SUBJUGATION TO EMPOWERMENT: A LEGAL TRAJECTORY OF WOMEN'S SAFETY AND JUSTICE IN INDIA

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ABSTRACT

This paper explores the continued status of women in India within the context of the overall cultural climate that reveres women, including the worship of goddesses as well as the national icon Bharat Mata, but at the same time considers the long-term trends of oppression and subordination of women. In particular, the paper analyses the development of the position of women from being mere victims to the people granted rights via legal instruments and government policy. Even though the advancements made in the area of the rights of Indian women cannot be called negligible, much still remains to be done in semi-urban settings. At the same time, the paper attempts to provide the necessary contextualization for the existing gaps and to discuss their causes.

In order to find out about possible breaches of women's rights in India, this study applies both doctrinal and empirical methodologies. Thus, statutes and case law as well as academic sources dealing with the topic will be analysed; also, surveys and ethnographic studies will be conducted to understand women's legal consciousness and problems with the enforcement of their rights.

The findings show that access to health care is restricted by financial and infrastructural obstacles; sense of security experienced by women decreases because of under-reporting and stigma; finally, women hesitate to make use of their rights because of lack of knowledge in this regard. Hence, it becomes clear that making the exercise of rights easier and understandable to women is required.

Keywords: Women’s Empowerment; Women’s Health; Gender-Based Violence; Legal Rights; Access to Justice; Socio-Legal Analysis; Legal Awareness; Institutional Barriers; Gender Equality.

INTRODUCTION

The Indian Constitution provides the fundamental rights of equality before the law, freedom from discrimination, and right to life and personal liberty. Various legislative and policy interventions have been made to improve the position and legal entitlements of women. Issues pertaining to issues such as domestic abuse, sexual harassment in professional environments, reproductive autonomy, and the ability to seek and obtain legal remedies illustrate a developing and progressive legal framework. Yet despite these legal rights, the discrepancy between law on the books and law in action prevails.[1]

Such inconsistency is especially evident in the semi-urban context. This setting is characterized by a mixed situation, where there is the development of infrastructure while at the same time prevailing traditional norms. It appears that the semi-urban context combines certain aspects of both rural and urban environments.

In such environments, women often face structural as well as socio-cultural barriers that prevent them from accessing and using their rights. Insufficient healthcare facilities, issues with safety, and lack of awareness about legal rights together result in restrictions and marginalization of women.[2] Moreover, economic disadvantages and institutional unresponsiveness complicate the situation by making current legal measures less effective.

Within this context, the current research endeavours to explore the interaction between the aforementioned spheres within the case of semi-urban India. The basic assumption of the research is that health, safety, and legal rights of women are closely related and must not be studied separately. The primary thesis statement of the paper is that although legal measures represent a key factor in empowering women, their efficiency strongly depends on the elimination of underlying obstacles.[3]

[1] Naila Kabeer, Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment, 30 Dev. & Change 435 (1999).
[2] Anita Raj & Lotus McDougal, Sexual Violence and Rape in India: A Public Health Perspective, 383 Lancet 865 (2014).
[3] Flavia Agnes, *Law and Gender Inequality: The Politics of Women's Rights in India* (Oxford Univ. Press 2001).

LITERATURE REVIEW

S. No.	Author & Year	Title & Source	Key Arguments / Contributions
1	Agnes, F. (2001)	*Law and Gender Inequality: The Politics of Women's Rights in India* (Oxford University Press)	In this article, Agnes analyses how the formal legal guarantee does not necessarily mean actual gender justice in India. She explains how patriarchal institutions shape law in such a way that makes any legal safeguarding of women's health, bodily integrity, and overall safety ineffective. In her article, Agnes highlights the the significance of adopting a practical and context-sensitive approach to gender-related issues in terms of feminist legal change.
2	Basu, A. (2010)	*Women's Movements in the Global Era: The Power of Local Feminisms* (Westview Press)	Basu places the issue of women's health and safety within the context of international and local women's liberation movement. According to Basu, achievements in this sphere can only be achieved through grass roots movements that reinterpret universal rights according to a specific cultural situation.
3	Sen, A. (1999)	*Development as Freedom* (Oxford University Press)	Sen considers development a process of increasing substantive freedoms. He identifies health and legal rights of women with their human capabilities and claims that deprivation in terms of legal protection of rights and access to healthcare means that the freedom has been deprived from women.
4	Nussbaum, M. C. (2000)	*Women and Human Development: The Capabilities Approach*(Cambridge University Press)	The philosophy proposed by Nussbaum can be summarized in the term "capabilities". Women's health and safety are to be viewed through the lens of capability, that is women should be provided with the opportunity to ensure their well-being.
5	Kabeer, N. (1999)	*Resources, Agency, Achievements: Reflections on the*	According to Kabeer, empowerment is defined as the relationship between

