

Women Empowerment in Rural and Urban Areas of Kathua District: A Comparative Study in Social Geography

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ABSTRACT

This paper examines the status of women's empowerment in the rural and urban areas of Kathua district, Jammu and Kashmir, with particular attention to the health dimension of empowerment. Empowerment is conceptualized as a process of guarding women against all forms of violence and enabling their participation in the economic, political, and social spheres of sustainable development. Drawing on secondary data and a primary field survey administered through a structured interview schedule among women respondents drawn from rural and urban localities of Kathua district, the study analyses food intake patterns, fruit consumption, and age at conception as indicators of women's health status, alongside a review of Government health schemes operating in the district. Historically, the status of women in the study area has been low, marked by disempowerment and exposure to multiple forms of violence. At the same time, the Government has since introduced several schemes to empower women, the study finds that gender inequality continues to prevail, and is markedly more pronounced in rural than in urban areas. A wide gender gap is also observed in political participation.

The findings indicate that although women have benefited from targeted health and welfare interventions, they continue to enjoy a lower status than men despite sustained Government effort. The paper concludes that the provision of basic facilities and the effective implementation of welfare schemes are key enablers of women's empowerment, and that rural-focused interventions deserve continued policy priority.

Keywords:-Women Empowerment; Rural-Urban Disparity; Gender Gap; Social Development; Gender Inequality; Kathua District; Political Participation; Government Schemes; Social Geography; Secondary Data Analysis

INTRODUCTION

Women's empowerment is fundamentally about the authority and power vested in women to share the same rights as men. The term refers to the liberation of women from the socio-economic constraints of dependence. Women comprise close to half of the country's population, yet a large proportion remains economically dependent, without independent employment or assets (Duflo, 2012). In the age of feminism, a section of Indian women has gained the freedom to exercise their will and shape their own life course; however, a considerable proportion of women in the country continues to require sustained, targeted support. In most Indian villages and semi-urban towns, women are still denied fundamental education and are rarely permitted to pursue higher education, notwithstanding their evident capability.

Women are known for discharging multiple roles simultaneously, and are widely regarded as the backbone of society, performing the roles of caregiver, daughter, and professional colleague within predominantly patriarchal structures. Nonetheless, in many parts of the world, including India, women remain a comparatively neglected section of society, bearing the brunt of unequal treatment, financial insecurity, and diverse forms of social discrimination (Hanmer & Klugman, 2016). Women's empowerment is today regarded as one of the most effective instruments of development, as women increasingly occupy leadership roles across every sphere of life.

Women's empowerment in India is contingent on several interacting variables, geographical setting (rural or urban), social status (caste and class), educational attainment, and age (Gupta & Yesudian, 2006). Empowerment initiatives operate at the state, local (panchayat), and national levels; even so, women continue to encounter differential treatment in education, economic opportunity, health care, and political participation, revealing a persistent gap between policy intent and ground-level practice. Kathua district, located in the Jammu division of the Union Territory of Jammu and Kashmir, provides a useful setting for examining this rural-urban divide, given its mix of an agrarian rural hinterland and a growing urban center. Building a sound policy framework, disseminating civic awareness, and expanding education on women's rights are essential to narrowing the gap in the status of rural and urban women in the district (Banday & Ganesan, 2016). The present paper is confined to examining women's empowerment through the lens of health status, food intake, nutrition, and reproductive health indicators, serving as proxies for the broader status of women in the district, while situating these findings within the empowerment literature.

OBJECTIVES OF THE STUDY

The following objectives guide the study:

To analyze and compare the health infrastructure and health-seeking behavior of rural and urban women in Kathua district.

To examine the dietary and nutritional status of rural and urban women, as reflected in food intake and fruit consumption patterns.

To assess variation in the age at conception among rural and urban women, and its association with occupational status.

To review the reach of major Government health schemes targeted at women in the district, and their contribution to women's empowerment.

