

Empower HER Health: A Comparative Study on Women's Empowerment and Gender-Based Violence in Karnataka and India Using NFHS 4 and 5

Namratha Kulkarni^{1*}, Rizwana B Shaikh²

^{1,2}JGMMMC, KLE Academy of Higher Education and Research, Hubballi, Karnataka, India

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ABSTRACT

Introduction: Women's empowerment is crucial for gender equality. This study, utilizing NFHS 4 and 5 data, assesses GBV and women's empowerment, including health indicators in Karnataka and India, aiming to evaluate achievements and challenges impacting women's lives for gender equality.

Materials and Methods: This study retrospectively analyzed NFHS 4 (2015–16) and NFHS 5 (2019–21) data for India and Karnataka, covering health, Gender-based Violence, education, economic and social-political empowerment. Data analysis used MS Excel 365 and Datawrapper tools.

Results: Karnataka's female population increased by 7% (NFHS4 to NFHS5), surpassing India's 1%. Health indicators improved, including menstrual hygiene, family planning, prenatal and postnatal care, and reduced early marriages. Educational attainment, economic involvement, mobile phone ownership, and women's participation in household decisions increased. However, Karnataka saw a notable rise in GBV cases among young women, with spousal violence at 44.4% and sexual violence at 11% (NFHS5).

Conclusion: This study depicts the evolution of women's empowerment and gender-based violence in Karnataka, India. Results show improvements in health, education, economic involvement, and specific empowerment indicators. However, the documented rise in GBV cases in Karnataka highlights the need for targeted interventions. Karnataka's experience can be a blueprint for achieving gender equality and women's empowerment in India.

Keywords: women empowerment, gender-based violence, health indicators, economic participation, social empowerment, political empowerment.

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***Correspondence:** Dr. Namratha Kulkarni (Email: Namratha.d.kulk@gmail.com)

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INTRODUCTION

Empowerment of women emerges as a fundamental basis for the development of a nation in an age marked by a growing demand for gender equality and social justice. Women have always had a significant impact on India's cultural, social, and economic structures throughout the nation's illustrious history. However, empowering women extends beyond mere access to education and job opportunities. It necessitates dismantling deeply rooted systems perpetuating discrimination and violence, while actively fostering an environment that promotes greater gender equality and inclusivity.^{1,2}

Gender-based violence continues to be an unfortunate reality for countless women in India. The pervasive nature of abuse affects individuals across various age groups, socio-economic statuses, and regional boundaries. Over centuries, patriarchy has ingrained itself in every aspect of Indian society, resulting in entrenched norms that restrict women's access to education, employment, and decision-making roles. While there has been progress, significant challenges persist, necessitating sustained efforts to reshape societal perceptions of gender roles and women's rights.^{1,2}

Gender-based pay discriminatory practices include lower wages paid to women for work of equal value; undervaluation of women's work in highly feminized occupations and enterprises, and a motherhood pay gap of lower wages for mothers compared to non-mothers.² India showcases a notable global disparity in gender pay. Data obtained from the Periodic Labor Force Survey (PLFS) for 2020-21 reveals a 7% increase in the wage gap between 2018-19 and 2020-21³. The 2022 Global Gender Gap (GGG) Index by the World Economic Forum (WEF) places India at the 135th position out of 146 countries⁴. The World Inequality Report 2022 estimates that men in India earn 82% of the labor income, while women's earnings account for a mere 18%.⁵

How successfully women can lead their lives depends in a significant way on their state of well-being. By focusing on female health indicators and taking steps to address them, women's quality of life can be boosted, and their social, economic, educational, and cultural empowerment can be promoted. In recent years, the link between women's empowerment and health indicators has attracted the attention of researchers and policymakers to recognize the complexity of women's roles and responsibilities for themselves as well as their households and communities.

The state of Karnataka, which is renowned for both its cultural diversity and economic dynamism, serves as a symbol for the aspirations and conflicts that dominate India's social framework. Its central location in South India includes both metropolitan modernism and rural traditions, reflecting the dualities that influence the terrain of women's empower-

ment. Domestic abuse, sexual assault, human trafficking, and other violent behaviors also affect the people of Karnataka as they do across the nation, fuelling a cycle of misery and concern. By the year 2030, India hopes to have achieved Sustainable Development Goal-5 (SDG-5), which focuses on gender equality and women's empowerment. Being one of India's progressive states, Karnataka is making an effort to empower women through a variety of projects.^{6,7,8}

The main goal of this study is to highlight the key improvements and shortcomings in the area of women's health and other crucial socioeconomic growth elements from NFHS 4 to 5. The study compares gender-based violence (GBV) and women's empowerment in Karnataka with India using information from NFHS 4 and 5.^{9,10}

METHODOLOGY

We employed a retrospective approach, utilizing a record review-based descriptive study to compare key indicators using data sourced from the National Family Health Survey (NFHS) fact sheets and reports. The study utilized data from NFHS-4 (2015-16) and NFHS-5 (2019-21) India and Karnataka NFHS Fact sheets and reports accessed from the public domain and analyzed from February to April 2023 at the Dept of Community Medicine.

