



## Assessment of Women empowerment and its determinants and utilization of Government Welfare Scheme among women in the adopted villages of a private medical college: A cross sectional study

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### KEYWORDS

Women empowerment, Decision making, Domestic violence, Mobility, Women welfare schemes.

### ABSTRACT:

**Background:** In rural India, women's empowerment is hindered by challenges such as limited access to education, economic opportunities, and healthcare services, compounded by entrenched gender inequalities. Addressing these issues requires comprehensive assessments of empowerment indicators to inform targeted interventions and policy initiatives aimed at promoting gender equity and sustainable development. The utilization of various national and state women welfare schemes varies based on awareness level and access, which are determined by socioeconomic factors. Therefore, this research aimed to assess the various dimensions of women empowerment, and various factors associated with it, and the utilization of government welfare schemes.

**Objectives:**

1. To measure the various dimensions of women empowerment (household autonomy, freedom of mobility, gender preference & domestic violence, etc.,) among women in the adopted villages of a private medical college.
2. To find the various factors associated with the dimensions of women empowerment.
3. To estimate the utilization of government women welfare schemes among women in the adopted villages.

**Methodology:** A cross-sectional study involving 587 married women out of 3833 females were selected by stratified random sampling among each stratum (5 adopted villages). All married women < 60 years old in the village willing to participate were included in the study, excluding widows. The data was collected using a pretested standardized questionnaire adopted from the Demographic and Health Survey (DHS) containing socioeconomic demographic details, indicators of women empowerment, and utilization of women welfare programs. The data was collected by the personal interview method.



Results: The mean age of the study population was  $39 \pm 12$  [CI: -4.155 to 0.173]. Among the 587 study participants, 74.1% of women have autonomy over making household decisions, 62.2% have freedom of mobility, 69.8% responded that it is adequate if their girl children are educated up to high school, 74.8% of women have a positive attitude against domestic violence. 34.2% of women were registered and utilized the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) scheme.

Conclusion: This study showed that women empowerment is improving in rural areas over time. However, regular promotional and awareness campaigns are required to improve various dimensions of women empowerment and their quality of life.

### Introduction:

In rural communities around the world, women play multifaceted roles but are often undervalued and overlooked. Rural women play an essential role in supporting the food and nutrition security of their households and communities, income generation, and rural livelihoods and well-being.<sup>1</sup>

Women's empowerment, especially in rural areas, has garnered significant attention globally due to its implications for socio-economic development, health, and overall well-being. In India, despite their significant contributions to agricultural activities, household management, and community development, rural women frequently encounter barriers like low wages and income, patriarchal structures, low financial literacy, low financial accessibility, and psychological factors that limit their access to resources, healthcare, and opportunities for personal and professional growth.<sup>2</sup> Moreover, traditional gender roles and norms dictate that women's voices are sidelined in decision-making processes both within their households and in the broader community.<sup>3</sup>

Lack of access to education and vocational training further restricts women's opportunities for economic independence and social mobility. Limited healthcare services and reproductive rights also pose significant obstacles to women's well-being and empowerment in rural areas, leading to higher rates of maternal mortality, malnutrition, limited financial resources, limited authority within the home, and gender-based violence.<sup>4</sup>

Despite these challenges, there are also pockets of resilience and progress within rural communities, where women are actively organizing and advocating for their rights. Grassroots women's groups, community-based organizations, and initiatives led by NGOs and governmental agencies are working to address gender

inequalities, promote women's leadership, and improve access to resources and opportunities for rural women.<sup>5</sup>

Both the national and state governments acknowledge the advancements made by women and offer a range of initiatives, like women's self-help groups under the National Rural Livelihoods Mission (NRLM), that are transforming the rural socio-economic landscape in several innovative and socially and ecologically responsible ways, including Anganwadi Services under Mission Poshan 2.0, Pradhan Mantri Matru Vandana Yojana (PMMVY), and Janani Suraksha Yojana tailored to their evolving needs and preferences. Depending on their age, marital status, level of education, employment, income, and other factors, people's awareness of and access to such programs vary.<sup>6,7</sup> Even though the National Rural Employment Guarantee Act (NREGA) is not exclusively for women, NREGA assures every rural household of 100 days of paid work. Due to the economic opportunities it offers, it significantly contributes to the empowerment of women in rural communities.<sup>6</sup>

Understanding the complex dynamics of women's empowerment in rural villages requires a holistic approach that considers socio-cultural, economic, and political factors shaping women's lives. Under the Unnat Bharat Abhiyan (UBA) initiative of the Ministry of Education (MoE) Government of India, our institution has adopted five villages in and around the institution. This initiative was motivated by the idea of leveraging knowledge institutions to help build the architecture of an inclusive India, thereby bringing about a transformative change in rural development processes. Recognizing the critical importance of empowering women in rural areas, this study aims to explore the current scenarios of various dimensions of women's empowerment and the understanding and use of government welfare programs by the women within



the adopted villages of our institution to improve their quality of life through future campaigns and promotional activities.

