

Analyzing Caste, Gender, and Disability Disparities across Urban and Rural Haryana

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Abstract

Haryana is a demographic paradox in that it has fast economic growth and increasing per capita income but also some of the worst social metrics for women, SCs, and people with disabilities in India. Using data from the 2011 Census of India and the 2019 National Family Health Survey, this article looks at the ways in which caste, gender, and disability inequalities vary and overlap in rural and urban areas of the state of Haryana. Scheduled Caste populations, regardless of where they live, lag behind the general population in terms of literacy and workforce diversity, and underperform in urban areas of Haryana when it comes to female literacy, child sex ratio, and disability prevalence. The report finishes with policy proposals that take into account residency and are relevant to different groups, and it argues that these disadvantages are not separate but rather overlapping and reinforcing.

Keywords: Scheduled Caste, Census of India, literacy, child sex ratio

1. Introduction

Haryana has made substantial contributions to India's industrial growth, agricultural productivity, and service-sector expansion, making it one of the most economically advanced states in the country. Because of its central position in the NCR, the state has seen tremendous growth in the last 30 years in terms of urbanization, industrialization, and infrastructure development. The Economic Survey of Haryana (2024-25) claims that when looking at industrial investment and per capita Gross State Domestic Product (GSDP), Haryana is regularly one of the top Indian states. The advantages of progress have not been shared fairly across all areas and socioeconomic groups, notwithstanding these outstanding economic accomplishments. When comparing urban and rural areas, there are still significant gaps, especially in terms of health, education, employment, gender equality, and social inclusion.

According to a number of official publications and national polls, social justice remains a major issue in Haryana. The sex ratio at birth in India is 893 females for every 1,000 males, according to the National Family Health Survey (NFHS-5, 2019-21). This is an increase over previous decades, but it is still among the lowest in the country. This indicates the continued influence of son preference and gender discrimination. In spite of efforts like "Beti Bachao, Beti Padhao," there has been some progress, yet the gender gap is still wide; women still trail behind males in rural regions when it comes to education, employment, and decision-making. Despite affirmative action and constitutional protections, caste-based disparities are still a big problem. Scheduled Castes (SCs) make up over 20.17 percent of Haryana's population, which is among the highest percentages among Indian states, according to the 2011 Census of India. However, according to the NITI Aayog SDG India Index and other reports from the National Commission for Scheduled Castes (NCSC), Scheduled Caste communities still face challenges such as lower levels of education, less occupational diversity, less access to higher education, and a higher reliance on low-income and informal jobs. Because of disparities in work possibilities, healthcare, digital resources, and educational chances, households belonging to rural Scheduled Castes are disproportionately disadvantaged.

A person's disability is a significant factor in their social isolation. Over 5.4 lakh people in Haryana have disabilities, according to the 2011 Census of India. That is almost 2.1% of the state's population. However, newer estimates from the NSS and the WHO imply that underreporting and different disability definitions could make the actual prevalence much higher. Rehabilitation services, assistive technology, barrier-free infrastructure, and inclusive educational facilities are still insufficient for many people with disabilities living in rural areas,

according to studies on disability distribution. Though the policy framework for inclusion has been enhanced by the introduction of the Rights of Persons with Disabilities (RPwD) Act, 2016 and the National Education Policy (NEP) 2020, there are still significant discrepancies in how these laws are applied across districts. It is impossible to gain a complete understanding of the complex web of disadvantages produced by the interplay of gender, caste, and disability using a one-dimensional approach. Educational possibilities, healthcare, economic deprivation, mobility obstacles, social discrimination, and other forms of exclusion all pile up for a disabled rural lady from a Scheduled Caste household. Organizations like UNESCO (2020) and UNICEF (2021) stress the importance of addressing intersectional disadvantages, which greatly limit educational participation and life prospects, especially in developing cultures. Similarly, the National Education Policy (2020) acknowledges that educational inequalities stem from the interplay of gender, disability, caste, socioeconomic status, and geographical location and lists Socio-Economically Disadvantaged Groups (SEDGs) as a priority category. In this context, the current study investigates the connections between caste, gender, urban/rural residency, and disability in the Indian state of Haryana. This study takes an intersectional approach to examine the ways in which geographical location affects the severity and character of social disadvantage for various demographics, rather than viewing these aspects of inequality as separate entities. This study aims to compare urban and rural areas in order to find the places with the most severe social and educational inequality as well as the ways in which different types of exclusion reinforce one another. A more complex understanding of inclusive development and evidence for policymaking that targets the unique needs of Haryana's most disadvantaged groups are both anticipated outcomes of this study.

