioning, and a perfectionist mindset—all of which shaped her fear of making mistakes. She had always equated leadership with flawlessness and feared that any misstep would expose her as inadequate. By recognizing these patterns, she began to question the narratives that had held her back, setting the foundation for meaningful change.

Phase 2: Mindset Mastery

As Rose became aware of her hidden potential she was eager to move into the Mindset Mastery phase, where she practiced cognitive reframing techniques rooted in growth mindset theory (Dweck, 2006). Through our coaching work, she shifted from seeing failure as a sign of incompetence to viewing it as an essential part of growth. One major breakthrough was her realization that successful leaders are not those who never fail, but those who persist and adapt. She also learned to detach from external criticism, recognizing that true leadership requires resilience and internal validation rather than approval from others. By embracing this mindset shift, she started approaching challenges with curiosity rather than fear, which gave her the confidence to take action.

Phase 3: Activation

The Activation phase was pivotal in turning Rose's mindset shifts into action. Together, we developed a goal-setting plan with clear milestones, breaking down her ambitions into

tangible steps. She engaged in strategic networking to establish credibility in her field and, to reinforce her confidence, she practiced public speaking in smaller, supportive environments, helping her overcome the fear of public speaking. Additionally, Rose integrated daily reflection and meditation exercises to strengthen her ability to stay grounded amid uncertainty. These intentional steps transformed her limiting beliefs into a mindset of possibility and opportunity.

Phase 4: Transformation

In the Transformation phase, Rose fully embraced her leadership identity, stepping into her power with confidence and clarity. A defining moment came when she confidently pitched her business idea to an industry panel, securing her first major client, a milestone that would have once felt impossible. She now has the tools to navigate future challenges with confidence, ensuring that her growth is sustainable. She knows that capability is limitless, and that every challenge is an opportunity to learn, evolve, and move closer to her fullest potential.

Outcomes and Long-Term Impact

Rose successfully launched her business after years of hesitation, stepping into leadership with a strong sense of purpose. She developed a leadership identity rooted in confidence, resilience, and self-belief. Today, she not only runs a successful business but also mentors other people facing similar struggles, using her journey as a testament to what is possible when fear is replaced with empowerment.

In her own words:

“Working with Val has been truly transformative. As a nutritionist and aspiring business owner, I struggled with self-doubt, clarity, and confidence. Through Val’s step-by-step guidance, I learned to shift my mindset, embrace challenges as opportunities for growth, and take decisive action. She provided the tools and strategies to help me not only launch my business but also navigate obstacles with confidence and resilience.”

Case Study 2: Claire

Background and Context

Claire, a former client, spent most of her life playing by the rules, conforming to societal expectations, and seeking external validation rather than pursuing her own dreams. She had never questioned whether she was truly living her purpose and remained unaware of the internalized fear, self-doubt, and hesitation that held her back. Although she had a deep desire to find meaning and fulfillment, she lacked confidence, decision-making skills, and exposure to opportunities outside of her comfort zone. She feared failure, criticism, and stepping into leadership because she had never been encouraged to take risks.

Identified Challenges

Claire's primary barriers were deeply ingrained societal conditioning and self-doubt. She feared stepping outside societal norms and expectations, lacked self-worth and belief in her

capabilities, and had little exposure to personal growth, leadership development, or risk-taking experiences. Though she had a strong desire to empower others, she hesitated to lead by example, unsure if she had what it took to step into a leadership role.

Application of The Empowerment Code

Phase 1: Awareness

During the Awareness phase, Claire experienced a major breakthrough in realizing that she had been living on autopilot, following paths that other people have chosen for her. Through my guided coaching, she identified the unconscious beliefs that had shaped her identity and recognized that she could rewrite her own story. This breakthrough marked the beginning of her transformation. For the first time, she accepted the truth that her life was shaped by others' choices and now she was ready to discover and cultivate her limitless potential.

Phase 2: Mindset Mastery

With this newfound awareness, Claire moved into the Mindset Mastery phase, where she began working on cognitive and emotional resilience exercises. She learned to reframe fear as a signal for growth rather than a reason to stop, shifting her perspective from self-doubt to self-empowerment. Through affirmations, self-empowerment techniques, and daily reflections, she became more confident and developed the ability to make decisions that aligned with her purpose. As she gained clarity, her hesitation was replaced by a deep sense of self-belief.

Phase 3: Activation

At this phase, with my help, Claire was able to move into purposeful action. She organized her first retreat, stepping into a leadership role and was eager to empower other women in similar situations as her. This milestone reinforced her ability to lead with authenticity and impact. She also developed her personal brand and structured leadership goals, ensuring continued growth beyond the coaching experience. By taking bold, intentional steps, Claire was free to critically think about what choices bring her fulfillment while serving her purpose to helping others.

Phase 4: Transformation

In the last phase of the journey, the Transformation phase, Claire experienced a profound change in just three months of intensive weekly coaching with me. She began as a woman who was afraid to step out of her comfort zone, so disconnected from herself that she wept during our first few sessions, feeling lost and uncertain and even frustrated that she had spent more than half of her life not truly living on her terms. But through deep inner work, mindset shifts, and willingness to learn and grow, she emerged as a confident woman, now facilitating retreats and inspiring women to find their purpose. Her transformation is a testimony to the impact of The Empowerment Code Framework, proving that true leadership begins when mindset shifts are aligned with purpose and meaningful action. Claire's journey is far from over and she's eager to continue to learn and evolve.

Outcomes and Long-Term Impact

Claire now lives with purpose, confidence, and intention, embracing her new life. She's deeply committed to helping other women find and step into their own purpose. No longer held back by fear or self-doubt, she embraces her authenticity, inspiring women to break free from limiting beliefs and claim their power. Her journey is proof that true transformation begins with a decision to challenge old narratives and pursue a life of purpose, fulfillment and self-leadership.

In her own words:

"Working with Val has completely transformed my life. Her strategic, science-based coaching has empowered me to overcome self-doubt, embrace a growth mindset, and step confidently into my purpose. Val's guidance has helped me communicate with clarity and courage, no more holding back or letting fear dictate my actions."

Comparative Analysis and Key Takeaways

Both Rose and Claire's journeys validate the core principles of The Empowerment Code. Despite their different backgrounds and challenges, their transformations share a similar path, overcoming internal limitations, shifting mindset, taking bold action, and sustaining growth through action and continuous learning.

These case studies highlight three critical insights:

1. Limiting beliefs are the biggest barriers to leadership, not external challenges. The greatest obstacle for both women was not their skills or competence but their self-doubt and deeply ingrained societal conditioning.
2. Mindset transformation must come before leadership success can be sustained. Without a strong internal foundation, external leadership skills alone are insufficient for long-term empowerment.
3. When women step into confidence and alignment with purpose, they create lasting change. Both Rose and Claire did not just transform their own lives, they now empower others and lead by example.

These findings underscore the necessity of shifting leadership development beyond traditional skill-based approaches to include mindset transformation. The Empowerment Code provides a structured, replicable model for helping women step into leadership with confidence, authenticity, and purpose.

Practical Applications of The Empowerment Code

The Empowerment Code provides a structured, research-based framework that can be applied across various domains to support women's leadership development, mindset transformation, and long-term empowerment. By integrating this model into leadership training, education reform, and entrepreneurship, institutions can address the systemic barriers that have historically limited women's access to leadership roles and to achieving their potential.

Integrating The Empowerment Code in Leadership Training Programs

Corporate leadership training programs can enhance their effectiveness by incorporating The Empowerment Code as a foundational component of leadership development. Instead of focusing solely on technical skills and external strategies, organizations can implement this framework to help women identify and reframe limiting beliefs, cultivate confidence, and develop purpose-driven leadership. Through workshops, executive coaching, and mentorship initiatives, companies can create environments where women leaders thrive, reducing attrition rates and increasing representation at executive levels.

The Role of Education in Cultivating Leadership Mindsets

The education system plays a critical role in shaping leadership potential, yet traditional models fail to equip students, particularly young women, with the mindset and confidence needed for leadership success. Restructuring curricula to prioritize human potential, self-leadership, resilience, and risk-taking can foster early empowerment. Teacher training programs must also integrate mindset transformation, as many educators themselves struggle with self-worth and leadership identity. When teachers are empowered to lead, they are better equipped to model leadership for their students, creating a lasting impact that extends beyond the classroom. By embedding The Empowerment Code in educational settings, future generations of students, especially girls, will grow up with the confidence to step into leadership roles and challenge societal limitations.

Empowering Women in Entrepreneurship and Business Development

Women entrepreneurs often face significant psychological barriers, including fear of failure, self-doubt, and imposter syndrome, which prevent them from fully stepping into their potential. The Empowerment Code can serve as a powerful tool for business development programs, helping women recognize the mindset and leadership skills necessary to navigate the challenges of entrepreneurship. By fostering confidence and resilience, this model supports a greater transition of women into entrepreneurship, and diverse leadership roles, amplifying their economic and societal contributions.

Challenges and Limitations

While The Empowerment Code provides a structured and effective path toward leadership and empowerment, its implementation is not without challenges. One of the primary obstacles is the time and commitment required for mindset transformation. Unlike traditional leadership programs that focus on immediate skill-building, this framework requires deep psychological transformation, which requires consistent effort, reflection, and application over time. Personal growth and rewiring deeply ingrained beliefs are not quick fixes; they demand resilience, commitment, and ongoing reinforcement. Not all individuals may be willing or able to engage in long-term personal development work, making adoption and retention a challenge.

Another significant barrier is organizational resistance to internal-focused leadership models. Many leadership development programs prioritize technical and strategic skills, such as negotiation, decision-making, and communication, over self-mastery and mindset shifts. Organizations accustomed to conventional training approaches may hesitate to adopt mindset-based leadership models due to the perceived difficulty in quantifying their immediate return on investment. Demonstrating that internal transformation leads to

sustainable external success is critical to gaining institutional support for programs that cultivate resilience, confidence, and purpose-driven leadership.

Cultural and societal norms present another layer of complexity. In many cultures, women continue to face deeply embedded barriers that discourage them from stepping into leadership roles. Societal expectations, familial pressures, and structural inequalities often shape the narratives that women internalize about their potential. While The Empowerment Code provides a powerful tool for overcoming self-limiting beliefs and cultivating leadership identity, broader systemic changes are necessary to create environments where women feel empowered to lead without fear of social repercussions. Institutional changes such as policy reforms, workplace inclusivity measures, and mentorship networks are essential for dismantling these cultural barriers and ensuring that empowerment is not just an individual pursuit but a collective, structural shift.

Recommendations for Future Research and Policy Development

To enhance leadership development and women's empowerment, future research and policy initiatives should prioritize the following key areas:

Research Directions

Expanding the body of research on The Empowerment Code is essential to further validate its long-term impact. Longitudinal studies tracking women's leadership trajectories after engaging with the framework would provide valuable data on sustained confidence, career growth, and leadership effectiveness over time. Additionally, further research is needed to examine cultural influences on mindset transformation, particularly how different sociocultural contexts impact the effectiveness of empowerment-based leadership training.

Another critical area of study is the role of The Empowerment Code in reducing the confidence gap in leadership advancement. While skill-based training is widely available, women continue to experience higher levels of self-doubt and imposter syndrome compared to men. Understanding how mindset-based leadership development can bridge this confidence gap and create more equitable leadership pipelines will be crucial in shaping the future of leadership training.

Policy Recommendations

Institutional and educational reforms must incorporate mindset transformation as a fundamental component of leadership development. One key policy recommendation is to integrate The Empowerment Code into school curricula. Early exposure to mindset training can help students, especially girls, develop confidence, resilience, and leadership identity before entering the workforce.

Additionally, leadership training programs must move beyond technical skills and incorporate self-perception and confidence-building as core elements. Organizations and executive leadership programs should implement structured coaching programs that address internal barriers, providing participants with both the mindset tools and external strategies needed for long-term leadership success.

CONCLUSION

Women's leadership and empowerment remain critical yet underdeveloped areas across organizations (UN Women, 2023). Despite progress, systemic barriers such as cultural conditioning, outdated educational models, and deeply ingrained limiting beliefs continue to undermine women's confidence and restrict their leadership potential (Eagly & Carli, 2007; Madsen & Andrade, 2018). This paper challenges conventional leadership models, arguing that mindset education is the missing link in leadership training. Leadership is not simply about acquiring skills and opportunities but about reshaping personal narratives, shifting mindsets, and aligning purpose with action (Ibarra, Ely, & Kolb, 2013).

The review of literature has demonstrated how education, socialization, and traditional leadership structures contribute to gender disparities (Catalyst, 2023; McKinsey & Company, 2023). Cultural expectations shape self-perception from an early age, reinforcing beliefs that limit their potential and leadership aspirations. Education systems fail to cultivate self-leadership, emotional intelligence, resilience and confidence, which are essential skills for success (OECD, 2022). These systemic failures create a cycle where women are consistently underprepared for the real world and discouraged from leadership advancement.

To address this gap, this paper introduced The Empowerment Code Framework, a four-phase model designed to dismantle limiting beliefs, build resilience, and drive purpose-driven action. The case studies of Rose and Claire demonstrate its transformative power demonstrating how awareness, mindset mastery, activation, and sustained leadership development create lasting change (Dweck, 2006). Their journeys confirm that true leadership is about redefining self-perception, building unshakable confidence, and stepping into leadership with clarity and conviction.

The findings have significant practical implications for leadership development, education systems, and policy-making. If The Empowerment Code is widely implemented, it has the potential to reshape leadership pipelines by addressing the internal barriers that prevent women from advancing (McKinsey & Company, 2023). Education systems must integrate leadership identity formation and mindset education into curricula, ensuring that students, particularly young girls, develop the belief, confidence and resilience needed to step into leadership roles. Corporate leadership programs must extend beyond technical skill-building to include self-perception and confidence development, ensuring that women not only gain leadership skills but feel empowered to use them. Organizations and public policy must support efforts to close the confidence gap, enhance mentorship opportunities, and implement systemic changes that remove structural barriers to leadership for women (UN Women, 2023; Catalyst, 2023).

The Empowerment Code challenges outdated models that expect women to fit into existing structures and instead redefines leadership as a process of self-empowerment, alignment, and meaningful impact. By implementing this framework in education, leadership development, and organizational strategy, women leaders can emerge, confident, purpose-driven, and prepared to redefine leadership in a way that fosters lasting change.

FUNDING: This research received no external funding.

CONFLICT OF INTEREST: Author declares no conflict of interest.

REFERENCES

- [1] Brescoll, V. L. (2011). Who takes the floor and why: Gender, power, and volubility in organizations. *Administrative Science Quarterly*, 56(4), 622–641.
<https://doi.org/10.1177/0001839212439994>
- [2] Catalyst. (2023). *Women CEOs of the S&P 500*. Catalyst.
<https://www.catalyst.org/research/women-ceos-of-the-sp-500/>
- [3] Clear, J. (2018). *Atomic habits: An easy & proven way to build good habits & break bad ones*. Avery.
- [4] Darling-Hammond, L. (2017). *Teacher education around the world: What can we learn from international practice?* *European Journal of Teacher Education*, 40(3), 291–309.
<https://doi.org/10.1080/02619768.2017.1315399>
- [5] Doidge, N. (2007). *The brain that changes itself: Stories of personal triumph from the frontiers of brain science*. Penguin.
- [6] Duckworth, A. L. (2016). *Grit: The power of passion and perseverance*. Scribner.
- [7] Dweck, C. S. (2006). *Mindset: The new psychology of success*. Random House.
- [8] Eagly, A. H., & Carli, L. L. (2007). *Through the labyrinth: The truth about how women become leaders*. Harvard Business Review Press.
- [9] Freire, P. (1970). *Pedagogy of the oppressed*. Continuum.
- [10] Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. Bantam Books.
- [11] Ibarra, H., Ely, R. J., & Kolb, D. M. (2013). Women rising: The unseen barriers. *Harvard Business Review*, 91(9), 60–66.
<https://hbr.org/2013/09/women-rising-the-unseen-barriers>
- [12] Kay, K., & Shipman, C. (2014). *The confidence code: The science and art of self-assurance, what women should know*. Harper Business.
- [13] Madsen, S. R., & Andrade, M. S. (2018). Unconscious gender bias in higher education: Implications for leadership development. *Journal of Leadership Studies*, 12(3), 51–56. <https://doi.org/10.1002/jls.21584>
- [14] McKinsey & Company, & LeanIn.Org. (2024). *Women in the workplace 2024: The 10th-anniversary report*. McKinsey & Company. <https://www.mckinsey.com/featured-insights/diversity-and-inclusion/women-in-the-workplace>

- [15] Organisation for Economic Co-operation and Development. (2022). *The future of education and skills: OECD Learning Compass 2030*. OECD Publishing.
<https://www.oecd.org/education/2030-project/teaching-and-learning/learning/learning-compass-2030/>
- [16] Mohr, T. S. (2014). Why women don't apply for jobs unless they're 100% qualified. *Harvard Business Review*.
<https://hbr.org/2014/08/why-women-dont-apply-for-jobs-unless-theyre-100-qualified>
- [17] Pink, D. H. (2009). *Drive: The surprising truth about what motivates us*. Riverhead Books.
- [18] Reuben, E., Sapienza, P., & Zingales, L. (2014). How stereotypes impair women's careers in science. *Proceedings of the National Academy of Sciences*, 111(12), 4403–4408. <https://doi.org/10.1073/pnas.1314788111>
- [19] Robinson, K. (2011). *Out of our minds: Learning to be creative*. Wiley.
- [20] Rudman, L. A., & Phelan, J. E. (2010). The effect of priming gender roles on women's implicit gender beliefs and career aspirations. *Social Psychology*, 41(3), 192–202.
<https://doi.org/10.1027/1864-9335/a000027>
- [21] Sadker, D. M., & Zittleman, K. R. (2016). *Teachers, schools, and society: A brief introduction to education*. McGraw-Hill.
- [22] Sandberg, S. (2013). *Lean in: Women, work, and the will to lead*. Knopf.
- [23] Schwartz, J. M., & Begley, S. (2002). *The mind and the brain: Neuroplasticity and the power of mental force*. Harper Perennial.
- [24] Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.
- [25] UN Women. (2023). Facts and figures: Women in leadership and decision-making.
<https://www.unwomen.org/en/what-we-do/leadership-and-political-participation/facts-and-figures>
- [26] Watt, H. M. G., Richardson, P. W., & Devos, C. (2019). Teacher motivation: Conceptualization, assessment, and effects on teaching and learning. *Educational Psychology Review*, 31(3), 611–625. <https://doi.org/10.1007/s10648-019-09494-1>
- [27] Women Leading Ed. (2023). *Illuminating bias in education leadership: A survey on gender-based bias in education leadership roles*. Retrieved from
<https://www.womenleadinged.org/resources/illuminating-bias-in-education-leadership>
- [28] Zhao, Y. (2012). *World class learners: Educating creative and entrepreneurial students*. Corwin Press.

Care Economy As An Accelerator For Women's Empowerment: A Comparative Analysis Of G20 Innovations And Policy Frameworks

Mitali Nikore,
Founder and Chief Economist, Nikore Associates,
Golf Course Road, Sector 54, Gurgaon, Haryana India – 122011
mitalinikore@gmail.com

Brinda Juneja,
Research Manager, Nikore Associates,
brindajuneja@gmail.com

Abstract

The care economy, encompassing childcare, elderly care, and domestic work, remains a critically undervalued sector despite its fundamental role in sustaining societies and economies. The gendered nature of care responsibilities creates significant market failures, limiting women's economic participation and perpetuating gender inequities. As G20 economies navigate demographic transitions and evolving care needs, strengthening care infrastructure through strategic public and private investments becomes increasingly crucial for inclusive growth.

This paper conducts a comprehensive comparative analysis of care economy innovations across G20 nations, examining various service delivery models including public, private, and hybrid approaches. Through mixed-methods research combining stakeholder consultations, case studies, and policy analysis, the study develops an analytical framework to evaluate intervention effectiveness and identify scalable solutions, particularly for emerging economies.

The research culminates in structured recommendations across five key pillars: leave policies, service subsidies, infrastructure investment, workforce development, and quality assurance. These insights aim to guide G20 economies in building sustainable care ecosystems that recognize, reduce, and redistribute care work while advancing women's economic empowerment. Special attention is paid to innovative public-private partnerships and community-based approaches that can expand access to quality care services, ultimately contributing to more equitable and efficient care systems.

1. Introduction

Women shoulder a disproportionate burden of the world's care responsibilities, performing three times more unpaid care work (UCW) than men across global economies. This stark imbalance manifests in both paid and unpaid care hours, with women and girls delivering 70% of total care hours and 75% of UCW specifically.¹ The gap reflects deeply entrenched social norms and systemic barriers that perpetuate gender inequality.²

The economic implications of this disparity are far-reaching. Women face severe time poverty, limiting their ability to pursue education and career opportunities. They encounter persistent motherhood penalties in the workplace and are often funnelled into undervalued care sector jobs. The COVID-19 pandemic intensified these challenges, with women taking on an additional 512 billion hours of UCW in 2020 alone, deepening pre-existing inequities.³

The care economy, encompassing childcare, elder care, long-term support for dependent adults, and domestic work, represents a cornerstone of societal well-being that remains chronically undervalued and underfunded. As G20 nations navigate demographic shifts toward aging populations and evolving care needs, strengthening care infrastructure through strategic public and private investment has become imperative for achieving sustainable and inclusive economic growth.

2. Methodology Adopted

The study employed a mixed-methods approach to analyse care economy innovations across G20 countries through secondary and extensive field research. Through comparative analysis, it examined policy frameworks, implementation mechanisms, and outcomes, supported by extensive secondary research of national time-use surveys and care economy expenditure data.

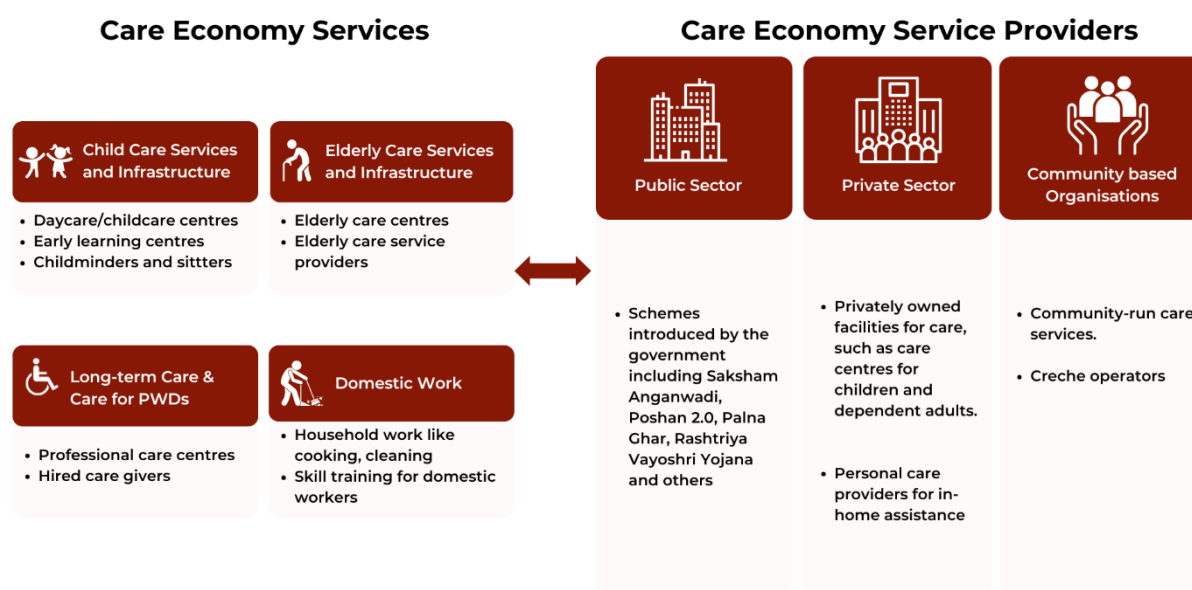
Primary consultations and field visits with key stakeholders - including policymakers, private sector leaders, and care service providers - provided crucial insights into implementation challenges and success factors. Detailed case studies documented transformative interventions in childcare, elderly care, and domestic work formalization across G20 nations.

The research developed an analytical framework to evaluate policy effectiveness and identify critical success factors for future policy design. The findings informed strategically structured recommendations around five pillars: leave and benefits policies, care service subsidies, infrastructure investment, skill development, and quality assurance mechanisms. These recommendations emphasized leveraging public-private partnerships and community-based organizations to build sustainable, inclusive care ecosystems across G20 economies.

3. The Care Gap in G20 Nations: Economic Impact and Opportunities

The care economy represents a classic case of market failure, where women as primary care providers deliver essential services without monetary compensation or recognition of their opportunity costs. This undervaluation, reinforced by social norms that romanticize women's caregiving role, creates an artificial dynamic of infinite demand meeting unpriced supply. The result is a systemic inefficiency where women shoulder a disproportionate share of UCW, preventing skilled individuals from realizing their economic potential and leading to significant resource misallocation at the macroeconomic level.

However, strategic investment in the care economy offers a powerful solution to correct this market failure while unlocking substantial economic potential within G20 nations. The World Economic Forum in its recent report identifies care work as one of the fastest-growing job categories globally through 2025.⁴ The care economy encompasses a diverse range of services - from childcare and elderly care to long-term support for dependent adults and domestic work - that can be delivered through various channels, including public services, private enterprises, and community-based organizations.



