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SOCIO-ECONOMIC STATUS OF WOMEN IN RURAL HARYANA: A STUDY FROM FIELD SURVEY

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Abstract

The socioeconomic status of women is an indicator of the development and progress of any, society and country, as women play a significant role in the development of a country. They play an essential role in maintaining their home and managing their farms and animals depending upon the family's situational, personal, and socio-economic characteristics. The current study was conducted in 6 districts of Haryana, India. Data were collected from 400 Rural women using a structured interview schedule. 10% women were chosen from each selected village thus constituting a sample size of 400 by Multistage random method. The study's main objective was to find out the Socio-Economic Status of Women in the Study area and to provide appropriate suggestions for developing Rural Women in the Study area. The profile of rural women, concerning their demographic characteristics, revealed that 19.75% are illiterate, 60% lack access to filtered water facilities, 75.5% are unemployed, and 32% rely exclusively on firewood for cooking.

Keywords: Socio-Economic, Women, Rural, Haryana, Development.

JEL Codes: I31, I38, J12, J24, Y10, Z13.

INTRODUCTION

For any nation to develop, women must be involved in all economic, political, and social activities. Without their participation, progress is hindered. Women play a crucial role in our society. Women's status and empowerment are among the most important issues in the world today. Despite their significant contributions to the development process, women often receive lower status and less attention in comparison to men, particularly in less developed countries. Women constitute half of the global human capital but are among the most underutilized resources. Their labor force participation rate is lower than men's in all countries. Women often face restricted movement and adaptability; in some cultures, they cannot leave their homes without a male escort. Even when permitted to go alone, they risk sexual, physical, and verbal abuse from strangers, as well as dishonour and rumours within their communities. Globally, one in three women experiences some form of inhumanity at some point in her lifetime.

Rural women are regarded as the foundation of the Indian economy (Nand and Kumar, 1980). They play a crucial role in maintaining their homes and overseeing their farms and livestock,

depending on their families' situational, personal, and socio-economic characteristics. However, they are excluded from decision-making (Patki and Nikhade, 1999). The well-being of women is inherently linked to their societal standing. In India, women's health is affected by biological differences in health behaviors and prevailing socio-economic, cultural, and political conditions (Carol Vlassoff, 2007). Women aged 30 and above, with lower levels of education, belonging to affluent demographics, married at a younger age, and those with a history of tobacco use, are more likely to experience two or more morbidities (Hossain et al., 2021).

Investing in women's and girl's human capital, education, and health is a crucial step forward. Educated, intelligent, and healthy women are more capable of engaging in productive activities, seeking formal sector jobs, earning higher salaries, and enjoying better lives than uneducated women. Thus, this investment is not risky. Women with empowerment can enhance the health and productivity of their families and society while creating better prospects for future generations (M. Anne Hill & Elizabeth King, 1995).

This present study depicts the socio-economic status of women in Rural Haryana. Located in north-western India, Haryana spans 44,212 square kilometers, between 27°39'N to 30°55'N latitude and 74°27'E to 77°36'E longitude. Established on November 1, 1966, it borders Uttar Pradesh to the east, Punjab to the west, Himachal Pradesh to the north, and Rajasthan to the south. Haryana has the lowest sex ratio in India, with 879 girls per 1,000 boys, compared to the national average of 940, according to the latest census. Women are crucial in generating income, ensuring food and nutrition security for their families and communities, and enhancing general health. Socio-economic status is determined by a combination of education, income, and opportunity, representing an individual's or family's economic and social position relative to others.
Women's empowerment and development are closely connected. While development reduces societal inequalities, true gender equality requires women's active participation to strengthen their rights and control their lives. Amartya Sen's term "missing women" highlights persistent gender inequalities, emphasizing the need for inclusive development through ensuring women's full participation in society.

Following the introductory section, the paper reviews the literature on women's socio-economic conditions. The third section outlines the study's objectives, while the fourth details the data and methodology. The fifth section presents the findings, highlighting key results. The final section offers conclusions and policy recommendations to address observed issues. This structured approach ensures a comprehensive analysis of the topic, providing valuable insights for researchers and policymakers.

Objective

- To find out the Socio-Economic Status of Women in the Study area.
- To give appropriate suggestions to developing Rural Women in the Study area.

REVIEW OF LITERATURE

Lakshmi and Sri (2019) discussed the socioeconomic condition of Indian women in rural and urban areas, highlighting problems such as illiteracy, poverty, economic status, and violence. The objectives of this study were to explore socio-economic challenges faced by Indian women and highlight success stories of women overcoming obstacles. Lakshmi and Sri found that women face illiteracy, poverty, economic issues, and violence. Lack of education and awareness contributes to women's challenges.

Bhavya and Somashekar (2023) explained the socio-economic condition of women in the Chamarajanagar district and how self-help groups contribute to their development. The main objective of this study was to analyze the contribution of self-help groups in socio-economic development and identify factors contributing to the socio-economic development of women. They found that the majority of the respondents are illiterate and join self-help groups for economic gain.

Sunil Babu (2022) highlights the socio-economic empowerment of women in India. The main objective of Babu's study was to analyze the state of women's empowerment in India and identify the reason for the poor condition of women in India. He found that in his research women in India have improved conditions but are still not as empowered as men. And the representation of women in key government positions is low.

Another survey done by **Sharma and Kannan (2020)** The study reveals the socio-economic condition of women in Pushkar (Ajmer). Its objective was to analyze the spatial patterns of female literacy and sex ratio and examine the correlation between female literacy and women's work participation. Secondary data from the 2011 Census of India were used, and the Karl Pearson correlation method was applied for analysis. The findings revealed a significant inverse relationship between female literacy and women's workforce participation, along with inequalities in male and female literacy.

In a study by **Hsaina Agasimani (2022)**, the author talks about the socio-economic conditions of Muslim women in the Kalburgi district of Karnataka, India. It highlights their educational, economic, social, and political vulnerabilities and emphasizes the need to understand and address their poor socio-economic status. With the sample size of 150 respondents in Kalburgi district random sampling method was used. Conclude that Muslim women face socio-economic challenges in India. The majority have a monthly income below Rs. 10,000.

Rannestad and Finn Skjeldestad (2012) The purpose of their article was to investigate the relationship between socioeconomic conditions and the number of pain sites and assess the impact of socioeconomic determinants on pain in women. For the analysis of this study, 653 women were selected and the socioeconomic condition Index (SCI) scores were used. They found low SCI scores linked to four or more NPS.