The ethics approval was obtained from the Ethics Committee of the institution, ensuring adherence to ethical guidelines throughout the study.

Selection of Indicators:

Data from NFHS-4¹⁰ (2015-16) and NFHS-5¹¹ (2019-21) fact sheets and reports of India and Karnataka were categorized into broad themes. Under each theme, specific indicators were purposively selected to provide a comprehensive overview of various health and non-health parameters relevant to different phases of women's lives, from birth to schooling, puberty hygiene, antenatal care, postnatal care, delivery, and certain social and empowerment parameters. The study covers various aspects of fertility, infant and child mortality, family planning practices, maternal and child health, reproductive health, nutrition, anemia, utilization and quality of health services, and family planning services^{9,12}

Six parameters were chosen for analysis under the category of Women's Empowerment from the NFHS data:

Three related to ownership of physical assets (mobile phones, bank accounts, land, and housing), one on access to menstrual hygiene products, one on participation in three key household decisions (healthcare for herself, household purchases, and visits to family or relatives) and the last one, on employment status over the last year.

In addition to these, several other parameters that are not directly part of the women's empowerment section of the survey but contribute to measuring empowerment were considered for the study. These include gender-based violence, certain health indicators, and educational parameters. The data sets available were analyzed by categorizing them into

broader themes, enabling the calculation of percentage changes across the two most recent rounds of NFHS for Karnataka and India. This analysis aims to uncover trends within the timeframe spanning from 2015 to 2021. The analysis was done using MS Excel 365 and the graphs were plotted using the Data wrapper application.

Education and Knowledge Attainment	<ul style="list-style-type: none"> • Women with 10 or more years of schooling • Have a comprehensive knowledge of HIV/AIDs • Have undergone screening tests for cervical cancer • Have undergone screening tests for breast cancer • Having the knowledge that consistent condom use can reduce the chance of HIV/AIDs
Health, Hygiene, and Survival	<ul style="list-style-type: none"> • Women with access to menstrual hygiene products • Sex ratio of children born in the last 5 years • Current use of Family planning methods (any method) • Current use of the FP-modern Method • Antenatal checkup in the 1st trimester • Post-natal checkup within 2 days of delivery • Institutional births • All women aged 15-49 years who are anemic
Economic Participation and Opportunity	<ul style="list-style-type: none"> • Bank account ownership • Women who are employed and getting paid • Women owning a house or land
Social Empowerment	<ul style="list-style-type: none"> • Married women participated in three household decisions • Women aged 20-24 married before the age of 18 years • Women having a mobile phone
Gender-Based Violence	<ul style="list-style-type: none"> • Ever married women aged 18-19 years who had ever experienced spousal violence • Ever married women aged 18-19 years who had ever experienced physical violence during any pregnancy • Ever married women aged 18-19 years who had ever experienced sexual violence

Table 1: List of Indicators from NFHS surveys included in the study

RESULTS

Karnataka witnessed a 7% increase in the number of women from NFHS4 (910) to NFHS5 (978), exceeding the national increase in India (1% i.e. NFHS4 919, NFHS5 929).