S. No.	Author & Year	Title & Source	Key Arguments / Contributions
		Measurement of Women's Empowerment(Development and Change, 30(3))	resources, agency, and outcome. In her theory, the author shows how the accessibility to health care and other legal provisions depends on women's ability to exercise their choice, explaining the inconsistency between having rights and exercising them.
6	Jejeebhoy, S. J. (1995)	*Women's Education, Autonomy, and Reproductive Behaviour*(Population and Development Review, 21)	The paper provides evidence that the level of education helps women become more autonomous regarding reproductive decisions and connects education, health-seeking practices, and the capacity of women to assert and exercise their reproductive rights.
7	Gupta, K. (2005)	*Gender, Health and Development in India*(Health Policy and Planning, 20(1))	Gupta studies structural problems of India's health-care system and identifies gender-based discrimination based on socio-cultural characteristics, showing that insufficient attention is often directed toward female patients within the system.
8	Raj, A., & McDougal, L. (2014)	*Sexual Violence and Rape in India: Public Health Perspective* (The Lancet, 383)	The authors consider sexual assault as both a legal problem and one related to public health, demonstrating how sexual assault has negative repercussions both on physical and mental well-being of victims.
9	Kapur, R. (2000)	*Too Hot to Handle: The Cultural Politics of 'Fire'* (Feminist Review, 64)	Kapur explores social pressure on women in the domain of sexuality, criticizing the impact of cultural stereotypes on women's autonomy and the exercise of their rights.
10	Baxi, U. (2007)	*The Avatars of Indian Judicial Activism* (Indian Journal of Constitutional Law, 1)	The role of judicial activism in broadening rights jurisprudence, especially in the context of women's health and security issues, is addressed by Baxi. Inconsistent involvement of the judiciary is another aspect that he identifies.

The Research Gap:

Though there have been various studies on each of the individual topics that have been considered, there exists a dearth of empirical research on the impact of all three aspects together. In addition, the problems associated with women living in semi-urban areas need to be studied further. The current study aims to fill this gap in research through a comprehensive approach.

RESEARCH OBJECTIVES AND RESEARCH QUESTIONS

Research Objectives

1. *To study the impediments to the availability of healthcare services for women in semi-urban India.*
2. *To study perceptions and reporting of safety incidents.*
3. *To investigate awareness and use of legal rights by women.*

Research Questions

- *What impedes the availability of healthcare services for women?*
- *Why is there under-reporting of crimes against women?*
- *To what degree are women aware of and able to use their legal rights?*
- *How do socio-cultural and institutional determinants affect results in these areas?*

RESEARCH METHODOLOGY

A mixed-methods research approach is followed in this research paper in order to investigate the interconnected issues of health, safety, and legal rights of women in semi-urban India. Three different kinds of primary data collection were used in this research to make the research process more feasible. For example, a quantitative survey involving a sample of 500 women in the age range of 18–45 years old was undertaken in order to evaluate access to healthcare services and healthcare decisions. In addition, an ethnographic approach that comprised the use

of interviews and focus groups with 60 participants was implemented to explore women's feelings about safety issues and their harassment experiences. Furthermore, legal rights awareness and its usage among women were evaluated through a survey of 300 people complemented with legal frameworks analysis.

LEGAL FRAMEWORK AND JUDICIAL RESPONSES TO WOMEN'S HEALTH, SAFETY, AND RIGHTS

The legal architecture on women's health, safety, and rights in India has evolved around constitutional principles along with laws enacted and interpreted judicially over time. The constitution of India, specifically articles like Articles 14, 15, and 21, have laid down norms that have been enriched by judicial innovation over time. Additionally, the Protection of Women from Domestic Violence Act, 2005 ensures a comprehensive response to domestic violence against women with immediate reliefs being provided to women in terms of protection order, residence order, and even financial compensation in some cases. In addition, the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 mandates that a committee should be formed within the workplace to prevent any such harassment and provides a legal mechanism for redressal of grievances. Legal services authorities act, 1987 has made it possible for women, particularly poor women, to access legal services easily with free legal aid and legal awareness. In terms of substantive law, the Bill No. S-04/2023 (BNS, 2023) makes several activities criminal whereas Bill no. S-02/2023 (BNSS, 2023) provides for various procedures for fair investigation and trial.