Naoki Kondo (2011), in his study "Socioeconomic disparities and health: impacts and pathways," the researcher investigated the social factors that influence health, specifically examining the health consequences of macroeconomic conditions. The study revealed that

income inequality and macroeconomic shocks negatively affected population health. These adverse effects could be attributed to psychosocial influences arising from human nature, particularly in response to interpersonal relationships within society. Theoretical frameworks related to social comparisons and relative deprivation have the potential to explain the mechanisms linking socioeconomic disparities and health outcomes.

RESEARCH METHODOLOGY

For the present study, Rural Haryana has been chosen for data collection because Haryana has a population of 2.54 crore of which men and women are 13,494,734 and 11,856,728 respectively. Out of the total population of Haryana, 34.88% (8,842,103) live in urban areas, while 65.12% live in rural areas. The male and female populations in rural areas were 8,774,006 and 7,735,353, respectively. According to the most recent census, it has the lowest ratio—879 females for every 1,000 boys—below the 940 national average. Primary data were collected by using an intensive field survey through a multi-stage random sampling method with the help of a well-structured questionnaire. A structured questionnaire has been developed to gather data from sample individuals regarding their income, education, personal habits, household background, sanitation, availability of clean drinking water, and the determinants of their income.

Keeping in view the objectives of the study, it was decided that, a total sample of 400 rural women i.e. 10 percent of the total rural women population in each selected village were chosen by adopting a multistage random sampling technique.

This study was descriptive. The data was tabulated and analyzed using simple percentage methods. Additionally, the chi-square test was employed to further analyze the data.

Table 1: Sample size selected from Haryana based on the multistage random sampling method.

Districts	Block	Village	Sample Population
Kurukshetra	Thanesar	Barwa	30
Rohtak	Lakhan Majra	Lakhan Majra	88
Gurugram	Sohna	Rethoj	45
Jind	Narwana	Amargarh	25
Kaithal	Kalayat	Mator	102
Faridabad	Badhkal	Anangpur	110

ANALYSIS AND DISCUSSION

Age of the respondent women

The age of the respondents is a crucial factor in assessing Socio-Economic conditions. The table below presents the classification of sample rural women respondents based on age in the study area.

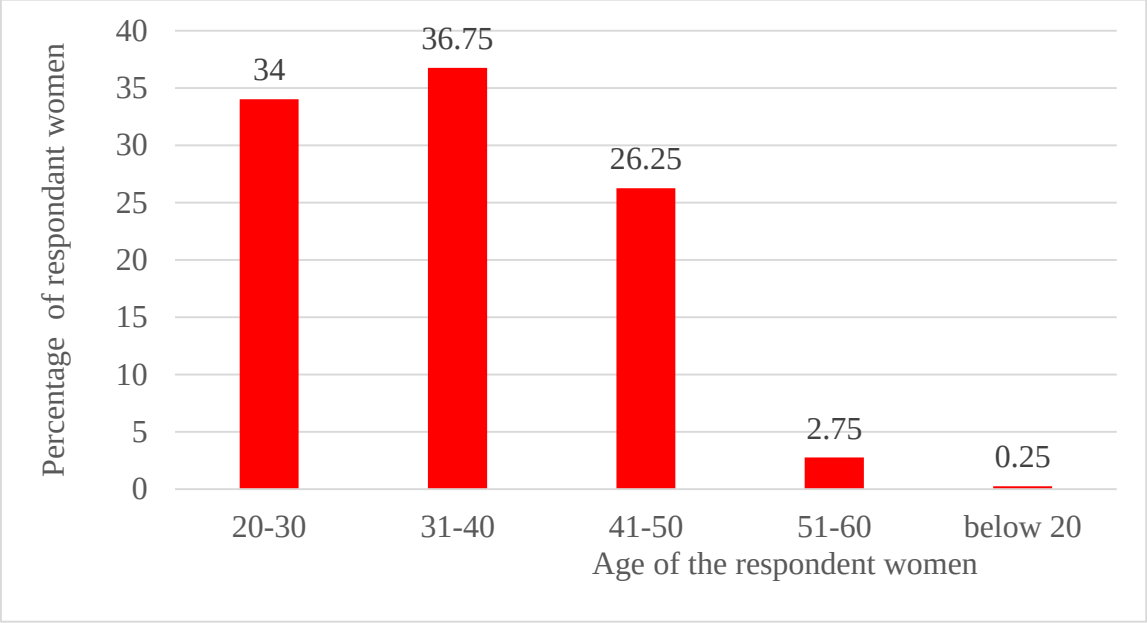
Table 2: Age of the respondent women

Age	Frequency	Percent
Below 20	1	0.25
20-30	136	34
31-40	147	36.75
41-50	105	26.25
51-60	11	2.75
Total	400	100

Source: Primary Data

The data from Table 1 indicates that the largest proportion of respondents (36.75 percent) falls within the age range of 31 to 40 years. Additionally, 34 percent of respondents are between 20 and 30 years old, while 26.25 percent belong to the 41-50 years old. And 2.75 percent fall within 51-60 years old. Only a minimal 0.25 percent of respondents are below 20 years old among the total rural women participants in the study area.

Figure 1: Age of the respondent women



Source: Above Table 2.

Community of the respondent rural women

Community plays a significant role in determining the Socio-economic and health status of individuals. The table below displays the classification of sample respondents based on their communities:

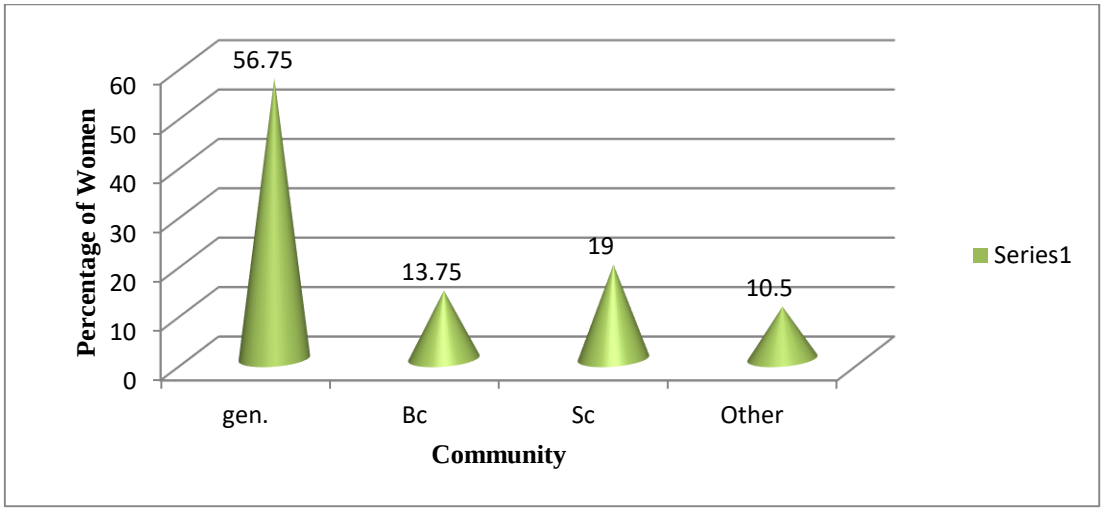
Table 3: Community of the respondent rural women