1.1 Objectives of the Study

1. To record the extent to which caste-based inequalities exist in Haryana with regard to urbanization, occupational structure, and literacy rates.
2. To compare rural and urban areas for gender discrepancies in sex ratio, literacy, and workforce involvement.
3. To look at how many people have disabilities and how they are distributed by gender and geography.
4. To locate the intersections where gender, disability, and caste all contribute to disadvantage.
5. To suggest policy actions that are sensitive to residence and tailored to certain groups.

2. Literature Review

Kaur (2012) offered one of the first in-depth examinations of gender inequality in Haryana. She looked at the falling child sex ratios and said that the state's fast economic growth had not changed the ingrained patriarchal practices. Despite increases in family income, the study found that sex-selective behaviors, unequal inheritance patterns, a desire for sons, and a lack of investment in girls' education persisted and affected demographic outcomes. Similarly, *Jha, Nagarajan, and Venkataramani (2011)* noted that gender imbalances remained significant in northern Indian states like Punjab and Haryana due to long-standing cultural preferences for male offspring. Economic growth, according to their research, is not enough to stop gender discrimination on its own; societal norms and institutions also need to shift.

With the help of the National Family Health Survey (NFHS-5) data, *Bhatia and Rajan (2022)* found that the sex ratio at birth in Haryana improved little by little after the Beti Bachao Beti Padhao (BBBP) program ended. Nonetheless, the authors discovered that gender differences in education, nutrition, and healthcare consumption persisted to be larger in rural districts compared to urban ones. Despite progress at the state level, they found that gender equality was still heavily dependent on geographical region.

Similarly, studies on Scheduled Caste development have shown both significant progress and ongoing inequality. According to *Thorat and Newman (2010)*, social exclusion still affects

educational attainment, occupational mobility, and access to public services, even if affirmative action measures have increased educational possibilities for Scheduled Castes. Their research showed that rural Scheduled Caste families still encounter systemic obstacles to getting a good education and finding a job that requires skills, and that they are more likely to live in poverty as a result. Similarly, *Deshpande (2011)* proved that there is a strong correlation between regional disparities and educational inequality among Scheduled Castes. His research revealed that SC households in urban areas tend to have higher literacy rates, better school attendance, and more occupational diversity compared to their rural counterparts.

Kumar and Singh (2018) examined educational achievements among Scheduled Caste populations in Haryana and discovered significant district-level heterogeneity. Their research showed that smaller Scheduled Caste communities lagged behind bigger and more economically powerful caste groupings, and that SC family literacy and school completion rates were far lower in rural areas compared to urban areas. When looking at the educational attainment of the Scheduled Caste community, the authors found that a combination of geographical location and socio-economic conditions accounted for most of the variation.

With the passage of the Rights of Persons with Disabilities (RPwD) Act, 2016, there has been an expansion of books and articles discussing the relationship between disability and social inclusion. Using data from a representative sample of Indian families, *Mitra and Sambamoorthi (2014)* analysed the prevalence of disability in the country and found that it was higher in rural areas, among people with lower levels of education, among the elderly, and in households dealing with economic difficulties. In a similar vein, *Palmer, Groce, Mont, and Nguyen (2015)* discovered that due to limited access to healthcare, education, job, and rehabilitation services, poverty and disability reinforce each other. Living in a rural area is associated with a far higher risk of impairment and social exclusion, according to their research. According to *Kumar and Roy (2020)*, who used data from the 2011 Census, the disability prevalence was higher in northern Indian states like Haryana than in a number of southern states. This was especially true in rural districts where healthcare facilities and rehabilitation programs are still lacking. The study found that people with disabilities are more likely to live in substandard housing, have lower incomes, and have less access to public services as they get older. Similarly, NFHS-5 (2019–2021) revealed that rural Indian people with disabilities still face significant barriers to healthcare access and education.