The paradigm shifts in defining Article 21 happened in *Maneka Gandhi v. Union of India* (1978)[4] where the Supreme Court broadened its meaning to incorporate several other rights which contribute to the inherent dignity of a human being. This approach has become the basis for protecting the rights of women pertaining to health, bodily integrity, and autonomy. Extending this, in *Suchita Srivastava v. Chandigarh Administration* (2009)[5], the right to reproductive autonomy was declared a part of the personal liberty right.

The Supreme Court's involvement in matters involving domestic violence and workplace discrimination against women has been revolutionary. *Vishaka v. State of Rajasthan* (1997)[6]

[4] (1978) 1 SCC 248.
[5] (2009) 9 SCC 1.
[6] (1997) 6 SCC 241.

saw the Supreme Court relying on international covenants to frame rules to deal with sexual harassment cases at the workplace. The decisions that have been taken in the case of *Medha Kotwal Lele v. Union of India* (2013)[7] have further reinforced these guidelines due to their stricter enforcement.

The Judiciary has further emphasized the significance of right to health as an essential part of Article 21. The positive duty imposed on the State to provide quick medical assistance has been seen by the Court in the case of *Paschim Banga Khet Mazdoor Samity v. State of West Bengal* (1996)[8]. This is of utmost importance for women, as they face several barriers in receiving healthcare.

In matters related to violence, which occurs in its most brutal way, the approach of the Court is based on rights-based reasoning, taking into account the victim's point of view. *Laxmi v. Union of India* (2014)[9] has issued elaborate instructions regarding the regulation of acid sales and the provision of rehabilitation facilities for the victims, taking into consideration the nature of violence as gender-based. Similarly, *Bodhisattwa Gautam v. Subhra Chakraborty* (1996)[10] recognized rape as an act violating the fundamental rights of women, and directed interim compensation.

Thus, the entire corpus of jurisprudence reflects a forward-thinking constitution that transcends mere formality to embrace concepts like dignity, autonomy, and substantive equality. While there are legislative structures in place, it was indeed the role of interpretation by the judiciary that played an important part in safeguarding the well-being of Indian women.

OBSTACLES LIMITING WOMEN'S ACCESS TO HEALTHCARE IN SEMI-URBAN INDIA

The challenges that arise for women to seek healthcare in semi-urban India are multi-faceted in their existence because they arise from a confluence of social perceptions, economic factors, and institutional inefficiencies. Although there have been some improvements in the healthcare industry lately, disparities still remain, especially in semi-urban areas where the rural and urban

[7] (2013) 1 SCC 297.
[8] (1996) 4 SCC 37.
[9] (2014) 4 SCC 427.
[10] (1996) 1 SCC 490.

aspects meet in poverty.[11]

Patriarchy has always been one of the significant stumbling blocks where the ability of women to make decisions for themselves has not been allowed because of the restrictive norms that are prevalent in society. Women usually depend on their families while making decisions regarding their health needs, more specifically reproductive and sexual health needs. This tendency leads to delayed healthcare interventions and reluctance in discussing health issues.[12]

There is also a role played by economic reasons. Although public healthcare services exist, personal expenses are still high since there is not enough provision of public services, but there is an emphasis on private services. Women who work informally or without payment have difficulties accessing money independently, which leads to their neglecting their health needs in their households' budget allocations. Insufficient insurance and ignorance regarding the government's assistance exacerbate the problem.[13]

The issue of institutional barriers is still present. Health centres located in semi-urban areas suffer from such problems as a shortage of staff, poor infrastructure, and unreliable access to needed medicine. There is no availability of gender-specific health services, namely, health workers who are females, and this factor discourages some women from accessing services related to their health needs.

Further, logistical obstacles like poor transport networks, fear of crime, and household responsibilities hinder the movement of women. The restrictions will be even more evident when talking about particular services which are provided very remotely in the urban areas.