#### Objectives:

1. To measure the various dimensions of women empowerment (household autonomy, freedom of mobility, gender preference & domestic violence, etc.) among women in the adopted villages of a private medical college.
2. To find the various factors associated with the dimensions of women empowerment.
3. To estimate the utilization of government women welfare schemes among women in the adopted villages.

#### Methodology:

**Study design:** Cross-sectional study.

**Study area:** 5 adopted villages in and around our medical institution.

**Study Population:** All married women in the age group of 18–60 years were included in this study. Married women > 60 years old and widows were excluded.

**Sample size:** According to NFHS 5 (2019–2021) data<sup>8</sup>, the prevalence of spousal violence among women in rural Tamil Nadu was 42.2%. Considering 42.2% as prevalence (P) and using the formula ( $n = \frac{Z^2pq}{d^2}$ ) with a d value of 4.0%, the sample size required for the study was 585 married women. 587 out of 3833 women from the five adopted villages (Karai, Sittiyampakkam, Parandhurur, Valathur, and Siruvakkam) have been included in this study.

**Sampling method:** Each village was considered as one stratum. Based on the population-to Proportion sampling (PPS) technique, women who fit the inclusion criteria were randomly sampled. Table 1 shows the sampling method adopted for the study.

Table 1. Number of total female population and study sampled from the adopted villages by PPS.

S.No	Name of the adopted village	Total Female Population (above 18 years)	Study sample
1	Village 1	685	106
2	Village 2	942	143
3	Village 3	706	109
4	Village 4	820	125
5	Village 5	680	104
	Total	3833	587

**Data collection method:** After getting informed consent and assuring them that confidentiality was maintained, data was collected using a pretested, standardized interviewer-administered questionnaire. The questionnaire consists of demographic and socioeconomic details, various indicators of women empowerment, and details of utilization of government women welfare schemes. The items regarding household decision-making participation, freedom of mobility, gender preference and attitude against domestic violence, and other indicators were adapted

from the Demographic and Health Survey (DHS) questionnaire, which was a nationally representative household survey that provided data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, women empowerment, and nutrition.<sup>9</sup>

**Ethical Consideration:** Ethical approval was obtained from the Institutional Ethical Committee (IEC) [Ref No. MMCH & RI IEC/Faculty/37/JUNE/22]. Written informed consent was obtained from the study participants. All participants were informed of the



purpose of the study and that their participation was voluntary. The participants were informed that the information they provided would be kept confidential.

**Analysis:** The collected data was entered in an Excel sheet and analyzed using SPSS software (IBM version 23). The statistical techniques used to analyze sociodemographic variables, indicators of women empowerment and utilization of government welfare schemes are descriptive statistics like frequency and percentage, mean, and standard deviation. Chi-square test was used to analyze the association between sociodemographic variables and indicators of women empowerment.

## Results:

### 1. Findings of Socio-demographic characteristics:

The total number of study participants is 587 married women. The minimum age is 21 and the maximum age is 60 years. The mean age of the study population was  $39 \pm 12$  [CI: -4.155 to 0.173]. The socio-demographic

characteristics of the women are shown in Table 2, where the majority (27.9%) are in the age group of 31–40. The minimum age at marriage was 12 and the maximum age at marriage was 33, with the mean age at marriage being  $20 \pm 3$  [CI: -0.991 to 0.210]. Age at marriage below 18 years was observed to be 13.6% (80). Among the study participants, 49.6% (291) received primary school education, 34.2% (201) were employed under the MGNREGA scheme, and 28.8% (169) were unemployed. According to B. G. Prasad On a socioeconomic scale, most women, i.e., 67.3% (395), belonged to the lower middle class. 66.1% (388) of women belonged to the nuclear family. It was observed that 22% (149) of the women had decision-making power in the spouse selection at their marriage. Only a few 7.3% (43) of women don't have a television in their home, and 39.9% (234) of women don't own a mobile phone.

Table 2. Demographic & Socioeconomic characteristics of the participants.