Source: Study Team's Analysis
Figure 1: Care Economy Ecosystem

The economic impact of such investments could be transformative. Research by the International Trade Union Confederation suggests that allocating just 2% of GDP to the health and care sector could boost overall employment by 1.2-3.2%. This translates to remarkable job creation potential: 24 million new positions in China, 11 million in India, 2.8 million in Indonesia, 4.2 million in Brazil, and 400,000 in South Africa. Furthermore, these services can generate additional economic value through international labour mobility, contributing to domestic economies through remittances while addressing global care needs.⁵ Moreover, estimates calculated by Nikore Associates say that women's unpaid care and domestic work in India represents an economic value of almost 15%-17% of the GDP.⁶

However, current investment levels across G20 countries remain inadequate. The Delhi G20 Declaration emphasizes the urgent need to scale up investment in this sector, recognizing its potential to drive both economic growth and social progress.⁷

4. Way Forward: Recommendations to the G20

The G20 economies should commit to affirming care as “a critical social good and an essential human right. PPPs can be a key instrument in developing workable care service delivery models. Governments and the private sector can become equal partners in the care economy, playing complementary roles across five types of interventions in the care economy, as follows:



Source: Study Team's Analysis

Figure 2: Care Expenditure as Percentage of GDP Across the G20 Countries

I. Leave-related policies

Studies suggest that providing new parents with paid time off contributes to the healthy development of children, improves maternal health, and enhances families' economic security. For instance, a study on the impact of paid parental leave on labour market outcomes in 30 OECD countries found that extensions of paid leave increase the female-male working hours ratio (0.5-1.8 hours per week).⁸

- a) Maternity leave: All countries in the G20, barring the USA, have legal provisions mandating paid maternity leave. Typically, maternity leave varies between 10 and 20 weeks, with some exceptions. In over 10 countries, the government also provides some level of financial support for the provision of maternity leave.
- b) Paternity leave: Most G20 economies (except India, USA, China, Canada, Russia, and Japan) also have statutory entitlements for paid paternity leave, in the range of 2-30 days.
- c) Shared parental leave: Less than 50 percent of the G20 countries have legal provisions that offer parental leave and partially fund benefits to the primary caregiver, regardless of their gender.

The G20 countries can move towards frameworks that favor gender-sensitive parental leaves rather than only long maternity leaves (with short paternity leaves). Ideally, gender-sensitive parental leaves should promote shared responsibility by encouraging mothers and fathers to take leave periods of equal length. Gender-sensitive parental leaves can reduce the reinforcement of stereotypes that cast the mother as the primary caregiver. The length of replacement rate and the timing of leave would need to vary depending on the fiscal capacity of each country.

Countries may use a combination of employer and employee contributions, insurance, and public funding to cover childcare leave costs. Policies which place the onus of providing benefits purely on

the employer may end up adversely impacting women in the labour market, as evidenced by India's Maternity Benefit (Amendment) Act 2017.⁹ Thus, the G20 countries can work to find solutions for cost-sharing with the private sector for parental leave.

Additionally, countries could explore options for extending leave coverage to informal workers, such as through parental cash transfers. This is particularly important in the Global South, where high rates of informality often limit workers' access to traditional parental leave policies. Following the ILO's (2021) guidelines, countries could ensure non-contributory parental benefits through cash transfers. Some countries, such as Argentina, provide cash transfers to pregnant women through the Universal Pregnancy Allowance, which offers a small sum each month to mothers. Argentina's care policies, including cash transfers and early childhood care services, have had a strong economic impact with an associated GDP growth of 0.7 percent and 5.3 percent and an increase in total employment from 0.7 percent to 6.4 percent, according to a 2019 study.¹⁰ These cash transfers could be raised to at least the minimum wage and be extended to both mothers and fathers.

Case Study 1: Parental Benefits in Sweden

Country	Sweden
Year	1995
Implementing agency	Swedish Social Insurance Agency
About the model	Each parent in Sweden is entitled to 90 personal days (or more than 12 weeks) of leave with 80 percent of their wages and also entitled to 480 shared days, out of which both parents have 240 days each. During the child's first year, there is an opportunity for both parents to take parental leave benefit during the same period for no more than 30 days (so-called 'double days'). 384 days of parental benefit must be taken before the child's fourth birthday. The remaining 96 days can be saved and taken, at the latest, before the child turns 12 or until the child finishes the fifth grade.
Impact of the program	• For children born in 1995 onwards, 77 percent of fathers have used parental leave before the child reached 4 years of age. • Through such policies, Sweden has been able to combine relatively high fertility levels with high female labour force participation rates and low child poverty.
Source: Institute for Future Studies 2005	

II. Subsidies for care services

For the G20, subsidies for availing care services take the form of individual tax credits for parents and tax concessions to encourage businesses to offer childcare benefits to employees. For instance, parents in the USA are eligible for various tax credits and deductions depending on the child's age.¹¹

While tax subsidies are more common in developed countries, they are slowly being introduced in developing countries. In Brazil, employers have the option to offer an additional maternity leave of two months and deduct the amount paid during this period from their corporate income tax.¹²

Argentina's three-pillar system supports families facing unemployment and informality with tax concessions and cash transfers.¹³

The G20 governments can consider providing financial incentives to employers who encourage the reduction and redistribution of care work responsibilities amongst their employees through corporate tax credits. For instance, employers who provide care services such as breastfeeding/lactation rooms, parking facilities for pregnant women, offer care work leaves, and support employees by hiring care service providers for childcare and elderly care can be rewarded through tax breaks. Moreover, governments can offer higher deductions for small business owners providing support for care work.

Case Study 2: Subsidies for Care Services in Australia

Country	Australia
Year	Multiple programs commencing in different years
Implementing agency	Australian Government Department of Health and Aged Care, Department of Education
About the model	- The Child Care Subsidy (CCS) is the primary way the Australian government assists families with child care expenses such as daycare and after-school care. The amount of subsidy is determined by the household income. - The Australian Government provides subsidies for each individual who is a recipient of government-funded aged care. These subsidies are directed towards approved providers of services such as home care, residential aged care, and flexible care. - Additionally, the government offers supplements to assist with the expenses associated with addressing specific care requirements. - In the first year of its implementation, child care services that were sanctioned to receive the Child Care Subsidy (CCS) were accessed by 1,316,250 children from 931,030 families.
Impact of the program	According to the Australian Institute of Health and Welfare (AIHW), in the 2019-20 financial year, over one million people were accessing aged care services in Australia.
Source: <u>Australian Government, Department of Health and Aged Care</u>	

III. Government investments in care infrastructure

As noted in Section 3, care economy investments can be important drivers of socio-economic growth across the G20 economies. Governments may consider public investment in care infrastructure and services to realise these socio-economic development opportunities.

a. Increase spending on childcare and elderly care facilities

The G20 countries, particularly developing economies, need to expand access to better-quality, affordable, and easily accessible care for children and the elderly, which necessitates increased government spending on care infrastructure, particularly in rural and underserved areas.

In 2018, the G20 countries were spending between 1 percent and 4.1 percent on selected care policies (Figure 3). Amongst the developed countries, investment as a percentage of GDP ranges between 2 percent and 4.1 percent, whereas for developing countries, it ranges from less than 1 percent to 3.9 percent.¹⁴

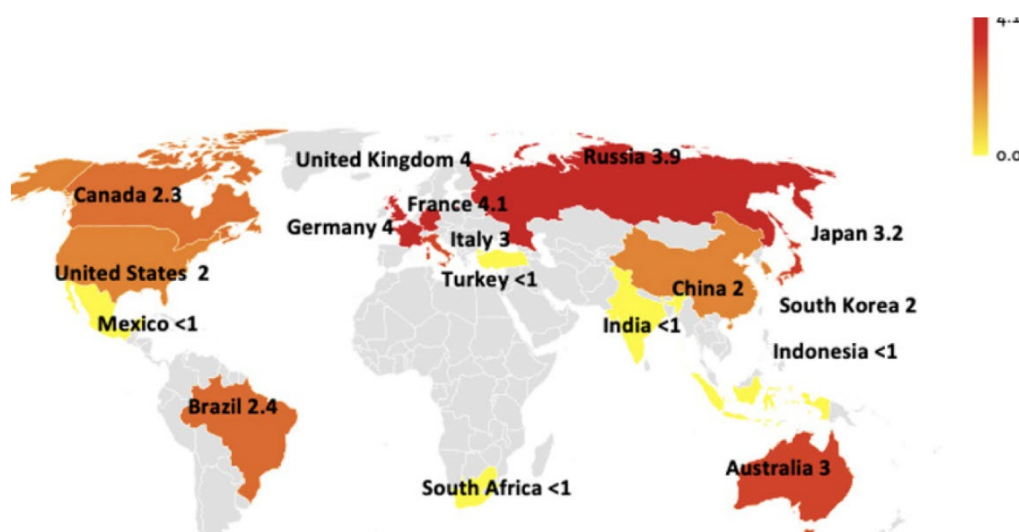


Figure 3: Care Expenditure as Percentage of GDP Across the G20 Countries

Note: Expenditure includes pre-primary education; long-term care services and benefits; and maternity, disability, sickness, and employment injury benefits.

Source: ILO Data, 2018

In recent years, G20 economies like Canada, Germany, China, and the United Kingdom have been actively investing in care infrastructure to build a resilient care ecosystem. The UK announced an investment of US\$4.87 billion to expand free childcare for eligible working parents to address the barriers of high childcare costs.¹⁵ Germany allocated US\$590 million in 2020 and an additional US\$590 million in 2021 to create new childcare facilities and refurbish existing ones.¹⁶ Saskatchewan in Canada announced an investment of US\$44 million to support early learning and childcare centers.¹⁷ China has proposed to invest US\$5.1 billion to build retirement facilities to support its elderly care system.¹⁸ Going forward, developing economies across the G20 should strive to enhance their fiscal investments in the care economy.

b. Leveraging public-private partnerships

For sustained and gender-inclusive post-pandemic recovery, G20 countries can devise policy and regulatory frameworks to operationalize PPPs for the provision of care services, as well as for greenfield/brownfield care infrastructure on a pilot basis, including model concession agreements for care infrastructure facilities such as childcare facilities or elderly care facilities. These frameworks should identify risk mitigation mechanisms and financing models relevant to the care sector and define key performance indicators. Following pilots, sufficient evidence may be generated to assess the impact and effectiveness of these models.

Case Study 3: Aveksha Day Care Centre by COWE

Country	Hyderabad, India
Year started	2022
About the Model	A free daycare service initiative operating in purpose-built container facilities near construction sites and industrial hubs, serving children of construction workers, industrial workers, and economically marginalized groups. The model aims to promote women's economic independence while ensuring child welfare. Key features of the model include: • Purpose-built container structures (800-1000 sq ft) with gypsum-lined interiors for cooling • Full-day operation (9 AM to 5 PM) aligned with laborers' working hours • Comprehensive facilities including air conditioning, CCTV surveillance, dedicated play areas, and educational resources • Curriculum-based activities focusing on foundational skills • Regular meals including five types of fruits daily • Strategic location near work sites for easy accessibility • Professional staffing with three trained women per center (caretaker, security guard) managing 20-30 children.
Impact	The model demonstrates multiple positive outcomes: • Enables working mothers to focus on jobs by providing reliable childcare and by providing safe, nurturing environment for children's development, • Creates direct employment for three women per center • Supports 20-30 families per center with free childcare services • Strong monitoring and quality control through CCTV integration with COWE control centre.



Source: Primary research by Nikore Associates study team;
Source for photos: Mitali Nikore

c. Incentivising investing in community-based organisations and social enterprises

Multiple G20 countries have provisions which direct grants towards local CBOs, particularly in the informal and rural sectors. For example, Australia supports approved providers of aged care with financial support.¹⁹

Governments can prioritise investments in rural and underserved areas to support CBOs providing innovative care solutions. A successful example of community-run care services (CCCs) comes from India which, if provided government funding, could scale and replicate its solution. Nikore Associates' consultations with Self-Employed Women's Association (SEWA), revealed how CCCs increased women's workforce participation and provided many women with a source of employment.²⁰

Case Study 4: Sangini Child Care Centres by SEWA

Country	Ahmedabad, India
Year Started	1985
Implementing agency	SEWA (Self Employed Women's Association), the largest Central Trade union representing informal sector women workers
About the model	A cooperative-based childcare model operating 12 centers in Gujarat, providing full-day care services to children of informal sector workers. The initiative is part of SEWA's broader mission to support women workers through comprehensive social security measures. SEWA's Sangini centres offer a holistic approach to childcare that combines multiple benefits: • Full-day care (9 AM to 5 PM) aligned with working hours of informal sector workers • Comprehensive child development services including nutrition (three meals daily), education, and health care • Age-appropriate activities for children 0-6 years • Regular parent engagement through weekly mothers' meetings and quarterly fathers' meetings, with notable improvement in paternal involvement (50% of fathers showing increased family responsibility) • Local employment generation by hiring community women as caretakers, 6) Affordable care with monthly parent contributions of INR 450 (increasing to INR 500), with remaining costs supported by the cooperative.
Impact of the program	The centres demonstrate significant positive outcomes: • Women's incomes have doubled in several instances due to reliable childcare access • Created employment opportunities for local women as caretakers (3 per centre caring for 40 children) • Ensures proper nutrition and development for children from informal worker families • Promotes greater involvement of fathers in childcare responsibilities through consistent counselling sessions. The model has proven sustainable through its cooperative structure and has operated successfully for over three decades.



Source: Primary research by Nikore Associates study team;
Source for Photos: Mitali Nikore

Case Study 5: Bangladesh Rural Advancement Committee home-based care model

Country	Bangladesh
Implementing Agency	BRAC (Bangladesh Rural Advancement Committee)
Year Started	2007
About the Model	BRAC's home-based childcare model, launched in 2007 through the Manoshi Project in Bangladesh, demonstrates an innovative approach to community childcare in urban low-income areas. Operating primarily in communities like the Korail slum in Dhaka, the program employs local women caregivers ("Khalas") to provide affordable daycare services for working mothers, particularly those in garment factories and informal sector jobs. The model's strength lies in its community-centric approach, where trusted local mothers provide care from their homes, creating an accessible and familiar environment. This relationship-driven system, combined with flexible operating hours and low-cost services, effectively meets the needs of working families in underserved communities. However, the program faces significant challenges, including limited infrastructure, informal safety protocols, and minimal structured learning opportunities for child development. Despite these constraints, BRAC's model offers valuable insights into creating sustainable, community-based childcare solutions for low-income urban populations, particularly in developing economies where formal childcare infrastructure may be limited.
Impacts	The model has led to: • Increased Workforce Participation: Over 600 women in the Korail slum have been able to secure paid employment due to access to childcare, significantly improving household income.

	• Support for Single-Headed Households: A large percentage of beneficiaries are single mothers, for whom the daycare centers are a lifeline for economic stability. • Economic Empowerment: Women employed in garment factories and other industries have reported a 20-30% increase in household income after accessing childcare services. • Community Development: The initiative fosters community interdependence, creating a trusted network between caregivers and mothers. • Education and Nutrition Benefits: Informal caregiving includes basic nutritional support and pre-literacy activities, though limited by resources.
Source	<u>Bangladesh Rural Advancement Committee</u>

Private enterprises can also provide CBOs with financing as part of their Corporate Social Responsibility (CSR) budgets. Through partnerships with formal sector enterprises, these CBOs may provide in-situ care facilities to workers in factories and other work locations. Such collaborations can allow CBOs to scale up their operations, helping them become financially viable social enterprises and increase access to care services in the rural and informal sectors.

Case Study 6: Early Childhood Care and Development provided by Gelephu Child Centre

Country	Bhutan
Implementing Agency	Gelephu Child Care Centre-GCCC
Year Started	2013
About the Model	The Gelephu Child Care Centre (GCCC) in Bhutan demonstrates an innovative, holistic approach to early childhood development through: • Learning Environment: Four specialized classes serve 92 children with dedicated facilitators ensuring personalized attention and educational excellence. • Financial Access: Monthly fees of Nu 4,000 (19% of average per capita income) make quality education accessible to middle-income families, though affordability remains a challenge for lower-income households. • Flexible Operation: Extended hours from 8 AM to 5 PM with additional flexibility accommodate diverse family schedules. • Quality Standards: The center maintains high standards through nutritious home-cooked meals, locally developed curriculum (National ECCD), and a Bhutanese teaching staff open to international collaboration. • Sector Leadership: Through establishing BECEDA under the Bhutan Chamber of Commerce and Industry, GCCC has unified 80 early childhood centers, promoting standardization and best practices nationwide.
Impact	• Holistic Development: The program benefitted 92 children by focusing on their physical, cognitive, and emotional growth.

- **National Influence:** It contributes to national childcare standards through curriculum development.
- **Unification of Centers:** The program has unified 80 private ECCD centers, promoting best practices and standardization in early childhood education.
- **Support for Working Parents:** Extended care hours help working parents balance their responsibilities.



Source: Primary research by Nikore Associates study team
Source for photos: Mitali Nikore

d. Collect gender-disaggregated data on care work

Regular gender disaggregated Time Use Surveys (TUS) are essential across the G20 countries, which include wide national and local coverage, more descriptive questions, and improvements in methodology to capture different types of UCW activities.

In addition, governments can track the quantum of fiscal investments in care infrastructure and the number of care jobs being generated. The G20 countries can also consider working together to establish common frameworks for data collection that may be actively tracked on an annual basis and discussed at G20-supported workshops and conferences.

An example of such a methodology is from Mexico, which has a system of data collection using Household Satellite Accounts which measures the time use characteristics of various demographics and has been used to formulate policies on care.²¹

IV. Skill training and formalization of current care work structures

Care work and domestic work are characterised by a high degree of informality, especially among women workers.²² To ensure decent and formal working conditions for care workers, the G20 member states could consider strengthening policy, legal, and regulatory frameworks, including ratifying the C189 convention.

There is a need to devise better organisational frameworks with comprehensive job roles and payment bands commensurate with skills, duty hours, and experience for care workers. Skilling programs for care economy workers can be devised and work experience and skill training-based certifications can be introduced to institute seniority levels and specialisations amongst care workers and facilitate the movement of care workers between the G20 countries, as is being done in

developed economies like the UK, Canada and Japan. Skilling programs for care economy workers can be devised and work experience and skill training-based certifications can be introduced to institute seniority levels and specialisations amongst care workers and facilitate the movement of care workers between the G20 countries, as is being done in developed economies like the UK and Canada. In the UK, private employers can provide training to care workers to obtain entry-level certifications and for further qualifications. In Ontario, Canada, a comprehensive registry has been created to ensure greater public protection and personal care worker accountability. The registry only accepts workers who are deemed qualified to provide competent and safe care.²³

Case study 7: Workforce Policies for Foreign Care Workers in Japan

Country	Japan
Implementing Agency	Government of Japan and Japan International Trainee & Skilled Worker Cooperation Organization
Year Started	Multiple programs commencing in different years
About the Model	- The Technical Intern Training Program for care workers: It is a unique initiative that welcomes talented young individuals from various countries to Japan. - The initiative seeks to benefit developing nations by embracing its citizens and imparting skills through On-the-Job Training (OJT) in Japan. It encourages international collaboration by transferring the skills, techniques, and information acquired by technical interns to underdeveloped countries. This will not only contribute to develop human resources, but it will also promote economic growth in the aforementioned locations. - Kaigoryugaku Scheme: Also known as the students' pathway for foreign care workers, enables foreign students to change their visa status to "care work", after completing a two-year care work training program. - TITP will not only contribute to developing human resources, but it will also promote economic growth in the said regions.
Impact	This development paved the way for the active recruitment of foreigners as students of care work
Sources: <u>Institute of Developing Economies; Japan International Trainee and Skilled Worker Cooperation Organization</u>	

V. Institutional mechanisms for quality assurance

G20 nations could unlock tremendous potential by developing comprehensive institutional frameworks for care service excellence. While pioneering initiatives like the UK's OFSTED, (Office for Standards in Education, Children's Services and Skills) model demonstrate the power of structured oversight, G20 economies could create even more innovative regulatory ecosystems that promote quality, mobility, and professional growth in the care sector.

Case Study 8: The OFSTED Model by UK Government's Quality Assurance Approach

Country	United Kingdom
Implementing Agency	OFSTED, the Office for Standards in Education, Children's Services and Skills is the government regulatory agency responsible for inspecting and regulating educational and childcare institutions in the United Kingdom.
Year Started	2019
About the Model	The OFSTED model inspects both public and private educational and childcare institutions. OFSTED, through inspections and regulation, ensures that educational and childcare services meet defined standards and serve the best interests of students and children. OFSTED conducts inspections of various educational settings, including schools, colleges, early years providers, and social care services. These inspections aim to evaluate the quality of education and care provided and to ensure institutions meet statutory requirements. OFSTED employs a four-point rating system to assess institutions. These categories are "Outstanding," "Good," "Requires Improvement," and "Inadequate." Schools rated "Outstanding" or "Good" are inspected less frequently, while those rated "Requires Improvement" or "Inadequate" are inspected more frequently to monitor progress and provide support.
Impact	The OFSTED model of quality assurance has improved UK's education system. Major achievements of this approach include: • Removal of Single-Word Judgements: OFSTED has abolished single-word judgements (e.g., Outstanding, Good, Requires Improvement, Inadequate) for maintained schools and early years settings. Instead, schools will receive detailed report cards that provide a comprehensive view of performance across four key areas: Quality of Education; Behaviour and Attitudes; Personal Development; Leadership and Management. This change aims to enhance parental understanding of school performance, as fewer than 40% of parents and 29% of teachers supported the previous one-word judgement system. • Accountability Measures: The EIF has established rigorous accountability measures for schools. Schools rated as "inadequate" or "requires improvement" are subject to closer scrutiny and must demonstrate progress through follow-up inspections. • Support for Disadvantaged Students: Inspectors pay particular attention to whether all children have access to rich texts and resources that promote literacy and numeracy, especially among vulnerable populations. • Quality of Education: 97% of Initial Teacher Education (ITE) phases were rated as good or outstanding, reflecting a slight increase from the previous year. This suggests that OFSTED's inspection processes are contributing to improved educational quality across various training institutions.
<i>Source: Primary research by Nikore Associates; <u>Government of United Kingdom</u></i>	



Source for photos: Mitali Nikore

A dynamic two-pillar approach could transform the G20 care economy:

- a. Establish institutional mechanisms for monitoring care service delivery: The countries could pioneer unified monitoring frameworks with adaptable quality benchmarks. These frameworks would ideally combine standardized baseline requirements with flexible implementation guidelines, allowing each nation to tailor oversight mechanisms to their unique contexts. Taking inspiration from successful models like OFSTED, G20 nations could design next-generation monitoring systems that leverage technology and data analytics for real-time quality assurance.
- b. Establish Sector Skill Council for Care Services: Economies could establish interconnected Care Sector Skills Councils, creating a seamless ecosystem for professional development and mobility. These councils could design cutting-edge training programs, develop internationally recognized certification pathways, and forge cross-border partnerships for knowledge exchange. The UK's progressive certification model and Canada's registry system could serve as stepping stones toward an even more integrated G20 care economy.

Case Study 9: Private sector childcare model by Hanoi International Kindergarten

Country	Vietnam
Implementing Agency	Hanoi International Kindergarten (HIK)
Year Started	2000
About the Model	The Hanoi International Kindergarten (HIK), founded by ECE expert Leah Ingles and enhanced by Chung Gilliland Pham, offers a premier early learning experience blending Australian and British educational approaches: • Holistic Development: A comprehensive international curriculum guides children from 14 months to 7 years, integrating technology, arts, and experiential learning through activities like cooking, gardening, and performing arts. • Health and Wellbeing: The center maintains a health-conscious environment with natural, additive-free foods while providing extended care from 8 AM to 4:30 PM, including enriching after-school programs.

	• Educational Excellence: Early learning specialists ensure high educational standards, while committed staff development programs enhance teaching quality and build local expertise. • Community Impact: By focusing on both student development and teacher training, HIK has established itself as a model for quality international early childhood education in Vietnam.
Impact	Some key aspects of HIK’s influence are: • Enhanced Educational Standards: Hanoi International Kindergarten has contributed to raising educational standards in early childhood education by implementing a curriculum that blends Vietnamese cultural elements with international educational practices. • Increased Accessibility to Quality Childcare: HIK has created a warm, nurturing, English speaking environment that assists learning, growth and development. • Promotion of Bilingual Education: The kindergarten's bilingual curriculum promotes language development in both Vietnamese and English, which is increasingly important in a globalized world. • Expansive curriculum: HIK includes diverse activities like cooking, dancing, gardening, drama and music in the curriculum, providing holistic education.
 	
Source: Primary research by Nikore Associates; <u>Hanoi International</u> Source for photos: Mitali Nikore	

Conclusion

The analysis of care economy innovations across G20 nations demonstrates that strategic investment in care infrastructure can simultaneously address gender inequities and drive economic growth. Case studies from diverse economies reveal how various approaches - from community-based models to government regulatory frameworks - can effectively expand access to quality care services while creating employment opportunities.

The findings point to clear practical implications: G20 nations must adopt a comprehensive approach encompassing leave policies, service subsidies, infrastructure investment, workforce development, and quality assurance mechanisms. Public-private partnerships and community-based organizations emerge as particularly effective vehicles for expanding care services. As

demographics shift and care needs evolve, these insights offer a roadmap for building more equitable and sustainable care ecosystems.