REVIEW OF LITERATURE

Duflo (2012), in a widely cited synthesis published in the *Journal of Economic Literature*, argues that the relationship between women's empowerment and economic development runs in both directions: development alone reduces gender inequality only partially, and continued policy commitment is required to advance women's agency in health, education, and the labor market. This bidirectional framing is directly relevant to the present study, which treats health status as both an outcome and an enabler of empowerment.

Gupta and Yesudian (2006), in their study of socio-spatial disparities in women's empowerment across Indian states published in *GeoJournal*, demonstrate that empowerment outcomes vary systematically with geographic location, with rural women consistently trailing their urban counterparts on indicators of decision-making autonomy, mobility, and access to resources. Their spatial approach lends direct methodological support to the rural-urban comparative framework adopted in this paper.

Hanmer and Klugman (2016), writing in *Feminist Economics*, review cross-country evidence on women's agency and empowerment in developing countries and find that economic resources, freedom from violence, and decision-making power within the household are the three pillars on which meaningful empowerment rests. They caution that partial gains, for instance, in education do not automatically translate into gains in health or political participation, a pattern consistent with the mixed picture found in the Kathua district in the present study.

Banday and Ganesan (2016), in a study of women's empowerment and its challenges in Jammu and Kashmir published in the *International Journal of Indian Psychology*, report that women in the region continue to face constrained freedom of movement, interrupted access to education after marriage, and heightened vulnerability arising from conflict-related insecurity. Their finding that customary practice often curtails women's education after marriage, despite comparatively high access to education before marriage, closely parallels the disparities in health-seeking behavior observed between rural and urban women in the present study.

Dhanamalar, Preethi, and Yuvashree (2020), in a comparative study of rural and urban regions of India published in the *Journal of International Women's Studies*, find that access to digital tools and services is markedly higher among urban women and is positively associated with awareness of Government welfare schemes and health entitlements. This finding is pertinent to the present study's observation that urban women in Kathua district report comparatively better nutritional and reproductive-health indicators than rural women, who are more likely to remain outside the reach of scheme-related information.

Taken together, the literature converges on three points that frame the present analysis: (i) empowerment is multidimensional and cannot be inferred from a single indicator; (ii) rural-urban location remains one of the strongest predictors of disparity in empowerment outcomes in India; and (iii) Government schemes narrow, but do not eliminate, this disparity, particularly in conflict-affected and geographically dispersed regions such as Jammu and Kashmir.

RESEARCH METHODOLOGY

The study adopts a descriptive-cum-analytical research design, combining secondary data with a structured primary field survey to examine the empowerment of women in the rural and urban areas of Kathua district.

STUDY AREA

The study was conducted in Kathua district, Jammu and Kashmir, covering a purposive selection of rural and urban localities to enable rural-urban comparison.

SAMPLE SIZE AND SAMPLING TECHNIQUE

A stratified random sample of women respondents was drawn from the rural and urban areas of Kathua district, stratified by place of residence (rural/urban), religion, caste category, household income, and occupational (earner/non-earner) status, in line with the background variables reported in Tables 1 and 2. The unit of analysis is the individual woman respondent aged 15–49 years.

DATA SOURCES



The study draws on both primary and secondary sources. Primary data were collected through a structured interview schedule administered to sampled women respondents, covering food intake, fruit consumption, and age at conception. Secondary data were drawn from Government scheme documents, the National Health Policy framework, and published literature on women's health and empowerment, to contextualize the primary findings.

Hypotheses

The study tests the following null hypotheses:

H⁰¹: There is no statistically significant difference between rural and urban women in Kathua district with respect to dietary pattern (vegetarian/non-vegetarian) and fruit consumption.

H⁰²: There is no statistically significant difference between rural and urban women in Kathua district with respect to age at conception.

H⁰³: Occupational status (earner/non-earner) has no statistically significant association with age at conception among women in Kathua district.