Community	Frequency	Percent
Gen.	227	56.75
Bc	55	13.75
Sc	76	19
Other	42	10.5
Total	400	100

Source: Primary Data

Table 3 reveals that out of 400 sample rural women respondents from study area 56.75 per cent and 19 per cent of the women respondents belong to General and SC respectively. And 13.75 per cent of the women respondents belong to BC and 10 per cent of the respondents belong to other community. According to NFHS-5 data, the population distribution is as follows: SC constitutes 32.7%, OBC accounts for 28.6%, other categories make up 37.3%, and ST represents 1.0%.

Figure 2: Community of respondent women



Source: Above Table 3.

Marital status of the rural women respondents

Marital status stands out as the primary factor influencing the Socio-economic and health status of rural women. The table below illustrates the marital status of the sampled women respondents in the study area.

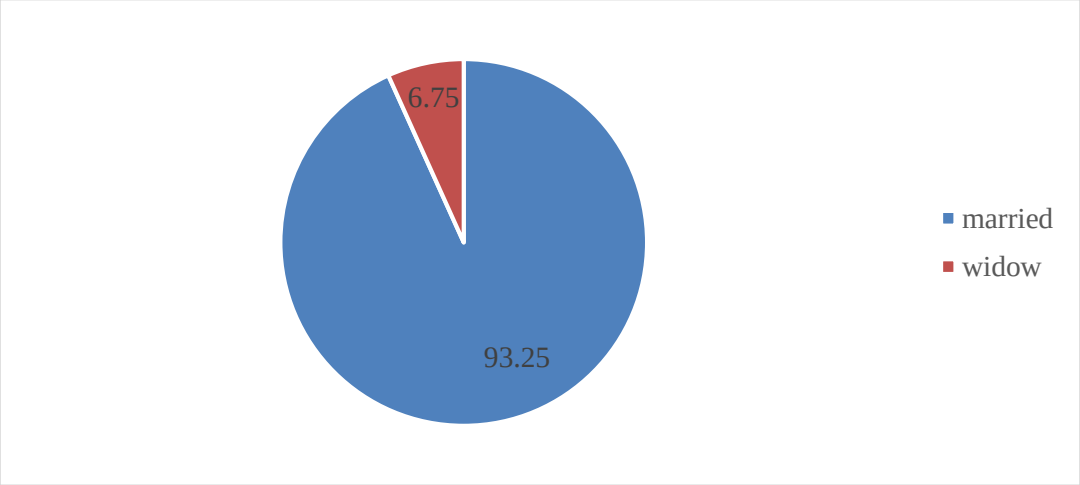
Table 4: Marital status of the rural respondent women

Marital status	Frequency	Percent
Married	373	93.25
Widow	27	6.75
Total	400	100

Source: Primary Data.

According to Table 4, the data shows that 93.25 percent of women respondents are married, and 6.75 percent are widows.

Figure 3: Community of respondent women



Source: Table 4.

Educational status of the rural women

The foremost crucial factor in assessing the health status of women, including their awareness, standard of living, and economic condition, is the educational level of the respondents. In light of this, the study aimed to examine the educational backgrounds of the respondents within the study area. The subsequent table displays the educational status of the rural women sampled in the study area.

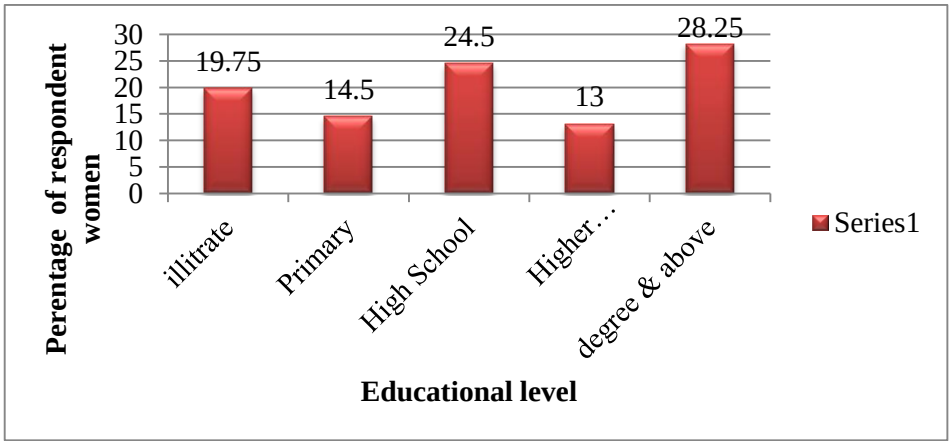
Table 5: Educational status of the respondent rural women

Education Status	Frequency	Percent
Illiterate	79	19.75
Primary	58	14.5
High School	98	24.5
Higher Secondary	52	13
Degree & above	113	28.25
Total	400	100

Source: Primary Data.

According to Table 5, 19.75 percent of the respondents are unable to read or write (illiterate), while 14.5 percent completed primary school. Additionally, 24.5 percent attained education up to the high school level, 13 percent reached the higher secondary level, and the remaining 28.25 percent pursued a degree or higher education in the study area. According to NFHS-5 data, the educational attainment levels are as follows: 30.4% of the population is illiterate, 12.4% have completed primary education, 30.3% have studied up to high school, 10.7% have completed higher secondary education, and 16.2% hold a degree or higher qualification.

Figure 4: Educational status of women



Source: Above Table 5.

Family size of the rural women respondents

The size of the families within the sampled households is another significant determinant affecting the health of women. The subsequent table illustrates the family sizes of the rural women respondents included in the sample.

