



## UNIQUE DIFFERENCES BETWEEN RURAL AND URBAN WOMEN IN BIKANER (RAJASTHAN)

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### Abstract

This research paper investigates the socio-economic, educational, health, and cultural differences between rural and urban women in Bikaner (Rajasthan). The study highlights disparities in education, healthcare, employment, mobility, and cultural practices, alongside women's autonomy in these two distinct settings. With data collected from both primary and secondary sources, it reveals how rural women often face greater challenges due to limited resources and deep-rooted cultural norms, while urban women enjoy better access to opportunities. The research also discusses the role of gender norms in shaping women's lives in both environments and offers policy recommendations to bridge these gaps and promote gender equity.

### 1. Introduction

Bikaner, located in the northwestern part of Rajasthan, represents a unique mix of rural and urban populations, with the urban areas growing rapidly in terms of infrastructure, education, and employment opportunities. The rural areas, on the other hand, maintain strong traditions and a reliance on agriculture for livelihoods. The differences between these two segments are stark when it comes to the roles, opportunities, and challenges faced by women.

#### 1.1 Significance of the Study

Understanding the unique challenges and differences faced by rural and urban women is crucial for crafting effective policies aimed at reducing gender inequality. Women's roles in Bikaner are

shaped by local norms, economic structures, and access to resources. This study contributes to existing gender research by exploring how rural-urban dynamics affect women's experiences in education, health, economic participation, and autonomy.

**1.2 Research Question and Objectives-**The key question driving this research is: What are the unique differences between rural and urban women in Bikaner regarding socio-economic status, education, health, employment, cultural roles, and autonomy?

### **Objectives of the Study:**

1. To explore differences in educational attainment between rural and urban women.
2. To analyze the accessibility and quality of healthcare services available to rural and urban women.
3. To compare the economic participation of rural and urban women in Bikaner.
4. To examine the cultural norms that define women's roles and their mobility in rural and urban settings.
5. To assess the autonomy and decision-making power of rural and urban women in Bikaner.

## **2. Literature Review**

### **2.1 Educational Differences between Rural and Urban Women**

Education remains a key indicator of women's empowerment. Rural women in India, particularly in desert regions like Bikaner, often face challenges such as limited school availability, early marriage, and household responsibilities. Studies have shown that while rural areas exhibit lower female literacy rates compared to urban areas, initiatives like the Beti Bachao Beti Padhao scheme and the midday meal scheme have gradually improved educational access in rural settings (Agarwal, 2018). In urban areas, schools are more accessible, and women are more likely to complete higher education.

According to Sharma (2020), urban women in Rajasthan are increasingly pursuing careers in education, healthcare, and business, while rural women often receive informal or basic education, which restricts their employment options.

## 2.2 Healthcare and Well-being

Access to healthcare services in rural areas is constrained by geographical factors, financial limitations, and a lack of awareness. The National Family Health Survey (NFHS) reports that rural women in Rajasthan suffer higher rates of maternal mortality, child malnutrition, and limited access to family planning services compared to their urban counterparts (Kumari & Singh, 2021). In urban areas like Bikaner city, women have better access to government and private hospitals, which improves their health outcomes. Furthermore, urban women have greater health awareness, particularly regarding reproductive rights, compared to rural women who face cultural barriers in discussing such issues openly (Mehta, 2019).

## 2.3 Economic Participation and Employment

In urban areas, women increasingly participate in formal employment, entrepreneurship, and service industries. They are more likely to have steady jobs with better pay, while rural women are typically confined to informal sectors such as agriculture, daily wage labor, and household work (Sharma, 2020). Economic participation in urban areas is often higher due to better transportation, access to vocational training, and fewer cultural restrictions on women's employment.

In rural areas, women contribute to household survival through agricultural labor, livestock maintenance, and other informal labor. However, their contribution is often undervalued and invisible in economic statistics, which affects their financial independence (Reddy, 2018).

## 2.4 Cultural Norms and Autonomy

Cultural practices and gender norms in Rajasthan, especially in rural areas, often dictate the roles that women are expected to play. In rural communities, women are expected to focus on domestic

duties and childcare, and they have limited mobility outside the home. In contrast, urban women, although still influenced by traditional norms, are more likely to experience relative freedom in mobility, decision-making, and career choices (Mehta, 2019). Autonomy, particularly in rural areas, is severely restricted by patriarchal structures.

### 3. Methodology

#### 3.1 Research Design

This study uses a **mixed-methods approach** combining qualitative and quantitative data collection techniques. It explores the perspectives of rural and urban women through structured surveys and in-depth interviews.