References

-
- ¹ “Not all Gaps are Created Equal: The True Value of Care Work,” Oxfam International , 2023, <https://www.oxfam.org/en/not-all-gaps-are-created-equal-true-value-care-work>
- ² Addati L, et al., (2018), Care Work and Care Jobs for the Future of Decent Work (Genève: International Labour Organisation (ILO)), https://www.ilo.org/global/publications/%20books/WCMS_633135/lang--en/index.htm
- ³ There is no statutory paternity leave in Canada, except in Québec. Paternity leave in Canada is a part of the parental leave, which means that both parents can use this time off together, but at least 5 weeks are reserved for “daddy days”
- ⁴ World Economic Forum. (2023). The Future of Jobs Report 2023. World Economic Forum. https://reports.weforum.org/docs/WEF_Future_of_Jobs_Report_2025.pdf
- ⁵ De Henau, J., Himmelweit, S., & Perrons, D. (2017) Investing in the Care Economy .
- ⁶ Nikore Associates. (2024, March). Formulating a Strategy for India’s Care Economy: Unlocking Opportunities. Ministry of Women and Child Development, Government of India. <https://static.pib.gov.in/WriteReadData/specificdocs/documents/2024/mar/doc202435319501.pdf>
- ⁷ G20 India. (2023, September 9). G20 New Delhi Leaders' Declaration. Ministry of External Affairs, Government of India. <https://www.mea.gov.in/Images/CPV/G20-New-Delhi-Leaders-Declaration.pdf>
- ⁸ Thévenon O. and Solaz A., “Labour Market Effects of Parental Leave Policies in OECD Countries,” OECD, <https://doi.org/10.1787/5k8xb6hw1wjf-en>
- ⁹ Banerjee P., Biswas S., and Mazumder D., (2022), “Maternity Leave and Labour Market Outcomes,” <https://consumerpyramidsdx.cmie.com/kommon/bin/sr.php?kall=wshowdet&docid=461&tab=105>
- ¹⁰ Langou D. G. and Sachetti C. F., (2018), “Achieving “25 by 25”: Actions to Make Women’s Labour Inclusion a G20 Priority,” CIPPEC, <https://www.cippec.org/wpcontent/uploads/2018/09/INTERIOR.pd>
- ¹¹ “Child Tax Credit,” The White House, accessed April 2023, <https://www.whitehouse.gov/child-tax-credit/>.
- ¹² Federal Senate (2017), “Consolidation of Laws of Work and Related Standards,” ,clt_e_normas_correlatas_1ed.pdf (senado.leg.br)
- ¹³ UNESCAP (2023), “Argentina’s Universal Child Allowance,” <https://www.socialprotection-toolbox.org/practice/argentinas-universal-child-allowance>
- ¹⁴ Addati et al., Care Work and Care Jobs for the Future of Decent Work
- ¹⁵ Government of United Kingdom, (2023), “30 Hours Free Childcare,” <https://www.gov.uk/30-hours-free-childcare>.
- ¹⁶ “Childcare Financing 2020-2021, (2023),” Federal Ministry of Family Affairs, <https://www.bmfsfj.de/bmfsfj/aktuelles/alle-meldungen/mehr-geld-fuer-die-kindertagesbetreuung-156678>

¹⁷ Government of Saskatchewan, (2023) , “Government Announces \$44 Million in New Grants for Child Care Facilities,” [https://www.saskatchewan.ca/government/news-and-media/2023/january/31/government-announces-\\$44-million-in-new-grants-for-child-carefacilities#:~:text=The%20%2444%20million%20investment%20in,for%20outdoor%20winter%20play%20equipment](https://www.saskatchewan.ca/government/news-and-media/2023/january/31/government-announces-$44-million-in-new-grants-for-child-carefacilities#:~:text=The%20%2444%20million%20investment%20in,for%20outdoor%20winter%20play%20equipment).

¹⁸ Krings F. M. et al. (2022), “China’s Elder Care Policies 1994-2020: A Narrative Document Analysis,” *International Journal of Environmental Research and Public Health* 19, no. 10: 6141, doi:10.3390/ijerph19106141.

¹⁹ Australian Government Department of Health and Aged Care, (2023), “Aged Care Subsidies and Supplement,” <https://www.health.gov.au/topics/aged-care/providing-aged-careservices/funding-for-aged-care-service-providers/aged-care-subsidies-and-supplements>

²⁰ Clare C. et al. (2020), “Time to Care,” Oxfam, <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620928/bp-time-to-care-inequality-200120-en.pdf>

²¹ National Institute of Statistics and Geography, “Unpaid Household Work Satellite Account of Mexico,” UN Stats, 2022, https://unstats.un.org/unsd/statcom/groups/NetEconStat/Meetings/GDPsprintThirdMeeting/Unpaid_Household_Work_Mexico.pdf

²² International Labour Organization (ILO) (2016) “Formalizing Domestic Work,” https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_559854.pdf

²³ OECD, (2020), “Who Cares? Attracting and Retaining Care Workers for the Elderly,” <https://www.oecd.org/publications/who-cares-attracting-and-retaining-elderly-care-workers92c0ef68-en.htm>

CERVICAL CANCER SURVIVORSHIP AND QUALITY OF LIFE IN PAKISTAN: EXAMINING THE LONG-TERM IMPACT ON WOMEN'S WELL-BEING

“Gul I Warda Farid” University of the Punjab
184 Mamdot Block, 540000 Lahore, Pakistan
Wardafarid90@gmail.com

Alishba Fatima
The University of Lahore, Department of Sociology
Pine Avenue, Gate 04 Lahore, Pakistan
Alishba.fatima@soc.uol.edu.pk

ABSTRACT

Cervical cancer remains a significant health concern for women in Pakistan, where limited awareness and access to preventive measures exacerbate the burden of the disease. This study investigates the long-term quality of life and survivorship issues faced by Pakistani women aged 46 who have undergone treatment for cervical cancer. By employing a qualitative methodology, we have conducted in-depth interviews with cervical cancer survivors to evaluate the physical, emotional, and social well-being. The research will delve into how cultural, socioeconomic, and healthcare factors shape these women's experiences, aiming to uncover unique challenges and unmet needs.

Our findings are expected to provide essential insights into the specific obstacles that cervical cancer survivors in Pakistan encounter, thereby informing the development of targeted support and intervention programs. This research underscores the urgent necessity for comprehensive cancer care and robust survivor support systems in the region. Highlighting the intersection of cultural sensitivities and healthcare provision, this study offers innovative perspectives on improving the quality of life for cervical cancer survivors in Pakistan.

By addressing these critical issues, this research aligns by advocating for better health outcomes and enhanced well-being for women facing cervical cancer in Pakistan. The study's outcomes serve as a foundation for policy recommendations and practical solutions to elevate the standards of cancer care and support services, ultimately contributing to the empowerment and betterment of women's health in Pakistan.

This research will play a pivotal role in advancing the understanding of survivorship issues and fostering a supportive environment for women battling cervical cancer in Pakistan.

KEYWORDS: Cervical, Cancer, Well-Being, Survivor, Cultural, Physical, Socio-economic

1 INTRODUCTION

Cervical cancer, which is predominantly caused by persistent infection with high-risk human papillomavirus (HPV), is a major public health concern worldwide, especially among women in developing and middle-income nations. In 2020, it led to the death of 342,000 women out of 604,000 diagnosed cases (Lindua et al., 2002). It is the fourth most common cancer in women and can be prevented and treated if detected early. Nearly all instances (99%) of cervical cancer are associated with infection with high-risk HPV, a very common virus spread through sexual contact. Cervical cancer originates in a woman's cervix, which is the entrance to the uterus from the vagina. While most HPV infections go away on their own without any symptoms, persistent infections can lead to cervical cancer in women. Most cervical cancer cases can be avoided with effective primary (HPV vaccine) and secondary preventive strategies (screening for and treating precancerous lesions).

Pakistan and India, both having high incidence rates, face significant challenges in cervical cancer prevention and treatment. Despite a downward trend in incidence and mortality rates, the absolute number of cases remains high due to the large population size, emphasizing the need for sustained prevention, screening, and treatment efforts. Cervical cancer ranks as the third most frequent cancer among women in Pakistan, with approximately 5,008 women diagnosed and 3,197 dying from the disease each year. Pakistan has a population of 73.8 million women aged 15 years and older who are at risk of developing cervical cancer. In India, cervical cancer ranks as the second most frequent cancer among women, with approximately 123,907 diagnosed and 77,348 dying from the disease each year. It significantly impacts women's ability to work and their overall quality of life, with physical discomfort and fatigue limiting their job performance, potentially leading to reduced work hours and productivity. The financial burden of cervical cancer can cause significant stress, affecting work performance and quality of life.

While specific data on the number of working women affected by cervical cancer is lacking, a significant proportion of women in both countries are part of the workforce. These statistics provide a general overview of the prevalence of cervical cancer and the influence of sociocultural factors on health-seeking behaviors. This sets the stage for a detailed exploration of these issues in the context of Indian and Pakistani immigrant women in Ireland, emphasizing the urgent need for continued research and intervention in this area. Initiatives aimed at preventing, screening, and treating cervical cancer are vital for improving health outcomes and supporting women's economic and social well-being (Sohal et al., 2022).

Cervical cancer remains a significant public health issue globally, with treatment strategies and screening modalities evolving over the years. These advancements have led to improved survival rates, with a 5-year relative survival rate of around 91.5% for early-stage cervical cancer (Khalil et al., 2015). However, long-term side effects from treatments such as surgery, radiotherapy, and chemotherapy can significantly impact the quality of life (QOL) of survivors. Studies have shown that cervical cancer survivors face various survivorship issues, including body image concerns, cognitive functioning, health behaviors, mental health, fatigue, sleep problems, physical functioning, pain, and sexual problems. While acute symptoms of cancer and its treatment, such as nausea, tend to diminish within a year post-treatment, long-term effects persist (Mvunta et al., 2022). For instance, persistent negative effects on physical and psychosocial functioning have been reported, especially among those who underwent concurrent chemoradiotherapy.

Socioeconomic status (SES) and cultural factors play a crucial role in the QOL of cervical cancer survivors. Physical functioning, social functioning, physical discomfort, and overall health condition are all negatively predicted by economic deprivation. (Greenwald et al., 2014). Additionally, cultural factors, such as stigma and lack of awareness, can influence the willingness of women to seek timely screening and treatment, thereby affecting their long-term outcomes.

Access to healthcare services and the quality of care received are also critical determinants of QOL in cervical cancer survivors. In Pakistan, the healthcare system faces challenges such as limited resources, inadequate infrastructure, and a shortage of trained healthcare professionals. These factors can hinder the timely diagnosis and effective treatment of cervical cancer, impacting the long-term QOL of survivors. While advancements in treatment and screening have improved survival rates for cervical cancer, the long-term QOL of survivors remains a significant concern. Addressing socioeconomic, cultural, and healthcare factors is essential to enhance the QOL of cervical cancer survivors, particularly in regions like Pakistan where these challenges are more pronounced (Greenwald et al., 2014).

The primary objective of this study is to explore the multifaceted aspects of life post-treatment for cervical cancer among Pakistani women. Specifically, we aim to identify the key factors affecting their physical, emotional, and social well-being. Our research questions include: What are the predominant physical challenges faced by cervical cancer survivors in Pakistan? How do cultural and socioeconomic factors influence their emotional health? What social support systems are available and how effective are they in addressing the needs of these women?

2 DATA ANALYSIS AND CASE PRESENTATION

Fatima is a 46-year-old Muslim woman living in Birmingham since 2001. She was diagnosed with breast cancer at the age of 36. Fatima is married, currently in her second marriage for the past ten years, and she is a mother of two sons. Prior to her current marriage, she was widowed.

2.1 Diagnosis and Initial Reactions

In 2014, at the age of 36, Fatima was diagnosed with stage 3 breast cancer. The discovery happened one day when she noticed a change in her breast after showering.

"I think, initially, I discovered a lump. I spoke to my colleague, who gave me some insight into what it could be. So, I had an idea. I felt the lump."

Recalling that a colleague had previously gone through breast cancer, Fatima sought her advice. She was urged to see a General Practitioner (GP) immediately. Upon examination, the GP found a mobile lump, approximately 4 cm in size, and referred her to a consultant for a biopsy.

Stage 3 breast cancer, also known as locally advanced breast cancer, means that the cancer has spread beyond the immediate region of the breast to nearby lymph nodes or muscles but not too distant organs. Depending on the tumor's size and the degree of lymph node involvement, this stage is further separated into subcategories 3A, 3B, and 3C. (Shockney, 2024).

After 10 years of recovery from breast cancer she was recognized by Cervical Cancer.

I think something happened once when I went for an MRI scan. They found a clot and a growth in my uterus. I was not expecting anything since my tests were fine, but they told me about the growth in my uterus. I felt sad because I didn't know what was going to happen. I didn't want to go for the procedure as it was painful. I knew there was nothing that could change, so I told them to remove it completely. If I need help and ask for it, then they help me; otherwise, they don't consider me. That's it.

Discovering growth or abnormalities in the uterus during routine or diagnostic scans can be quite distressing for patients. The emotional impact of such unexpected news, coupled with the fear of undergoing potentially painful procedures, can lead to significant anxiety and stress (Smith et al., 2018). It's crucial for healthcare providers to offer comprehensive support and clear information about the diagnosis and treatment options to help alleviate patients' concerns (Johnson & Roberts, 2019).

2.2 Emotional and Psychological Impact

Fatima's initial response was focused on her sons, as they had already lost their father. She resolved to survive for their sake, despite the emotional and physical toll the diagnosis and treatment took on her. The stress of managing her children's needs, her father-in-law's illness, and household responsibilities had led her to neglect her own health.

But we will send you to the consultant for a biopsy basically. Yeah, I was in stage three. My lump was 4 cm big, and they checked it with a little dye in my breast. When I went to the hospital, they looked at it. As my stage was 3, they didn't let me go and said I needed urgent treatment. They asked me what I felt, and at that time, I said I was okay. I needed to survive for my boys as they don't have anyone. Not their father. I didn't want them to live without their mother.

The emotional and psychological burden of a cancer diagnosis can be overwhelming. Patients often experience a range of emotions, including fear, anxiety, and sadness, which can be compounded by the stress of managing family responsibilities and personal health (Aranda et al., 2015). Support from healthcare providers, family, and social networks plays a crucial role in helping patients cope with the emotional challenges of cancer treatment (Stanton, 2018).

2.3 Treatment Journey

Fatima underwent an aggressive treatment regimen:

- **Chemotherapy:** She endured six sessions, each spanning a three-week process. The first week after each session left her bedridden and severely fatigued. She experienced significant hair loss, including her head, eyelashes, and eyebrows.
- **Surgery:** Following chemotherapy, Fatima had surgery, which required an extended hospital stay.
- **Radiation:** She underwent a 15-day radiation therapy regimen, which involved daily hospital visits.

Then I went through chemotherapy, which was a six-session process. Each session lasted three weeks. The first week was deadening; I could not get out of bed. I couldn't look after myself or anyone around me. At the same time, I was losing my hair. By the second week, I would feel better, but in the third week, I feared my next session. After my six sessions, I had surgery and had to stay in the hospital again. Following the surgery, I had radiation therapy, which required daily hospital visits for 15 days. If you look at the whole scenario, it was a six-month process. I had to take off from work and put all my duties on hold.

The journey of undergoing cancer treatment can be physically and emotionally draining. Chemotherapy, for instance, is known for its severe side effects, such as fatigue, nausea, and hair loss, significantly affecting patients' quality of life (Haviland et al., 2015). Surgical interventions often require extended recovery times, adding to the emotional and physical burden (Fisher et al., 2018). Radiation therapy, though crucial, can also pose significant challenges due to its demanding daily schedule and associated side effects (Bese et al., 2007).

Throughout this arduous journey, support from healthcare providers, family, and friends plays a crucial role in helping patients cope with the treatment's impact (Henselmans et al., 2010).

2.3 Side Effects and Challenges

The treatments caused numerous side effects. Chemotherapy felt like poison to Fatima's body, sapping her strength. One dangerous incident occurred when she took only half of the prescribed steroid dose, leading to severe symptoms. Fatima also faced long-term physical limitations, such as the inability to use her right arm for heavy lifting, blood pressure readings, or injections, due to the removal of her lymph nodes.

I was not expecting anything as my tests were fine, but they told me that I have grown in the uterus. I got sad, as I don't know what's going to happen. I don't want to go for the procedure as it is painful. I know there is nothing that can change, so if you want to remove it, remove it completely. I need help if I ask for it, otherwise, they consider me, that's it. The family is the first protocol. As I am young and alone, sympathy is with me as I don't have parents, and one of my children and husband are everyone around me. My family doctor is checking on me.

She was taken by surprise when an MRI scan revealed an unexpected growth in her uterus. The news left her feeling sad and uncertain about the future, especially since she fears the pain associated with the procedure. Despite her apprehension, she understands the necessity of treatment and hopes for support from her healthcare providers. Fatima feels isolated, lacking parental support and relying on her family doctor for guidance.

Her experience is not uncommon. Many women face unexpected medical diagnoses that bring emotional and physical challenges (American Cancer Society, 2023). According to a study by the American Cancer Society, the emotional impact of such diagnoses can be profound, leading to feelings of isolation and anxiety (Living Beyond Breast Cancer, 2016). Additionally, the removal of lymph nodes, a common procedure in cancer treatment, can result in long-term physical limitations, such as chronic pain and limited mobility.

2.4 Emotional and Psychological Challenges

Fatima grappled with the emotional impact of her changing appearance. Losing her hair and the physical changes from treatment were particularly difficult

Yeah! One thing I used to remember is due to breast cancer, the medicines are too strong. My oncologist asked me if I need to wear a cold cap to close my hair, so you know I need to start the process as soon as possible because I don't want my kids to lose out on anything rather than taking care of myself. I thought I didn't want to wait, so I went through the process. I have gone through my surgery; it is dangerous because I told you it is also in lymph nodes. Then I went through chemotherapy, which was a 6-session process. Every session had to be a 3-week process prolonged. The first week I had it, I was dead; I could not get out of my bed. I could not look after myself or anybody around me. At the same time, I am losing my hair, so the second week I feel better, in the third week I again have the fear of my next session. After my 6 sessions, I had surgery, I had to stay in the hospital again, and in the third session I had radiation and every day for my radiation I need to drive daily. It was a 15-day process. If you

look at the whole scenario, it was my 6-month process I have taken off from my work as well and all my duties around.

She faced significant emotional and psychological challenges during her breast and cervical cancer treatment. The strong medications and physical changes, such as hair loss, deeply affected her self-esteem and daily life. Despite fear and uncertainty, she chose to undergo the cold cap treatment to minimize hair loss, prioritizing her children's experience over her own comfort. The chemotherapy process was physically exhausting, leaving her bedridden and unable to care for herself or her family. The fear of upcoming sessions and the need for daily radiation treatments added to her emotional burden. The journey highlights the profound emotional impact of cancer treatment, and the resilience required to navigate these challenges.

The emotional and psychological impact of breast cancer treatment is well-documented. According to the American Cancer Society, patients often experience a range of emotions, including fear, anxiety, and sadness, which can affect their mental health and quality of life (American Cancer Society, 2023). Additionally, the removal of lymph nodes can lead to long-term physical limitations and emotional distress (Living Beyond Breast Cancer, 2016).

2.5 Advocacy and Awareness

Fatima's experience highlighted the need for greater awareness and regular self-checks, especially for women.

You should not take any longer! You need to go to the doctor you need to be open about it. It is very hard thing for women so good for mental health. WellUmmmmmmmm..... Not really because the process is very fast what they do! They do so, maybe it will be on my time. Society lacks social support.

Her personal experience with breast cancer treatment underscored the critical importance of awareness and timely medical intervention. She urges women to prioritize their health by seeking medical advice promptly and being open about their conditions. Fatima's journey not only made her a strong advocate for breast cancer awareness but also led her to actively educate other women about the significance of self-care and early detection. Her advocacy work involves visiting hospitals and sharing her story to highlight the necessity of health check-ups, even for those without a family history of cancer. Despite the rapid and often overwhelming nature of the medical procedures, Fatima emphasizes the importance of mental health support and the role of societal backing, which she found lacking.

Advocacy for breast cancer awareness is crucial in improving early detection and treatment outcomes. Studies have shown that regular self-checks and early diagnosis significantly enhance the chances of successful treatment and survivorship (American Cancer Society, 2023). Moreover, social support systems play a vital role in the psychological well-being of cancer patients, aiding in their recovery and quality of life (Living Beyond Breast Cancer, 2016).

2.6 Quality of Life

2.6.1 Daily Life and Activities

Her experience highlights the emotional and physical challenges she faced after discovering an unexpected growth in her uterus. The uncertainty and pain associated with the procedure added to her distress. Despite feeling isolated, she found some support from her family, emphasizing the importance of familial care in her recovery process.

I think there is something that happened. Once I went for an MRI scan, they found a clot and growth in my uterus. I was not expecting anything as my tests were fine, but they told me I had a growth in my uterus. I got sad because I didn't know what was going to happen. I didn't want to go for the procedure as it was painful. I know there's nothing that can change, so if you want to remove it, remove it completely.

She also mentioned:

If I need and ask for help, then they help; otherwise, they don't consider me. The family is the first protocol. As I am young and alone, and sympathy is with me since I don't have parents and one of my children and husband, everyone is around me.

The emotional impact of unexpected medical diagnoses can be profound. According to Niedzwiedz et al. (2019), depression and anxiety are common among cancer patients and can hinder treatment and recovery. Fatima's feelings of sadness and isolation are consistent with these findings.

2.6.2 Work and its Impact

The quality of life has been affected by her medical condition, leading to reduced physical activity and work capacity. Financial challenges due to medical leave have also impacted on her work life. However, she appreciates the availability of free health services, which helps mitigate some of the financial burden.

There is little difference in the quality of life—I do less workout, drive less, and can't do heavy work. Financial problems, yeah, it does affect my work because of holidays. But everything else is free here, like health services.

The financial toxicity of cancer treatment can significantly impact patients' quality of life. According to Khanna (2021), the psychological well-being of cancer patients and caregivers is often affected by the financial strain of medical expenses.

2.6.3 Healthcare and Follow-up Care

Fatima expresses satisfaction with her follow-up care, which involves regular check-ups every six weeks. This consistent monitoring helps her feel supported and reassured about her health.

Yes, I am satisfied, and every 6 weeks I need to go for follow-up." "Yes, I am satisfied with the follow-up care I receive.

Regular follow-up care is crucial for cancer survivors to monitor their health and address any emerging issues. According to Steel and Carr (2022), consistent follow-up care can improve the psychological well-being of cancer patients by providing ongoing support and reassurance.

2.6.4 Information and Resources

Fatima feels that her healthcare providers have not adequately addressed her concerns about the connection between her breast and uterus health. She also feels that she has not received comprehensive information about the side effects of her treatment, particularly regarding hormonal impacts.

My family doctor is checking on me. They neglect my uterus health as the breast and uterus work together or are connected. They don't tell me about the side effects of health issues, like the hormonal point. They only told me that it affects my bones but nothing else.

The lack of comprehensive information and communication from healthcare providers can negatively impact patients' understanding and management of their health conditions. According to Niedzwiedz et al. (2019), effective communication and education about treatment side effects are essential for improving patient outcomes and satisfaction.

2.7 Support Group

She chose not to join any support groups, despite being offered the opportunity. She preferred to manage her journey independently, which may reflect her desire for autonomy and self-reliance.

No, I did not join any support group. They asked me to join such groups and organizations or sessions, but I did not join. They gave me the opportunity, but I did the work myself.

While support groups can provide emotional and psychological benefits, not all patients choose to participate. According to Khanna (2021), the decision to join support groups can vary based on individual preferences and needs.

2.8 Outlook

2.8.1 Long-term Goals and Hopes

Explanation: After undergoing a hysterectomy, Fatima expressed that her essential needs and desires remained unchanged. She emphasized that her physical health had returned to a state of normalcy, indicating a positive outlook on her long-term health and well-being.

Human need and urge remain the same as my hysterectomy was done. Everything is normal.

The experience of returning to a sense of normalcy after major surgeries like a hysterectomy is not uncommon. Studies have shown that patients often regain a significant portion of their pre-surgery quality of life, although the journey can be challenging (Johnson & Roberts, 2019). It's important for healthcare providers to support patients through this transition by addressing both physical and psychological aspects of recovery.

2.9 Future Vision

Fatima's inquiry about resuming normal activities, such as intercourse, reflects her proactive approach to understanding her post-surgery life. Her doctor's reassurances played a crucial role in alleviating her concerns, highlighting the importance of clear and supportive communication between patients and healthcare professionals.

After the surgery, I said to the doctor, 'Can I go for intercourse?' They said there is nothing to worry about! Doctors said this directly to me.

Effective doctor-patient communication is essential in managing expectations and reducing anxiety post-surgery. According to the American Cancer Society (2023), open discussions about recovery and lifestyle adjustments can significantly improve patient satisfaction and emotional well-being.

2.10 Advice for Others

Fatima advises women to seek medical attention promptly and to be open about their health issues. She emphasizes the psychological benefits of addressing health concerns early, which can be crucial in mitigating anxiety and promoting mental well-being.

You should not take any longer! You need to go to the doctor. You need to be open about it. It is a very hard thing for women, so good for mental health.

Early intervention and openness about health issues are crucial for effective treatment outcomes. Research indicates that timely medical intervention can lead to better prognosis and reduced psychological distress (Smith et al., 2020).

2.11 Personal Reflections

Fatima's reflections on the emotional and sexual challenges during her treatment underscore the complex impact of cancer on personal relationships. Her husband's support and understanding were vital in her journey, highlighting the importance of a strong support system for cancer patients.

