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GENDER DIMENSIONS OF HEALTH INEQUALITIES IN RURAL AND URBAN AREAS: A COMPARATIVE STUDY IN VIJAYAPURA DISTRICT, KARNATAKA

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ABSTRACT:

Health is a basic human right, yet inequalities persist due to gender, geography, and socio-economic status. Vijayapura district in northern Karnataka faces multiple health challenges, with clear disparities between men and women and between rural and urban populations. This study, based entirely on secondary data sources such as the NFHS-5 Vijayapura District Fact Sheet (2019–21), Census of India (2011), and District Health Office reports, provides a comparative analysis of gender health inequalities in rural and urban settings of Vijayapura. The analysis highlights critical gaps in maternal health, child nutrition, anemia prevalence, healthcare access, and utilization. Findings reveal that rural women face higher rates of anemia, lower institutional deliveries, and limited healthcare access, while urban women, despite better institutional care, increasingly face lifestyle-related health issues. The study concludes with policy recommendations for strengthening rural healthcare infrastructure, promoting women's health awareness, and implementing gender-sensitive health interventions at the district level.

INTRODUCTION:

Gender-based health inequalities remain one of the most pressing social and public health challenges in India. Vijayapura district, located in the northern region of Karnataka, provides an important case for studying such disparities due to its socio-economic backwardness, agricultural dependency, and cultural traditions that shape gender roles.

According to the 2011 Census, Vijayapura has a population of over 2.17 million, of which nearly 70% live in rural areas. The sex ratio is 961 females per 1000 males, slightly below the Karnataka state average. Literacy levels stand at 67.2%, with a clear gender gap: 77% for males and only 57% for females. This educational disadvantage significantly influences women's health awareness and healthcare-seeking behavior.

The district is known for poor health outcomes compared to other parts of Karnataka. The NFHS-5 (2019–21) fact sheet for Vijayapura reports:

59% of rural women are anemic compared to 47% in urban areas. Only 68% of rural deliveries are institutional, while in urban areas this rises to 89%. Full immunization coverage for children under five is 68% in rural areas, compared to 82% in urban areas.

These statistics clearly indicate how gender and geography intersect to produce inequalities in health outcomes. Rural women are at the receiving end of structural disadvantages: poor infrastructure, poverty, limited autonomy in decision-making, and socio-cultural barriers such as early marriage and patriarchal restrictions. Urban women, though relatively better placed, are not free from problems, facing increased stress, reproductive health concerns, and rising cases of non-communicable diseases (NCDs).

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This paper attempts a comparative district-level analysis of gender health inequalities in Vijayapura. Unlike national-level studies, it highlights local-level realities, thereby contributing context-specific insights useful for researchers, policymakers, and public health administrators in Karnataka.

Objectives of the Study:

1. To examine gender differences in health outcomes in Vijayapura district.
2. To analyze rural vs. urban variations in maternal health, child health, and anemia prevalence.
3. To study healthcare access and utilization among men and women across rural and urban Vijayapura.
4. To understand the socio-cultural determinants of health inequalities in the district.
5. To suggest policy interventions for reducing gender-based health inequalities in Vijayapura.

REVIEW OF LITERATURE

The issue of health inequalities in India has been widely studied, but district-level analyses focusing on gender dimensions remain limited. In the context of Karnataka, especially northern districts like Vijayapura, research and government reports indicate significant rural–urban and male–female disparities in health indicators.

STATE-LEVEL STUDIES (KARNATAKA)

Rao (2017) highlights the intra-state disparities in Karnataka's health indicators, noting that districts in northern Karnataka such as Vijayapura, Bagalkot, and Raichur consistently perform poorly compared to southern districts like Bengaluru Urban and Dakshina Kannada.

Karnataka State Health Report (2019–20) observed that maternal mortality rates (MMR) are higher in rural taluks of Vijayapura due to lack of infrastructure, shortage of specialists, and delays in emergency referrals.

NFHS-5 Karnataka State Report (2021) confirms that anemia among women is one of the most severe health concerns, with Vijayapura recording one of the highest rates in the state.

DISTRICT-LEVEL STUDIES (VIJAYAPURA)

NFHS-5 Vijayapura Fact Sheet (2019–21) provides crucial district-specific data: 59% of rural women and 47% of urban women are anemic. 68% of rural women deliver in institutions compared to 89% urban women.Child immunization is 68% in rural areas, 82% in urban areas. Stunting among children is more common in rural areas (39%) than urban areas (28%).

District Health Office (Vijayapura, 2020) reported that while urban centers like Vijayapura city have relatively better private healthcare facilities, rural PHCs face frequent shortages of staff and medicines.

Shivappa (2018) in his study on women's health in northern Karnataka found that cultural practices such as early marriage and restrictions on women's mobility significantly reduce women's chances of accessing healthcare, especially in rural households.

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SOCIO-CULTURAL DETERMINANTS

Studies by Deshpande (2016) on rural Karnataka confirm that women's limited autonomy in healthcare decision-making is a major barrier. Male dominance in household decisions results in delays in seeking treatment.