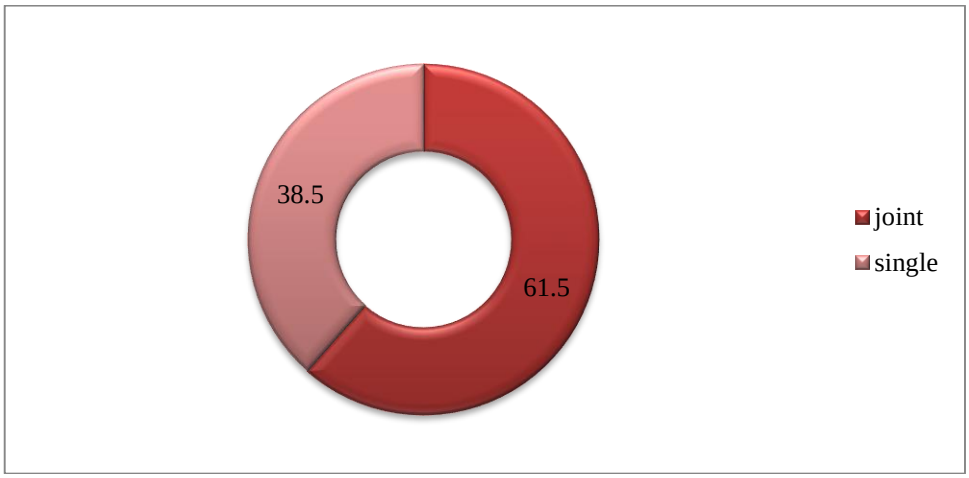
Table 6: Family type of respondent women

Family type	Frequency	Percent
Joint	246	61.5
Single	154	38.5
Total	400	100

Source: Primary Data.

Table 6 shows that out of the total respondents, 61.5% (246 individuals) live in joint families, while 38.5% (154 individuals) live in single or nuclear families. Data from the NFHS-5 show that 52.4% of households are categorized as joint families and 47.6% as single families.

Figure 5: Family type of respondent women



Source: Above Table 6.

Occupation of the rural women respondents

Occupation holds a crucial role in shaping the standard of living, health status, educational attainment, economic situation, and individual responsibilities within society. The subsequent table displays the occupations of the women respondents sampled in the study.

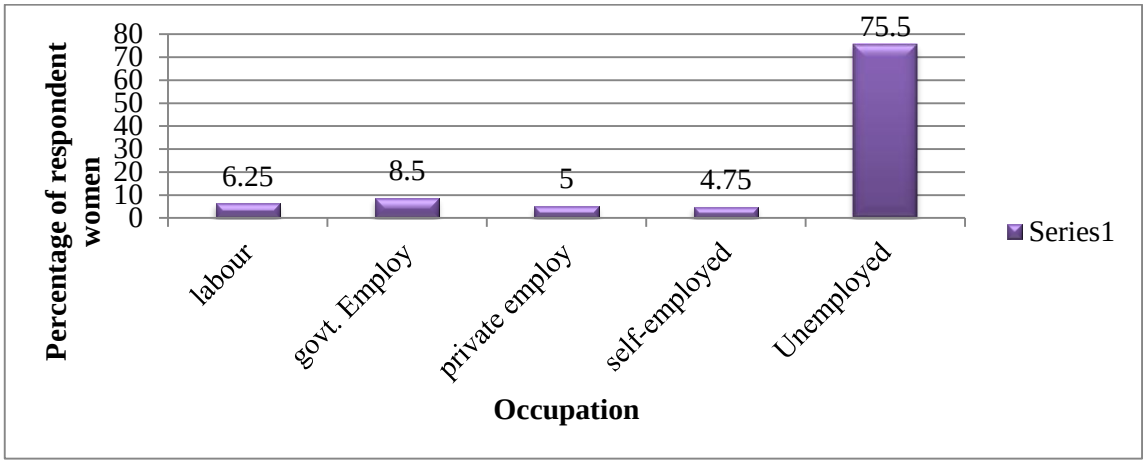
Table 7: Occupation of the rural women respondents

Occupation	Frequency	Percent
Labor	25	6.25
Govt. Employ	34	8.5
Private employ	20	5
Self-employed	19	4.75
Unemployed (Housewife)	302	75.5
Total	400	100

Source: Primary Data.

The analysis of Table 7 indicates that the largest proportion of respondents, accounting for 41.1 percent are unemployed. Following this, 8.5 percent of the sampled respondents work in the govt. sector, while 6.25 percent are laborers. Additionally, 5 percent of respondents are working in the private sector, and 4.75 percent are self-employed in the study area.

Figure 6: Occupational structure of the respondent women



Source: Table 7.

Expenditure on Health

Health expenditure serves as a key indicator of the health status of pregnant women and the conducive environment within families. The following tables elucidate the health expenditure of rural women respondents sampled in the study area.

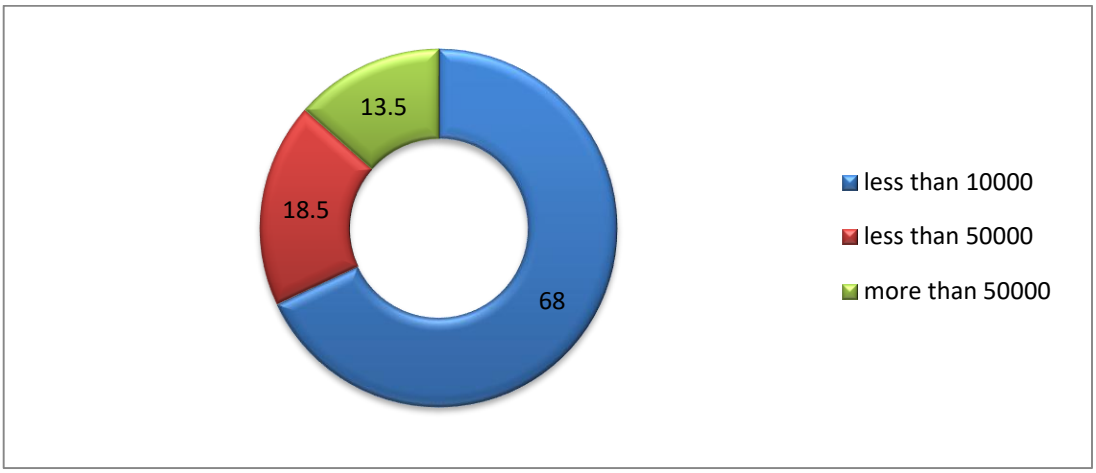
Table 8: Expenditure on Health

Expenditure on health	Frequency	Percent
Less than 10000	272	68
Less than 50000	74	18.5
More than 50000	54	13.5
Total	400	100

Source: Primary Data.