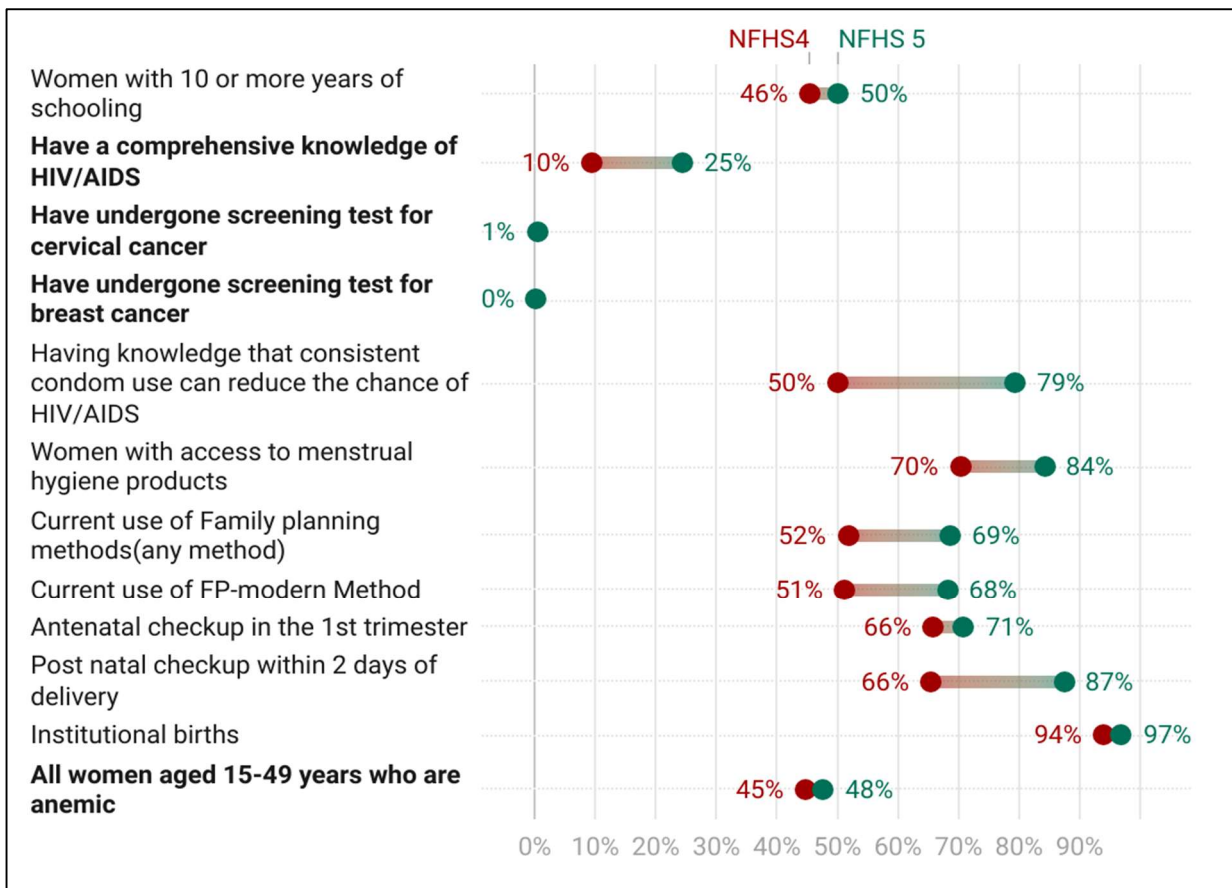
Figures 1 and 2 show a comparative analysis of Education Attainment, Knowledge, Health, Hygiene, and Survival using NFHS 4 and 5 data. *Figure 1* compares these indices from NFHS 4 and 5 within Karnataka and *Figure 2* compares these indices using the NFHS 5 data. Here it compares Karnataka with India.

Health and Survival: The percentage of women in Karnataka with access to menstrual hygiene products rose from 70.3% (NFHS4) to 84.2% (NFHS5), surpassing the national average in India (77.3%). Family planning adoption in the state increased from 51.8% (NFHS4) to 68.7% (NFHS5), with a preference

for contemporary contraceptive options at 56.5%.