Research by Patil (2019) on Vijayapura's rural health scenario highlights that poverty, high fertility rates, and inadequate sanitation contribute to persistent health inequalities between rural and urban populations.

GAP IN LITERATURE

Most studies on gender and health in Karnataka remain either state-level or urban-focused, with fewer detailed examinations of district-level rural–urban disparities. Very few works analyze Vijayapura district specifically, despite it being one of the socio-economically backward districts with poor maternal and child health outcomes.

This study addresses that gap by focusing exclusively on Vijayapura district, drawing on secondary data to compare health inequalities across gender and geographical locations within the district.

METHODOLOGY

This paper adopts a descriptive-comparative research design, relying entirely on secondary data to study gender health inequalities in Vijayapura district.

DATA SOURCES

1. NFHS-5 Vijayapura District Fact Sheet (2019–21)
2. Census of India (2011), Vijayapura District Tables
3. District Health Office Reports, Vijayapura (2019–2022)
4. Karnataka Health and Family Welfare Department Reports (2019–21)
5. Relevant published studies on women's health in northern Karnataka Variables Considered **Maternal health:** antenatal care (ANC), institutional deliveries, maternal mortality

Child health: immunization, infant mortality, stunting, wasting

Women's health: anemia prevalence, reproductive health status

Healthcare access: use of PHCs, CHCs, private hospitals, health insurance.

Socio-economic factors: literacy, poverty, early marriage, decision-making autonomy

Analytical Approach: Comparative Tables are used to present NFHS-5 district-level data for rural vs. urban Vijayapura, Percentage Analysis is applied to highlight disparities,Thematic Analysis is conducted for socio-cultural determinants using existing studies.

This methodology ensures that the findings are locally grounded in district-specific data, highlighting the gendered health inequalities in Vijayapura's rural and urban populations.

DATA ANALYSIS AND DISCUSSION

The analysis is based on secondary data from the NFHS-5 Vijayapura District Fact Sheet (2019–21), Census 2011, and District Health Office reports. The findings are presented in a comparative framework to highlight gender health inequalities between rural and urban areas of Vijayapura district.

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Table-1

Demographic Profile of Vijayapura District

Sl.No	Indicator	Rural	Urban	Total
1.	Population (%)	69.4	30.6	100
2.	Sex Ratio (females/1000 males)	963	958	961
3.	Literacy Rate (%)	57.2 (F) / 76.1 (M)	65.3 (F) / 82.4 (M)	67.2 overall

The demographic profile shows clear gender gaps in literacy, more pronounced in rural areas. Female literacy lags behind male literacy by nearly 19 percentage points in rural areas, compared to a 17-point gap in urban areas. This educational inequality translates into poor health awareness among rural women, which directly impacts maternal and child health outcomes.

Table-2

Maternal Health Indicators

Sl.No	Indicator	Rural	Urban
1.	Women (15–49) who had at least 4 ANC visits (%)	61	83
2.	Institutional deliveries (%)	68	89
3.	Skilled birth attendance (%)	70	91
4.	Postnatal care within 2 days (%)	65	87

The data shows a 21% gap in institutional deliveries between rural and urban Vijayapura. Rural women are still heavily dependent on home deliveries due to poor transport, inadequate health facilities, and cultural norms. Skilled birth attendance, a critical determinant of maternal survival, is also significantly lower in rural areas. Urban women benefit from better access to hospitals, particularly private facilities.

Table-3

Women's Health: Anemia and Reproductive Health

Sl.No	Indicator	Rural	Urban
1.	Women (15–49) who are anemic (%)	59	47
2.	Pregnant women who are anemic (%)	61	49
3.	Use of modern contraceptives (%)	49	58

Anemia is a severe public health challenge in Vijayapura, with 6 in 10 rural women affected, compared to nearly 5 in 10 urban women. This reflects dietary deficiencies, early pregnancies, and poor healthcare-seeking behavior. The gap in contraceptive use indicates that rural women lack access to family planning services and have limited decision-making autonomy compared to their urban counterparts.

Table-4

Child Health Indicators

Sl.No	Indicator	Rural	Urban
1.	Children (12–23 months) fully immunized (%)	68	82
2.	Stunted children under 5 (%)	39	28
3.	Wasted children under 5 (%)	20	14
4.	Infant mortality rate (per 1000 live births)	38	24

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Child health disparities are alarming in Vijayapura. Rural children are less likely to be fully immunized, and stunting is 11% higher in rural areas. Malnutrition, combined with poor sanitation, contributes to higher infant mortality in rural households. Urban children have better access to immunization drives and pediatric facilities, explaining their relatively better outcomes.

Table-5

Healthcare Access and Infrastructure

Sl.No	Indicator	Rural	Urban
1.	Primary Health Centres (PHCs) per lakh population	1.4	0.6
2.	Availability of specialists in CHCs (%)	42	78
3.	Households using private healthcare (%)		38

While rural areas have more PHCs per population, these are often poorly staffed and under-equipped. Urban areas, especially Vijayapura city, benefit from private hospitals and better specialist availability. This results in a paradox: rural households depend on PHCs that lack services, while urban households rely heavily on private care, leading to high out-of-pocket expenditure.