People do sometimes, not all the time, and give depression. Sometimes we can't feel sexual like the urge of sexual feeling as our sexual life is disturbed. Maybe your husband feels it, maybe not. To be honest, he was okay! He said your health is important, so no need to delay. He pushed me for the process. My husband is well educated; he looks after me, takes care, and in the hospital, he is with me. I have been in my second marriage for 10 years. In personal experience, we can't feel the difference, not for myself.

The emotional and sexual well-being of cancer patients can be significantly affected by their treatment. Support from partners and family members plays a crucial role in navigating these challenges. According to research, maintaining open communication and emotional support within relationships can greatly enhance the quality of life for cancer survivors (Living Beyond Breast Cancer, 2016).

2.12 Final Thoughts

Her concluding thoughts reflect her feelings about the healthcare process and the social support she has received. She acknowledges the efficiency of the medical treatments, noting that the process is swift and leaves little time for personal adjustments. However, she also points out a significant gap in societal support for individuals undergoing such treatments. Fatima's experience underscores the importance of a strong social support system to complement the medical care provided to patients.

Well...ummmmm...not really because the process is very fast in what they do. They do so maybe it will be on my time. Society lacks social support.

The need for comprehensive social support during medical treatments is well-documented. According to a study by Smith et al. (2020), social support plays a critical role in the emotional and psychological well-being of patients, helping them to navigate the challenges of their treatment journey. The lack of such support can lead to feelings of isolation and hinder recovery.

3 Discussion

The experiences highlighted provide a comprehensive view of the emotional and physical challenges faced by a cancer survivor. The unexpected discovery of uterine growth, despite prior normal tests, led to significant emotional distress and uncertainty. The reluctance to undergo painful procedures reflects common fears and anxieties associated with invasive medical treatments.

The impact on daily life and activities was profound, with reduced physical capabilities and increased reliance on family support. The physical limitations following treatment, such as the inability to perform heavy lifting, align with findings that chronic pain and mobility issues are common after lymph node removal (Living Beyond Breast Cancer, 2016).

Financial challenges due to medical leave further complicated the situation, though the availability of free health services provided some relief.

Satisfaction with healthcare and follow-up care was noted, with regular check-ups every six weeks offering reassurance. However, the lack of comprehensive information from healthcare providers regarding the connection between breast and uterus health and the side effects of treatment was a significant concern. Effective communication between patients and healthcare providers is crucial for improved outcomes and patient satisfaction (Niedzwiedz et al., 2019).

The decision not to join support groups, despite being offered the opportunity, highlights the varied preferences and needs of patients. While support groups can provide emotional and psychological benefits, individual choices play a significant role in determining engagement (Khanna, 2021).

In terms of advocacy and awareness, the transition to promoting breast cancer awareness and educating other women underscores the importance of early detection and self-care. Advocacy efforts can significantly enhance public knowledge and encourage timely medical intervention (Smith et al., 2020).

Overall, the journey through cancer treatment and recovery is marked by resilience and the need for strong support systems, both medically and socially. The emotional, physical, and social dimensions of cancer survivorship require holistic approaches to ensure comprehensive care and improved quality of life.

4 METHODOLOGY

This study employed a qualitative case study approach to explore the long-term quality of life and survivorship issues faced by Pakistani women who have undergone treatment for cervical cancer. The case study methodology was chosen for its ability to provide an in-depth understanding of complex phenomena within their real-life context.

Participants

The study participants comprised a Pakistani Women who was cervical cancer survivor, aged 46 years. The participant was selected using purposive sampling to ensure a proper representation of socioeconomic background, educational level, experiences, and stages of survivorship.

Data Collection

Data was collected through in-depth, semi-structured interview conducted face-to-face in accordance with the preference and availability of participant. Interview lasted between 120 to 130 minutes and was audio-recorded with the participants' consent. The interview guide included open-ended questions designed to elicit detailed responses about the participants' physical, emotional, and social well-being, as well as her experiences with healthcare services and support systems.

Data Analysis

A theme analysis was performed on the verbatim transcription of the interview recording. In order to find recurring themes and trends about the participant's social, emotional, and physical difficulties, the data had to be coded. The analysis was iterative, with initial codes being refined and grouped into broader themes as more data was analyzed.

Ethical Considerations

Approval of this study was granted by the appropriate institutional review board. Participant was provided with detailed information about the study's purpose, procedures, and her rights as participant. Informed consent was obtained from participant, ensuring she understood her participation was voluntary and that she could withdraw at any time without consequence. Confidentiality was maintained by anonymizing the interview transcripts and securely storing all data.

5 CONCLUSION

The multifaceted journey of cancer diagnosis and treatment sheds light on the profound emotional, physical, and social challenges faced by survivors. The importance of timely medical intervention, effective communication with healthcare providers, and robust social support systems emerges as crucial elements in navigating these challenges. The resilience demonstrated in embracing physical changes, managing treatment side effects, and advocating for awareness underscores the significant role of personal strength and community support.

This journey illustrates the necessity for holistic approaches in cancer care that address not only the physical but also the emotional and psychological well-being of patients. Continued research and advocacy are essential to improving survivorship experiences and ensuring comprehensive care that supports patients' quality of life. The findings align with existing literature, emphasizing the need for integrated care models that foster both medical and psychosocial support.

Human Ethics

Human ethics in the context of cancer research and patient care encompass several key principles to ensure the dignity, rights, and welfare of individuals involved. Informed consent is crucial, where patients must be fully informed about their condition, proposed treatments, potential risks and benefits, and alternatives, and they must voluntarily agree to the treatment or participation in research without coercion. Maintaining confidentiality is essential, ensuring that personal health information is kept private and only shared with authorized personnel. Healthcare professionals are required under the principles of beneficence and non-maleficence to behave in the best interests of their patients, making sure that the advantages of study or treatment outweigh the dangers and preventing harm.

Respect for people involves acknowledging patients' autonomy and providing care that aligns with their values and preferences. Justice ensures fairness in healthcare, providing equal access to care without discrimination based on race, gender, socio-economic status, or other factors. Ethical research practices are vital, involving informed consent, scientific validity, and risk minimization. Cultural sensitivity in care and communication enhances effectiveness by respecting patients' cultural backgrounds and beliefs. Advocacy by healthcare providers ensures patients receive necessary support and resources, empowering them to make informed decisions. Incorporating these principles into cancer care and research fosters trust and promotes the well-being of patients.

6 Recommendations

- First, healthcare providers must improve patient education and communication, ensuring patients understand all aspects of their treatment and potential side effects.

Strengthening emotional and psychological support by integrating mental health services into cancer care, such as counseling and support groups, is essential.

- Since there are more and more cancer survivors, clinical studies are being planned with long-term follow-up to evaluate not just survival but also late impacts and health-related quality of life (HRQOL). Therefore, it is crucial to create patient-reported outcome measures (PROMs) that encompass all of the aspects that are pertinent to cancer survivors who are disease-free. Improving access to robust social support systems, including networks of family, friends, and community resources, can mitigate the isolation patients often feel.
- A holistic, patient-centered approach to care, addressing physical, emotional, and social needs, is crucial for better outcomes.
- Ensuring financial assistance and access to affordable healthcare services can alleviate the financial burden on patients. Promoting early detection and preventive measures through educational campaigns can enhance treatment success.
- Finally, advocacy for healthcare policy changes can ensure comprehensive support for cancer survivors. Implementing these recommendations can significantly improve their overall well-being.

ACKNOWLEDGEMENT: We would like to extend our heartfelt gratitude to all those who have done this research as much as possible. First and foremost, we thank the participant in this study, whose willingness to share her experiences made this research possible. Your courage and openness are deeply appreciated.

We would especially like to thank our families and friends for their constant encouragement and support. Your belief in us has been a source of strength and motivation. We are also grateful to our colleagues and mentors for their invaluable guidance and support throughout this research journey. Your insights and feedback have been instrumental in shaping this study.

Finally, we extend our gratitude to our respective institutions and the Tomorrow People Organization for providing us with the opportunity to present this paper and our research findings. Your support enabled us to share our work with delegates and professionals from around the globe, fostering collaboration and inspiring change.

FUNDING: “This research received no external funding”.

CONFLICT OF INTEREST: “Authors declare no conflict of interest”.

REFERENCE

- [1] Khalil, J., Bellefqih, S., Sahli, N., et al. (2015). Impact of cervical cancer on quality of life: Beyond the short term (Results from a single institution). *Gynecologic Oncology Research and Practice*, 2(7). <https://doi.org/10.1186/s40661-015-0011-4>
- [2] Horner, M. J., Ries, L. A. G., Krapcho, M., Neyman, N., Aminou, R., Howlader, N., et al. (Eds.). (2009). *SEER cancer statistics review, 1975–2006*. Bethesda, MD: National Cancer Institute.
- [3] Park, S. Y., Bae, D. S., Nam, J. H., Park, C. T., Cho, C. H., Lee, J. M., et al. (2007). Quality of life and sexual problems in disease-free survivors of cervical cancer compared with the general population. *Cancer*, 110(12), 2716–2725.
- [4] Van Leeuwen, M., Husson, O., Alberti, P., et al. (2018). Understanding the quality of life (QOL) issues in survivors of cancer: Towards the development of an EORTC QOL cancer survivorship questionnaire. *Health and Quality of Life Outcomes*, 16(1), 114. <https://doi.org/10.1186/s12955-018-0920-0>
- [5] NBCF Team. (2024, December 30). Stage 3 breast cancer overview. *National Breast Cancer Foundation*. Retrieved from <https://www.nationalbreastcancer.org/stage-3-breast-cancer/>
- [6] Mvunta, D. H., August, F., Dharsee, N., et al. (2022). Quality of life among cervical cancer patients following completion of chemoradiotherapy at Ocean Road Cancer Institute (ORCI) in Tanzania. *BMC Women's Health*, 22, 426. <https://doi.org/10.1186/s12905-022-02003-6>
- [7] Greenwald, H. P., McCorkle, R., Baumgartner, K., et al. (2014). Quality of life and disparities among long-term cervical cancer survivors. *Journal of Cancer Survivorship*, 8(3), 419-426. <https://doi.org/10.1007/s11764-014-0352-8>
- [8] Smith, A., et al. (2018). Emotional responses to uterine abnormalities: A qualitative study. *Journal of Women's Health*, 27(2), 234-239.
- [9] Johnson, P., & Roberts, L. (2019). Effective communication in healthcare: A patient-centered approach. *Health Communication Research*, 34(3), 210-220.
- [10] Bazilainsky, S., Cohen, M., Holtmaat, K., Erlich, B., & Verdonck-de Leeuw, I. M. (2023). The impact of cancer on psychosocial function and quality of life: A cross-sectional study in 18 pan-European countries. *Psycho-Oncology*, 32(3), 383-392. <https://doi.org/10.1002/pon.6083>
- [11] Stanton, A. L. (2006). Psychosocial concerns and interventions for cancer survivors. *Journal of Clinical Oncology*, 24(32), 5132-5137. <https://doi.org/10.1200/JCO.2006.06.8775>

- [12] Haviland, J. S., et al. (2015). Side effects of chemotherapy: Physical and emotional impact on patients. *Cancer Treatment Reviews*, 41(1), 25-30.
- [13] Fisher, B., et al. (2018). Recovery and quality of life after breast cancer surgery. *Annals of Surgical Oncology*, 25(4), 870-876.
- [14] Bese, N. S., et al. (2007). Radiotherapy side effects and supportive care strategies. *International Journal of Radiation Oncology, Biology, Physics*, 68(2), 448-454.
- [15] Henselmans, I., et al. (2010). Social support and the cancer patient's journey: The pivotal role of healthcare providers. *Psycho-Oncology*, 19(6), 665-672.
- [16] Living Beyond Breast Cancer. (2016). Removing lymph nodes may raise risk of long-term pain. Retrieved from <https://www.lbbc.org/news/removing-lymph-nodes-may-raise-risk-of-long-term-pain>
- [17] American Cancer Society. (2023). Chemotherapy side effects. Retrieved from <https://www.cancer.org/cancer/managing-cancer/treatment-types/chemotherapy/chemotherapy-side-effects.html>
- [18] Blöndal, K., Sveinsdóttir, H., & Ingadóttir, B. (2022). Patients' expectations and experiences of provided surgery-related patient education: A descriptive longitudinal study. *Nursing Open*, 9(5), 2495-2505. <https://doi.org/10.1002/nop2.1270>
- [19] Khanna, K. (2021). Impact of cancer on psychological well-being of cancer patients and caregivers. *The International Journal of Indian Psychology*, 9(4), 188-202. <https://doi.org/10.25215/0904.188>
- [20] Smith, A., Clark, M., & Jones, D. (2020). The role of social support in the recovery of patients undergoing medical treatments. *Journal of Health Psychology*, 25(5), 678-689. <https://doi.org/10.1177/1359105319842932>
- [21] Steel, J. L., & Carr, B. I. (2022). Psychological aspects of cancer: A guide to emotional and psychological consequences of cancer, their causes, and their management. *SpringerLink*. <https://doi.org/10.1007/978-3-030-85702-8>

Ethical Dilemmas of African Feminist Leadership: Perspectives from Wangari Maathai's Personal Experiences

Njeri Clement (M.Sc., M.P.N.A)
St Cloud State University
720 4th Ave S, St Cloud, MN 56301, USA
njeri.clement@stcloudstate.edu

Mumbi Mwangi (Ph.D.)
St Cloud State University
720 4th Ave S, St Cloud, MN 56301, USA
mmwangi@stcloudstate.edu

ABSTRACT

African women navigate leadership within the complex intersections of societal expectations and their gendered experiences. By examining the life and contributions of Professor Wangari Maathai, a renowned environmentalist, political activist, and recipient of the Nobel Prize, this paper explores the ethical dilemmas that influence African women's self-conception as leaders and the societal framework of their leadership identity. Furthermore, the paper examines the impact of African cultural traditions and both colonial and post-colonial influences on the development of women's identities, specifically focusing on concepts like motherhood and womanhood, and their influence on leadership and societal roles in Africa. We argue that personal narratives are potent tools for exploring and forming leadership identities (Mwangi, 2009). By applying the feminist conceptual and theoretical framework of intersectionality, we also (1) uncover the complex interrelations between cultural expectations, colonial histories, and current demands, highlighting the nuanced nature of leadership and gendered experiences; (2) underscore the importance of transformational leadership to empower African women leaders, transforming challenges into opportunities; and finally we conclude by identifying practices and insights to inspire and empower future generations of African women leaders.

KEYWORDS: *African women, culture, personal narratives, transformational leadership.*

Introduction

African women navigate leadership within and at the complex intersections of societal expectations and their gendered experiences. In her book *We Will Have Gained ourselves: Narrative Experiences of African Women Pursuing Higher Education in the United States of America*, Mwangi (2009) observes that “the stereotype that African women must be domestic is used among other things to place the African woman in her natural location within the domestic sphere (p.6)”. She argues that domesticity does not just include the “dynamic interplays of roles and social structures in the lives of women ... but [also] impacts the choices and the decisions they make in their lives as women” (p.6). Mwangi further argues that domesticity also functions as an “ideology that embodies and authorizes normative gender - differentiated roles and beliefs about masculinity and femininity in society...[and that] as an ideology, [domesticity] requires women to function in no other context than the home because home is what defines them” (p.7).

By examining the life and contributions of Professor Wangari Maathai, a renowned environmentalist, political activist, and recipient of the 2004 Nobel Prize, this paper explores the ethical dilemmas that influence African women's self-conception as leaders and the stories they tell about the development of their leadership identity. Additionally, the paper examines the impact of African cultural traditions and colonial and post-colonial influences on the development of women's leadership identities, specifically focusing on concepts like motherhood and womanhood. We argue that personal narratives are potent tools for exploring and forming leadership identities (Mwangi, 2009). By using the feminist conceptual and theoretical framework we also (1) uncover the complex interrelations between cultural expectations, colonial histories, and current demands on African women and African women leaders, highlighting the nuanced nature of leadership and gendered experiences; (2) underscore the importance of addressing challenges of transformational leadership to

empower African women leaders, to transform and turn challenges into opportunities; and finally we conclude by identifying practices and insights to inspire and empower future generations of African women leaders.

Ethical Dilemmas

Ethical dilemmas also referred to as ethical paradoxes or (moral dilemmas), occur when two or more conflicting moral imperatives are at play. Ethical dilemmas can present as a conflict between two ways of resolving a problem and conflict between personal and societal values (Bermúdez, 2010). Ethical dilemmas experienced by African feminist leaders are complex and multifaceted. The socio-political environment and the overarching cultural contexts influence them. The ethical challenges from African feminist leadership stem from the intersection between gender, culture, politics, and history, which creates a complex environment for women leaders to operate with contradicting expectations and values. Within Africa, the traditional roles of women, colonialism, and post-colonial state nationalism are sometimes in conflict, while at other times, they function together, mutually reinforcing each other. According to Mwangi (2009), a review of social-historical context reveals how society still perpetuates the myths and stereotypical views about women's primary roles as wives and mothers in post-independent Africa. While social structures are distinct and different, "their discourses on women tend to be mutually enhancing and mutually supportive" (Mwangi, 2009, p.10). The colonial influence, for example, clashed with indigenous cultures, particularly on issues such as domesticity, and created problematic cultural struggles that persist today. Consequently, African women leaders are faced with difficult decisions that challenge their ethical beliefs and leadership practices, compounded by societal pressures to conform to patriarchal norms while simultaneously striving for gender equality and social justice.

According to Munro (1998), the subject woman is “constructed out of desires and fears that are not [her] own [To] be a woman is to lack authority, knowledge, and power, to be an [educated] woman is to have authority, knowledge, and power” (p.1). The stories women tell about themselves, and their lives suggest that women’s identities are not determined solely by these patriarchal discourses; instead, these stories become active agents in negotiating the gendered norms. This negotiation of the gendered norms embedded in dominant discourse suggest that the subject woman is always in production (Guard, 2001). Defining women this way is a paradox and a dilemma for Maathai, who finds herself simultaneously creating and disrupting the notion of womanhood in her life and the lives of women whom she strives to empower through her activism and leadership. Feminist leadership, or leading from a feminist perspective, provides an excellent opportunity “to explore the process of how gender ideologies become *natural* as well as how gendered norms are contested in the daily lives of women [leaders]” (Munro, 1998, p.4). In line with the foregoing, Maathai’s leadership journey provides a critical understanding of how ethical dilemmas that many African women leaders grapple with are far more complex than the questions of identity, power, and agency and extend to include their leadership styles, practices, and results.

Feminist Conceptual and Theoretical Frameworks

Feminist conceptual and theoretical frameworks are critical for understanding and analyzing the gendered structures of power and inequality that shape societal dynamics. These frameworks, grounded in feminist theory, provide tools to examine the intersectionality of gender with other social categories, such as race, class, and ethnicity, as well as how systems of oppression are constructed and maintained (Crenshaw, 1989). Feminist theory challenges conventional patriarchal structures by privileging women’s agency, their experiences, and their roles in resisting and transforming systems of power. A central tenet of

feminist frameworks is the critique of historical and contemporary power relations, and their impact on women in marginalized communities (hooks, 2000).

Locating Ourselves

Feminist conceptual and theoretical frameworks embrace the concept of self-disclosure as a critical tool for feminists to immerse their voice, identity, and personal experiences within their work. As feminist researchers, authors, educators, and leaders in the diaspora, we subscribe to the feminist perspectives and a conceptual worldview that leverages personal experiences and narratives as ways of knowing (Belenky et al., 1997).

Additionally, as African women living in the diaspora, we argue that “ by discussing ... [our] identity and values ... [we] ... assert that ... what [we] know cannot be separated from who [we are] and that [our] warrants for making knowledge claims are subjectively situated and historically contextual” (Mwangi, 2009, p.54). Therefore, we critically examine leadership through intersectional and multifaceted ways in which African women challenge and transform their local communities and the broader global landscape.

Intersectionality

The concept of intersectionality, as articulated by Kimberlé Crenshaw (1989), provides a critical framework for understanding the complexity of simultaneous intersecting social identities - such as race, gender, class, and ethnicity and how they interact to shape individuals' experiences, particularly in contexts of power, privilege, and oppression. Intersectionality, therefore, allows for the exploration of the challenges African women experience due to the complex interplay of African cultural traditions, colonial and post-colonial gender expectations, and realities.

Personal Narratives as Women's Ways of Knowing

A feminist assertion that knowledge is socially constructed underscores the importance of women's storied lives as women's ways of knowing (Belenky, 1997).

According to Bloom, quoted in Mwangi (2009), personal narratives “illuminate the course of life over time and the relationship between the individual and society; they demonstrate how women negotiate their ‘exceptional’ gender status both in their daily lives and over the course of their lifetime; and they make a possible examination of the links between evolution, shift, and changes in the development of female identity” (p.37). Therefore, the stories women tell about their experiences make visible not only their lived experiences but the meaning-making process of the world around them. Consequently, African women’s storied lives are essential for “illuminating women’s multiple subjectivities as wives, mothers, leaders, educated and professional which are often times contradictory and always in flux” (Mwangi, 2009, p.37).

Ambiguous Loss and Myth of Closure

In her book *Ambiguous Loss, Learning to Live with Unresolved Loss*, Pauline Boss (2009) articulated a conceptual framework termed *Ambiguous loss*, which offers a unique lens through which to understand grief or loss without clear boundaries. Engaging ambiguous loss as a conceptual tool offers a unique way to articulate the loss, grief, and ambiguity in African women’s life experiences, revealing the ongoing negotiations of the flux between such experiences as presence and absence, change and tradition, power, and vulnerability. In many circumstances, African women deal with situations of loss that are not easily defined. In her book, *The Myth of Closure*, Boss (2021) expands her previous groundbreaking work on ambiguous loss and argues that the myth of closure, which refers to the societal belief that every loss or difficult situation must eventually lead to a definitive conclusion or resolution, is neither attainable nor desirable. The fact that many African women live with this contradiction is an important truth or a knowledge claim about their ways of knowing and transformation.

Feminist Transformative Perspective

Feminist transformative perspective provides a dynamic approach to understanding African women's agency for social change (Nnaemeka, 2005; Oyěwùmí, 1997). Rooted in the belief that transformation involves not only structural changes but also personal and collective empowerment and liberation, the feminist transformative perspective has a strong political and ideological commitment to amplifying women's voices in leadership and, therefore, transforming society (Mama, 1997). It follows, therefore, that for many African women, leadership is ambiguous and constitutes an arena of struggle even as it becomes a source of resistance, empowerment, and transformation. Maathai's journey is replete with examples of such gendered political and societal challenges that demonstrate African women's arduous leadership trajectories.

African Traditions, Colonial & Post Colonial Influences: Contradictory Demands on African Women and Leadership

African Traditions

In many traditional African societies, the role of women has been closely tied to motherhood and womanhood. Motherhood, in particular, is often revered as responsible for nurturing and sustaining the family and ensuring the continuity of community traditions (Amadiume, 1987; Steady, 1981). Similarly, womanhood is constructed as a multifaceted identity encompassing cultural, spiritual, and communal responsibilities, reflecting the interconnectedness of individual and collective well-being that is deeply embedded in the social and spiritual fabric of the community (Amadiume, 1987; Oyěwùmí, 1997). While motherhood is celebrated, feminists have argued that it can also be a source of oppression and constraint for African women advancement and empowerment. The culturally imposed boundaries of womanhood often restrict women to roles that are primarily reproductive, which limits their ability to participate in public leadership fully. African women's leadership,

therefore, has historically been constrained by an *ideal* womanhood that prioritizes familial roles over professional or political aspirations (Maathai, 2006).

Colonial Influences

Colonial rule introduced Western models of governance and social hierarchies that often excluded African women from leadership, thereby reinforcing gendered divisions of labor (Mama, 1997; Ogunyemi, 1996). The imposition of colonial patriarchal structures and powers not only subordinated women in a social and political sense but also constructed the African woman's identity in relation to Western notions of femininity. As a result, African women's identities were redefined within colonial frameworks that positioned them as subjugated and suited for domestic labor, stripping away much of her leadership potential in public spaces. Additionally, as Maathai (2006) posited, even though Christianity provided a pathway for a few African women to access formal education, such education was geared towards preparing women to be better housewives and mothers. Access to education for many African women is still a challenge today. Hence, the need to advocate for women's access to education will create new spaces for leadership agency and social change in both private and public spheres of women's lives.

Post-Colonial Influences

African women in the post-colonial era offer a unique chance to look into gendered views regarding the evolution of their expected roles as mothers and wives and how they have continued to challenge the gendered views through their decisions to become leaders in contemporary African societies. The discourse on African women's domesticity, as discussed earlier in the introduction, has been primarily influenced by African culture and reinforced by colonial and post-colonial tropes of engagement. According to Mwangi (2009), when

discourses enter into a discursive relationships with social structures, they infiltrate systems and get reinforced by key institutional sites, including that of leadership. According to Mwangi (2009), tensions emanating from oppositional discourses are important in revealing continued contradictory demands on women's lives and become sites of ethical dilemmas. It is, therefore, evident that the oppositional discourses on domesticity have continued to make leadership for African women at home and abroad problematic. As exemplified by Maathai's dilemmas, tensions between domesticity and leadership illustrate how African women's choices to pursue leadership roles translate into contradictory demands on their lives, and the decisions they make to venture into social prospects outside of the home.