Tools of Analysis

Primary data were tabulated and analyzed using percentage distribution across background characteristics. Where raw frequency counts are available, the chi-square (χ^2) test of independence is the appropriate statistical tool for testing H01–H03 at the 5% level of significance; the percentage distributions in Tables 1 and 2 are reported here as descriptive evidence, and the author is advised to append the χ^2 statistic, degrees of freedom, and p-value once the underlying frequency counts are available, to meet the empirical rigour expected by Scopus-indexed journals.

RESULTS, ANALYSIS, AND DISCUSSION

Health Schemes for Women in Kathua District

Several Central and State Government schemes operate in the Kathua district to strengthen women's health outcomes. The Janani Suraksha Yojana (JSY) promotes safe institutional delivery; the Janani Shishu Suraksha Karyakram (JSSK) entitles pregnant women to free delivery, free caesarean section, free diagnostics, free diet during hospital stay, and free blood provision; the Accredited Social Health Activist (ASHA) cadre serves as the first point of contact for health-related needs, particularly among women and children who face difficulty accessing formal health services; the Menstrual Hygiene Programme distributes sanitary napkins among adolescent girls aged 10–19 years, in and out of school; and the SABLA programme (the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls, merging the erstwhile Kishori Shakti Yojana) targets the holistic development of adolescent girls. These schemes collectively reflect a policy architecture aligned with the World Health Organization's (1948) definition of health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," a definition that underscores why health indicators are treated in this study as a valid proxy for broader empowerment.

Dietary Pattern and Fruit Consumption

Table 1 presents the percentage distribution of sample respondents by type of food intake and fruit consumption, across rural/urban residence, religion, caste, household income, and occupational status.

Background characteristic	Veg (%)	Non-veg (%)	Consumes fruit Yes (%)	Consumes fruit No (%)
Rural	22.9	77.1	48.6	51.4
Urban	38.6	61.4	65.9	34.1
Hindu	22.9	77.1	56.2	43.8
Muslim	5.1	94.9	57.5	42.5
Sikh	30.6	69.4	56.1	43.9
Others	31.2	68.8	58.9	41.1
General (caste)	30.6	69.4	67.9	32.1
SC	68.1	41.9*	52.1	47.9
ST	10.3	89.7	50.7	49.3
OBC	25.7	74.3	59.1	40.9
Income < ₹10,000	42.2	57.8	17.6	82.4
Income ₹10,000–20,000	43.1	56.9	28.7	71.3
Income ₹20,000–30,000	15.6	84.4	89.9	10.1
Income > ₹30,000	20.2	79.8	92.0	8.0
Earners	28.6	71.4	62.7	37.3
Non-earners	32.7	67.3	52.1	47.9

Note. * The original field tabulation for the SC category (41.9%) does not sum to 100% with the vegetarian figure (68.1%); the discrepancy is retained here as recorded in the field data and should be verified against the raw schedules before journal submission.

Table 1 shows that rural women report a markedly lower rate of vegetarian food intake (22.9%) than urban women (38.6%), and are correspondingly less likely to report regular fruit consumption (48.6% versus 65.9%). This gap widens further along income lines: among households earning above ₹30,000 per month, 92.0% of women report regular fruit consumption, against only 17.6% among households earning below ₹10,000, indicating that dietary quality in Kathua district is driven at least as much by household income as by rural-urban location per se. Religion-wise, the proportion of non-vegetarian food consumption is highest among Muslim respondents (94.9%) and lowest among Hindu respondents (77.1%), while caste-wise, ST respondents report the highest non-vegetarian intake (89.7%). Occupational status also matters: 62.7% of earner women consume fruit regularly compared with 52.1% of non-earner women, consistent with Hanmer and Klugman's (2016) finding that access to independent economic resources is closely linked to better health-seeking behavior. These patterns support Gupta and Yesudian's (2006) broader finding that empowerment-related outcomes in India vary systematically by geography and economic status rather than by rural-urban residence alone.

Age at Conception

Table 2 presents the percentage distribution of sample respondents by age at the time of conception, disaggregated by rural/urban residence and occupational status.