Table 8 reveals that 68 percent of respondents spent less than Rs 1000 annually on health expenses, while 18.5 percent spent less than Rs 50000. Only 13.5 of respondents reported an annual health expenditure exceeding Rs 50000.

Figure 7: Expenditure on health of the respondent women



Source: Above Table 8.

Number of Rooms in the House

The subsequent table illustrates the number of rooms within the homes of the rural women respondents sampled within the study area.

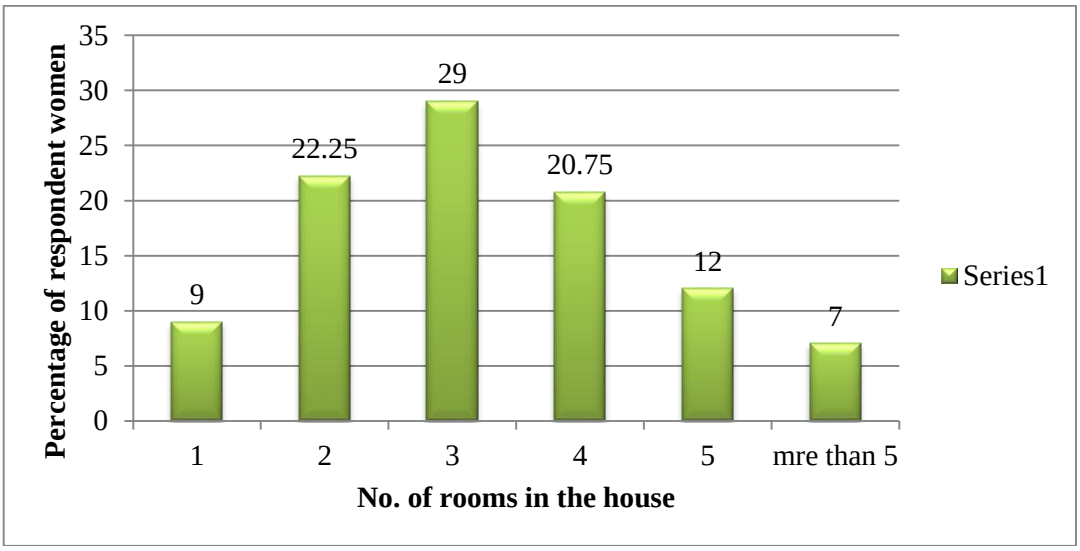
Table 9: Number of Rooms in the House

No. of rooms	Frequency	Percent
1	36	9
2	89	22.25
3	116	29
4	83	20.75
5	48	12
More than 5	28	7
Total	400	100

Source: Primary Data.

Table 9 elucidates that the majority, accounting for 29 percent, of women respondents reside in houses with three rooms. Additionally, 22.25 percent of respondents have two rooms in their houses, while 2.75 percent of respondents live in four-room houses, 12 percent have 5 rooms, 9 percent have only one room in their house, and 7 percent have more than 5 rooms in their house within the study area.

Figure 8: No. of Rooms in the house of the respondent women



Source: Above Table 9.

Nature of the house

The subsequent table illustrates the type of housing among the women respondents sampled within the study area.

Table 10: Nature of the house

Nature of house	Frequency	Percent
Kuccha	22	5.5
Semi kuccha	0	0
Semi pucca	47	11.75
Pucca	331	82.75
Total	400	100

Source: Primary Data.

Table 10 unveils that the majority (82.75 percent) of the sampled respondents have pucca houses, while 11.75 percent have semi-pucca, and the remaining 5.5 percent of respondents have kuccha houses within the study area. According to NFHS-5, 1.2% of households live in kuchha houses, 27.8% in semi-pucca houses, 69.7% in pucca houses, and 1.3% of data is missing.

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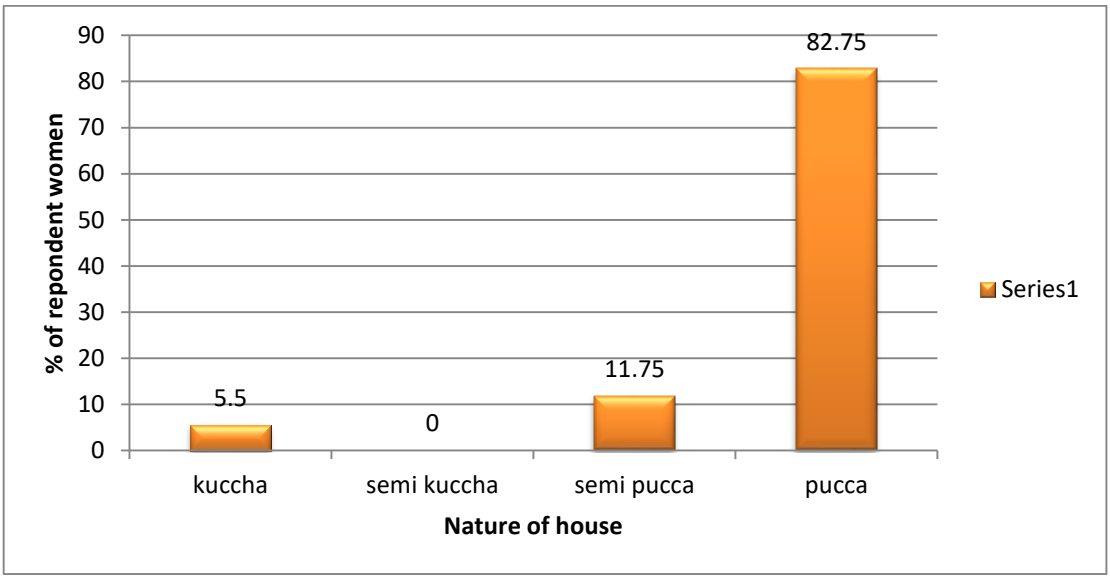
Figure 9: Nature of the House



Source: Above Table 10.