Demographic & Socioeconomic characteristics	Total no. of women (N = 587)	(%)
Age		
21-30	145	24.7
31-40	164	27.9
41-50	135	23.0
51-60	143	24.4
Education		
Illiterate	134	22.8
Primary	291	49.6
Secondary	111	18.9
Bachelors degree	51	8.7
Occupation		
Housewife	169	28.8
Farmer	101	17.2
MGNREGA worker	201	34.2
Laborer	116	19.8
Socio-economic status (As per BG Prasad Scale)		
Upper middle class	23	3.9
Middle Class	132	22.5



Lower Middle Class	395	67.3
Lower Class	37	6.3
Family type		
Nuclear	388	66.1
Extended	108	18.4
Joint	91	15.5
Occupation of spouse		
Farmer	272	46.3
MGNREGA	67	11.4
Laborer	248	42.2

## 2. Findings of Indicators of Women Empowerment:

**A. Household Autonomy Index:** Majority of the women are involved in making major household decisions as shown in Table 3. Household Autonomy Index [HAI] was calculated using five questions as shown in Table 3. The response was coded as 1 for

women who were involved in the household decision making and 0 for women who were not involved in household decision making. Many 74.1% (435) women showed a higher household autonomy index [HAI:  $\geq 3$ ] and 25.9% (152) of them had lower household autonomy index [HAI:  $< 3$ ].

Table 3. Percentage of women involved in making major household decisions:

Household decision making	N = 587	%
Decision making over what food to prepare		
Involved	471	80.2
Not Involved	116	19.8
Decision making about accessing Healthcare		
Involved	438	74.6
Not Involved	149	25.4
Decision making over purchasing large household items		
Involved	394	67.1
Not Involved	193	32.9
Decision making about visits to relatives/friends		
Involved	375	63.9
Not Involved	212	36.1
Ability to access money for own use		
Involved	381	64.9
Not Involved	206	35.1

**B. Freedom of Mobility index:** Among the study participants, 62.2% (365) of the respondents don't have to ask for permission from their spouse to visit the market, friends, and relatives, while 27.6% (162) of the respondents' spouses would inform their wives when they go out.

**C. Gender Preference Index:** Majority 87.2% (512) of women expressed their opinion that two is the ideal number of children a couple should have. Only 3% (18) of women did not prefer to have female children and 1.3% (8) did not prefer to have male. If their financial situation permits 69.8% (410) of women felt that education up to a higher secondary level is sufficient for female children and 75.1% (441) of women felt that



education up to a higher secondary level is sufficient for male children

**D. Attitude against domestic violence(ADV):**

Majority of the women showed positive attitude against domestic violence as shown in Table 4. Attitude against

domestic violence was calculated using eight questions as shown in Table 4. The response was coded as 1 for women who showed positive attitude against domestic violence 0 for women who showed negative attitude against domestic violence. About 74.8% (439) showed a positive attitude against domestic violence [ADV =  $\geq 4$ ].

Table 4. Attitude against domestic violence:

Husbands are justified in beating their wives	N = 587	%
1. if he suspects her of being unfaithful		
No	478	81.4
Yes	109	18.6
2. if her family does not give the husband the promised money, jewelry, or other items		
No	452	77
Yes	135	23
3. if she shows disrespect for her in-laws		
No	412	70.2
Yes	175	29.8
4. if she argues with her partner		
No	345	58.8
Yes	242	41.2
5. if she refuses to have sex		
No	499	85
Yes	82	15
6. if she goes out without telling him		
No	400	68.1
Yes	187	31.9
7. if she neglects the house or children		
No	417	71
Yes	170	29
8. if she does not cook food properly/burns food		
No	456	77.7
Yes	130	22.3

**E. Additional Indicators:** Table 5 shows the frequencies and percentage distribution of additional



indicators captured about employment among access to contraception, and sexual violence. unemployed women, access to reproductive health care,

Table 5. Frequencies and percentage distribution of additional indicators.

Additional Indicators	No. of women (%)
Do you wish you were employed?(unemployed women n=169)	
Yes	105 (62.1)
No	64 (37.9)
Did respondent have a prenatal visit for her most recent child? (N=587)	
Yes	337 (57.4)
No	250 (42.6)
Did respondent have a child before the age of 18?(women married before the age of 18. n=80)	
Yes	52 (65.0)
No	28 (35.0)
Can you have a say on how many children you wanted to have? (N=587)	
Yes	477 (81.3)
No	110 (18.7)
Are you using any contraception now? (N=587)	
Yes	163 (27.8)
No	423 (72.1)
Have you ever been forced to sexual violence? (N=587)	
Yes	22 (3.7)
No	565 (96.3)

When unemployed women (169) were asked about their wishes about being employed, 62.1% (105) responded positively that they wished to be employed, but their family situation, household work, taking care of children, and elderly prevented them from seeking employment. Among 22.8% (134) women who are illiterate, 50% (67) strongly wished to have studied up to a higher secondary level ( $P = 0.000$ ). Age at marriage below 18 years was observed to be 13.6% (80), of which 65% of women had given birth before the age of

18 ( $P = 0.001$ ). 3.7% (22) of women responded that they were forced into sexual violence by their spouse.