In order to comprehend many types of oppression, an increasing amount of research has highlighted the significance of intersectionality. The interplay between caste, class, and gender, according to *Rege (1998)*, makes it impossible to study any one of these factors in isolation from the others. *Nayar (2007)* expanded on this idea by showing that rural women from Scheduled Castes experience economic hardship, caste-based exclusion, and gender discrimination all at once. Thorat and Sabharwal (2015) stated that caste, gender, disability, poverty, and geographical location interact to shape educational disparity in India more so than any one of these factors alone. Regardless of these important contributions, the current literature has mainly treated disability, Scheduled Caste development, and gender inequity as independent fields of study. There has been a dearth of research that attempts to unify these three dimensions under a single analytical paradigm. Furthermore, there is a dearth of studies that compare Haryana's urban and rural areas with regard to the ways in which caste, gender, and disability interact with one another. Prior research has mostly ignored the mutual reinforcement of social disadvantages in particular geographical contexts in favor of studying demographic indicators at the state level or examining individual aspects of social disadvantage.

3. Data Sources and Methodology

To gather information for both comparisons and descriptions, we turned to secondary sources. Secondary Census Abstract and C-Series tables for Haryana (including Table C-20 on

disability) from the 2011 Indian Census, the 2019-21 National Family Health Survey, and supplementary state-government and academic publications on the Scheduled Caste demography in Haryana make up the main sources used for this analysis. The most up-to-date reliable starting point for comparing caste and disability is the 2011 figures because there has not been a full decennial Census since 2011 and because NFHS-5 or the next Census do not yet have disability and caste data at this level of district disaggregation. We use NFHS-5 to update gender and health indicators when there is more recent data available (2019-21). When statistics disagree, as they do with the sex ratio owing to differing survey methodologies, we highlight both sources and highlight the discrepancy. We do not settle disagreements at random. After that, we will combine the three descriptive portions that run parallel to each other—disability, gender, and caste—to examine intersectional patterns. Whether the respondents are from a rural or urban location will determine the breakdown of each part.

4. Data Analysis and Interpretation

4.1 Caste-Based Disparities

According to the 2011 census, 20.2% of Haryana's population belongs to the Scheduled Castes, making it one of the states with the largest SC proportion among major Indian states. The concentration of SCs in rural regions is much higher, at 22.5%, compared to urban areas, where they make up just 15.8% of the population. Because of this unequal distribution, inequality begins at the structural level: SC households in rural Haryana are more likely to experience the worst school infrastructure, poorer public spending per capita, and fewer non-farm jobs.

Table 1. Scheduled Caste demographic and literacy profile, Haryana, Census 2011

Indicator	SC Population	General / State Average
Share of total population (2011)	20.2%	—
Share of rural population	22.5%	—
Share of urban population	15.8%	—
Overall literacy rate	66.9%	75.6%
Male literacy rate	76%	84.1%
Female literacy rate	57%	65.9%
Sex ratio (females per 1,000 males)	888	879

Sources: Census of India 2011 (Haryana C-Series); Census Haryana state portal

The literacy gap stands out as the most crucial finding for policymakers in this study. Given that the SC literacy rate is 66.9%—nearly nine percentage points below the state average—nor does it matter if a woman from a SC background is protected from gender or caste disadvantages in schooling. There is a gender difference of 18.1% in the state, and a somewhat smaller one of 19.0% in South Carolina when looking at literacy rates between men and women. More sub-caste data shows that there is a lot of intra-group inequality when it comes to living in rural areas. For instance, the Chamar community, which is numerically dominant, has a literacy rate of 62.6-66%, which is close to the SC average. On the other hand, smaller and more rural groups like the Ods have a literacy rate as low as 49%. Due to the state's more urbanized and well-connected castes, the bulk of SC primary workers in Haryana are active in non-farm activities. Conversely, SC groups more concentrated in rural areas and on the margins continue to work in agriculture, but as landless laborers instead of farmers, which severely limits their income security and asset building opportunities.