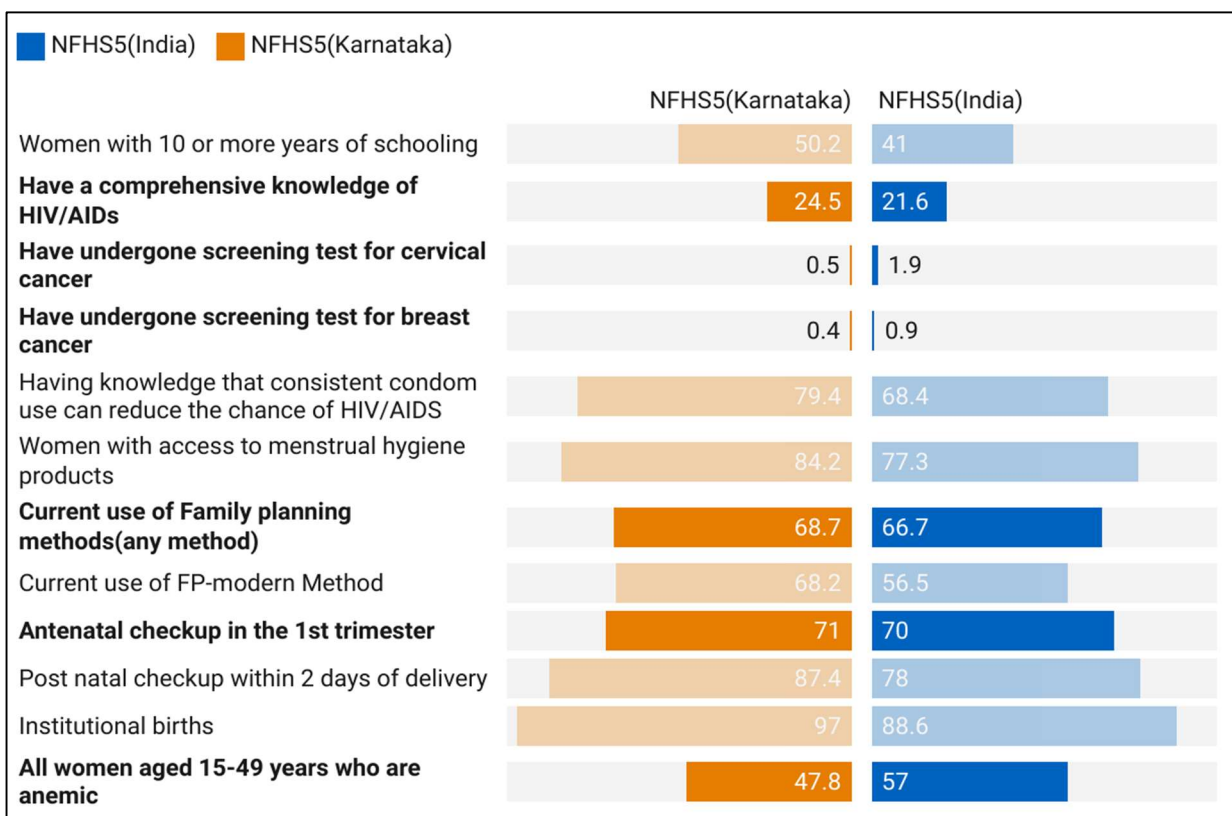
Antenatal checkups in the first trimester increased to 71% (NFHS5) compared to India's 70%, and institutional births reached 97% (NFHS5) surpassing the national average (88.6%). Postnatal checkups within two days of delivery improved significantly to 87.4% (NFHS5), exceeding India's 78%. Karnataka's anemia prevalence of 47.8% is slightly lower than India's 57%, with a slight increase from NFHS4 (44.8%).

Knowledge and Education Attainment: The percentage of women with 10 or more years of schooling in Karnataka increased to 50.2% (NFHS5) from 45.5% (NFHS4), surpassing India's 41%. A small percentage of women in Karnataka underwent cancer screening tests (0.5% for cervical, 0.4% for breast), while comprehensive knowledge of HIV/AIDs increased to 24.5% (NFHS5), exceeding the national average (21.6%).



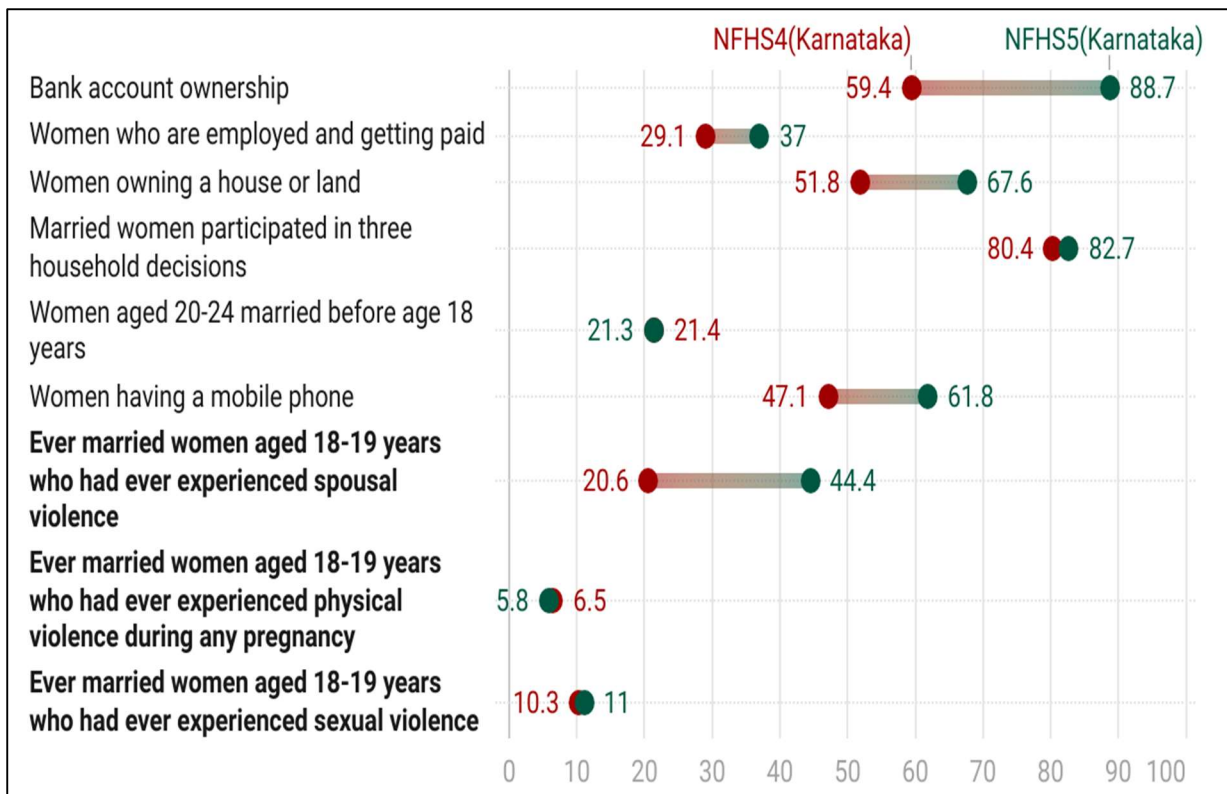
Source: NFHS 4 and 5, Factsheets and Reports