Particulate	< 15 yrs (%)	15–20 yrs (%)	20–25 yrs (%)	> 25 yrs (%)
Rural	0.0	30.6	60.3	9.1
Urban	0.0	12.3	61.4	26.3
Earner	0.0	2.7	70.5	26.8
Non-earner	0.0	40.1	49.3	10.6

No respondent in the sample conceived before the age of 15 years, indicating that early adolescent conception has been effectively eliminated in the study area. However, 30.6% of rural women conceived between 15 and 20 years of age, against only 12.3% of urban women, a more than two-fold difference that points to earlier marriage and childbearing among rural women, consistent with Banday and Ganesan's (2016) finding that customary practice continues to curtail young women's autonomy in Jammu and Kashmir. Conversely, urban women are markedly more likely to conceive after age 25 (26.3% versus 9.1% for rural women), a pattern the field data attribute to rising career consciousness and continued education among urban girls. Occupational status shows the same direction of association: only 2.7% of earner women conceived between 15 and 20 years, compared with 40.1% of non-earner women, while 26.8% of earner women conceived after age 25, against 10.6% of non-earner women. This association between economic independence and delayed, better-timed conception is consistent with Duflo's (2012) argument that women's economic empowerment and health outcomes are mutually reinforcing, and lends preliminary (descriptive) support to hypotheses H02 and H03, pending formal χ^2 testing on the raw frequency data.

DISCUSSION

Read together, Sections 5.2 and 5.3 indicate that the rural-urban divide in women's empowerment in Kathua district is real but is substantially mediated by household income and occupational (earning) status, rather than operating as a purely geographic effect. This nuances the more geography-centered findings of Gupta and Yesudian (2006) and instead aligns with Dhanamalar et al.'s (2020) observation that awareness of and access to welfare entitlements are themselves linked to income, education, and digital access, ultimately differentiating outcomes between urban and rural women. The persistence of a sizeable minority of rural women conceiving between 15 and 20 years of age, despite the district-wide absence of conception below age 15, suggests that Government schemes such as JSY, JSSK, and SABLA have succeeded in addressing the most extreme forms of early and unsafe motherhood, but have not yet closed the gap in delayed, better-timed conception that urban and economically independent women increasingly enjoy. This is consistent with Hanmer and Klugman's (2016) caution that partial policy gains do not automatically generalize across all dimensions of empowerment.

CONCLUSION AND MAJOR FINDINGS

Rural women in Kathua district report lower rates of vegetarian food intake and regular fruit consumption than urban women, with the gap most pronounced among lower-income households.

Household income and earner status are stronger correlates of dietary and reproductive-health outcomes than rural-urban residence considered alone.

No respondent in the sample conceived before age 15, indicating that district-level schemes have curbed the most extreme form of early conception.

Rural and non-earner women remain disproportionately likely to conceive between ages 15 and 20, while urban and earner women are markedly more likely to delay conception beyond age 25.

Government schemes (JSY, JSSK, ASHA, the Menstrual Hygiene Program, and SABLA) provide a supportive policy architecture, but their benefits accrue unevenly, favoring urban and economically independent women.

The study concludes that the Government has taken substantive steps to upgrade the status of women in Kathua district, where, earlier, the empowerment of women was not accorded serious policy attention; successive schemes have since sought to secure women's basic rights and needs. Even so, the attainment of income, employment, and educational goals, and, as this study demonstrates, of health and reproductive outcomes, remains comparatively poorer among rural than urban women. The elimination of gender discrimination and the creation of a genuine balance of power between men and women would benefit not only women themselves but society as a whole, politically, economically, and culturally. As the field literature reminds us, "when women move forward, the family moves, the village moves, and the nation moves." Government initiatives alone, however, will not suffice: empowerment becomes real and effective only when women are endowed with independent income and property, enabling them to stand on their own feet and build their own identity within society (Kabeer, 2003). Future research should extend this analysis with inferential statistical tests (χ^2 and logistic regression) on the raw survey data and broaden the indicator set beyond health to include education, political participation, and asset ownership, thereby building a composite empowerment index for Kathua district

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