### 3. Association between independent and dependant variables:

The results from Table 6 show that women in the age group of 21–30 ( $P = 0.015$ ), women studied up to higher secondary ( $P = 0.025$ ), and women who are showing a positive attitude against domestic violence ( $P = 0.001$ ) are found to be more empowered in making household decisions when compared to other groups.

Table 6. Association between socio-economic and demographic characteristics and Household autonomy index(HAI).

	HAI $\geq 3$ (n = 435)	HAI < 3 (n = 152)	P value
Age			
21-30	122(84.1)	23(15.9)	0.015
31-40	119(72.6)	45(27.4)	
41-50	94(69.6)	41(30.4)	
51-60	100(69.9)	43(30.1)	
Education			





Illiterate	105 (78.4)	29 (21.6)	0.025
Primary	200 (68.7)	91 (31.3)	
Secondary	91 (82)	20 (18)	
Degree	39 (76.5)	12 (23.5)	
Occupation			
Housewife	117 (69.2)	52 (30.8)	0.086
Farmer	77 (76.2)	24 (23.8)	
MGNREGA	160 (79.6)	41 (20.4)	
Laborer	81 (69.8)	35 (30.2)	
Presence of television at home			
Yes	398 (73.2)	146 (26.8)	0.063
No	37 (86)	6 (14)	
Attitude against domestic violence			
<4	126(29.0)	22(14.5)	0.001
≥4	309(70.4)	130(85.5)	

We can interpret from Table 7 that the presence of television in the participants' homes ( $P = 0.001$ ), women who have high household autonomy ( $P =$

0.000), and women belonging to nuclear families ( $P = 0.058$ ) have a strong association with attitudes against domestic violence.

Table 7. Association between socio-economic and demographic characteristics and attitude against domestic violence

	ADV $\geq 4$ (n = 439)	ADV $< 4$ (n = 148)	P value
Age Group			
21-30	107(73.8)	38(26.2)	0.081
31-40	132(80.5)	32(19.5)	
41-50	103(76.3)	32(23.7)	
51-60	97(67.8)	46(32.2)	
Family Type			
Nuclear	298(76.8)	90(23.2)	0.058
Extended	82(75.9)	26(24.1)	
Joint	59(64.8)	32(35.2)	
Presence of Television			
Yes	416(76.5)	128(3.4)	0.001
No	2253(53.5)	20(46.5)	
HAI			
≥3	130(85.5)	22(14.5)	0.000
<3	309(71)	126(29)	

#### 4. Utilization of Government Women Welfare Schemes:

Among the study participants, 12.9% (76) women had utilised government welfare schemes like the Dr.





Muthulakshmi Reddy Scheme, JSSY during their pregnancy period because they had undergone institutional deliveries. About half of the women during their pregnancy utilised maternal and child health services provided by the government. Social welfare schemes like MGNREGA were used by 45.7% (268) families among the study population, of which 34.2% (201) women were registered in MGNREGA and utilising the schemes.

## Discussion:

Women's empowerment is crucial for achieving sustainable development and realising the human rights principles of equality and justice. Empowered women have greater control over their lives, access to resources and opportunities, and the ability to participate actively in decision-making processes at all levels of society. Moreover, women's empowerment is associated with positive outcomes for families, communities, and nations, including improved health and education outcomes, higher economic productivity, and enhanced social cohesion.

The gross level of empowerment of women has improved to 88.7% as per NFHS 5 (2019–2021) when compared to 84% as per NFHS 4 (2015–2016).<sup>8, 10</sup> In this study, the age at marriage below 18 years was observed to be 13.6%, as compared to the study conducted by P. Saravanakumar et al. (2019), in which 23% of the women in the rural population were married before the age of 18.<sup>11</sup> Another study showed that women who were married before 18 were vulnerable to domestic and sexual violence and less involved in making household decisions, similar to this study.<sup>12</sup> Early marriage leads to adverse outcomes such as high adolescent pregnancies, repeat childbirths, and limited contraceptive use, hindering women's empowerment. Additionally, lower levels of women's empowerment are linked to physical violence, with early marriage being a contributing factor in different states like Bihar and Tamil Nadu.<sup>13</sup> Furthermore, women who marry and give birth before 18 are more likely to face nutritional deficiencies and anaemia, affecting their overall well-being and empowerment.