Figure 1: Comparative analysis of Education Attainment, Knowledge, Health, Hygiene, and Survival (NFHS4 and 5, Karnataka)



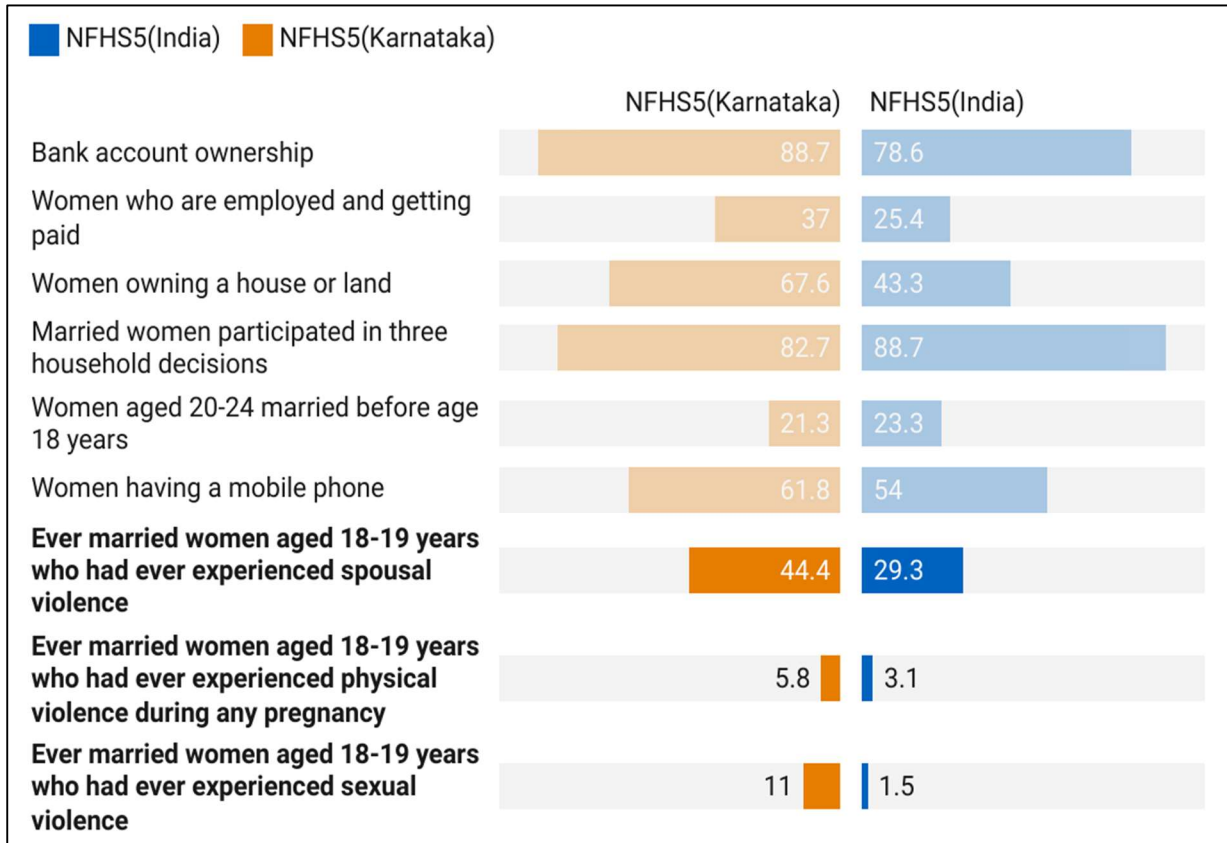
Source: NFHS 4 and 5, Factsheets and Reports