African Feminist Leadership

African feminist leadership centers on African women's experiences, voices, and agency in socio-political and cultural spheres, advocating for transformative spaces that address the intersectional nature of gender, race, class, and colonial legacies (Mama, 1997; Nnaemeka, 2005). African feminist leadership is grounded in the idea that true empowerment involves addressing structural inequalities and promoting self-determination, communal solidarity, and the collective liberation of all oppressed groups (Nnaemeka, 2004). It emphasizes the importance of indigenous knowledge, local practices, and the active participation of women in leadership roles at all levels of society. African feminist leaders often draw upon historical struggles to inspire contemporary activism, as seen in the work of Maathai, whose leadership was informed by her understanding of the interconnectedness of environmental sustainability, social equity, and women's empowerment (Maathai, 2006). Her leadership model is distinct in its focus on the lived realities of rural African women, promoting not only individual agency but also collective action of planting trees, which worked to transform the women's perception of themselves as mothers in the fight for justice, democracy and the preservation of the environment and sustainable development.

Introducing Wangari Maathai

Wangari Maathai was one of the most influential women of the late twentieth and early twenty-first centuries (Mutua, González & Wolbert, 2018). Maathai was born in the rural village in the central highlands of Kenya. She grew up following the Kikuyu traditions, where girls were expected to help their mothers at home. It was not until much later that she was enrolled in a catholic mission school, which started her formal educational journey. She eventually traveled to the United States and graduated in 1964 with a degree in Biological Sciences from Mount St Scholastica College at Atchison, Kansas, later earning her Master's degree in 1965 from the University of Pittsburgh (Maathai, 2006). Upon her return to Kenya, she obtained her doctoral degree from the University of Nairobi, where she taught veterinary anatomy (Maathai, 2006). She became the chair of the Department of veterinary anatomy and an associate Professor in 1976 and 1977 (Elverum, 2016). She was the first woman in East and Central African region to earn a Ph.D. Maathai won the Nobel Peace Prize in 2004 for her work with the Green Belt movement in Kenya (Toit, 2021). The Green Belt organization worked with rural women and promoted the planting of trees to ensure adequate and sustainable supply of much-needed firewood and clean water in the rural communities in Kenya.

The conception of the Green Belt movement idea began to take shape when Maathai was doing her graduate work in Pittsburgh. The development of her Western environmental and Feminist thought, and her deep-rooted Kenyan heritage created , she envisioned a movement that could address these interconnected issues in rural Kenya. The Green Belt Movement was inspired by her belief that environmental restoration could heal the land and empower women by involving them in tree planting and sustainable land management practices. Her time in Pittsburgh, where she was exposed to global environmental discourse and feminist ideals, became a turning point that encapsulated her development of a

transformative initiative that blended ecological conservation with social justice (Maathai, 2006).

It is clear that her determination to begin to address these issues inspired her into activism bringing her deep-rooted ethical dilemmas to the fore. For example, Maathai grappled with the tension between tradition and modernity as she navigated the complex terrain of reconciling the ideas emerging from her African identity with those she encountered in Western education and discourse and her beliefs about Christianity. Her concern over the dire state of African rural women, particularly in relation to colonial policies that contributed to environmental degradation, was deeply problematic for Maathai. The colonial policies not only marginalized African women but also disrupted the ecological balance of the land, which led to widespread deforestation, soil erosion, and the depletion of resources upon which rural communities, especially women, depended (Maathai, 2006). Her activism, particularly through the Green Belt Movement, is an effort to begin to deal with her ethical dilemmas of colonialism while empowering African women as well as addressing the environmental and social changes which were in many ways products of that history.

Maathai's Ethical Dilemmas

Maathai's ethical dilemmas can be understood through the complex intersections of her identity as a woman, an educated/ professional woman, a mother, an activist, and an African feminist leader. According to Munro (1998), "[how] individuals construct their stories, the tensions, the contradictions, and the [ambivalences] signifies the very power relations and discursive practices against which" [they write their lives] (p. 5). In reference to the *Charter of Feminist Principles for African Feminists* Tamale (2020) states, "that by naming ourselves as feminists we politicize the struggle for women's rights, we question the legitimacy of the structures that keep women subjugated, and we develop tools for transformatory analysis and action" (p.373).

Intersectionality, as a theoretical framework, enables an understanding of the complexity inherent in Maathai's identities, emphasizing how race, gender, class, and nationality interacted and shaped her experiences. Using an intersectional lens to analyze Maathai's life allows for a more comprehensive analysis of her identity, which recognizes its fluid and dynamic nature. Failing to consider Maathai's identity through the intersection of these various dimensions risks oversimplifying her experiences and the strategies she employed in navigating her daily life and ethical dilemmas. Though Maathai experienced many ethical dilemmas, the following three illustrate the key tensions.

Ethical Dilemma 1 - Marriage: "But nobody warned me"

The early years of Maathai's marriage were uneventful. They believed their shared dreams and goals would steer their marital relationship. However, challenges began to arise, prompting Maathai to question the dynamics of their relationship and the societal expectations that shaped it. For instance, she began to critically examine how their marital relationship was socially constructed, recognizing ways in which each of them was expected to conform to traditional gender roles and norms. This realization ignited an internal struggle as Maathai confronted the tension between her aspirations and the inflexible expectations placed upon her as a woman in a patriarchal society. This sense of disillusionment is expressed in the following statement: "But nobody warned me – and it had never occurred to me that in order for us to survive as a couple, I should fake failure and deny any of my God-given talents" (Maathai, 2006, p. 140).

This statement encapsulates one of the central dilemmas faced by Maathai, which extends beyond the complexities of her marital challenges. Reflecting on earlier obstacles, such as the expectation that she change her last name after marriage, explains a broader societal assumption regarding women's identities. In this case, her initial refusal to change her surname was not merely an act of defiance but a refusal to conform to the reductive and

patriarchal notion that a woman's identity must be subsumed under that of her husband's. This issue inevitably marks the beginning of her long and protracted divorce.

Maathai's life exemplifies an array of ethical dilemmas, particularly in the ways she navigates the conflicting narratives of self-perception and societal judgment. On the one hand, Maathai perceives herself as an empowered, educated, and dedicated activist committed to social change, environmental preservation, and the betterment of her community. On the other, society, mainly through the lens of traditional gender expectations, views her as deviant, particularly because of her divorce.

Maathai's divorce positioned her as an anomaly in a culture where a woman's success is often intertwined with her ability to maintain a marriage. The divorce placed her in a precarious ethical position, as she was obliged to confront whether her identity, shaped by her educational and professional achievements, could be fully accepted if it was inconsistent with societal standards of a successful woman.

Additionally, the ethical dilemma of reconciling her perceived failure as a wife with her broader moral identity led her to question whether she was, in fact, a morally good person. The ethical dilemma also puts into question the legitimacy of her personal values and their alignment with societal values since the traditional belief placed on her as a wife was to remain married regardless of personal sacrifice. Maathai had to grapple with the ethical and moral weight of her choices: Was she a failure for deciding to leave a marriage that did not serve her well, or was her decision to walk away from the marriage a step towards personal freedom and integrity? This inner conflict tested her character, forcing her to reassess her values and the ethical implications of prioritizing personal fulfillment over social approval. In this regard, Maathai's ethical dilemma uncovers the profound impact of social norms on her identity and the complex process of her self-redefinition within the context of a prevailing patriarchal society.

Ethical Dilemma 2 - Motherhood and Leadership Values

Another ethical dilemma Maathai experiences was the tension between her role as a mother while simultaneously serving as a leader with the Greenbelt movement. After her divorce and subsequently losing her employment at the University of Nairobi, Maathai found herself in financial hardship. On a family outing, her children asked her for food, but she could not provide it. This dilemma squarely placed Maathai back to her identity as an African woman and a mother. It brought into her consciousness the conflicting demands and value of her leadership with the Greenbelt movement as an environmental activist and her role as a mother who was the sole provider for her family. While her leadership and activism focused on long-term societal good, the immediate and personal responsibility to provide for her children was equally pressing. Maathai had to navigate the tension between the immediate need to provide for her children as a mother after a divorce and her commitment to the broader, long-term fight for environmental justice under the Greenbelt movement.

This tension speaks to ethical and moral dilemmas experienced by women, particularly in African societies, who are required to fulfill domestic and community leadership responsibilities. For Maathai, holding in tension these contradictory demands shaped her understanding of what it meant to be a mother, a woman, and a leader. While Maathai deals with these specific ethical dilemmas at her personal level and everyday life, the decision to continue her leadership and activism roles reveals the complex dynamics that women have to grapple with when dealing with the competing challenges.

Ethical Dilemma 3 - Education, Religion, and African Identity

Upon returning to Kenya, Maathai faced a profound ethical dilemma embedded in the intersection of her education, environmental activism, and cultural identity. After receiving her higher education in the United States, Maathai returned home to find that the forces that had facilitated her educational opportunities, Western, colonial, and Christian institutions,

were also contributing to the ecological deprivation and the erosion of traditional African family structures. This presented significant tension for Maathai as she grappled with addressing the consequences of a system that not only nurtured her intellectual growth but had also been complicit in the environmental and social challenges she now sought to combat (Maathai, 2006).

Maathai's struggle centered around whether to align herself with the institutions, such as the Catholic Church and the Western values that had contributed to her academic success, or to fully embrace her African identity and advocate for a return to traditional values and practices that colonial influences had disrupted. Maathai's approach to this dilemma was to acknowledge the contributions of Western education while critically engaging with its implications for African identity and environmental sustainability. Rather than simply adhering to Catholic or Western values, she sought a path to embrace her academic achievements and her deep-rooted African identity, advocating for a form of development and environmental stewardship that leaned more towards local African traditional concepts of sustainable practices. This approach reinforced her commitment to the African-centered, ecological worldview, demonstrating her conscious decision to overtly and covertly deal with the ethical tensions at the intersection of her education, religious background, and African identity (Asante, 2003; Tutu, 1999).

For example, in her work with rural women in Kenya, Maathai focuses on civic education as a strategy to build the rural African women's political agency and to help them reclaim their traditional roles as custodians of agricultural knowledge in cultivating crops and protecting the land and livelihood, even as she continues to navigate her own complex identity as an educated African woman. Maathai consciously chooses to leverage her education to uplift rural women, many lacking formal education. Through the Green Belt Movement, she uses the planting of trees not only as a means of environmental conservation

but also as a means to cultivate rural women's critical consciousness through civic education, fostering individual and social empowerment.

While it is true that education is a powerful tool for empowerment, helping women to recognize their options and opportunities. It is equally true that not all women have access to education. In this context, Maathai's efforts to work with rural women under the Green Belt Movement demonstrate how empowerment can be achieved through recognizing and utilizing indigenous knowledge. By encouraging rural women to embrace their traditional knowledge in practices such as planting food and trees to ensure family sustainability, Maathai provides a way for them to see their indigenous and gendered knowledge as both valuable and empowering. In doing so, she addresses the ethical tension between her use of Western formal education to empower rural women, particularly those without access to such education.

In the same vein, Maathai bridges the gap between herself and the rural women by using her indigenous tribal language to communicate and integrate both cultural epithets and Christian principles from the Bible in the dissemination of knowledge and leadership skills. The use of indigenous language is significant because it allows Maathai to meet the women on their critical plain (Harding, 1987), thus elevating the importance and authenticity of their voice in conversations. Feminist scholars refer to the efforts of bridging the gap as an intentional process of establishing the critical plane—a term introduced by Harding (1987), which involves bringing oneself to the level of others. In navigating her ethical dilemmas, Maathai demonstrates an eclectic approach using Christian values that shaped her education and the cultural values that connect her to her heritage. It is evident that contrary to the argument by Namulundah (2014) in Van-Klinken (2021), Maathai "never resolved her contradictory allegiance to Western influence; she understood her dual provenance as a protégé of both Africa and the West"(p.7). Maathai's activism demonstrated a nuanced

engagement with the tension between her critique of Christianity and the engagement with Christian traditions. We argue, unlike Namulundah (2017), that this tension should be seen as an “unresolved contradiction,” which translates into an ethical dilemma that defies any closure (p.7).

In the light of the foregoing, discussing Maathai's ethical dilemmas offers critical insights into the complexities of leadership, particularly for African feminist leaders. Her efforts to challenge government policies and environmental destruction led to personal and professional risks, raising ethical concerns about the cost of activism. By analyzing Maathai's ethical dilemmas, scholars can explore the broader tensions that underscore the moral courage required to advocate for environmental justice, gender equality, and human rights while grappling with the consequences of challenging deeply entrenched systems of power, including cultural traditions.

Understanding the challenges leadership within the context of African feminism requires an understanding of the intersection of gender, culture, and political power in Africa as well as and global power dynamics. African feminist leadership not only addresses gender inequality but also involves navigating cultural norms, societal expectations, and global challenges which often marginalize women's agency and voice. In critically engaging the challenges faced by African feminist leaders, a deeper understanding of the resilience required to challenge both local and global systems of oppression is inevitable.

Conclusion

As explored in this paper, Maathai's ethical dilemmas demonstrate the multifaceted interaction between personal identity, societal expectations, and broader socio-political obligations regarding women. Maathai's life demonstrates the intricacies experienced by many African women leaders and those who aspire to lead. Many African women leaders tend to create and recreate new narratives about African feminist leadership simultaneously.

The process of creating, recreating, erasing and re-writing becomes intricately linked to the concept of the palimpsest as the narratives reveal the layers of lived experiences that shape African women's leadership journey and practice. Just as a palimpsest retains traces of previous writings even as new layers are inscribed, African feminist leadership emerges from the ongoing process of construction and deconstruction of "meaning and practice, a process seen as constantly shifting and unstable" (Munro, p.xi). By drawing on the palimpsest metaphor, African feminist leadership becomes a dynamic process of continuously revisiting and reshaping past struggles while confronting current ethical dilemmas (Harding, 1987).

Through this lens, African feminist leadership is seen as a process of layering new understandings and approaches over historical constraints to allow for a more nuanced and inclusive form of leadership that reflects African women's multi-layered identities. Mirroring Maathai's narratives as she navigates the intersection of personal, social, and political realms, African women leaders use their narratives to offer alternative visions of leadership that are rooted in a critical awareness of the past, the present, and the future with a commitment to social transformation through transformative feminism. Thus, their stories, like a palimpsest, reveal how ethical dilemmas are continually reexamined and redefined, contributing to the development of an African feminist leadership grounded in tradition and innovation in its approach to social justice (Collins, 1990).

In calling for fresh transformative feminisms in the continent, Marah, quoted in Tamale (2020), contends that transformational feminism is eclectic and recognizes the integrality of humanity" (p. 41). Just as a palimpsest, decolonial feminism invites the reinterpretation of traditional feminist discourses through the lens of local, indigenous, and colonial histories, creating spaces for liberation and for African decolonial feminist thought that are grounded in the realities of marginalized women (Mignolo, 2011; Tamale, 2020). Maathai is indeed inviting us to see the struggles of other women through their story/narrative

and to move beyond the narrow notion of self ... and assert ourselves as members of an “interrelated order of existence in the world” (Karenga, 2006, p.198). Karenga (2006) further argues that understanding of the world as an interrelated order of rightness supports Maathai’s values of connection between humans, nature and the divine on which the Green Belt tree planting campaign was instituted and implemented (Maathai, 2006).

The concept of ambiguous loss, as discussed earlier in the paper, and the contradictory demands of the ethical dilemmas exemplified in Maathai’s life when reframed, can become a powerful location for empowerment and transformation. By navigating the complexities of these challenges, African women can assert their agency and leadership both in the public and private spheres, fostering success through their assertiveness and resilience. Evidently, the future of African women and their leadership lies in the cultivation of a shared consciousness, where collective efforts drive systemic change and uplift women voices across the continent.

In conclusion, the following three knowledge claims deduced from the discussion on African feminist leadership in this paper provide a pathway for re-envisioning leadership models that are inclusive, transformative, and grounded in the lived experiences and cultural contexts of African women:

1. **Empowerment and Transformation is in the Space of ethical dilemma (ambiguity and lack of closure)** - The concept of ambiguity in ethical dilemmas, which defies closure, as articulated by Boss (2006), provides a unique space for empowerment and transformation. By embracing the inherent ambiguity in these dilemmas, individuals, particularly women, can navigate complex social and personal challenges without seeking ‘expected’ sense of closure.
2. **Success is in the Assertiveness** – The space for empowerment and transformation fosters a dynamic environment in which assertiveness becomes

a crucial tool for self-expression and leadership. Assertiveness allows African women to exercise agency over their lives, both personally and in public contexts.

3. **The Future is in the Shared Consciousness** - Cultivating shared consciousness is essential for collective action and solidarity. It allows for the recognition of women's common struggles and aspirations.

These knowledge claims are fundamental in advancing broader feminist social transformation and leadership. By holding in tension, unresolved ethical dilemmas become an innovative space for the development of African feminist leadership practices and collective empowerment that transcend traditional boundaries and foster progressive change in the continent and globally.

References

- Amadiume, I. (1987). *Male Daughters, Female Husbands: Gender and Sex in an African Society*. Zed Books.
- Asante, M. K. (2003). *The Afrocentric Idea*. Temple University Press.
- Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1997). *Women's ways of knowing: The development of self, voice, and mind 10th Anniversary Edition*. Basic Books.
- Bermúdez, J. L. (2010). *Philosophy of psychology: A contemporary introduction*. Routledge.
- Boss, P. (2009). *Ambiguous loss: Learning to live with unresolved grief*. Harvard University Press.
- Boss, P. (2021). *The myth of closure: Ambiguous loss in a time of pandemic and change*. National Geographic Books.
- Collins, P. H. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Unwin Hyman.
- Crenshaw, K. (1989). *Demarginalizing the intersection of race and sex: A Black feminist critique of anti-discrimination doctrine, feminist theory, and antiracist politics*. University of Chicago Legal Forum, 140-167.
- Elverum, C. E. (2016). Seeing the forests for the trees: A comparative study of the Green Belt and Chipko movements. *Senior Honors Projects, 2010-2019*. 131.
<https://commons.lib.jmu.edu/honors201019/131>
- Guard, N. S. (2001). *Work as feminist activism: a qualitative case study*.
<https://doi.org/10.31274/rtd-20201118-204>
- Harding, S. (1987). *Feminism and methodology: Social science issues*. Indiana University Press
- Harding, S. (1987). *The science question in feminism*. Cornell University Press.
- hooks, b. (2000). *Feminism is for everybody: Passionate politics*. South End Press.
- Karenga, M. (2006). *MAAT: The moral ideal in ancient Egypt; A study in classical African ethics*. University of Sankore Press.
- Maathai, W. (2006). *Unbowed: A memoir*. Alfred A. Knopf.
- Mignolo, W. D. (2011). *The darker side of the renaissance: Literacy, territoriality, and colonization*. University of Michigan Press.

- Munro, P. (1998). *Subject to Fiction: Women teachers' life history narratives and the cultural politics of resistance*. Open University Press
- Mwangi, M (2009). *We will have gained ourselves: Narrative experiences of African women pursuing higher education in the United States of America*. North Star Press
- Namulundah, F. (2017). Wangari Maathai the educator: Straddling tradition and modernity. *Journal of Global Education and Research*, 1(1), 48-67.
<https://www.doi.org/10.5038/2577-509X.1.1.1008>
- Nnaemeka, O. (2005). Mapping African feminisms. *Signs: Journal of Women in Culture and Society*, 31(2), 323–341.
- Mama, A. (1997). Feminist Theory, African Women, and the Quest for Empowerment. *Africa Development*, 22(3), 12-25.
- Mama, A. (1997). *Feminism or femininity?: Gender, culture, and the colonial encounter in Africa*. In A. T. Aina & M. O. O. Aderinto (Eds.), *The Politics of Gender and the African Woman's Experience*. Zed Books.
- Mutua, E. M., González, A., & Wolbert, A. (2018). *The rhetorical legacy of Wangari Maathai: Planting the future*. Rowman & Littlefield.
- Ogunyemi, C. O. (1996). *African women and the colonization of knowledge*. In *Rethinking African Women's History: A Radical Approach*. Indiana University Press.
- Oyèwùmí, O. (1997). *The invention of women: Making an African sense of Western gender discourses*. University of Minnesota Press.
- Steady, F. C. (1981). *The Black woman cross-culturally*. Schenkman Publishing Company.
- Tamale, S. (2020). *Decolonization and Afro-feminism*. Daraja Press.
- Taylor, S. S. (2006). Moral courage: A virtue for the 21st century. *Journal of Business Ethics*, 68(3), 211-222. <https://doi.org/10.1007/s10551-006-9072>
- Toit, H.L.J.D. (2021). A dark green religious analysis of the life and work of Wangari Maathai (1940 - 2011). *African Journal of Gender and Religion*, 27(1).
<https://doi.org/10.14426/ajgr.v27i1.765>
- Tutu, D. (1999). *No Future Without Forgiveness*. Doubleday.
- van Klinken, A. (2021). Wangari Maathai's environmental bible as an African knowledge: Eco-spirituality, Christianity, and decolonial thought. *Eastern African Literary and Cultural Studies*, 8(3), 156–175. <https://doi.org/10.1080/23277408.2021.1922129>

HEALING, RESILIENCE, AND EMPOWERMENT: HOW OVERCOMING ADVERSITIES FUELS WOMEN'S LEADERSHIP

Dr. Chabela McFashion, The B Venture
1401 21st Street, Suite R, Sacramento, CA 95811
cmv@thebventure.com

ABSTRACT

In today's dynamic landscape of leadership, understanding how past experiences shape leaders is essential. A recent dissertation study explored the impact of Adverse Childhood Experiences (ACEs), such as abuse and neglect, on entrepreneurial intentions, focusing on how these early-life challenges influence key traits like self-efficacy, resilience, and ambition. Building on this research, the current study shifts focus to how overcoming such adversities can fuel women's leadership, emphasizing the role of healing in transforming past struggles into sources of strength.

This study highlights the critical ways in which women who have faced ACEs develop resilience and self-efficacy—two essential components of effective leadership. While ACEs can undermine one's confidence and ability to recover from setbacks, women who engage in healing practices often cultivate the resilience needed to lead with empathy, innovation, and determination. These women are able to leverage their past experiences as powerful motivators, using their ability to navigate adversity to inspire others and succeed as leaders. By focusing on how healing and overcoming hardship can empower women to become better leaders, this study demonstrates that past challenges can serve as a foundation for leadership success rather than a barrier.

KEYWORDS: Adverse Childhood Experiences (ACEs), Women's Leadership, Resilience, Self-Efficacy, Healing, Empowerment, Leadership Development, Childhood Trauma, Transformative Leadership, Women Empowerment.

1 INTRODUCTION

This study examines the impact of ACEs—such as abuse, neglect, and household dysfunction—on women's leadership potential. While ACEs are typically associated with negative emotional and psychological outcomes (Felitti et al., 1998), recent studies suggest that overcoming these adversities can enhance resilience, self-efficacy, and leadership qualities in women (Walsh, 2016; Luthans et al., 2006). The emerging perspective indicates that the healing process fosters leadership traits like empathy and creativity, which are crucial for effective leadership.

This study shifts focus from ACEs' effects on entrepreneurial outcomes to leadership development, exploring how women who heal from trauma can lead with resilience and innovation. Despite growing interest in ACEs, there is a research gap regarding how overcoming these adversities can empower women leaders (Shuffler et al., 2019). By reviewing existing literature on ACEs, resilience, and women's leadership, the study aims to uncover how adversity can shape leadership abilities. The findings offer valuable insights for leadership development programs and workplace strategies, emphasizing resilience and self-efficacy as key drivers of leadership.

1.1 Problem Statement

The relationship between ACEs and leadership potential, especially in women, remains underexplored. Aces, including abuse and household dysfunction, are linked to negative outcomes like depression and substance abuse (Felitti et al., 1998; Anda et al., 2006). However, overcoming these adversities may also foster resilience, self-efficacy, and leadership capabilities.

while Aces have been studied mainly in the context of mental health, their impact on leadership, particularly in women, is less understood. Research typically focuses on the negative effects (Anda et al., 2006), overlooking how resilience and healing can contribute to leadership development. Masten and Reed (2002) argue that resilience enables growth through adversity, while Luthans et al. (2006) highlight it as a key resource for leaders. Yet, few studies explore how ACEs, especially in women, serve as a foundation for leadership through resilience.

This gap is significant as understanding how women harness resilience from ACEs to enhance leadership is key for creating inclusive leadership models. The study addresses the need for a deeper understanding of how overcoming ACEs contributes to women's leadership development, especially given the societal and personal barriers they face.

1.2 Significance of the Problem

This study aims to deepen our understanding of how overcoming ACEs can drive leadership development, particularly for women. While ACEs are often studied for their negative health impacts, less attention has been given to their potential to foster resilience, empathy, and leadership potential. Research suggests that individuals who face adversity develop stronger coping mechanisms, problem-solving skills, and emotional intelligence—all crucial components of effective leadership (Masten & Reed, 2002; Luthans et al., 2006).

For women in leadership, these findings are especially relevant given the unique challenges they face, such as gender-based discrimination and underrepresentation (Eagly & Carli, 2003). Women who have overcome ACEs may possess the resilience to break through these

barriers and thrive in leadership roles. This study's focus on how women use past adversities to enhance their leadership abilities offers valuable insights for both theory and practice, contributing to a better understanding of how adversity can empower women to lead with innovation, empathy, and strength. Additionally, these findings could inform leadership programs and policies, fostering more supportive environments for women facing similar challenges.

1.3 Research Gap

Despite growing awareness of the long-term effects of ACEs, research on their connection to leadership, particularly for women, is limited. Most studies focus on the negative impacts of ACEs on health and behavior, with less attention given to how overcoming these challenges can empower leadership (Walsh, 2016). This gap is especially significant in women's leadership, where traditional studies often overlook personal histories in favor of organizational or structural barriers.

Furthermore, while resilience is recognized as key in leadership theory (Luthans et al., 2006), its role in helping women overcome ACEs and develop leadership skills remains underexplored. This study addresses this gap by examining how the healing process from childhood trauma can transform adversity into leadership strength, focusing on resilience, self-efficacy, and healing practices as factors shaping women's leadership development.