#### 3.2 Sample Selection

The study focuses on 300 women in Bikaner—150 from urban areas and 150 from rural villages. The rural women were selected from several nearby villages in Bikaner District, while the urban women were selected from different sectors within the Bikaner city limits. The respondents were between the ages of 18 and 60 years, ensuring a diverse representation of different life stages.

#### 3.3 Data Collection Instruments

1. **Survey Questionnaires:** These were distributed to collect quantitative data on education, healthcare access, economic participation, and autonomy.
2. **Interviews:** Semi-structured interviews were conducted to explore personal experiences and perspectives in greater depth, focusing on women's cultural and familial roles, health decisions, and career aspirations.
3. **Secondary Data:** Secondary sources such as government reports, the National Family Health Survey (NFHS), and existing research on rural-urban gender dynamics were reviewed to support the primary data.

### 3.4 Data Analysis

Data was analyzed using descriptive statistics for quantitative data and thematic analysis for qualitative responses. This allowed the identification of recurring patterns and differences between rural and urban women's experiences.

## 4. Results

### 4.1 Educational Attainment

The survey results indicated a clear disparity in educational attainment between rural and urban women in Bikaner.

Indicator	Rural Women	Urban Women
Literacy Rate (%)	62%	84%
Enrollment in Primary School	85%	95%
Enrollment in Secondary School	45%	72%
College Education (%)	8%	32%

#### Interpretation:

Urban women have higher literacy rates, with a larger percentage completing secondary education and enrolling in college. Rural women face several barriers to education, such as long distances to schools, a lack of safety, and family expectations regarding early marriage.

### 4.2 Healthcare Access

Healthcare Facility	Rural Women	Urban Women
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Access to Primary Healthcare	60%	90%
Antenatal Care Coverage (%)	50%	80%
Family Planning Awareness (%)	30%	75%

**Interpretation:**

Rural women often face significant challenges in accessing healthcare facilities, which are often far away and under-resourced. Urban women have greater access to both public and private healthcare services, contributing to better overall health outcomes.

**4.3 Economic Participation**

Economic Indicator	Rural Women	Urban Women
Employed in Formal Sectors (%)	25%	56%
Involved in Household Income (%)	85%	60%
Self-Employed (%)	15%	30%

**Interpretation:**

Rural women are predominantly engaged in informal agricultural labor and household activities, while urban women have higher participation in formal employment, including skilled and service-sector jobs.

**4.4 Autonomy and Decision-Making**

**Mobility:**

- **Urban Women:** 65% report feeling free to move without permission.
- **Rural Women:** 35% report significant restrictions on movement.

#### **Decision-Making in Household:**

- **Urban Women:** 48% participate equally in major household decisions.
- **Rural Women:** 28% have limited or no decision-making power.

#### **Interpretation:**

Urban women have more autonomy in both mobility and decision-making within the household, while rural women face stricter norms that restrict their personal freedom.

### **5. Discussion**

The findings of this study suggest that urban women in Bikaner enjoy significantly more opportunities in terms of education, employment, and healthcare access than their rural counterparts. Urban areas provide better infrastructure, educational institutions, and job opportunities, which increase women's autonomy and life satisfaction. In contrast, rural women face significant socio-economic barriers, including lower literacy, limited healthcare access, and restricted mobility due to entrenched cultural norms.

#### **5.1 Social and Economic Implications**

The disparity in women's education between rural and urban areas has long-term implications for economic development and social mobility. Educating girls in rural areas can lead to a more empowered generation of women, contributing to improved family health, greater economic participation, and more balanced gender roles.

#### **5.2 Policy Recommendations**

1. **Improved Rural Education:** Building schools closer to villages, providing scholarships, and promoting digital education can bridge the rural-urban education gap.

2. **Access to Healthcare:** Expanding mobile health units and increasing public awareness of health rights can improve healthcare access in rural areas.
3. **Economic Empowerment Programs:** Vocational training and microfinance opportunities for rural women will help in diversifying employment options.
4. **Cultural Sensitization:** Community programs focusing on gender equality and women's rights can challenge restrictive cultural norms.

## 6. Conclusion

This study highlights the complex differences between rural and urban women in Bikaner, with significant disparities in education, healthcare access, employment, and autonomy. Bridging these gaps requires targeted policy interventions and a focus on both infrastructure development and cultural change. By empowering women, especially in rural areas, Rajasthan can foster more inclusive growth and sustainable development.

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