To sum up, the difference between availability and access becomes quite apparent and thus, calls for a comprehensive strategy to address the structural inequities and social norms.[14]

UNDERREPORTING OF CRIMES AGAINST WOMEN

Underreporting of crime against women is still the endemic issue in the criminal justice system

[11] Amartya Sen, *Development as Freedom* (Oxford Univ. Press 1999).
[12] Shireen J. Jejeebhoy, *Women's Education, Autonomy, and Reproductive Behaviour: Experience from Developing Countries* (Clarendon Press 1995).
[13] World Health Organization, *Global and Regional Estimates of Violence Against Women* (WHO Press 2013).
[14] Martha C. Nussbaum, *Women and Human Development: The Capabilities Approach* (Cambridge Univ. Press 2000).

of India. In spite of taking legislative steps through enactment of laws to protect women from violence, sexual assaults, etc., there are numerous cases which remain unreported, leading to gaps in information as well as inefficiency in policy formulation.[15]

One of the reasons that prevent reporting of violence against women is the cultural value related to shame of the community rather than the individual need for justice. This can compel women to be silent about any abuse they might suffer in order to preserve their honour among family and society. Additionally, fears related to reputation, social backlash, and retaliation prevent them from speaking up about what has occurred.[16]

The institutional barriers also serve a vital function in this regard. The lack of gender-sensitive policing, blaming the victims, and lack of sensitivity in processes at initial levels discourages women from contacting the concerned authorities. The fear of being a second time victim during the process of investigation and prosecution makes them doubt the effectiveness of laws.[17]

Women's economic dependency creates significant challenges for them in accessing justice. Women lacking economic independence will find it difficult to report any kind of violence, particularly when the abuser is the breadwinner of the family.[18]

Moreover, insufficient legal literacy among semi-urban and vulnerable populations also limits women's ability to perceive and report any acts committed against them. Combined with mistrust of systems, it contributes to the increasing distance between legal provisions and their implementation. Tackling underreporting necessitates systemic changes as well as initiatives to counteract social stigmatization and raise legal literacy levels.

AWARENESS AND UTILIZATION OF LEGAL RIGHTS AMONG WOMEN

Legal rights and awareness about them amongst Indian women vary considerably, owing to a range of factors like education, socio-economic status, and other institutional aspects. Despite

[15] Nat'l Crime Records Bureau, *Crime in India 2022: Statistics* (Ministry of Home Affairs, Gov't of India 2022).
[16] Ratna Kapur, *Erotic Justice: Law and the New Politics of Postcolonialism* (Glass House Press 2005); Uma Chakravarti, *Gendering Caste: Through a Feminist Lens* (Stree 2003).
[17] Flavia Agnes, *Law, Justice, and Gender: Family Law and Constitutional Claims in India* (Oxford Univ. Press 2011); Amnesty Int'l, *Denied: Failures in Accountability for Sexual Violence in India* (2015).
[18] World Bank, *World Development Report 2012: Gender Equality and Development* (World Bank 2012); Bina Agarwal, *A Field of One's Own: Gender and Land Rights in South Asia* (Cambridge Univ. Press 1994).

the existence of various provisions within the law for the protection of women from domestic violence, workplace harassment, property ownership, etc., evidence shows that many women lack either knowledge of such rights or are unable to benefit from them effectively.[19]

An important factor associated with legal rights awareness is education. An educated woman would be better informed regarding her rights and the means by which she could avail herself of them. However, in cases where illiteracy exists, especially in semi-urban or disadvantaged areas, there would be no information access and hence no knowledge about the procedures involved. Furthermore, due to the lack of a legal literacy program, there is no widespread awareness about rights through proper channels.[20]

Moreover, socio-cultural factors restrict both awareness and utilization. The patriarchal set-up often discourages women from exercising their legal claims since such an act could create discord within families or communities. Even if awareness is present, socio-cultural conditioning coupled with fear of stigmatization prevents women from accessing the legal system. This is most prevalent in situations of domestic violence or disputes regarding inheritance.[21]

Procedural issues also restrict the utilization of rights. Complicated legal processes, bureaucratic problems, and lack of availability of legal help hinder the process of utilization. Often, women face problems accessing the police force as well as the courts due to an absence of gender sensitivity in the institutions.[22]

It is clear that economic dependence significantly influences the development of women's legal agency. Economic independence enables women to assert their legal rights without fearing issues like financial costs, livelihood risks, and retaliations. This dependency may prevent women from realizing their legal rights because they will be merely conceptual in nature.[23]