1.4 Research Questions

This study examines the relationship between overcoming ACEs and women's leadership development, guided by the following research questions:

1. How Does affect women's leadership potential and capacity?
2. In what ways does resilience mediate the relationship between ACEs and leadership development in women?
3. How do women who have experienced ACEs utilize healing practices (e.g., therapy, community support) to enhance their leadership abilities?
4. What leadership strengths (e.g., empathy, innovation, risk-taking) emerge in women who have overcome childhood adversity?
5. How can leadership development programs be tailored to better support women who have faced ACEs, and what strategies can foster resilience?

These questions explore the psychological and social processes shaping leadership in women who have experienced early-life trauma, offering insights into how overcoming adversity impacts their leadership journey.

1.5 Research Contribution

This research contributes to the growing literature on women's leadership by emphasizing the positive impacts of overcoming ACEs, offering a fresh perspective that challenges traditional leadership paradigms. While much of the existing research focuses on external factors such as organizational barriers and societal expectations, this study highlights the internal processes of healing and resilience that enable women to succeed in leadership roles despite past adversity.

Key contributions of this study include:

1. Expanding the understanding of leadership development by showing how adversity can drive growth and resilience.
2. Providing empirical evidence on how overcoming ACEs shapes women's leadership, offering a more inclusive view of leadership.
3. Offering practical insights for leadership programs and policies to better support women who have faced childhood trauma, fostering more inclusive environments.
4. Opening avenues for future research on the intersection of adversity, resilience, and leadership, especially in women's experiences.

By moving beyond traditional gender barriers, this study provides a new lens on women's leadership development, advancing both leadership studies and the empowerment of women.

2 LITERATURE REVIEW AND THEORY

The study of ACEs has highlighted the long-term effects of early-life trauma on health, mental well-being, and social outcomes (Felitti et al., 1998; Anda et al., 2006). However, the intersection between ACEs and leadership development, particularly for women, has received limited attention. While ACEs have been predominantly linked to negative psychological effects, an increasing body of research suggests that overcoming adversity can foster personal growth, resilience, and empowerment—qualities that are central to effective leadership (Luthans et al., 2006; Walsh, 2016).

Dr. Fred O. Walumbwa's work (2008) adds another layer to this understanding, particularly in relation to transformational leadership. Walumbwa emphasizes that leadership is not simply about traits or positions of power, but about the ability to inspire and empower others. He highlights the importance of self-leadership, a concept wherein individuals take responsibility for their own behaviors, development, and well-being. From this perspective, overcoming ACEs may enable women to develop a self-leadership approach that is deeply rooted in resilience and self-efficacy. By successfully navigating early-life adversity, women can not only heal but also cultivate leadership capabilities that empower them to inspire, motivate, and foster growth in others.

This section explores the relevant literature on ACEs, resilience, self-efficacy, and women's leadership, providing a foundation for this study and highlighting key theoretical perspectives, including those of Walumbwa, which frame the relationship between personal adversity and leadership development.

2.1 The Impact of ACEs

ACEs, including abuse, neglect, and household dysfunction, significantly affect an individual's psychological, emotional, and social development. Felitti et al. (1998) first linked ACEs to long-term health issues like depression and substance abuse, with further research confirming their association with negative life outcomes, including relationship difficulties and employment challenges (Anda et al., 2006). These outcomes are often due to both psychological distress and maladaptive coping mechanisms developed in childhood.

However, increasing research has shifted focus to the potential for resilience in those who have experienced childhood trauma. Masten and Reed (2002) argue that resilience is a

dynamic process, enabling individuals to not only cope with adversity but also grow through it. This perspective challenges the view that ACEs always lead to negative outcomes, suggesting that, in some cases, overcoming adversity can foster personal growth and empowerment.

2.2 Resilience and Leadership

Resilience is crucial for leadership development, especially for individuals who have overcome adversity. Luthans et al. (2006) highlight resilience as a key psychological resource that helps leaders persist through setbacks. For women, resilience is particularly important as they navigate societal pressures, gender discrimination, and underrepresentation in leadership roles (Eagly & Carli, 2003).

Recent studies emphasize that resilience is a skill that can be cultivated through experiences and coping mechanisms (Reivich & Shatte, 2002). For women who have experienced ACEs, healing and resilience development can enhance leadership traits such as empathy, emotional intelligence, and adaptability (Masten & Reed, 2002). These qualities align with contemporary leadership models that value emotional and relational skills over traditional command and control (Goleman, 1998). Additionally, resilience can mediate the relationship between adversity and leadership, empowering women to channel their struggles into leadership strength, fostering vulnerability, authenticity, and compassion (Brené Brown, 2012).

Dr. Fred O. Walumbwa's perspective brings a unique cultural and contextual lens to the concept of resilience in leadership. Walumbwa (2013) argues that resilience in leadership is not only about individual perseverance but also about the broader organizational and societal support structures that facilitate leaders' development. He emphasizes the importance of authentic leadership, where resilience is tied to a leader's ability to remain true to their values and principles, even in the face of adversity. Walumbwa's research further suggests that leadership resilience, particularly among women, is rooted in their ability to maintain authenticity while adapting to challenges, a concept that enhances the ability to lead with integrity and trust. This perspective supports the idea that overcoming adversity can contribute to the development of leadership qualities that foster trust, connection, and long-term sustainability in leadership roles.

Incorporating Dr. Walumbwa's work into this discussion reinforces the notion that resilience, especially when linked to authenticity, is central to how women can overcome adversity and emerge as leaders capable of inspiring others and fostering inclusive environments.

2.3 Self-Efficacy and Leadership

Self-efficacy, or an individual's belief in their ability to succeed in specific situations, has long been considered a key determinant of leadership potential (Bandura, 1997). Bandura's social cognitive theory emphasizes that self-efficacy influences not only one's motivation and persistence but also their capacity to lead, take risks, and innovate. For women who have faced ACEs, developing high self-efficacy can be particularly challenging, as early-life trauma may undermine their sense of competence and confidence. However, overcoming adversity and engaging in healing processes can bolster self-efficacy, providing women with the inner strength to pursue leadership opportunities and navigate challenges.

Recent studies have demonstrated that self-efficacy is linked to resilience and emotional intelligence, both of which are crucial components of effective leadership (Luthans et al.,

2006). Furthermore, women who have successfully overcome childhood adversity may possess a stronger sense of self-efficacy, as they have already navigated significant personal challenges. This sense of mastery can empower them to take on leadership roles, even in the face of external obstacles such as gender discrimination or societal expectations.

2.4 Women's Leadership

Women's leadership has traditionally been hindered by societal norms and organizational structures favoring male leaders (Eagly & Carli, 2003). However, as more women rise to leadership roles, their unique qualities—such as emotional intelligence, communication, and collaboration—align with leadership models emphasizing relational and transformational leadership (Bass, 1990).

Dr. Fred O. Walumbwa's work on **authentic leadership** highlights the importance of self-awareness, transparency, and ethical behavior for leaders, especially those who have faced adversity (Walumbwa et al., 2008). For women who have experienced ACEs, this leadership style fosters trust, enhances relationships, and empowers them to lead authentically, grounded in their personal values.

Overcoming trauma helps women develop leadership qualities like resilience, empathy, and understanding, which are key to leading with compassion and fostering inclusive environments. The healing process also encourages an authentic leadership style, fostering trust and transparency (Brown, 2012). Embracing personal experiences, including ACEs, allows women to inspire others and create organizational cultures that prioritize growth and well-being, contributing to more inclusive leadership models.

2.5 Theoretical Framework

This study draws upon several theoretical frameworks to understand how overcoming ACEs contributes to leadership development in women. The primary frameworks **include Resilience Theory, Self-Efficacy Theory, and Transformational Leadership Theory.**

Resilience Theory posits that resilience is not a static trait but a dynamic process that enables individuals to adapt and grow through adversity (Masten & Reed, 2002). This theory is central to understanding how women who have faced ACEs may leverage their past experiences to develop leadership strengths such as empathy, creativity, and problem-solving.

Self-Efficacy Theory (Bandura, 1997) underscores the importance of belief in one's own abilities in achieving success. This theory helps explain how women who have overcome childhood trauma may develop the confidence needed to pursue leadership roles, even in the face of external challenges.

Finally, **Transformational Leadership Theory** (Bass, 1990) provides a framework for understanding how women who have healed from past adversities can inspire and motivate others through a leadership style that emphasizes empathy, vision, and ethical behavior.

3 HYPOTHESIS DEVELOPMENT

In this section, the hypotheses are developed based on the theoretical frameworks and literature reviewed in the preceding sections. The overarching aim of this research is to explore how overcoming ACEs influences women's leadership development. Specifically, the study seeks to understand the role of healing from adversity in fostering leadership resilience,

self-efficacy, and empowerment. Drawing upon Resilience Theory, Self-Efficacy Theory, and Transformational Leadership Theory, the following hypotheses are proposed.

3.1 The Role of Resilience in Leadership Development

Resilience has long been recognized as a crucial factor for successful leadership (Luthans et al., 2006). In the context of women who have faced ACEs, the process of overcoming adversity is often accompanied by the development of resilience, which allows individuals to face new challenges with greater fortitude and adaptability (Masten & Reed, 2002). Resilience, particularly when developed through the healing process, is linked to the ability to adapt, recover from setbacks, and innovate in response to adversity (Luthans et al., 2006).

Hypothesis 1:

Women who have overcome ACEs will exhibit higher levels of leadership resilience compared to women who have not experienced ACEs.

The development of resilience through overcoming ACEs is expected to be a key mechanism in leadership development. As women face adversity and heal from trauma, they build a capacity to recover from challenges that is foundational to leadership. This hypothesis is grounded in the idea that resilience serves as a psychological resource that enables individuals to thrive in leadership roles, even in the face of challenges (Luthans et al., 2006).

3.2 The Influence of Healing on Self-Efficacy

Self-efficacy, as defined by Bandura (1997), is an individual's belief in their ability to succeed in specific tasks or situations. The development of high self-efficacy is often essential for individuals to pursue leadership roles, as they must believe in their own competence to inspire others and make decisions. Research has suggested that overcoming adversity and engaging in healing mechanisms can enhance self-efficacy, as it helps individuals develop a belief in their ability to navigate and surmount challenges (Bandura, 1997; Reivich & Shatte, 2002).

Hypothesis 2:

Women who have healed from ACEs will demonstrate higher levels of self-efficacy in leadership situations than women who have not experienced ACEs.

This hypothesis is grounded in the notion that healing from adversity helps build self-efficacy, as women who have faced and overcome trauma are likely to have gained a sense of personal mastery over difficult situations. This enhanced self-belief is anticipated to translate into greater leadership confidence and effectiveness.

3.3 The Link Between Adversity, Healing, and Leadership Empowerment

Empowerment in leadership involves the ability to inspire, motivate, and guide others through a vision that includes growth, support, and a sense of community. Empowerment often arises from personal experiences that have shaped a leader's sense of purpose and ability to relate to others (Spreitzer, 1995). For women who have overcome ACEs, healing from past trauma may provide the inner strength and empathy required to empower others, thus facilitating transformational leadership (Bass, 1990). Overcoming adversity may deepen women's understanding of resilience, self-efficacy, and empathy, which are essential characteristics of an empowered leader.

Hypothesis 3:

Women who have healed from ACEs will exhibit higher levels of leadership empowerment, characterized by increased empathy, motivation, and a transformational leadership style.

Healing from childhood adversity is expected to provide women with a strong sense of purpose and emotional intelligence, which are key components of transformational leadership (Bass, 1990). Women who have successfully navigated adversity may draw upon their healing journey to foster empowerment in themselves and others, creating a leadership style that is both compassionate and visionary.

3.4 The Healing Process as a Catalyst for Leadership Innovation

Innovation in leadership involves the ability to think creatively and challenge the status quo in order to drive positive change. Women who have faced and healed from adversity may develop a unique capacity for innovation, as they are more likely to approach challenges with creative problem-solving strategies (Luthans et al., 2006). The process of overcoming childhood trauma may encourage women to develop new ways of thinking, which can subsequently translate into leadership innovation and vision.

Hypothesis 4:

Women who have healed from ACEs will demonstrate higher levels of leadership innovation, characterized by creative problem-solving and visioning for change.

This hypothesis builds upon the premise that overcoming adversity can foster creativity and innovation by providing women with a broader perspective on challenges. The ability to innovate and approach problems from diverse angles is an essential component of effective leadership, particularly for women who have experienced ACEs and engaged in healing practices.

3.5 Conclusion of Hypothesis Development

In summary, this study posits that the experience of overcoming ACEs serves as a key factor in the development of leadership qualities in women. Specifically, it is hypothesized that healing from these adversities leads to increased resilience, self-efficacy, empowerment, and innovation—key attributes that contribute to effective leadership. Each hypothesis draws on established theories and existing literature on resilience, self-efficacy, and leadership, setting the stage for the subsequent empirical investigation.

The next step in this research will involve testing these hypotheses through data analysis, examining the ways in which ACEs and healing processes contribute to women's leadership capacities. By understanding the mechanisms through which adversity and resilience intersect with leadership, this study seeks to contribute to the broader conversation on leadership development, particularly in the context of women who have faced significant challenges.

4 RESEARCH METHODOLOGY

The research methodology outlines the approach used to address the research questions and test the hypotheses of the study. Given the secondary nature of the study, the methodology focuses on selecting relevant literature, establishing inclusion criteria, and analyzing the findings. This section describes the secondary research design, data collection, and analysis

techniques employed to examine how overcoming ACEs influences women's leadership development.

4.1 Research Design

The study utilized a secondary research design, which involved synthesizing and analyzing existing literature to build a comprehensive understanding of the relationship between ACEs, resilience, healing, and women's leadership. This approach allowed for the integration of findings from various sources, enhancing the depth of analysis. The study also explored theoretical frameworks, such as Resilience Theory and Self-Efficacy Theory, and their relevance to leadership development. By focusing on secondary research, the study built on existing empirical findings without the need for primary data collection.

Although the inclusion of visual aids like graphs or flow charts could have further illustrated thematic patterns, the decision was made to focus on a qualitative synthesis of the literature. Thematic analysis, supported by NVivo software, effectively identified and interpreted key themes from the data, making additional visuals unnecessary for conveying the findings.

Secondary research provided notable advantages, including time and cost efficiency, as well as the ability to analyze a broad range of studies that addressed similar topics from multiple perspectives. This approach allowed for a well-rounded understanding of the topic and was well-suited to developing theoretical insights, rather than testing new variables through original data collection (Saunders et al., 2019).

4.2 Data Sources and Literature Selection

The data for this secondary study was sourced from peer-reviewed journal articles, books, reports, and dissertations, focusing on the relationship between ACEs, resilience, self-efficacy, healing, and leadership in women. The study also incorporated literature on transformational leadership, aligning with the emphasis on empowerment and innovation in leadership roles.

Inclusion criteria were as follows:

1. **Relevance:** Studies that addressed ACEs, resilience, self-efficacy, and leadership in women, particularly the role of overcoming adversity in leadership development.
2. **Publication Type:** Peer-reviewed journal articles, academic books, and reputable dissertations.
3. **Time Frame:** Studies published between 2000 and 2024 to ensure the research reflects current trends.
4. **Geographic Focus:** Primarily studies from the U.S. and Western countries, with relevant international studies included.

Data was gathered through databases such as JSTOR, Google Scholar, ProQuest, and ScienceDirect using keywords like "ACEs," "women's leadership," "resilience," "self-efficacy," "healing," "empowerment," and "transformational leadership." Each study was reviewed for relevance and cataloged using reference management software to ensure proper citation.

4.3 Data Collection Methods

Since this is a secondary research study, data collection involved sourcing and gathering relevant studies that had already been published. A systematic search was conducted using databases such as JSTOR, Google Scholar, ProQuest, and ScienceDirect, employing specific keywords like "women's leadership," "resilience," "self-efficacy," "healing from trauma," "empowerment," and "transformational leadership." The search was comprehensive, including a review of abstracts, keywords, and reference lists to ensure all relevant literature was included.

Each relevant study was carefully reviewed for its applicability to the research questions and hypotheses. The collected data included the study design, methodology, sample size, findings, and conclusions of each paper. This information was cataloged and organized using reference management software (such as EndNote or Zotero) to ensure proper citation and avoid duplication.

4.4 Data Analysis Methods

Once the literature was gathered, a thematic analysis approach was used to synthesize and interpret the findings. Thematic analysis helped identify key themes and patterns across studies, particularly regarding the impact of ACEs on leadership development. This method provided a deeper understanding of how healing from ACEs contributes to the development of leadership strengths in women.

The thematic analysis process involved the following steps:

1. Familiarization with the Data: Initial reading of all selected studies to become acquainted with the content.
2. Coding: Identification of key concepts related to resilience, self-efficacy, leadership empowerment, and healing, which were coded from the selected studies.
3. Theme Development: Organizing the coded data into broader themes and sub-themes, such as "Resilience as a Driver of Leadership Development," "Self-Efficacy and Empowerment," and "Trauma-Informed Leadership and Empathy." Sub-themes will include "Resilience in Leadership" and "Empowerment Through Healing."
4. Synthesis and Interpretation: The findings were synthesized to understand how overcoming adversity contributes to leadership development in women. This analysis was framed within existing theories, such as Resilience Theory and Self-Efficacy Theory, to address the research questions.

The thematic analysis was conducted using NVivo, qualitative data analysis software, which facilitated the organization and analysis of large volumes of text.

4.5 Ethical Considerations

While this study is based on secondary data, ethical considerations are crucial for maintaining the integrity of the research. All sources used have been properly cited following APA 7th Edition guidelines to avoid plagiarism and ensure proper acknowledgment of original authors. The studies reviewed were assessed for their adherence to ethical standards, including informed consent, privacy, and confidentiality, ensuring the reliability and ethical foundation of the data used.

The research also emphasizes the diversity of women's experiences with ACEs, ensuring a balanced and respectful representation of different perspectives. By including studies from various backgrounds, the research provides a nuanced understanding of how women overcome adversity in leadership roles.

Throughout the analysis, care was taken to present findings accurately and sensitively, particularly when discussing the impact of ACEs. This ensures that the research is both ethical and mindful of the diverse experiences of women facing childhood adversity.

4.6 Conclusion of Research Methodology

In conclusion, the research methodology is designed to comprehensively review and synthesize existing studies on the impact of ACEs on women's leadership development. By using a secondary research design, the study aims to build upon existing knowledge, employing thematic analysis to identify key patterns and themes related to resilience, self-efficacy, healing, and leadership. The study will also be conducted with a high level of ethical rigor, ensuring accurate representation and citation of the literature reviewed.

5 ANALYSIS AND RESULTS

The Analysis and Results section is the heart of the research study, as it presents the findings derived from synthesizing the existing literature. In this section, we will present a thematic analysis of the data extracted from the studies reviewed in the secondary research. The analysis will focus on how overcoming ACEs contributes to women's leadership development, specifically in terms of resilience, self-efficacy, and empowerment. We will also examine how different types of adversity may lead to different leadership outcomes and identify key patterns and themes emerging from the reviewed literature.

5.1 Thematic Analysis of the Literature

Thematic analysis was applied to the literature gathered through secondary research, focusing on key themes related to the impact of ACEs on leadership development in women. Following the steps outlined by Braun and Clarke (2006), the data was first coded to identify recurring concepts and themes. The analysis aimed to identify how ACEs affect women's leadership potential, particularly in the context of resilience and self-efficacy.

5.1.1 Theme 1: Resilience as a Driver of Leadership Development

A significant body of literature supports the notion that resilience—defined as the capacity to bounce back from adversity—plays a pivotal role in shaping leadership abilities. Studies consistently show that women who have faced ACEs, including childhood abuse and neglect, develop enhanced resilience, which contributes to their ability to lead effectively (Walsh, 2016; Luthans et al., 2006). Resilience allows these women to confront challenges with greater mental fortitude, which enables them to persevere in leadership roles that demand adaptability and innovation.

For instance, women who have experienced significant adversity often develop strong problem-solving abilities and a deep understanding of the importance of persistence in the face of difficulty (Werner, 1995). This resilience is not only an internal strength but also allows them to lead with empathy, as they have developed a keen awareness of the challenges others may face. This finding supports the work of Shuffler et al. (2019), who argue that

resilience developed through adversity enhances leadership qualities by fostering empathy, adaptability, and determination.

5.1.2 Theme 2: Self-Efficacy and Empowerment

Self-efficacy, or the belief in one's ability to accomplish specific tasks, is another key theme that emerged from the literature. Women who have experienced ACEs often report a strong sense of self-efficacy despite past adversities. This is particularly relevant to leadership, where belief in one's capabilities is crucial for effective decision-making, taking risks, and inspiring others. Women who successfully heal from childhood trauma often experience an increase in self-efficacy, which in turn strengthens their leadership capacity.

A key study by Bandura (1997) suggests that self-efficacy develops through successful experiences and overcoming adversity, which builds confidence. Women who have faced early-life challenges and have engaged in healing processes often experience higher self-efficacy, which empowers them to take on leadership roles. This idea is supported by previous findings that overcoming personal hardships can lead to a sense of empowerment, where women believe they can influence and effect change in their environments (Luthans et al., 2006).

5.1.3 Theme 3: Trauma-Informed Leadership and Empathy

Another important theme that emerged from the literature was the concept of trauma-informed leadership. Trauma-informed leadership refers to the practice of leaders being aware of the effects of trauma and creating environments that are supportive for those who have experienced adverse experiences. Women who have undergone ACEs often develop heightened empathy as a result of their own healing journeys. This empathy becomes an integral part of their leadership style, as they are better able to understand and support individuals dealing with their own challenges.

The intersection of trauma-informed leadership and women's leadership has been discussed by several scholars who argue that those who have overcome adversity often become more emotionally intelligent and aware of the emotional needs of others (Goleman, 2006). Leaders with high emotional intelligence are better equipped to navigate complex interpersonal dynamics, create supportive work environments, and foster inclusivity—traits that are critical in leadership roles.

5.2 Summary of Results

The thematic analysis reveals several key findings on the impact of ACEs on women's leadership development:

1. Resilience is a crucial driver of leadership, enabling women who have overcome adversity to adapt, innovate, and persevere in complex environments.
2. Self-efficacy grows through healing from ACEs, empowering women with the confidence to lead effectively, influencing their decision-making, risk-taking, and goal setting.
3. Trauma-informed leadership, marked by empathy and emotional intelligence, enables women with ACEs to create inclusive, supportive environments, enhancing their effectiveness in leading diverse teams.

5.3 Discussion of Results

The findings suggest that overcoming ACEs can significantly enhance women's leadership development, with resilience, self-efficacy, and trauma-informed leadership identified as key themes. These results align with Walsh (2016) and Luthans et al. (2006), who emphasize the positive impact of adversity on leadership traits. Healing from ACEs not only mitigates trauma but also empowers women to lead with greater empathy, emotional intelligence, and understanding of others' challenges, qualities essential for effective leadership. However, the development of these leadership traits is complex, shaped by factors such as the type of adversity, available support systems, and an individual's healing capacity.

5.4 Conclusion of Analysis and Results

The analysis of this secondary research study highlights that overcoming ACEs can significantly enhance women's leadership capabilities by fostering resilience, self-efficacy, and trauma-informed leadership. These qualities enable women who have faced adversity to excel as leaders, contributing to the growing literature on women's leadership and offering a foundation for future research and practical applications. The findings underscore the importance of resilience, self-efficacy, and trauma-informed leadership in leadership development, emphasizing how overcoming adversity can positively shape women's leadership potential.

6 DISCUSSION & CONCLUSION

This study examines the link between ACEs and women's leadership, showing how overcoming adversity can cultivate resilience, self-efficacy, and empathy—critical leadership qualities. The findings suggest that women who've faced ACEs develop resilience that helps them overcome challenges, lead with creativity, and build confidence. Healing from past trauma also boosts their leadership potential, while heightened empathy supports trauma-informed leadership. The research highlights the need for leadership development programs to focus on building resilience and self-efficacy, while acknowledging its limitations and the need for more diverse, culturally inclusive research. Ultimately, the study underscores the transformative power of overcoming adversity for leadership growth.

6.1 Discussion of Findings

The present study explores the connection between ACEs and women's leadership, with a particular focus on how overcoming these adversities can contribute to the development of leadership strengths. This secondary research study synthesizes findings from previous literature, offering insights into the complex interplay between resilience, self-efficacy, and leadership.

6.1.1 The Role of Resilience in Women's Leadership

A key finding of this study is the critical role resilience plays in the leadership development of women who have overcome ACEs. Resilience, defined as the ability to adapt and recover from adversity, has long been recognized as essential for effective leadership (Luthans et al., 2006). This research affirms that women who have faced childhood trauma or hardship often develop heightened resilience, equipping them with coping mechanisms to navigate leadership challenges. In line with Walsh (2016), women with ACEs approach difficulties with creativity and determination, offering a unique perspective and the ability to manage

stress and uncertainty—key traits for effective leadership in today's complex environments. By overcoming early-life adversity, these women build resilience that supports and strengthens their leadership capabilities.

6.1.2 Self-Efficacy and Leadership Potential

This study highlights the relationship between self-efficacy—the belief in one's ability to achieve goals—and leadership potential, particularly for women who have experienced ACEs. Research by Bandura (1997) has established self-efficacy as a critical factor for personal achievement, and it plays a significant role in leadership, especially for women. Women who have faced ACEs often struggle with internal barriers like low self-esteem, but healing from these traumas can boost their self-efficacy, enhancing their confidence and leadership abilities. This finding aligns with Shuffler et al. (2019), who emphasize that self-efficacy not only empowers individuals but also strengthens a leader's ability to inspire and motivate others. Overcoming adversity builds self-efficacy, enabling women to take risks, make decisions, and foster environments of psychological safety, where trust and resilience are key components.