Proper kitchen in the house of the respondent women

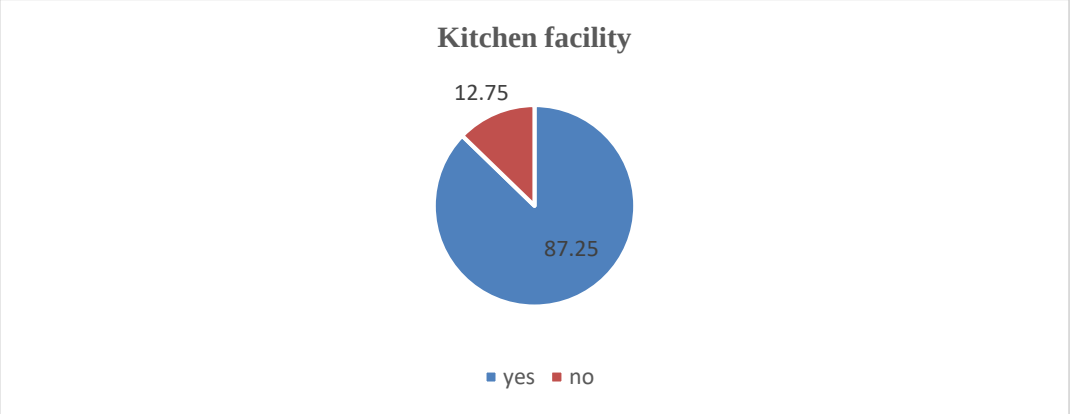
Table 11: Proper kitchen in the house

Proper kitchen	Frequency	Percent
Yes	349	87.25
No	51	12.75

Source: Primary Data.

Table 11 shows that out of the total respondents, 87.25% (349 individuals) reported having a proper kitchen in their household, while 12.75% (51 individuals) stated that they do not have a proper kitchen. According to NFHS-5 data, 58.7% of households have a proper kitchen, while 41.3% do not have a proper kitchen facility.

Figure 10: Proper kitchen in the house



Source: Above Table 11.

Fuel for cooking

Generally, the release of cooking fuel emissions can impact women's health. Therefore, it's crucial to investigate the types of cooking fuel used in the area under study. The table below illustrates the various cooking fuels utilized.

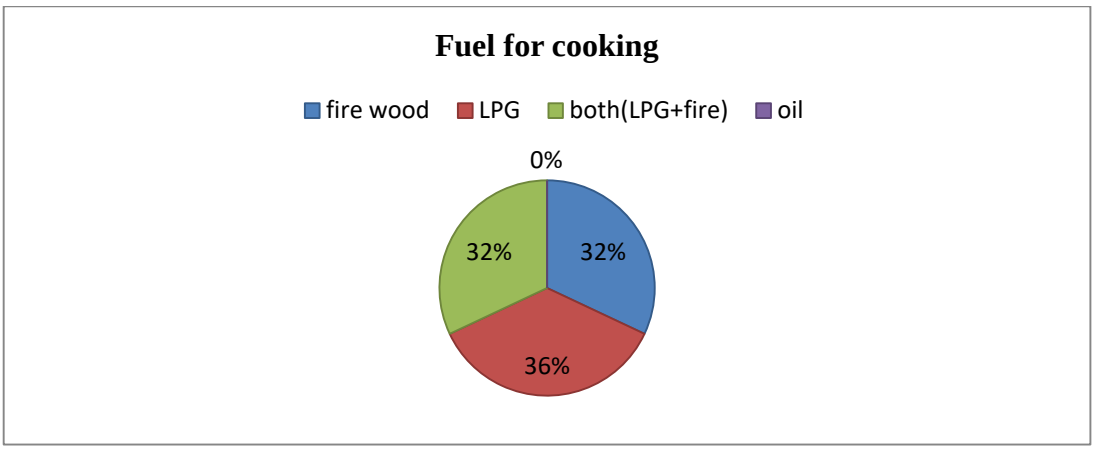
Table 12: Fuel for cooking

Fuel for cooking	Frequency	Percent
Firewood	128	32
Lpg	144	36
Oil	0	0
Both (LPG+fire)	128	32

Source: Primary Data.

Table 12 indicates that 36 percent of the surveyed households rely on LPG as their main fuel for daily cooking, while 32 percent use firewood. Additionally, 32 percent employ both firewood and LPG for cooking purposes. According to NFHS-5 data, 36.9% of households use firewood as their primary cooking fuel, 41.6% use LPG, 0% use oil, and 21.6% use a combination of both firewood and LPG.

Figure 11: Fuel for cooking



Source: Above Table 12.

Use of Filtered Drinking Water

Access to safe drinking water is vital for everyone and serves as a key indicator of an individual's health status. The table below illustrates the utilization of protected drinking water in the research area:

Table 13: Use of Filtered Drinking Water

Drinking water	Frequency	Percent
filtered	160	40
Not filtered	240	60

Source: Primary Data.

Table 13 indicates that the majority, accounting for 60 percent of respondents, utilize non-filtered drinking water in the study area, while the remaining 40 percent use filtered water.

Sources of Drinking Water

Waterborne diseases represent a significant health concern in rural areas, closely tied to the sources of drinking water. These sources significantly impact people's health. The table below illustrates the various sources of drinking water in the study area.

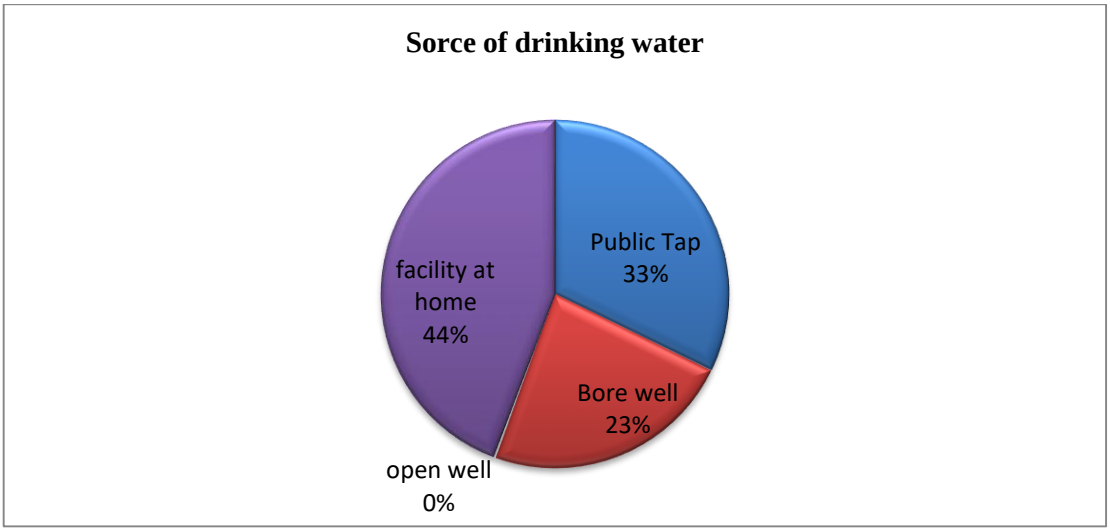
Table 14: Sources of Drinking Water

Sources of drinking water	Frequency	Percent
Public Tap	129	32.25
Bore well	93	23.25
Open well	1	0.25
Facility at home	177	44.25
Total	400	100

Source: Primary Data.