Figure 2: Education, Knowledge, Health, Hygiene, and Survival (NFHS 5, Karnataka and India)



Source: NFHS 4 and 5, Factsheets and Reports

Figure 3: Comparative Analysis of Gender-Based Violence, Social and Economic Empowerment of Karnataka (NFHS4 and 5)



Source: NFHS 4 and 5, Factsheets and Reports

Figure 4: Comparative Analysis of Gender-Based Violence, Social and Economic Empowerment (NFHS5, Karnataka and India)

Figures 3 and 4 show details regarding economic participation and opportunity, social/political empowerment, and gender-based violence (GBV). Figure 3 compares these indices from NFHS 4 and 5 within Karnataka and Figure 4 compares these indices using the NFHS 5 data, it compares Karnataka with India.

Economic Participation and Opportunity: Bank account ownership among women in Karnataka increased to 88.7% (NFHS5) from 59.4% (NFHS4). Employment with payment rose to 37% (NFHS5) from 29.1% (NFHS4), and property ownership improved.

Social/Political Empowerment: Married women's participation in at least three household decisions increased to 82.7% (NFHS5) from 80.4% (NFHS4), although lower than the national average (88.7%). The rate of women aged 20-24 married before 18 decreased slightly to 21.3% (NFHS5). Women owning mobile phones increased to 61.8% (NFHS5), surpassing the national average (54%).

Gender-Based Violence: The percentage of ever-married women aged 18-19 years experiencing spousal violence increased significantly to 44.4% (NFHS5) from 20.6% (NFHS4) in Karnataka. The prevalence of ever-married women aged 18-19 years experiencing sexual violence increased to 11% (NFHS5), higher than the national average (1.5%). Physical violence during any pregnancy decreased slightly to 5.8% (NFHS5) from 6.5% (NFHS4).

DISCUSSION

The results of this study shed significant insight into a wide range of facts related to women's lives in Kar-

nataka, including demographic changes, health and survival, knowledge and education, economic participation, social and political empowerment, and gender-based violence. These findings help to shape the story of women's empowerment and well-being in the state by highlighting both the advancements that have been made and the ongoing problems.

The significant increase of 7% in the number of women in Karnataka from NFHS4 to NFHS5 stands out as a notable demographic shift. This is greater than the rise in India as a whole, pointing to a distinctive societal change inside the state. This change not only reflects potential improvements in women's overall status but also raises important questions about the underlying causes and consequences of this shift.

Karnataka's successes in terms of health and survival indices point to a promising trajectory for improving the health of women. The improvement in access to menstrual hygiene products indicates the efficacy of the campaign to protect women's reproductive health and dignity. It is encouraging that more people are choosing modern contraceptive methods and family planning, but there are still questions about how quickly this progress will be made and if it will be sufficient to stop population growth. The prevalence of anemia raises concerns regarding the efficacy of nutritional interventions and their long-term effects on the mother's health despite improvements in maternal health and institutional births. Table 2 summarizes several government health schemes and initiatives aimed at improving maternal and adolescent health, as well as providing medical insurance coverage in Karnataka.

Table 2: Various schemes available for adolescents and women under Health, Hygiene and Survival

Scheme Name	Description
Maternal Health	
Janani Suraksha Yojana (JSY) ¹³	A centrally sponsored incentivizes institutional deliveries for low-income pregnant women.
Prasuti Arai ¹⁴ (Discontinued)	Previously provided maternity financial assistance.
Pradhan Mantri Surakshit Matritva Yojana (PMSYA) ¹⁵	Centrally sponsored, offers free monthly antenatal check-ups for high-risk pregnancies.
Madilu Scheme ¹⁴ (Discontinued)	Supports maternity services and offers financial assistance to pregnant women for maternal healthcare.
Adolescent Health	
Menstrual Hygiene Scheme ¹³	Centrally Sponsored, addresses adolescent reproductive health with subsidized napkins
Rashtriya Bala Swasthya Karyakrama (RBSK) ¹³	Focuses on detecting and managing health issues in school-going children, including adolescents through mainly the SHUCHI Scheme
Rashtriya Kishor Swasthya Karyakrama (RKSK) ¹³	A national comprehensive program to empower adolescents with the knowledge, healthcare access, and support for their well-being.
National Iron Plus Initiative (NIPI) ¹³	Prevents and controls anemia in pregnant women and adolescent girls with iron and folic acid supplements.
Medical Insurance Schemes	
Jyoti Sanjeevani Schemes ¹⁵	Provides tertiary medical treatment to state government employees and their dependents.
Rajiv Arogya Bhagya Scheme ¹⁶	Offers health insurance for Above Poverty Line (APL) families, ensuring accessible and affordable tertiary treatment.
Vajpayee Arogya Shree ¹⁶	Enhances access to quality tertiary healthcare for Below Poverty Level (BPL) families, including hospitalization, therapy, and surgery.