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[19] Int'l Inst. for Population Scis. & ICF, *National Family Health Survey (NFHS-5), 2019–21: India* (2021); Sonalde Desai & Lester Andrist, Gender Scripts and Age at Marriage in India, 47 *Demography* 667 (2010).
[20] Jean Drèze & Amartya Sen, *An Uncertain Glory: India and Its Contradictions* (Princeton Univ. Press 2013); United Nations Educational, Scientific & Cultural Organization, *Teaching and Learning: Achieving Quality for All* (EFA Global Monitoring Report 2014).
[21] Uma Chakravarti, *Gendering Caste: Through a Feminist Lens* (Stree 2003); Bina Agarwal, "Bargaining" and Gender Relations: Within and Beyond the Household, 3 *Feminist Econ.* 1 (1997).
[22] Marc Galanter & Jayanth K. Krishnan, "Bread for the Poor": Access to Justice and the Rights of the Needy in India, 55 *Hastings L.J.* 789 (2004).
[23] Esther Duflo, Women Empowerment and Economic Development, 50 *J. Econ. Literature* 1051 (2012).

Essentially, with regard to the condition of women's rights in India, while there is no lack of normative provisions, it is essential to ensure that these rights are meaningfully realized. This can be done through various measures such as legal literacy programs and making procedural issues easier.[24]

EMPIRICAL ASSESSMENT OF WOMEN'S HEALTH, SAFETY, AND LEGAL RIGHTS IN SEMI-URBAN INDIA

A. Women's Health: Quantitative Survey

Research Design and Rationale:

Quantitative methods were used in the form of surveys for the examination of the barriers faced by women in accessing healthcare in the semi-urban parts of India. This is because the use of a structured research design made it easier to collect reliable data.

Area of study and targeted population:

The research was carried out in semi-urban areas in the states of Odisha, Bihar, and Jharkhand, chosen based on their socio-economic diversity and intermediary nature. The study looks at health care provision and utilization by women in the age group of 18 to 45 years.

Sampling technique and sampling size:

This research used multi-stage stratified random sampling since it was thought to be suitable in ensuring both representation and methodological validity in the choice of samples. It is considered suitable in capturing the heterogeneity present in semi-urban societies while still remaining statistically sound. The sampling procedure involved a step-by-step process, whereby the selection was done at different levels to reach the desired study unit from wider administrative areas to individuals.

[24] UN Women, *Progress of the World's Women 2019–2020: Families in a Changing World* (2019).

Category	**Number**
Total Respondents	500
Odisha	170
Bihar	165
Jharkhand	165

Questionnaire Design:

A questionnaire was designed in order to obtain information regarding the access of women to their health facilities. This questionnaire had five sections in order to get information in an accurate and organized manner. The first section had demographic data such as age, education level, occupation, and income. Section two focused on health care access and included questions such as how far away facilities were, what kind of service the women received and the number of visits. Section three highlighted the issue of financing and included aspects like the amount of money spent out of pocket, the insurance cover that the individual held, and the ability to afford the costs of care. The last section highlighted the issue of autonomy and decision making, which meant determining who made the decisions regarding health.

Data Collection Process:

Step	**Stage**	**Description**
1	Pilot Testing	Conducted using 30 participants to make the survey more clear and reliable.
2	Enumerator Training	Ten interviewers trained on ethics, neutrality, and interviewing skills.
3	Field Survey	Interviews done face-to-face in local languages and lasted 20 to 25 minutes.
4	Data Recording	Responses recorded in structured formats and digitized for accurate analysis.

Findings:

Demographic Profile

Variable	**Category**	**Percentage**
Age	18–25	28%
	26–35	42%
	36–45	30%
Education	No formal education	22%
	Primary	34%
	Secondary & above	44%

Access to Healthcare Facilities

Distance to Healthcare Facility

<2 km (26%)

2–5 km (38%)

>5 km (36%)

Type of Healthcare Provider Used

Type	**Percentage**
Government Hospital	32%
Private Clinic	20%
Informal Providers	48%

Financial Barriers

Questions	**Yes**	**No**
Unable to afford treatment	62%	38%
Have health insurance	18%	82%

Financial Constraint Distribution

Affordability Issue [redacted] (62%)

No Issue [redacted] (38%)