The preceding Table 14 demonstrates that the largest portion of sampled respondents (44.25 percent) relies on facilities at home for drinking water, while 32.25 percent use public tap water and 23.25 percent use water from Bore wells. Open well water is used by only 0.25 percent of respondents. It is evident from the table that the majority of people in the study area depend on public sources for their drinking water. According to NFHS-5 data, 98.2% of households have access to improved water sources. Of these, 61.6% have piped water directly into their dwelling, yard, or plot, 1.7% receive piped water through a neighbour, 8.4% rely on public taps or standpipes, 18.7% use tube wells or boreholes, and 7.8% access other improved sources. Meanwhile, 1.0% of households still rely on unimproved water sources.

Figure 12: Sources of Drinking Water



Source: Above Table 14.

Electrification in the house

The subsequent table presents the specifics of electrification in the residences of the rural women respondents sampled in the study area.

Table 15: Electrification in the house

Electrification in house	Frequency	Percent
Yes	391	97.75
No	9	2.25

Source: Primary Data.

The aforementioned Table 15 shows that the vast majority of respondents (97.75 percent) have electrified homes, while only 2.25 percent of respondents' households lack electricity in the study area. According to NFHS-5 data, 99.4% of households have access to electricity, while 0.6% remain without electrification.

Toilet facility

Each household should possess adequate toilet facilities to safeguard the health of its members. The subsequent table illustrates the toilet facilities available to the sampled rural women respondents in the study area.

Table 16: Toilet facility

Toilet facility	Frequency	Percent
Flush out	391	97.75
Open place	9	2.25

Source: Primary Data.

From Table 16, it is evident that the majority of respondents (97.75 percent) utilize Flush out in the study area. While 2.25 percent rely on open places. According to NFHS-5 data, 82.6% of households have access to flush toilet facilities, while 10.7% do not.

Drainage facility

It's widely acknowledged that a significant portion of communicable diseases stem from open drainage systems. Consequently, examining the drainage facilities within households is crucial for understanding the health status of the population. The subsequent table presents the drainage facilities in the households of sampled rural women respondents in the study area.

Table 17: Drainage facility

Drainage facility in your house	Frequency	Percent
Available	384	96
Not Available	16	4

Source: Primary Data.

Table 17 illustrates that out of the 400 sampled respondents, 384 have a drainage facility within their households, while the remaining 16 lack this amenity.

TESTING OF HYPOTHESES

Hypothesis:

There is no association between communities of sample rural women respondents and Age, Educational level, Occupation, Income, Types of house, no. of rooms, separate kitchen, nature of the house, cooking fuel, safe drinking water, source of drinking water, electrification, toilet facility, and drainage facilities.

To test the association between communities of sample rural women respondents and Age, Educational level, Occupation, Income, Types of houses, no. of rooms, separate kitchen, nature of the house, cooking fuel, safe drinking water, source of drinking water, electrification, toilet facility, and drainage facilities, the Chi-Square test was used. The estimated results are given in the following table:

Association between Various Socio-Economic Variables

Sr. No.	Association Between Community /Caste and Other Socio-Economic Variables	Chi-Square ($\chi 2$)	P-Value
	Association between caste and education	60.608 *	.000*
	Community and Occupation	49.828*	.001*
	Community and income	484.215*	.000*
	Community and house	.764	.858
	Community and Rooms	72.371*	.000*
	Community and Kitchen	17.468*	.008*
	Community and Nature of the House	13.451	.143
	Community and Fuel	69.267*	.000*
	Community and Drinking Water	44.145*	.000*
	Community and Source of Drinking Water	67.210*	.000*
	Community and Electrification	13.223*	.004*
	Community and Toilet facility	17.947*	.000*
	Community and Drainage	11.943*	.008*

Note: * Significant at 1% level

The table provides a detailed analysis of the relationship between community/caste and various socio-economic variables, using Pearson Chi-Square values to measure the strength of these associations and the significance levels (Asymp. Sig 2-sided) to determine whether these relationships are statistically significant.

1. **Association between Caste and Education**: The Chi-Square value of 60.608 with a p-value of .000 indicates a strong and statistically significant association between caste and education. This suggests that educational attainment varies significantly across different caste groups, highlighting the impact of caste on access to and outcomes in education.

2. **Community and Occupation**: With a Chi-Square value of 49.828 and a p-value of .001, a significant relationship exists between community/caste and occupation. This implies that certain castes are more likely to be associated with specific occupations, reflecting historical and social structures that influence occupational distribution across castes.

3. **Community and Income**: The variable relating to community and income showed the highest association with the Chi-Square value of 484.215 and a p-value of .000. The analysis substantiates a highly significant relationship between other factors and community, showing that caste demands heavy influence over income levels. The strong association elucidates continuing economic disparities between the caste groups.

4. **Community and House**: The Chi-square of .764, with a p-value of .858, indicates no significant association between community/caste and type of house. Such findings may inform us that within these rooms, there may be other factors influencing types of housing, for instance, geographical location or availability of housing.

5. **Community and Rooms**: The Chi-Square value is 72.371 with an accompanying p-value of .000, showing a strong and significant association between community/caste and the number of rooms in a house. This shows that caste does indeed influence the size of living spaces, to some degree exposing the economic inequalities and resource allocations.

6. **Community and Kitchen**: The Chi-Square value of 17.468 and the p-value of 0.008 indicate a significant association between caste/community and the availability of a kitchen. Perhaps this reflects caste differentials in living conditions and housing quality.

7. **Community and Nature of House**: A Chi-Square value of 13.451 and a p-value of .143 indicate that there is no significant association between community/caste and the nature of the house. This shows that the material or type of housing might be the same among the different castes, depending on uniform housing policy or availability of building materials.