Table 3: Financial Empowerment Schemes/Gender Budgeting in Karnataka

Economic Empowerment Schemes and Gender Budgeting	Description
Gruha Laxmi Scheme ²²	Provides Rs. 2,000 monthly to female household heads.
Karnataka Shakti Scheme ²³	Offers free travel for women in Karnataka on non-premium state buses.
Pradhan Mantri Matru Vandana Yojana ¹⁹	A centrally sponsored Direct Benefit Transfer (DBT) Gives ₹5,000 (in three installments) to pregnant and lactating women.
Mahila Udyam Nidhi Scheme ²¹	Provides financial aid and loans to women entrepreneurs for small-scale ventures.
Karnataka Mahila Abhivridhi Yojana ²¹	Supports women in agriculture with financial assistance and subsidies.
Stree Shakti Package ²⁴	Includes incentives, credit, and training for women in micro-enterprises, promoting entrepreneurship.
Bhagalaxmi Scheme ²¹	Financial assistance for girl children
Matrupoorna Scheme ²⁵	Nutritious food for pregnant and lactating women
Mukhyamantri Anila Bhagya Scheme ²⁶	Free LPG connections for BPL women
Pradhana Mantri Ujwala Scheme ²⁷	Women's training and support for income-generating activities
Sanjeevini- Karnataka State Rural Livelihood Promotion Society (KSRLPS) ²⁸	Enhancing rural women's economic status
Karnataka State Women's Development Corporation (KSWDC) ²⁹	Offers financial assistance, support, skill development, and training programs for women involved in income-generating activities.
Karnataka State Women's Finance and Development Corporation (SWFDC) ²¹	Provides low-interest loans to economically disadvantaged women for business initiatives.
Prime Minister's Employment Generation Programme (PMEGP) ²⁹	Offers financial support to women entrepreneurs for micro-enterprises, self-employment, and skill development.
Women Self-Help Groups (SHGs) ²¹	Promotes and supports women SHGs for resource pooling, credit access, and income-generating activities.
Karnataka State Finance Corporation (KSFC) ²¹	Provides financial aid and loans to women entrepreneurs for business start-ups and expansion through various loan schemes.

Increased access to high-quality education and its potential to have a positive knock-on effect on socioeconomic empowerment are both suggested by the rise in women's educational attainment in Karnataka. In Karnataka, a range of educational initiatives have been implemented to empower girls and improve their access to quality education. The Sarva Shiksha Abhiyan (SSA) under Samagra Shikshana¹⁷ is a prominent program that seeks to achieve universal elementary education, with a particular focus on girls' enrolment and the enhancement of educational quality. Additionally, the Kasturba Gandhi Balika Vidyalaya (KGBV)¹⁶ initiative has been established to provide educational opportunities to girls from disadvantaged backgrounds, ensuring that they have access to quality schooling. Furthermore, scholarships and various forms of financial support are made available to female students pursuing education at different levels. To offer enhanced educational opportunities, women's colleges and institutions have been established, catering specifically to female students. Finally, digital initiatives, including online classes and digital learning platforms, have been introduced to broaden educational access, particularly in remote areas, further promoting girls' education and empowerment.^{17,18} Low rates of cancer screening and the ongoing low levels of knowledge about HIV/AIDS prevention necessitate active efforts to promote awareness and expand access to healthcare services among women.

The rise in women's bank account ownership is a sign that efforts to increase financial inclusion have been successful. This in turn ensures that women have better access to savings opportunities, financial

services, and economic power. Various monetary incentive schemes, such as Pradhan Mantri Matru Vandana Yojana¹⁹, Bhagya Laxmi Scheme²⁰, and Janani Suraksha Yojana (JSY)²¹, Central scheme Jan Dhan Yojana have played a pivotal role in motivating women to open and manage their bank accounts. However, these rates still need to be improved, to guarantee equal economic involvement and pay equity. Though the state's achievement in increasing property ownership is heartening, more can be done to guarantee women have equal access to assets.

Likewise, the growth in the number of women in paid employment reflects promising prospects for women in the workforce. This trend is further supported by initiatives like the Interest Subsidy Scheme for Women Entrepreneurs offered by the Karnataka State Finance Corporation (KSFC)²¹, which encourages and empowers women to pursue entrepreneurship and contribute to the workforce. *Table 3* summarizes the economic empowerment schemes for women in Karnataka along with their descriptions.

Despite advances in women's decision-making in the home and the decline in early weddings, the data indicates that more work has to be done to improve women's social empowerment and curb early marriage customs.