6.1.3 The Intersection of Trauma-Informed Leadership and Empathy

A key finding of this study is the emergence of trauma-informed leadership as a significant aspect of women's leadership. Trauma-informed leadership involves understanding the psychological impact of trauma on oneself and others and using that awareness to guide leadership. Women who have experienced ACEs often develop heightened empathy and emotional intelligence—key components of trauma-informed leadership. Goleman (2006) highlights emotional intelligence as one of the most important traits of effective leaders, enabling them to manage relationships, navigate conflicts, and inspire others. This study found that women who have faced adversity bring a deep understanding of hardship to their leadership roles, fostering empathy for others in similar situations. This leadership style, based on emotional intelligence and empathy, improves team morale, increases trust, and creates supportive work environments (Goleman, 2006). The healing process for these women often involves cultivating self-empathy, which in turn allows them to exhibit greater compassion toward others.

6.2 Implications for Leadership Development and Practice

This study highlights key implications for leadership development programs, particularly in supporting women who have experienced childhood adversity. First, resilience training should be emphasized to help women recover from setbacks and thrive in leadership roles. Integrating exercises like mindfulness, stress management, and problem-solving can foster resilience, which Dr. Walumbwa (2008) identifies as essential for leaders to succeed in challenging environments.

Self-efficacy also plays a critical role in leadership development. Programs should focus on building women's confidence and belief in their leadership abilities through tailored interventions, such as mentorship, positive reinforcement, and goal setting. Additionally, trauma-informed leadership practices are vital, acknowledging the impact of past trauma. Dr. Walumbwa (2008) highlights that leaders who understand trauma foster trust and psychological safety, helping women transform adversity into strength. Trauma-informed programs provide the support necessary for women to harness their resilience and lead effectively.

6.3 Limitations of the Study

While this study offers valuable insights into the role of overcoming ACEs in women's leadership development, several limitations must be acknowledged. As a secondary research study, the findings are based solely on existing literature, and therefore, cannot account for the lived experiences of individuals. Primary data collection, such as interviews or surveys with women who have experienced ACEs, would provide a richer understanding of the personal and contextual factors that influence their leadership development.

Additionally, the studies reviewed in this research were primarily conducted in Western, industrialized contexts. As such, the findings may not fully capture the experiences of women from different cultural backgrounds or socioeconomic statuses. Future research should explore the intersection of ACEs and leadership development in diverse populations, including women from non-Western countries, to better understand the role of culture and context in shaping leadership outcomes.

6.4 Recommendations for Future Research

Future research should focus on the following areas to build on the findings of this study:

1. **Primary Research on Women's Leadership:** Interviews with women leaders who have experienced ACEs can provide deeper insights into how adversity shapes their leadership style, resilience, and self-efficacy.
2. **Cross-Cultural Research:** Exploring how ACEs impact leadership across different cultural contexts will help understand how these factors vary globally and inform leadership development programs tailored to diverse populations.
3. **Longitudinal Studies on Leadership Development:** Tracking women's leadership growth over time can reveal how healing from ACEs influences leadership in the long term and how resilience and self-efficacy evolve in their careers.
4. **Impact of Specific Types of ACEs:** Future studies should investigate how different forms of ACEs—such as physical abuse, neglect, or household dysfunction—affect leadership development and the role of various healing processes in enhancing leadership potential.

6.5 Final Thoughts and Implications

This study highlights how overcoming ACEs can drive women's leadership development. Resilience, self-efficacy, and empathy that emerge from healing trauma empower women to lead with compassion and innovation. As women increasingly occupy leadership roles, understanding how adversity transforms into leadership strength is essential.

The findings emphasize the need to support women who have faced ACEs and recommend integrating resilience, self-efficacy, and trauma-informed practices into leadership development programs. This research lays the foundation for future studies that can cultivate more inclusive, empathetic, and effective leaders.

ACKNOWLEDGEMENTS

I am deeply grateful to those who supported and encouraged me throughout this journey. To my mother, Pauline, for your unwavering love and strength; to my brother Deon and his wife

Candice, for your belief in me; and to my sister Makresha, Tasha, Darline, Eleeseia, and your husbands Melhan, KJ Sr., Angelus, and Destrian, for your constant support. My nieces and nephews—Imani, Milan, Kenya, Sevyne, Dlo, Million, KJ Jr., Deon Jr., Dallas, and Dawson—bring me joy and inspiration.

To my close friends Aprille, Brandon, Coop, Semone, Kisa, Toya, Nika, and Dawn, thank you for your encouragement and belief in me. I also extend my heartfelt gratitude to my mentors, Dr. Fred O. Walumbwa and Dawn Sutherland, for their invaluable wisdom in shaping my understanding of leadership and women's empowerment.

To all my family and friends, thank you for being part of this journey. This work would not have been possible without each of you.

FUNDING

This research received no external funding.

CONFLICT OF INTEREST

Author declare no conflict of interest.

REFERENCES

- [1] Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. L., Perry, B. D., & Dube, S. R. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174-186. <https://doi.org/10.1007/s00406-005-0624-4>
- [2] Bandura, A. (1997). *Self-efficacy: The exercise of control*. W.H. Freeman and Company.
- [3] Bass, B. M. (1990). *Bass & Stogdill's handbook of leadership: Theory, research, and managerial applications*. Free Press.
- [4] Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. Penguin.
- [5] Eagly, A. H., & Carli, L. L. (2003). The female leadership advantage: An evaluation of the evidence. *The Leadership Quarterly*, 14(6), 807-834. <https://doi.org/10.1016/j.leaqua.2003.09.004>
- [6] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Koss, M. P. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- [7] Goleman, D. (1998). *Working with emotional intelligence*. Bantam Books.
- [8] Goleman, D. (2006). *Emotional intelligence: Why it can matter more than IQ*. Bantam Books.
- [9] Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.

- [10] Luthans, F., Avolio, B. J., & Walumbwa, F. O. (2006). Impact of hope, optimism, and resilience on job performance. *Journal of Leadership & Organizational Studies*, 13(2), 25-40. <https://doi.org/10.1177/10717919060130020301>
- [11] Luthans, F., Youssef, C. M., & Avolio, B. J. (2006). *Psychological capital: Developing the human competitive edge*. Oxford University Press.
- [12] Masten, A. S., & Reed, M. G. J. (2002). Resilience in development. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 74-88). Oxford University Press.
- [13] Reivich, K., & Shatte, A. (2002). *The resilience factor: 7 keys to finding your inner strength and overcoming life's hurdles*. Broadway Books.
- [14] Shuffler, M. L., Wiese, D. M., & Salas, E. (2019). Building resilience in leadership: A meta-analytic review of the impact of adversity on leadership behavior. *Journal of Applied Psychology*, 104(9), 1120-1135. <https://doi.org/10.1037/apl0000380>
- [15] Spreitzer, G. M. (1995). Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of Management Journal*, 38(5), 1442-1465. <https://doi.org/10.2307/256865>
- [16] Walumbwa, F. O., Avolio, B. J., Gardner, W. L., Wernsing, T. S., & Peterson, S. J. (2008). Authentic leadership: Development and validation of a theory-based measure. *Journal of Management*, 34(1), 89-126. <https://doi.org/10.1177/0149206307308913>
- [17] Walumbwa, F. O. (2013). Authentic leadership: Development and validation of a theory-based measure. *Journal of Management*, 39(1), 72-102. <https://doi.org/10.1177/0149206311430794>
- [18] Walsh, F. (2016). *Strengthening family resilience* (3rd ed.). The Guilford Press.
- [19] Werner, E. E. (1995). Resilience in development. *Current Directions in Psychological Science*, 4(3), 81-85. <https://doi.org/10.1111/1467-8721.ep10772383>

UNVEILING THE LAYERS: A SINGLE-CASE STUDY ON THE SEXUAL EXPRESSION OF A PHYSICALLY DISABLED WOMAN IN LAHORE, PAKISTAN

“Alishba Fatima” The University of the Lahore
Pine Avenue Gate 04, 540000 Lahore, Pakistan
Alishba.fatima@soc.uol.edu.pk

Gul I Warda Farid
University of the Punjab, Department of Sociology
184 Mamdot Block, Lahore, Pakistan
Wardafarid90@gmail.com

ABSTRACT

This study investigates the socio-cultural factors influencing the sexual expression and rights of physically disabled women in Lahore, Pakistan. Utilizing a biographical research method rooted in qualitative analysis, we will conduct in-depth interviews to understand individual perceptions of sexuality, as well as the barriers and facilitators experienced by these women. The research will examine the impact of family, friends, and healthcare providers on sexual expression, highlighting the role of support systems in diverse cultural contexts.

By addressing the intersection of disability and sexuality, this study aims to uncover how disability policies affect the sexual rights and experiences of physically disabled women. Our findings will provide valuable insights into the unique challenges and support mechanisms that influence their sexual health and well-being. Additionally, the study aims to propose policy changes to better support the sexual expression of physically disabled women in Lahore, Pakistan, thereby promoting inclusivity and improved sexual health outcomes.

This research aligns with the conference theme, "Empowering Voices, Shaping Tomorrow," by advocating for a better understanding and policy support for the sexual rights of physically disabled women. The insights gained from this study will inform interventions and guide the development of supportive measures by families, friends, healthcare providers, and policymakers. Ultimately, it will contribute to the empowerment and betterment of this marginalized population.

Keywords: Sexual expression, Disability, Women, Rights, Socio-Cultural, Marginalized

1 INTRODUCTION

In Pakistan, according to data from NADRA, the total number of disabled individuals in Punjab province is 147,539, with 295,093 individuals having physical disabilities. For individuals with disabilities, stigmatization is still a major problem, which is made worse by ambiguity around the term and uneven data collection categories (Ahmed, 1995). Many people believe that disability is a retribution for crimes, a belief reinforced by some religious discourses. However, the Quran and some Islamic interpretations consider disability to be a neutral condition (Bazna & Hatab, 2005).

While certain societies are progressing in recognizing the sexual needs and desires of people with disabilities, access to and understanding of sexual rights and relationships remain limited. People with disabilities has equal rights to pursue companionship, friendship, love, sexual enjoyment, and reproductive options. Various sexual rights organizations and feminists advocate for gender and disability rights, making these issues more visible.

Sexuality, defined as a person's capacity for sexual feelings, is a basic human need, shaped by social and religious ideas and practices. The World Health Organization (2012) defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality. Disabled people has the same rights to seek friendship, love, sexual pleasure, companionship, and reproductive choices (Shuttleworth et al., 2017; Dune, 2009; Braint et al., 2010; Stevens, 2010). Denying the sexuality of disabled individuals harms their personhood and identity (Foucault et al., 2007).

The Convention on the Rights of Persons with Disabilities defines disability as the interaction between impairments and barriers preventing full participation in society. Despite this, disabled people are often excluded from sexual activity and rights. Current legislation, including the European Court of Human Rights, ensures the legal right to sexual well-being, including the protection of sexual autonomy and forming personal relationships (Than, 2015; Perske, 2011).

Sexual and reproductive health rights (SRHR) are fundamental human rights that ensure individuals can make informed decisions about their sexual and reproductive health. However, women with disabilities in Pakistan often face significant barriers to accessing these rights. Despite the comprehensive framework provided by the Rights of Persons with Disabilities Act, 2016, and the National Policy for Persons with Disabilities, 2002, considerable gaps in both research and implementation persist (Mahmood et al., 2022). One of the primary issues is the lack of awareness and education regarding SRHR among women with disabilities, which significantly hinders their ability to access essential services. Additionally, significant obstacles pertaining to healthcare institutions' physical accessibility and the training of healthcare providers to address the specific needs of these women exist (Kelkay Rade et al., 2023).

Policy implementation is another critical area that requires improvement. Although policies exist to protect the rights of persons with disabilities, their enforcement is often inadequate. Strengthening the implementation of these policies and advocating for more inclusive and effective measures are essential steps toward bridging this gap (Hilmes & Paula, 2022). Furthermore, there is a pressing need for more comprehensive research and data collection on the SRHR of women with disabilities in Pakistan. Such research can identify specific barriers and assist in the creation of focused interventions, which are crucial for improving SRHR outcomes (Mahmood et al., 2022).

Enhancing support systems, including family, friends, and social services, plays a significant role in improving the SRHR of women with disabilities. Additionally, addressing cultural norms and stigma that hinder access to SRHR services is crucial for creating an inclusive environment (Kelkay Rade et al., 2023). For a thorough grasp of the obstacles and enablers to SRHR, mixed methods studies that integrate qualitative and quantitative methodologies are also required, as is more in-depth qualitative research to comprehend the lived experiences of women with disabilities (Hilmes & Paula, 2022). Longitudinal and comparative studies can further help in tracking changes over time and identifying regional disparities (Mahmood et al., 2022).

1.1 Understanding the Concept of Sexuality and Disability

Even though sexuality is an essential aspect of human existence, sexuality is frequently overlooked while discussing disabilities. The sexuality of women is often overlooked and misunderstood (Chivers, 2003). Sexuality is very visible in today's world, and women live in a highly sexualized society where having sex is seen as necessary to fit in. However, society often views disabled individuals, especially women, as asexual beings. This pervasive notion has led to the neglect of the sexuality of disabled people in both social settings and professional health contexts, including disability rights movements and disability studies. This neglect results in the continual marginalization, invisibility, and pathologization of disabled individuals (Shakespeare, 2000).

According to research, women with impairments also have sexual relationships, and some disabled people participate in sexual behaviors, defying the stereotype of asexuality (Walter et al., 2001). This suggests that people with disabilities have the same sexual rights and wants as other people. However, because they are not viewed as desirable, they frequently have obstacles in fulfilling sexual relationships. According to various research and works of literature, disabled people have a difficult time finding partners and having satisfied sexual experiences (Nosek et al., 2001). In general, because people with disabilities are more likely to be harmed and subjected to discrimination, their gender and sexual rights can be readily subjugated and made invisible. Instead of focusing on their basic sexual needs and desires which are human needs the attention is frequently drawn to their rights at work, justice, and health concerns. An overview of sexual assaults and victimization of handicapped people is given by research done in Australia and other countries, highlighting the necessity of striking a balance between these diverse identities and demands (Higgins, 2010).

Promoting the sexual rights of people with disabilities necessitates that academics and professionals acknowledge the diversity of people's lives and comprehend how issues of sexuality and disability intersect. It is essential to "un-silence" the body of disabled people and gendered concerns. This means focusing on the crossings and overlaps of identification categories rather than their collisions. In addition to the gender of individuals with disabilities, the confluence of sexuality and disability also impacts women, who are disproportionately affected by violence and abuse. It also takes into account how care is required and delivered.

1.2 Sex education and disability

According to one study, physical proximity and the perceived importance of quality of life were found to be more strongly correlated than present levels of enjoyment with quality of life. They contended that the reactions of parents, guardians, and the wider public may be the reason why people with physical disabilities reject their sexuality. This denial of one's sexuality was

responsible for the tenuous connection between quality-of-life satisfaction and sexual knowledge, experience, and feelings (McCabe et al., 2000).

1.3 Sexuality and Disability in the Context of Pakistan

In Pakistan, disabled individuals are under-represented and often invisible due to a lack of public planning, inaccessible environments, and state insensitivity. Disabled individuals were initially excluded from the 2017 population census, resulting in underreporting (Pakistan Today, 2017; Pakistan Bureau of Statistics, 1998). Disabilities in Pakistan are categorized into six types, with physical impairments being the most common (19%). However, data is not disaggregated by gender, age, or socioeconomic criteria, complicating the understanding of disability. Punjab has the highest number of disabled individuals, predominantly in rural areas, highlighting the link between poverty and disability. There are 1.9 million more disabled men than women in Pakistan.

Factors such as close kin marriages, inadequate healthcare, neglected immunizations, injuries, malnutrition, birth defects, and ischemic cardiovascular disease contribute to disabilities (Rathore et al., 2011). Polio has also been a significant cause. Despite progress, Pakistan remains affected by polio due to government inattention and opposition to immunization programs, though significant efforts in 2019 have brought the country close to eradication. The lack of gender-disaggregated statistics makes it difficult to identify gender-specific causes of impairment.

Studies in South Asia reveal that disability is often seen as a result of "karma" or divine punishment (Ghai & Mehrotra, 2008). In Pakistan, disabled individuals are viewed through theological lenses: as people needing care as a religious duty, as a trial from God, or as retribution for parental sins (Akhtar & Miles, 1983; Hussain et al., 2002). Physically challenged women's sexuality is frequently seen negatively and restrictively by their families leading to low self-esteem and isolation. Proper sexual health education is often lacking.

1.4 Significance of Sexual Rights and Marriage of Physically Disabled Women

Cultural views that see women as burdens contribute to perceptions of disabled women as additional liabilities. They are often considered asexual and unsuitable for reproductive roles, which limits their marriage prospects and sexual expression. Factors such as unsupportive environments, illiteracy, poverty, and social misconceptions hinder access to public spaces and healthcare services, exacerbating social stigma and exclusion. According to Mehrotra (2006), disabled women in rural areas are socialized to fulfill traditional gender roles to increase their marriage prospects, though their perceived sexual inertness remains a significant barrier.

In Pakistan women with disabilities often face limited options when seeking partners due to societal stigmas and misconceptions that exclude them from mainstream dating and marriage opportunities. These women long for partners who accept them for who they are and provide emotional and financial support. Unfortunately, finding a suitable partner can be challenging and disheartening due to these limited opportunities.

The literature underscores the social stigmatization and expectations imposed on women with physical disabilities, as well as their families' attitudes and understanding regarding intimacy and their sexual rights. Society frequently overlooks the contributions and roles of women with physical disabilities. Educated women with disabilities generally have more autonomy and actively engage in socioeconomic activities. However, societal biases often prevent disabled women from achieving aspirations such as marriage. The significance of education for disabled

women, which greatly influences their ability to navigate gender norms and elevate their status within both genetic and marital families, has not been thoroughly explored.

This study significantly enhances our understanding of how physical disability influences sexual expression, a relatively under-researched area, particularly in Lahore, Pakistan. By identifying the barriers and facilitators to sexual expression for physically disabled women, this research informs interventions aimed at addressing these issues. The study highlights the role of support systems in the sexual expression of physically disabled women, which could guide the development of supportive measures by families, friends, and healthcare providers. The insights gained from this study could inform policy changes to better support the sexual expression of physically disabled women in Lahore, Pakistan, leading to improved sexual health and well-being for this population. Lastly, this study promotes inclusivity by bringing attention to the sexual expression of physically disabled women, a topic that is often overlooked or stigmatized.

This study seeks to address the current gap in literature by shedding light on the lived experiences of young disabled women in Pakistan.

Based on the current literature and the policies discussed, this research aims to answer several key questions and meet specific objectives. The research will explore how physically disabled women in Lahore perceive their own sexuality and how their physical disability has influenced their sexual expression. It will identify the barriers these women face in expressing their sexuality and any facilitators that aid this process. Furthermore, the study will examine the role of support systems, such as family, friends, and healthcare providers, in influencing sexual expression. The policy implications based on these individual experiences will also be considered, with an emphasis on what changes could better support the sexual expression of physically disabled women in Lahore.

The objectives of this research are to delve into the individual's perception of her own sexuality, including the impact of her physical disability on her sexual expression. It aims to identify both the barriers and facilitators to sexual expression, uncovering the challenges faced and the factors that may assist in this process. The study will also examine the role of support systems in sexual expression, understanding how family, friends, and healthcare providers affect the individual's experiences. Finally, the research seeks to propose policy changes that could better support the sexual expression of physically disabled women in Lahore, based on the insights gained from their experiences. This comprehensive approach ensures that the study addresses the complexities of sexuality and disability, providing valuable insights for policy development and support mechanisms.

1.5 Theoretical Understanding

It is possible to include intersectionality into the theoretical framework. This idea, which has its roots in Black feminist activist research, stresses confronting overlapping identities (such as sexual identity, gender, race, and class) and the oppressive power structures that go along with it. Kimberlé Crenshaw (1989, 1991) emphasized intersectionality in legal literature on antidiscrimination laws, which marginalized Black women's experiences with discrimination by treating racism and sexism as distinct systems. The concepts of intersectionality theory have improved psychologists' comprehension of injustice and bias (Remedios & Akhtar, 2019).

The social model of disability suggests that individuals are disadvantaged by societal barriers rather than their impairments or differences. Physical hurdles, like inaccessible buildings, and

societal perceptions, such as the belief that disabled individuals are incapable of certain activities, contribute to this disadvantage. By recognizing and eliminating these barriers, we can foster equality and provide disabled people with more autonomy, options, and empowerment.

This concept recognizes that people experience multiple forms of discrimination and oppression at the same time. For women who are physically disabled, this encompasses not only their disability status but also their socioeconomic situation, gender, and race. To understand the obstacles physically challenged women encounter when it comes to sexual expression, one must have a thorough understanding of their intersectional experiences. The way that oppression and various identities interact to affect these women's sexuality can be explained by intersectionality theory.

2 Data Analysis and Case Presentation

In this research study, methodological and epistemological approaches are utilized. To gain a comprehensive understanding of experiences and analyze interviews thoroughly, the thematic analysis technique is employed to generate themes and sub-themes. This process involves identifying and examining patterns of actions and events within temporal and social contexts. By doing so, we explore how physically disabled women with diverse social experiences narrate their lives and express their perspectives and preferences regarding intimacy and fundamental needs, including their preferences for potential partners. Nonetheless, in the context of South Asia (Pakistan), this thematic analysis uncovered significant facets of physically disabled women's subjective perceptions of their partners as well as their knowledge and experiences regarding intimacy.

2.1 Societal Perceptions of Disability

In South Asian societies, particularly concerning women, their lives are heavily influenced by patriarchal norms, positioning them as inferior and subordinate to men. Women are commonly expected to take on the roles of caregivers, manage household chores, and have limited influence in domestic decisions. However, as women's social standing within their families increases, they gain opportunities to initiate changes for themselves and other women.

Disability is perceived as a social construct, like gender, ethnicity, and class, where individuals are often labeled as 'different' and excluded from mainstream social activities based on sociocultural interpretations of their limitations (Begum et al., 2005).

Regarding how society views women with physical disabilities, she says:

Society often lacks support for disabled individuals. / I: ahan / People don't provide opportunities for engagement and perceive you as a victim, which is especially painful for women. Despite their capabilities, they are often viewed as weak.

2.2 Perceptions of Capability and Limitation

Disabled women are frequently viewed as unsuitable for roles such as wives or mothers due to the misconception that their disabilities prevent them from fulfilling reproductive responsibilities, leading to their characterization as asexual. They are often seen as inferior and incapable of performing certain socially defined gender roles associated with womanhood.

Depending on their economic standing, women face varying levels of discrimination and restrictions. Stereotypical beliefs portray disabled women as unattractive, non-productive, less desirable, and incapable of expressing sexuality.

Following statement by the interlocutor's name Saleha Khanum states:

My grandmother said that they don't do my marriage as I am disable and with this disability, I feel that my disability prevents me from fulfilling the roles of a wife and mother. This belief has stuck with me, leading me to think that marriage is not an option for me, so I stopped considering it. / I: Hmm/ (From teenage years till now, you never thought about it?). Well, after completing my studies, when I moved to Lahore, I saw that disabled people were living fulfilling lives, getting married, and being comfortable with each other. This realization made me feel that I also deserve a relationship where someone is always there for me and truly understands me.

2.3 Societal Stigma and Disability

Public perception results in social stigmatization, as societal norms and socialization processes shape views on disability. In this context, people often think disabled women lack value, cannot contribute productively, and are dependent on others. Stigma, defined as a negative or derogatory trait associated with a person or group, can cultivate negative attitudes and misconceptions about disability (DSPD, 2016). Labeling, stereotyping, and prejudice all work together to generate status loss and discrimination for the stigmatized person or group, which frequently results in their disempowerment (Scior. M, 2016). She said:

"My disability became a wound for me, and sometimes I genuinely feel inferior because of it."

Consequently, since individual functioning and disability are context-dependent, it is essential to analyze these in terms of impairments to bodily structures and functions, activity limitations, and participation restrictions (WHO, 2001). This approach aids in recognizing the complexities of understanding disability and in developing a cross-national vocabulary related to it.

2.4 Societal Pressure on Gender and Disability Roles

Since social interaction is a typical way for people to connect with one another and act on their social knowledge and experiences, people engage in interaction and communication daily. While meddling with each other's personal opinions as a result, individuals feel compelled to conform to societal expectations due to social pressure, aiming for social acceptance. People interact through the process of socialization, which occurs at two levels: primary and secondary. Primary socialization involves learning during childhood, while secondary socialization encompasses the adaptation of already socialized individuals to new aspects of the existing world. "The concept of culture provides a framework for behavior and can be seen as another way of referring to norms without denying the importance of human agency". As a result, deviating from social or cultural norms leads to feelings of shame and exposes individuals to the risk of punishment (Fine, 2005).

Your environment greatly influences you, and it depends on the place or society you live in. For instance, in my village, if a man and a woman are seen sitting together, people often assume they are in a relationship. However, in cities like Lahore or Faisalabad, the community's perception is different. Societal pressure can make you vulnerable and negatively impact your life, but I have started ignoring others' opinions and focusing on what makes me feel good and benefits my parents.