8. **Community and Fuel**: The significant association between community/caste and the type of fuel used, reflected by the Chi-square value of 69.267 and p-value of .000, is possibly linked to several economic disparities, on account of certain castes gaining easier access to cleaner or more efficient fuel sources.

9. **Community and Drinking Water**: By utilizing a Chi-square value of 44.145 and a p-value of .000, it was determined that the association between community/caste and access to drinking water indicates a strong, yet significant disparity in the availability of this much-needed resource, with certain castes more apparently having better access to clean drinking water as compared to others.

10. **Community and Source of Drinking Water**: In the case of the community/caste and source of drinking water, this Chi-Square value of 67.210 along with a .000 p-value hinted towards a very significant relationship. It might be an indicator of inequality in terms of access to a reliable and safe water source, further amplifying the socio-economic disparity between the different caste groups.

11. **Community and Electrification**: The Chi-Square value of 13.223 and the p-value of .004 imply an association between community/caste and electrification. This shows that access to electricity, a basic necessity, is determined by caste with certain communities possibly carrying the burden of acquiring it consistently and efficiently.

12. **Community and Toilet Facility**: The Chi-Square value of 17.947 and a p-value of .000 indicate a significant relationship between community/caste and access to toilet facilities; this indicates inequality in sanitation, as some cases may not have equal access to proper sanitation facilities.

13. **Community and Drainage**: A Chi-Square of 11.943 with a p-value of .008 signifies that a statistically significant association exists between community/caste and drainage facilities. This captures the variations in infrastructure and the level of habitation among caste groups, whereby some communities are likely to have poorer drainage systems, as opposed to their counterparts.

To summarize, the table shows the considerable influence of community/caste on various socio-economic variables, which range from education, type of occupation, income, house

quality, type of fuel used, access to water, and sanitation facilities. But caste has very little impact on the type or nature of a house, indicating that these parameters might be relatively homogenous among different caste populations. This showcases the age-old influence of caste on position in society.

Conclusion

The socio-economic status of women in rural Haryana is a critical issue exposing various demerits and differences. The survey has pointed out some critical areas where women experience considerable problems, which may not allow them to realize their full potential and flourish both personally and professionally.

Firstly, it is an area of great concern that the literacy rate for women in rural Haryana is still a realm so bleak, with 19.75% of women being illiterate. The inability to access basic education, thereby restricting entry to various other opportunities, reinforces a cycle of poverty and dependence. Only 28.25% of the women have educational attainment above that of higher secondary; such a huge gap in higher education restricts their options for getting skilled jobs and making better economic gains.

In rural Haryana, a majority of women, about 61.5%, live in joint family systems. Joint families provide emotional and practical support, yet in many cultures, they tend to create normative gender roles that restrict women's autonomy and capacity for decision-making. Another 38.5% live in single-family homes, which perhaps offer greater independence, but resource and communal support are often less viable in such settings. Hence, it is an intricate relationship wherein these family-dwelling types would dynamically impact women's status in the economy in both positive and negative ways.

The picture painted by employment data is really bleak: 75.5% of women are jobless. This high unemployment rate underlines the lack of economic opportunities available to women, which is directly affecting their financial independence and socio-economic standing. Employment is important, not only for income but also for the sake of social acceptance and self-esteem.

Healthcare expenditure highlights the stark socio-economic disparities, with only 13.5% of women spending over ₹50,000 per year on health. This low expenditure displays little financial resources and possibly a lack of awareness or access to adequate healthcare. Moreover, 12% of women do not have fully fitted kitchens, impacting their lives and health. Cooking practices also pose health hazards, with 32% of women using firewood exclusively and another 32% using both LPG and firewood; such practices expose them to dangerous smoke and increase the risks of respiratory diseases.

The issue of access to clean drinking water is dire, and this is compounded by the fact that 60 percent of women do not have facilities for filtering water. This alarming report on the condition of drinking water is about to take a bigger toll on women's health and further harm their socio-economic issues.

This research contributes valuable insights about how to change the present situation and offers policymakers suggestions for rethinking maternal health policies.

Suggestions

Addressing the socio-economic status of women in rural Haryana requires a comprehensive and multi-faceted approach. Here are some key suggestions to improve their conditions:

Education:

To enhance the literacy levels of women, initiatives should be taken to expand access to education. Adult education programs and awareness campaigns regarding such important issues could be crucial (Berrozpe et al., 2020).

Promote Higher Education: Scholarships and financial assistance should be extended so as to motivate women to pursue educational courses until the university level (Champman & David, 2008). Besides, there is a great need for the government to make certain that girls have safe and reliable transport services to their schools and colleges so that they can access quality education daily (Suresha C, 2021).

Employment:

Create Job Opportunities: Several projects may be configured to advantage women by the cooperation of the government and NGOs (Gupta, 2021). Such projects may comprise technology transfer in small-scale industries, promotion of self-help groups, and microcredit schemes for encouraging entrepreneurship.

Development of skills: The implementation of such programs oriented toward developing skills, both traditional and modern, in women can contribute toward making them employable (Prabhakar & Nimesh 2022). Such programs should be available locally while attending to aspects of employability that the local job market needs.

Healthcare:

Mobile health clinics and telemedicine can help close this access gap in healthcare. Furthermore, enhancing access requires increasing the number of healthcare facilities that are also better equipped.

Health Awareness Campaigns: Conducting health awareness programs focusing on preventive care, maternal health, and nutrition can improve overall health outcomes.

Living Conditions:

Government schemes should work on improving housing infrastructure by providing better living conditions, where there are proper kitchens and clean cooking fuel (K Chen, 2024). Subsidies for LPG could encourage its exclusive use and reduce dependency on firewood (Nautiyal, 2013).

Clean Water Access: Ensuring access to clean drinking water through community water filtration systems or subsidized home filtration units is essential. This can significantly reduce waterborne diseases and improve overall health (Dinka, 2018).

Empowerment and Legal Support:

Strengthen Women's Rights: Legal support systems should be strengthened to protect women's rights, including property rights and protection against domestic violence.

Promote Gender Equality: Community programs should focus on promoting gender equality and changing societal norms that restrict women's roles and opportunities.

By implementing these suggestions, the socio-economic status of women in rural Haryana can be significantly improved. These measures not only aim to alleviate immediate hardships but also empower women to achieve long-term economic independence and social equality, contributing to the overall development of the region.

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