A key technique for addressing gender inequalities through focused resource allocation is gender budgeting. The SDG Report 2022^{6,7,8} places a focus on the need for swift implementation and oversight of gender-responsive budgeting. Women are empowered by gender budgeting since it directly funds their welfare programs. As evident from *Table 3*, the Karnata

taka government, like many other Indian states, has been working on integrating gender-responsive budgeting practices to ensure that public resources are allocated in a way that benefits all citizens, regardless of gender.

In Karnataka, the alarming increase in domestic violence of 11% (NFHS5) against young women calls for immediate attention and action. Similarly, the high rate of sexual and physical abuse during pregnancy is alarming and highlights the need for comprehensive efforts to address gender-based violence and protect the well-being and security of women. Despite being one of India's most economically and socially progressive southern states, in Karnataka, 44 percent (NFHS5) of ever-married women reported having experienced physical abuse of some type from their husbands.

The NFHS data provides information on Gender-Based Violence (GBV). The modest edge in reporting rates above the national average implies that awareness-raising initiatives may play a crucial role in educating women about their rights and empowering them to report gender-based violence. The increased accessibility to support services represents critical advancement in providing aid to GBV survivors, assuring a more comprehensive approach to their rehabilitation. This information can also be used to develop focused interventions and preventative strategies, enabling more effective ways to address GBV's underlying root causes.

Though there is a slight increase in the reporting of GBV cases, prejudice, and societal anxieties create an "iceberg effect" in the reporting of GBV, concealing a significant portion of incidents despite increased awareness and prevention efforts. The data's imperfections in capturing the intricate dynamics of GBV highlight how difficult it is to identify its origins and come up with comprehensive interventions. Due to the high rates of underreporting, it is possible that many survivors are not getting the necessary support or legal representation, which perpetuates the cycle of abuse. While the data provides numeric figures, it falls short of explaining the experiences, challenges, and overall effectiveness of the various support systems for survivors. In general, combating GBV necessitates handling reported cases, behavioral changes, and initiatives to end violence against women.

The Karnataka government has initiated several programs and measures to address the challenges faced by women in the state. These efforts aim to provide timely assistance and support to women who are victims of various forms of violence. The Santhwana Scheme strives to provide prompt assistance and counseling to women experiencing various forms of violence. Its goals include offering counseling and legal support for problems including rape, harassment, and domestic abuse. The program, which is carried out through NGOs, runs 180 Taluk-level centers that are staffed 24 hours a day by social workers and counselors. While the Protection of Women from

Domestic Violence Act aims to protect women's rights, the Kittur Rani Chennamma Award honors women who have excelled in their fields. In addition, some programs run by the national government, like Swadhar Greh and One Stop Centre, offer extensive assistance to women in need. Women in need can get help 24 hours a day, 7 days a week, through the toll-free Women Helpline at 181. However, continued efforts to evaluate and refine these programs will be essential to ensure their effectiveness and meaningful impact on the lives of women.¹⁸

It is important to understand that the NFHS primarily focuses on health, nutrition, and demographic indicators. While it provides valuable insights into various aspects of women's lives, including some elements of empowerment and gender-based violence, there are certain specific indicators, as mentioned in the below table, that are not directly measured in the NFHS and are a part of the SDGs.

<p>Health and Survival</p> <ul style="list-style-type: none"> • Females who have undergone genital mutilation
<p>Economic and social empowerment, Gender based Violence</p> <ul style="list-style-type: none"> • Time spent on unpaid domestic and care work • Women experiencing sexual violence by someone other than husband • Women who make their own decisions about sexual relations and reproductive health
<p>Political Empowerment</p> <ul style="list-style-type: none"> • The proportion of seats held by women in (a) national parliaments and (b) local governments • The proportion of women in managerial positions

Table 4: List of indicators not being mapped by NFHS but present in SDGs

It's also important to make a note that the absence of these specific indicators in NFHS does not imply that these issues are not relevant in India or not addressed by other national programs, policies, or initiatives. These indicators may be covered by other surveys, studies, or programs in India that specifically address these aspects.^{6,7,8,9}

CONCLUSION

The study's comprehensive analysis of women's lives in Karnataka reveals both progress and persistent challenges in the journey towards gender equality and empowerment. While there have been notable advancements in demographics, education, financial inclusion, and workforce participation, the persisting issues of gender-based violence demand urgent attention and action. Karnataka's commitment to gen-

der-responsive budgeting and various government initiatives alongside the national initiatives demonstrates a proactive approach to addressing these challenges, but continued evaluation and refinement of these programs are crucial. Karnataka serves as a blueprint for other Indian states, emphasizing the potential for significant progress when policies prioritize women's education, financial inclusion, healthcare, and the eradication of gender-based violence.

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