According to research, persons with physical impairments, particularly women, have worse self-esteem and self-image than their able-bodied peers. This is due to a recognition of their uniqueness or malfunction in relation to social norms surrounding physical appearance and sexuality, as well as the absorption of highly stigmatizing ideas about the inability of people with disabilities to work, their sexual undesirableness, and their inability to feel like non-disabled people (Taleporos, 2003).

2.5 Family Perspectives on Daughter's Disability: Types of Family Dynamics

The family serves as the initial institution of learning, where children first acquire knowledge from their family before engaging with their peer groups. This process, known as socialization, profoundly influences a child's behavior. The family plays a crucial role in shaping one's personality and acts as a support system for personal development. In the case of children with disabilities, they require additional care and support to aid their growth and development. Familial attitudes and support are vital in shaping an individual's life. This research focuses on the attitudes and support provided by families towards the rights of disabled women or girls and their disabilities.

After my parents passed away, I was adopted by my uncle, who took excellent care of me. I lived in a nuclear family system where every member of my family was incredibly supportive despite my disability. My grandfather has been a great source of support, and thanks to my family's backing, I am not restricted in any way and can go anywhere.

Research indicates that familial attitude refers to behaviors and attitudes that are believed to be oriented towards other people, rather than the opinions that family members express about their own body image. Other family members, such as spouses and more distant relatives, in addition to parents and siblings, usually respect and take into account the opinions and expectations of other family members. Additionally, a very strong inscription may be left by internal criticism or ridicule.

Positive familial support and acceptance are necessary because family attitudes have a significant impact on the lives of disabled people, and knowledge of attitudes helps one understand social interactions, socialization, and the formation of prejudices. Women are afraid of society, and if they are disabled and alone, no one will take her into consideration, which can have negative consequences (Antonak & Livneh, 2000).

2.6 Familial Perspectives on the Intimate Needs of Women with Disabilities

Sexual needs are fundamental to every individual. However, in Asian societies, particularly in Pakistan, discussions about sexuality and intimacy are highly repressed. A significant lack of awareness exists due to various factors such as cultural values, moral issues, religious beliefs, societal norms, and more. In Pakistani culture, conversations about sexual needs are often cloaked under the guise of marriage. If someone tries to express their personal needs, they find it challenging because of numerous constraints. People tend to suppress their feelings and control these basic needs out of respect for their family, to honor promises made to their parents, and due to religious considerations. As she states:

I have no desires. There's never any discussion about my marriage, so I believe it's likely due to my disability. After my parents passed away, I now live with my brother. Once, I received an

official proposal, but my brother's wife declined it on my behalf. / I: Why? / Perhaps because of my disability.

This account illustrates how families may prioritize their own perceptions and rights over those of the individual. In this case, her sister-in-law refused a marriage proposal without consulting her. It reflects a societal tendency to overlook personal feelings and desires in favor of adhering to established norms.

They didn't consider my feelings.

This highlights that, in Pakistani society, families often do not place their children's needs and emotions above their own values and reputation. They may be unaware or choose to ignore these fundamental needs, as women with disabilities are frequently perceived as asexual and non-productive, lacking emotions and desires.

The Islamic principle of aiding those in need encourages an altruistic approach toward individuals with disabilities in Pakistani culture. According to predominant Islamic views, providing care to people with disabilities is considered a religious duty (Akhtar & Miles, 1983). In this context, the family's attitude appears to stem from religious obligation or societal expectations rather than a genuine desire to understand and engage with the lives of people with disabilities.

2.7 Personal Perspectives on Self, Intimacy, and Marriage

2.7.1 Self-Presentation

In her analytical examination of gender and disability, Wendell (1992) observes that women are often perceived in relation to the dominant group men. In a similar vein, she investigates the situation of those with impairments and discovers that they receive different treatment than persons without disabilities. The non-dominant group is viewed as the "other" in relation to the dominant group in both situations. According to Wendell, this relationship is unbalanced as the majority group sets the rules. People may decide not to reveal certain parts of themselves out of avoidance or fear. According to Lynch and Gussel (1996), unfavorable responses to a person's declaration of a disability may deter future self-disclosure. The majority of disability and self-concept research and literature has addressed physical disabilities, including how to handle stigma and prejudice and cultivate a positive self-image (Frank et al., 1988). Disabled individuals are often devalued and perceived as incapable of performing tasks perfectly. She shared:

Whenever I think of doing anything, the thought of my disability comes to mind. Maybe if I weren't disabled, I could do anything like able-bodied people.

She also mentioned:

I always attempt to assist others, and the people around me are encouraging. I never force myself on other people because I think that my own circumstances don't justify upsetting or devaluing them. I don't want my condition or myself to cause my family any hardship or embarrassment." "Special people will never defraud anyone," I said.

According to Matthews and Harrington (2000), individuals with hidden impairments often strive to keep their conditions concealed due to factors like stigma, shame, impression management, and interpersonal effects. They suggest that concealing one's disability can have both physical and psychological consequences, which may be positive or negative. All participants interpret their self-presentation and perception of their disability based on their life experiences, including the attitudes, behaviors, and stigmatization they've faced, and how these have impacted their lives. Other studies have shown that self-representation can be a powerful tool, allowing external groups to gain exposure to different cultures while raising the collective esteem of that culture, promoting intergroup unity and intragroup empathy (Erica, 2018). In the current study, some women with physical disabilities present themselves as 'abled,' viewing their disability as a challenge they can overcome and believing they can achieve **anything. They portray themselves as resilient and practical.**

2.8 Independence and Fulfillment of Basic Needs

Women play a crucial role in sustainable development and family well-being. They undertake various responsibilities within the family, including being a wife, leader, administrator, family income manager, and, most importantly, a mother. A woman serves as a man's partner, companion, and confidante. She sacrifices her personal desires and ambitions to maintain moral standards, alleviate her spouse's stress and pressure, and ensure the family's harmony and order.

I am working hard to achieve something meaningful in my life. / I: Ahn/ (I am putting in all these efforts to remove the label of "courtesan" from myself and to ignore what others say).

When I told my father that I wanted to study, he agreed, and when I expressed my desire to go to Lahore for higher education, he took some time to decide (My father took a long time to decide whether to send me out of the city for studies). After graduating, I started teaching at the same school I had attended. I don't want to depend on my family, so I earn my income through stitching and teaching.

Previous studies show that individuals with physical impairments, especially youth, tend to have lower self-esteem and self-image than their able-bodied peers. This stems from an awareness of their differences or perceived shortcomings relative to societal standards of physical appearance and sexuality, as well as the internalization of stigmatizing attitudes regarding their sexual desirability (Taleporos & McCabe, 2003). Despite having lower self-images, disabled individuals are determined to achieve something and prove themselves through their efforts for their own and their families' well-being.

2.9 Navigating Needs, Desires, Self-Control, and Family Honor

In Pakistani society, cultural norms, values, and upbringing greatly influence our personalities. People must adhere to the traditions established by their forefathers, which each generation is expected to follow. When it comes to basic needs, particularly intimacy and sexual rights, these topics are seldom discussed due to a lack of recognition of these rights. For disabled women, this lack of recognition is even more pronounced, as families often believe there is no need for these rights and practices. As a result, those with disabilities who recognize or need these rights must

control their feelings due to numerous cultural and personal commitments, as well as out of respect for their families.

Controlling one's feelings and needs is often linked to upholding one's father's honor. (When I left home, I promised myself to protect my dignity for the sake of my father's respect.)

As a human being, I have feelings. Being disabled, I felt that my sexual desires were heightened, and I yearned for someone who would always be there for me. However, I controlled these feelings when there was no hope in sight. When I received my first marriage proposal, I consulted a doctor to determine if I was capable of marriage. / I: ahn great / I felt sexually inferior.

There are feelings and needs, but given the circumstances, you must suppress them. (I just control my emotions and try to manage my affairs independently so that I don't depend on others. I promised my father to uphold my dignity and his respect.)

Controlling feelings means managing basic needs, including sexuality. For some, sexuality refers to bodily impulses, desires, or sexual orientation, while for others, it relates to how they feel about themselves, their bodies, and their ability to be a desirable intimate partner. We use the term sexuality broadly to encompass the wide range of opinions, experiences, and insights related to sex (physicality, function, and knowledge) and sexuality (sexual exploration, desire, and romance) discussed by our participants. Identity involves a wide range of psychological and emotional challenges associated with personal and social development, which can be difficult to navigate without sufficient definition or contextualization (Brubaker & Cooper, 2000).

All these factors are due to the socialization through which individuals learn how to behave according to expected reasonable roles by society. South Asian women, as a result, enjoy a regulated autonomy that is linked to family values. In cities, social class hierarchies are organized into three categories: upper, medium, and lower class. Each class has specific features based on financial status and geographical origin that have a significant impact on gender arrangements within the family.

2.10 Health Challenges and Reproductive Concerns

At the state level, the medical perspective predominantly shapes the concept of disability. Since the enactment of the first disability legislation, the Disabled Person (Employment & Rehabilitation) Act (1981), disability has been defined in legal and policy frameworks as a medical or mental condition that hampers daily activities and social interactions. Due to this medical definition, disability has largely been managed in Pakistan through medical and rehabilitative programs. However, it is important to note that the policy does not address the reproductive and sexual health needs of disabled individuals, particularly disabled women. Consequently, no plans for pre- and post-natal care services for vulnerable women have been developed. The focus remains on early intervention, impairment assessment, and medical treatment.

She states: "My family takes good care of me, but over time, my health issues have worsened with age. I consulted a doctor about my health and reproductive awareness because I wanted to know if I could conceive and engage in sexual activities. (Am I capable of getting married?) I am sharing this with you... pause... / I: If you're not comfortable, I can stop recording. / She continued: I want to consult with a female doctor, but there is no female doctor available to discuss this issue with."

Disabled individuals are entitled to healthy sexual well-being and sexual citizenship. Unfortunately, this is not always upheld, and support for sexual well-being is often lacking in the services offered by health and social care professionals.

2.11 Lack of Awareness

Disabled individuals in Pakistan are typically perceived through their disabilities (Lari & Miles, 1992). Such disability evaluation is based on the parental perception that impaired children cannot achieve anything significant in life and, as a result, have a negative impact on the family's social standing.

Through education and exposure, I learned about various aspects of life, including husband-wife relationships, childbirth, and childcare. I also consulted with a doctor about my ability to get married.

Young disabled individuals are sexual beings who deserve equal rights and opportunities to manage, choose, and access their sexuality, sexual expression, and fulfilling relationships throughout their lives. This is crucial for their overall physical, emotional, and social well-being. However, cultural stereotypes that view disabled bodies as non-normative, different, or deviant have contributed to the problematic portrayal of disabled people's sexuality in public (Shah, 2017).

2.12 Expectations of Abilities and Views on Marriage

Young disabled individuals are sexual beings who merit equal rights and opportunities to manage, choose, and access their sexuality, sexual expression, and fulfilling relationships throughout their lives. As stated by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (United Nations, 2006), disabled individuals are entitled to these rights so "enjoy legal capacity on an equal basis with others in all aspects of their lives." Sexuality, according to the World Health Organization (2012), is a global issue that is critical to human development. As a result, it is necessary to have a healthy and respectful approach to sexuality and sexual relationships, as well as the ability to enjoy pleasurable and safe sexual encounters free of coercion, discrimination, and violence." In this study disabled women shared their expectations about their prospect partner as well as conception of marriage according to their experiences and choices.

Someone should proudly acknowledge their connection to you and consistently stand by your side. What you truly need is love, care, and acceptance.

The topic of disabled women's sexuality is often considered taboo and thus remains hidden and unaddressed, even among society's intellectual circles. Viewing disabled women as sexually inactive not only restricts their opportunities for marriage but also suppresses their sexual expression.

Being a woman is challenging, and today, women are often marginalized, with an imbalance between masculine and feminine energies. There is a need to transform the norms of femininity and create harmony between male and female energies. Society is not supportive of disabled individuals or able-bodied women.

To address the social and cultural stigma associated with disability and repressive feminine norms in our culture, state and community partners must work together immediately. Women's devalued status and cultural ideals of femininity exacerbate constraints, making oppression of disabled women worse.

2.13 Preference About Partner

Every individual has the right to choose their own partner. Humans are inherently social beings who thrive on interaction, communication, and sharing thoughts and lifestyles. There is always a need for someone who will stand by you through thick and thin. Disabled individuals, like everyone else, have feelings, emotions, and expectations. Disabled women have fundamental rights and emotions that need to be acknowledged for their well-being. They deserve to be loved and to enjoy all the rights that come with being in a relationship with their partners.

I considered having a partner or getting married, but then thoughts about my disability made me question my ability to take on responsibilities, so I didn't expect much, except for someone who would accept me with all my flaws.

At the start of the interview, she mentioned that she experienced sexual harassment at a bus stop. The bus conductor harassed her while she was in her period, which made her feel even more hurt (She referred to her disability as a wound for her). / I: Hmm/ After completing her master's degree, she got engaged, but there was no follow-up from her fiancé. He wanted to engage in a sexual relationship, but she insisted on getting married (Nikah) first. He asked for a physical relationship one or two times, but she refused. Now, if he proposes marriage, she will firmly say no.

The statements above illustrate how male members of society exploit women, particularly those with physical disabilities. They manipulate their emotions and view them merely as sexual objects. Women are often seen primarily as objects for male sexual gratification. There is an urgent need to improve the status of women in society and empower them to exercise their rights. Additionally, it is crucial to change men's attitudes towards the sexual rights and needs of physically disabled women, as well as to respect their dignity.

2.14 Exploitation of Disabled Women

Women with physical disabilities are often viewed as vulnerable and inferior. Society tends to exploit them for selfish purposes, disregarding their emotions and treating them as non-reproductive objects. This harmful perception leads to their exploitation for materialistic needs, ignoring their humanity and the value they bring.

It means nothing if someone accepts you or thinks of you in private; he should accept you as his partner in public; if not, he is taking advantage of you. It is not a good or respectable relationship; thus I may claim that my relationship is zero.

Because they have less control over their resources and depend on men or family for financial and other support, disabled women are more likely to experience discrimination in this area. Furthermore, the prevalent belief that women with disabilities are unable to marry weakens the need for social and state-level education on reproductive health and rights. The conventions of femininity defined by caste and class based patriarchal beliefs complicate and perplex disabled women's lives. The cultural implications associated with disability connect with the devalued status of women, exacerbating disparities for disabled women and persons, particularly males, who take advantage of physical impaired women's standing in society.

3 DISCUSSION

This study, "Unveiling the Layers: A Single-Case Study on the Sexual Expression of a Physically Disabled Woman in Lahore, Pakistan," has highlighted the multifaceted challenges faced by disabled women in Pakistan regarding their sexual and reproductive health rights (SRHR). Despite existing legal frameworks, significant gaps in awareness, accessibility, and policy implementation persist, hindering disabled women's ability to exercise their SRHR fully.

The societal perception of disability, particularly the view of disabled women as asexual and non-productive, exacerbates their marginalization. This study underscores the need for a paradigm shift in societal attitudes towards disabled individuals, recognizing their sexual rights and needs as fundamental human rights. The intersection of disability and sexuality must be understood holistically, considering both the physical and social dimensions of disability.

Familial attitudes play a crucial role in shaping the experiences of disabled women. Supportive families can significantly enhance the quality of life for disabled individuals, while negative attitudes and lack of understanding can lead to isolation and low self-esteem. The study reveals that disabled women often face additional barriers in finding partners due to societal stigmas and misconceptions, further limiting their opportunities for fulfilling relationships.

The research also highlights the importance of education and awareness in addressing these challenges. Comprehensive sex education and awareness programs are essential to equip disabled women with the knowledge and confidence to assert their sexual rights. Additionally, healthcare providers must be trained to address the specific needs of disabled women, ensuring accessible and inclusive healthcare services.

4 METHODOLOGY

Biographical research, rooted in qualitative analysis and the interpretive social paradigm, focuses on life histories and deriving significance from biographical narratives and documents. Interview transcripts serve as the primary data source.

Sample and Sampling Strategy

This single-case study uses a snowball sampling technique to select a physically disabled woman from Lahore, chosen for her unique experiences related to the research question. The aim is to gain a comprehensive understanding of the experiences of physically disabled women in Lahore.

Data Collection Tool

An interview guide was the primary tool for data collection. In-depth, face-to-face interview was conducted, comprising 90-120 minutes. Interview was held in Urdu and Punjabi to ensure participant comfort.

Data Analysis

The interpretivist approach was used, acknowledging the independent existence of the external world and its influence on individual experiences. Interview analysis involved open coding, adhering to phenomenological principles. This method helped uncover unconsidered aspects and understand the participant's perspectives. Topics such as Family, Peers, Schooling, and Childhood were traced, and connections synthesized to form theoretical categories, related to themes like familial attitudes towards disability, marriage, and sexuality.

Ethical Considerations

Informed consent was obtained, ensuring that the participant understood the study's purpose, the voluntary nature of participation, and her right to withdraw at any time. Interview recordings were anonymized and securely stored to maintain confidentiality. Concepts were explained in Urdu and Punjabi for clarity and comprehension, addressing any concerns during the interviews.

5 CONCLUSION

In conclusion, this study calls for a concerted effort from policymakers, healthcare providers, and society at large to recognize and support the sexual and reproductive health rights of disabled women in Pakistan. By addressing the existing gaps and fostering an inclusive environment, we can work towards a more equitable society where disabled women can fully exercise their rights and live with dignity and respect.

There is a crucial need for social policies that enhance public awareness and strengthen advocacy to reduce misconceptions about disability and support the sexual and reproductive rights of women with impairments. These women have the same desires and legitimate rights to marry and choose their partners as anyone else. However, patriarchal societies, such as those in Pakistan, exhibit substantial gender bias favoring males. Women with disabilities face greater challenges in accessing education, marriage, employment, and basic rights compared to their disabled male counterparts (Devokota et al., 2019).

Marriage is a cultural norm in South Asian societies such as Pakistan. This study investigates the challenges that women with physical disabilities have when looking for marriage partners because of social beliefs that portray them as burdens rather than contributors to families and society. Although Pakistan ratified the Convention on the Rights of Persons with Disabilities in 2011 (United Nations), many people with disabilities continue to face discrimination, denial of rights, and unequal access to basic services, despite numerous national laws and regulations addressing their needs and rights.

This study highlights that perceptions of disability and recognition of intimacy and sexual rights can evolve over time and vary across individuals and cultures. It is imperative to understand disability holistically and promote inclusive attitudes to ensure disabled individuals can lead fulfilling lives and contribute to society.

6 Limitations

While this study provides valuable insights into the sexual expression and reproductive health rights of physically disabled women in Pakistan, several limitations must be acknowledged. This research is a single-case study, which limits the generalizability of the findings, as the experiences of one individual may not represent the diverse experiences of all physically disabled women in Pakistan. The study relies heavily on personal narratives and subjective experiences, which can introduce bias. The participant's perceptions and interpretations of their experiences may not be universally applicable. Moreover, the findings are deeply rooted in the cultural and social context of Lahore, Pakistan, and cultural norms and societal attitudes towards disability and sexuality may vary significantly across different regions and communities within Pakistan and beyond.

Additionally, the data collected is based on self-reported information, which can be influenced by social desirability bias, potentially affecting the authenticity of the data. The study does not include quantitative data or a broader survey of disabled women, which could provide a more comprehensive understanding of the issues faced by this population. The research primarily focuses on physical disability, potentially overlooking the experiences and challenges faced by individuals with other types of disabilities, such as intellectual, sensory, or mental health disabilities.

Furthermore, while the study acknowledges the lack of accessible healthcare services, it does not delve deeply into the systemic healthcare barriers that exist for disabled women in Pakistan. The study highlights gaps in policy implementation but does not provide an in-depth analysis of the specific barriers to effective enforcement of disability rights and sexual health policies. The temporal context of the data reflects the participant's experiences at a specific point in time, and changes in societal attitudes, policies, and healthcare services over time may influence the relevance of the findings. Finally, the study's focus on an urban setting (Lahore) may not capture the experiences of disabled women in rural areas, where access to resources and societal attitudes can differ significantly.

Despite these limitations, the study offers valuable contributions to understanding the sexual and reproductive health rights of physically disabled women in Pakistan. It underscores the need for further research, advocacy, and policy interventions to address the unique challenges faced by this marginalized group.

7 Recommendation

To improve the sexual and reproductive health rights (SRHR) of women with disabilities in Pakistan, several key areas require focused attention. First, there is a significant need to increase awareness and education about SRHR among women with disabilities through targeted public awareness campaigns and integrating comprehensive sex education into school curricula and community programs. Ensuring that healthcare facilities are physically accessible and that healthcare providers are trained to address the specific SRHR needs of women with disabilities is crucial. Additionally, deploying mobile health units to provide services in rural and underserved areas can greatly enhance access to care.

Strengthening the enforcement of existing disability and SRHR policies, as well as developing and implementing new inclusive policies, will bridge the gap between legislation and practice. Comprehensive research, both quantitative and qualitative, is needed to gather data on the SRHR needs and experiences of women with disabilities, complemented by longitudinal studies to track changes over time. Support systems play a vital role, and efforts should be made to develop educational programs for families and establish community support networks and peer groups.

Cultural sensitivity is essential; initiatives must respect the diverse cultural contexts within Pakistan, and media should promote positive representations of women with disabilities to challenge stereotypes. Empowerment programs are necessary to provide women with disabilities the skills and confidence to advocate for their rights, and advocacy training should be offered to help them effectively engage with policymakers. By addressing these areas, we can work towards an inclusive and equitable society where the SRHR of women with disabilities in Pakistan are recognized, respected, and supported, ultimately contributing to the empowerment and betterment of this marginalized group.

ACKNOWLEDGEMENT: We would like to express our deepest appreciation to everyone who contributed to the realization of this research. First and foremost, our heartfelt gratitude goes to the participants of this study. Her willingness to share her personal experiences has been invaluable, and her bravery and openness are profoundly appreciated.

We extend our sincere thanks to our families and friends. Your unwavering support and encouragement have been a constant source of strength and motivation for us throughout this journey. We are also immensely grateful to our colleagues and mentors for their insightful guidance and support. Your feedback and suggestions have played a crucial role in shaping this research.

Finally, we would like to acknowledge our respective institutions and the Tomorrow People Organization. Your support has provided us with the platform to present our paper and share our findings with a global audience. This opportunity to collaborate with professionals from around the world has been truly inspiring and has fostered meaningful change.

FUNDING: “This research received no external funding”.

CONFLICT OF INTEREST: “Authors declare no conflict of interest”.

REFERENCE

- [1] Addlakha, R., Price, J., & Heidari, S. (2017). Disability and sexuality: Claiming sexual and reproductive rights. *Reproductive Health Matters*, 25(50), 4-9.
<https://doi.org/10.1080/09688080.2017.1336375>
- [2] Ahmad, A. (2019, December 17). Pakistan ranks 151 out of 153 on global gender parity index: World Economic Forum report. *Dawn*. <https://www.dawn.com/news/1522778>
- [3] Ahmad, M. (2013). Health care access and barriers for the physically disabled in rural Punjab, Pakistan. *International Journal of Sociology and Social Policy*, 33(3/4), 246–260.
<https://doi.org/10.1108/01443331311308276>
- [4] Ahmed, T. (1995). The population of persons with disabilities in Pakistan. *Asia Pac Popul J*, 10(1), 39-6.
- [5] Ba, D. C., & Ostrove, J. M. (2003). Representations of disability and the interpersonal relationships of women with disabilities. *Women & Therapy*, 26(3–4), 179–194.
https://doi.org/10.1300/J015v26n03_01
- [6] Bazna, S. M., & Hatab, T. A. (2005). Disability in the Quran: The Islamic alternative to defining, viewing and relating to disability. *Journal of Religion, Disability & Health*, 9(1), 5-27.
- [7] Bond Disability and Development Group (DDG). (2017). Stigma, disability and development. *Bond*. https://www.bond.org.uk/sites/default/files/resource-documents/stigma_disability_and_development.pdf
- [8] Callen, K. (2022). Disabled sexualities: A theoretical review of sociological approaches and a call to problematize the normative/non-normative dialectic. *Sexualities*, 25(5-6), 502-522.
<https://doi.org/10.1177/1363460720973892>

- [9] Devkota, H. R., Kett, M., & Groce, N. (2019). Societal attitude and behaviours towards women with disabilities in rural Nepal: Pregnancy, childbirth and motherhood. *BMC Pregnancy and Childbirth*, 19(1). <https://doi.org/10.1186/s12884-019-2171-4>
- [10] Division for Social Policy and Development (DSPD). (2016). Toolkit on disability for Africa – Culture, beliefs and disability. UN. <http://www.un.org/esa/socdev/documents/disability/Toolkit/Cultures-Beliefs-Disability.pdf>
- [11] Esmail, S., Darry, K., Walter, A., & Knupp, H. (2010). Attitudes and perceptions towards disability and sexuality. *Disability and Rehabilitation*, 32(14), 1148–1155. <https://doi.org/10.3109/09638280903419277>
- [12] Groce, N. E. (2004). Adolescents and youth with disability: Issues and challenges. *Asia Pacific Disability Rehabilitation Journal*, 15(2), 13-32.
- [13] Higgins, D. (2010). Sexuality, human rights and safety for people with disabilities: The challenge of intersecting identities. *Sexual and Relationship Therapy*, 25(3), 245–257. <https://doi.org/10.1080/14681994.2010.489545>

WOMEN'S LEADERSHIP AND EMPOWERMENT CONFERENCE 2025
1-3 MARCH 2025
CONFERENCE PROCEEDINGS

ISBN 978-86-83004-01-0