Decision-Making Autonomy

Parameter	**Response**	**Percentage**
Self-decision	Yes	34%
Family decision	Yes	66%
Need permission	Yes	58%

Delay in Seeking Healthcare

Reason	**Percentage**
Financial constraints	41%
Household responsibilities	37%
Distance	22%

Overall Key Findings Table

Indicator	**Observation**
Financial Barriers	62% affected
Informal Healthcare Use	48%
Low Autonomy	66% dependent on family
Delayed Treatment	High prevalence

Analysis of the Findings:

Survey results point towards several barriers acting together and thus preventing women from receiving adequate healthcare in semi-urban areas. In this regard, economic problems are among the first ones considered to be the problem. Quite a significant share of those surveyed admitted they could not use any health facilities because of their expensive prices and resorted to other means. Moreover, the problem of access in terms of physical location and its role in healthcare utilization cannot be overlooked since the time needed to get to a clinic also plays an important role. It is also noted that women have limited autonomy when it comes to making decisions concerning their own health and rely heavily on the rest of their families who take the decisions on behalf of females. Also, women face additional problems due to their household obligations, and, as a result, delay their visits to clinics.

B. Women's Safety: Qualitative Ethnographic Study

Research Design and Rationale:

The research employs an ethnographic methodology in analysing the safety of women in semi-urban areas of India, which enables one to gain more understanding compared to using quantitative research alone.

Study Area and Participant Profile:

The study was conducted across selected semi-urban localities in Odisha, Bihar and Jharkhand.

Participant Details:

Category	**Number**
Total Participants	60
Age Group 18–25	18
Age Group 26–35	24
Age Group 36–45	18

Socio-Economic Profile

Variable	**Distribution**
Homemakers	45%
Informal workers	30%
Students	15%
Formal employment	10%

Sampling Technique:

In addition to that, a purposeful sampling strategy was employed to choose females from various backgrounds according to their place of residence, willingness, age, and job.

Data Collection Methods:

The use of In-depth Interviewing (IDI), Focus Group Discussion (FGD), and Non-Participant Observation was utilized. A total of forty in-depth semi-structured interviews, four focus group discussions, as well as field observations in public places, helped to validate respondents' behavioral tendencies.

Findings:

Prevalence of Harassment

Response	**Percentage**
Experienced harassment	70%
Not experienced	30%

Nature of Harassment experienced

Type of Harassment	**Frequency**
Verbal harassment	High
Staring/gestures	High
Physical contact	Moderate
Online harassment	Low

Reporting Behaviour of the participants

Response	**Percentage**
Reported incident	18%
Did not report	82%

Reasons for Non-Reporting

Reason	**Percentage**
Fear of social stigma	40%
Lack of trust in police	32%
Fear of retaliation	18%
Family pressure	10%

Behavioural Adaptations (Safety strategies)

Restrict movement  (72%)

Avoid areas  (65%)

Travel with others  (60%)

Change routes  (54%)

Perception of Safety

Location	**Perceived Safety**
Home	High
Neighbourhood	Moderate
Public transport	Low
Market areas	Moderate

Illustrative Narratives (Qualitative Evidence):

"It is customary not to venture out into the night, unless there is no other option".

"The thought of reporting the event would only add more problems for the family"

"Police intervention is considered limited, unless it is an extremely grave matter".

Analysis of the Findings:

Some issues have been identified by qualitative analysis to affect the safety of women in semi-urban settings. First, normalization of sexual harassment becomes significant, where women see harassment as part of everyday life. Stigma and victim-blaming become important as women are reluctant to make any complaints to the authority due to these issues. Lastly,

participants had negative views on institutional arrangements and especially on the police force because of delays and prejudice associated with it.

Therefore, women adopt self-regulation mechanisms that include limiting their mobility and avoidance of dangerous places and change of routine to avoid any interactions that may turn out to be undesirable. In general, women experience sexual harassment as part of their everyday life in the semi-urban environment in India.

C. Women's Legal Rights: Empirical Legal Audit

Research Design and Rationale:

The current study adopts a doctrinal and empirical approach in assessing the legal entitlements enjoyed by women in semi-urban areas of India. This approach looks at legal rules and precedents while at the same time factoring in the degree of awareness and application of these legal instruments, since availability alone does not guarantee application.