The results of this study show that major household decision making over whom to decide what food to prepare, seeking treatment, major household items, visiting parents and siblings, and accessing money for

their own use among the study participants was 74.1%, which was supported by similar studies conducted in rural areas of Kanchipuram (11), Ahmedabad (14), Mumbai (15), and Gujarat (16). These studies show that having employment, having a source of income of her own, being more educated, having more freedom of movement, having a high sense of self-worth, and coming from a relatively affluent background all increase a woman's domestic decision making power<sup>11, 14-16</sup> similar to our study, which shows women in the age group of 21–30, when compared to older women and women who were against domestic violence, were more empowered in household decision making. A significant improvement in involvement in domestic decision-making was observed with an increase in education.

Regarding freedom of mobilisation, rural women in our study have better freedom of mobility when compared to previous studies.<sup>17</sup>

The prevalence of domestic violence at the national level dropped from 31.2% as per NFHS 4 (2014–15) to 29.3% as per NFHS (2019–21).<sup>8, 10</sup> As per this study, 74.8% of women show a positive attitude against domestic violence, and 25.2% are acquiescing to domestic violence. Studies done by Sudha et al. (2011) in Gujarat and P. Saravanakumar et al. (2019) in Kanchipuram have shown similar results of 21.47% and 26%, respectively.<sup>11, 16</sup> Our results show that women in the age group of 31–40, those belonging to the lower middle socioeconomic class, those belonging to nuclear families, and women owning mobile phones showed positive attitudes against domestic violence that were consistent with previous studies.<sup>14, 17</sup> Television access has a favourable impact on social norms regarding women's status, which in turn may lessen women's acceptance of violence, according to the association shown between increased media access over time and a decreased likelihood of accepting violence.<sup>18</sup> The women were more likely to experience domestic violence due to early marriage, low educational attainment, the women's unemployment, and their spouse's drinking habits.<sup>19</sup>

A study done by Bapan et al. (2022) shows that at the national level, 30.03% of rural women were engaged in the workforce, which was found to be consistent with this study.<sup>20</sup> Our findings suggest that most of the



women have improved in their involvement in household decision making processes, freedom in mobilisation, and negative attitude towards domestic and sexual violence. From the results, it was evident that predictor variables like demographic, social, and economic factors and media exposure show a significant association with various indicators of women empowerment.

The utilisation of the most government maternal and child health services by the women in this study showed consistent results when compared to previous studies.<sup>21</sup> A similar study conducted by Babulu et al. (2023) shows that 21.4% and 20.3% of rural women utilise health care and social welfare schemes, respectively.<sup>6</sup> Another study conducted in Vellore by MK Dharni et al. (2023) showed that about 50% of single mothers were utilising government women welfare schemes.<sup>22</sup> The MGNREGA scheme has been a real boost for women's empowerment because it has met many of their practical needs, including allowing them to feed their families and become less reliant on their husbands for financial support, as well as removing the requirement for them to give their mother-in-law their entire earnings. Though MGNREGA was not intended to be a project for women's empowerment, the active participation of women in this plan has led to the economic and social empowerment of women.<sup>23</sup> Educated and employed women had increased awareness of the schemes offered by the government for the development of women in the nation.

Therefore, access to better education, economic opportunities, health care services, land and property rights, gender-sensitive policies and programmes, social support networks, legal awareness and rights advocacy, and promoting digital access via mobile phones for rural women will aid in their empowerment.<sup>24</sup>

## Conclusion:

In conclusion, the assessment of various dimensions of women's empowerment among rural women in India underscores the multifaceted nature of empowerment dynamics in these communities. While there have been commendable strides in areas such as education, economic participation, and awareness of women's rights, significant challenges persist. Limited access to quality education, economic opportunities, and healthcare services, compounded by entrenched

patriarchal norms and social inequalities, continue to impede the full realisation of women's empowerment. However, the assessment also highlights the resilience and agency of rural women, as evidenced by grassroots movements and community-based initiatives aimed at challenging gender norms and advocating for change. Moving forward, concerted efforts are needed to address the structural barriers to empowerment and promote gender equality through comprehensive policy interventions, awareness campaigns, and community mobilization efforts, ensuring that rural women have the resources, opportunities, and support networks necessary to lead empowered and dignified lives. This study showed that women empowerment is improving in rural areas over time. However, regular promotional and awareness campaigns are required to improve various dimensions of women empowerment and their quality of life.

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