Socio-Cultural Determinants of Health Inequalities

Early Marriage: Vijayapura has one of the highest rates of early marriage in Karnataka; nearly 32% of rural women aged 20–24 were married before 18, compared to 18% in urban areas.

Patriarchal Norms: Household decisions, especially regarding women's healthcare, are often controlled by male members, delaying treatment for women.

Dowry and Son Preference: These practices still persist in rural Vijayapura, shaping reproductive choices and women's health priorities.

Occupational Hazards: Rural women engaged in agricultural labor face health risks such as musculoskeletal disorders, exposure to pesticides, and lack of rest during pregnancy.

Comparative Findings

1. Rural disadvantage: Across almost every indicator—maternal care, child immunization, anemia, and mortality—rural women and children are worse off than their urban counterparts.
2. Urban health paradox: While urban women enjoy better maternal care and child health outcomes, they are increasingly exposed to lifestyle-related illnesses such as obesity, diabetes, and hypertension, as noted in District Hospital records.
3. Infrastructure gap: The rural–urban divide is reinforced by healthcare infrastructure, with rural PHCs poorly staffed, while urban areas benefit from private hospitals.
4. Gendered impact: Women, especially rural women, face the double burden of patriarchal control and lack of access to services, intensifying health inequalities.

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Findings, Conclusion, and Suggestions

FINDINGS

Maternal Health Inequalities

1. Rural women in Vijayapura have significantly lower access to antenatal care and institutional deliveries compared to urban women.
2. Postnatal care is also delayed in rural areas, leading to higher maternal risks.
3. High Prevalence of Anemia Nearly 6 out of 10 rural women are anemic compared to less than 5 out of 10 urban women.
4. Anemia among pregnant women remains a critical challenge, increasing maternal and neonatal complications.
5. Child Health Disparities in Rural children have lower immunization coverage (68% vs. 82%) and higher stunting rates (39% vs. 28%).
6. Infant mortality remains considerably higher in rural areas (38 vs. 24 per 1000 live births).

Healthcare Infrastructure Gap

1. Rural areas technically have more PHCs per population, but staff shortages and lack of specialists weaken service delivery.
2. Urban areas rely heavily on private healthcare, creating financial burdens despite better availability.

Socio-Cultural Barriers

1. Early marriage, son preference, and patriarchal restrictions significantly restrict rural women's autonomy in healthcare decisions.
2. Rural women engaged in agricultural labor face additional occupational health hazards.

Urban Health Paradox

Urban women, though better served in maternal and child care, face increasing risks of lifestyle diseases such as obesity, diabetes, and hypertension.

CONCLUSION:

The comparative study of gender health inequalities in Vijayapura district highlights a clear rural–urban divide. Rural women and children face structural disadvantages in terms of healthcare access, maternal and child health outcomes, and anemia prevalence. Urban residents enjoy better access to facilities, but this is skewed towards private healthcare, creating an economic burden and leading to rising lifestyle-related health problems.

The findings underline that health inequalities in Vijayapura are not only geographic but also deeply gendered. Women, especially in rural areas, face compounded disadvantages due to patriarchal norms, poverty, and limited autonomy, which restrict their ability to access timely healthcare.

Thus, bridging the rural–urban gap and addressing gendered health inequalities in Vijayapura requires policy attention, targeted interventions, and social transformation.

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SUGGESTIONS / POLICY RECOMMENDATIONS

Strengthen Rural Healthcare Infrastructure

1. Upgrade PHCs and CHCs with specialist doctors, diagnostic facilities, and medicines.
2. Improve ambulance and referral systems to reduce maternal deaths.

Targeted Anemia Control Programs

1. Implement district-wide nutrition campaigns with iron and folic acid supplementation, especially for adolescent girls and pregnant women.
2. Promote dietary diversification in rural households through kitchen garden schemes.

Improve Maternal and Child Health

1. Incentivize institutional deliveries through stronger implementation of schemes like Janani Suraksha Yojana (JSY).
2. Strengthen immunization drives in rural Vijayapura with better last-mile outreach.

Women's Empowerment and Education

1. Expand girls' education programs to reduce early marriage and improve health awareness.
2. Promote self-help groups (SHGs) for women to enhance decision-making power and financial independence.

Affordable Healthcare in Urban Areas

1. Introduce public–private partnerships (PPPs) to reduce the cost of private healthcare in Vijayapura city.
2. Expand health insurance coverage under Ayushman Bharat and state schemes.

Address Socio-Cultural Barriers

1. Run awareness campaigns against early marriage, dowry, and gender discrimination.
2. Encourage male involvement in maternal and child health programs to shift household dynamics.

Focus on Non-Communicable Diseases (NCDs)

1. Launch district-level screening programs for diabetes, hypertension, and obesity, particularly among urban women.
2. Promote lifestyle changes through community health awareness programs.

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