Sample Size and Demographics:

Category	**Number**
Total Respondents	300
Age Group 18–25	90
Age Group 26–35	120
Age Group 36–45	90

Sample Methodology Used:

To allow participation by participants from varied socio-economic backgrounds in order to give different perspectives, the stratified and purposive method of sampling was utilized to increase the reliability of the study.

Survey Instrument Design:

In order to gather data, the study utilized a structured questionnaire that consisted of four parts:

legal rights awareness, availability of legal help, the probability of using legal ways, and views on the justice system, especially on issues related to trust, fairness, availability, and use of legal means.

Method of Data Collection:

The process of data gathering took a structured procedure involving piloting of survey instrument, interviewer training, and result documentation.

Awareness of Workplace Harassment Law

Response	**Percentage**
Aware	35%
Not Aware	65%

Awareness of Legal Aid Services

Aware (22%)

Not Aware (78%)

Willingness to Initiate Legal Proceedings

Willing (18%)

Not Willing (82%)

Reasons for Reluctance to Seek Legal Remedies

Reason	**Percentage**
Fear of social stigma	36%
Lengthy legal procedures	28%

Reason	**Percentage**
Financial constraints	20%
Lack of trust in system	16%

Awareness of Right to File FIR

Response	**Percentage**
Aware	42%
Not Aware	58%

Overall Legal Awareness Index

Indicator	**Level**
Awareness of laws	Low
Awareness of remedies	Very Low
Willingness to act	Extremely Low

Analysis of the Findings:

The findings reveal a large discrepancy between the presence of rights on paper and their actual implementation. While there might be some recognition of these problems, no follow-up actions have been taken, mainly because of the reluctance among women to enforce these rights. The reasons for this reluctance arise from the inherent complexities involved in the legal process, which are expensive and complicated. Other important considerations include social constraints preventing women from using these legal rights. The social constraints range from negative stigmas, fears of damage to reputation, to societal pressure not to seek any legal help.

To conclude, the findings show that there exists an inherent problem in achieving these legal rights owing to social constraints.

RECOMMENDATIONS AND WAY FORWARD

The findings of the current study indicate that the issues pertaining to women's health, security, and legal rights are connected with one another and require a collective approach to be resolved effectively. It is necessary, therefore, that an integrated approach be adopted to solve these problems.

Regarding law, there are few issues about the existence of laws; rather, the problems are associated with their availability and application. Involvement of complex procedures acts as an impediment in making complaints, requiring a reduction in complexity and increasing efficiency in legal proceedings. Moreover, legal aid must be made available at various locations in order to make the women aware of their right to seek free legal aid.

As far as the field of health is concerned, barriers such as those pertaining to affordability and the lack of proper infrastructure still exist. It is essential to build up the capacity of primary healthcare in semi-urban areas, including an increased supply of medical staff, medicines, and facilities for testing.

Safety of women should include not only measures to protect them but also measures that would respond to any form of harassment. Community policing may be helpful in creating contact between the police department and the residents of communities; sensitizing the police officers will allow them to handle women's complaints properly. Reporting should be facilitated along with providing protection from any kind of retaliation.

Social measures that may help women overcome restrictions imposed by their culture are equally important. Programs of awareness will enable people to respect women more, allowing them to claim their rights.

It is very essential to have a policy framework in place to ensure that women get what they deserve. Monitoring and evaluation will serve a crucial role in this context.

CONCLUSION

It is apparent that despite the presence of extensive and modern protection for women's physical well-being, safety, and rights, their full implementation does not always occur. In semi-urban areas, issues of infrastructure and established social and cultural traditions become obstacles to

implementing women's rights.

Barriers exist within all three spheres. The accessibility of healthcare depends on both availability and economic factors, infrastructure problems, and lack of freedom of choice. Regarding security, the unwillingness of women to voice the problem lies not only in institutional obstacles but also in the established attitude of silence caused by stigma and fear. In the sphere of legal regulation, despite the recognition of the rights of women, there are also problems with their implementation due to lack of knowledge and mistrust.

The foregoing implies that the root cause is not the lack of legislation but rather the lack of its proper enforcement. With even progressive legislation and judiciary reforms in place, the efficacy of such policies will be hindered without proper enforcement procedures and institutions responsible for them. The importance of health and safety issues and legal issues having a bearing on each other is another point stressed in this study. It means that deficiencies in one area can have an impact on others and that the solution should be a comprehensive approach.

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