4.2 Gender-Based Disparities

The gender ratio in Haryana is the most often used metric to describe the state's gender gap, and it consistently ranks lower than or among all other major Indian states. According to the 2011 Census, there were 879 females for every 1,000 males, which is lower than the national average of 943. However, estimates for Haryana from the independent NFHS-5 (2019-21) survey vary between 877 and 926, depending on the methodology used. This discrepancy between the Census figure and later survey rounds shows that there has been real, albeit uneven, improvement, and that this indicator is sensitive to measurement approach.

Table 2. Gender and residence indicators, Haryana, Census 2011 and NFHS-5

Indicator	Rural Haryana	Urban Haryana	State Total
Sex ratio, total population (2011)	—	—	879
Child sex ratio 0–6 yrs (2011)	835	832	834
Child sex ratio 0–6 yrs (2001)	823	808	819
Overall literacy rate (2011)	71.4%	83.1%	75.6%
Female literacy rate (2011)	60.0%	76.9%	65.9%
Male literacy rate (2011)	—	—	84.1%

Sources: Census of India 2011; Census Haryana portal; NFHS-5 (2019–21) state factsheet

There are two distinct patterns. While the child sex ratio improved by 15 points statewide from 2001 to 2011, it was significantly faster in urban areas (24 points) than in rural areas (12 points), despite rural Haryana starting from a less negative place. This is because the child sex ratio is considered a more sensitive indicator of active sex-selection, as it is less affected by factors like female outmigration and longevity effects. This may be because rural districts have not yet caught up to metropolitan areas in terms of awareness campaigns, PCPNDT enforcement, and institutional healthcare access, all of which are more concentrated in towns. The improvement is not stable or linear, according to district-level tracking after 2011. Several districts, like Sirsa and Bhiwani, have seen declines again in recent years, and the state's sex ratio at birth hit a new low in 2024, suggesting that the gains are fragile and could be reversed, rather than a permanent trend.

Furthermore, it is worth noting that the gender-literacy gap is nearly identical in size to the male-literacy gap in Haryana, which is 18.1 percentage points. This suggests that a rural woman in the state encounters two roughly equal, compounding disadvantages, namely, geographical and gender, instead of just one dominant factor. The participation of women in the labor force has been steadily decreasing since 2005, according to independent World Bank analysis of the state. What is more interesting is that there is a difference in the composition of working women by residence rather than just the rate: working women in urban areas tend to have salaried jobs, while rural women work mostly in unpaid or underappreciated farm labor. The latter group is less likely to have savings, independent income, or bargaining power within their households.

4.3 Disability-Based Disparities

There is a well-established nationwide pattern that Haryana fits within, however the disability data for the state are the least detailed of the three dimensions considered here. There were 26.8 million people with disabilities in India in 2011, making up 2.21 percent of the population. Of this total, 69% lived in rural areas, while 31% lived in urban areas. This rural concentration is higher than rural India's 69% share of the national population, but it is still roughly proportional, so the rural excess in absolute disability numbers is mostly due to rural India's larger population share rather than a significantly higher rural disability rate. Still, rural areas consistently have a higher disability rate: in 2011, 2.24 percent of rural residents reported a

disability, compared to 2.17% of urban residents nationwide. This disparity, according to geospatial analysis, is due to factors such as lower female literacy rates, less access to safe drinking water, and worse housing conditions, all of which are more prevalent in rural Haryana.

Table 3. Disability prevalence and residence distribution, India, Census 2011 and subsequent analysis.

Indicator	Rural India	Urban India	National
Disability prevalence, 2011 (% of population)	2.24%	2.17%	2.21%
Disability prevalence, males	2.43%	2.34%	2.37%
Disability prevalence, females	2.03%	1.98%	1.87%
Share of disabled population by residence	69%	31%	100%
Work participation among disabled women	25%	16%	23%

Sources: Census of India 2011 (Table C-20); Census disability statistical profile 2021; PLOS ONE district-level disability study.

Table 2 shows that relative to urban Haryana, rural Haryana lags behind when it comes to female literacy and access to safe drinking water. A regression-based district-level study of Census 2011 disability data also found that the prevalence of disabilities increases with the proportion of the population that is elderly, while it decreases as these factors improve. Unlike the southern states of India, which have a far lower disability prevalence, this research clearly identifies Haryana and the districts to the north of it, including Punjab, as belonging to a cluster with a high disability prevalence. In the disabled population as a whole, gender plays a worse role in exacerbating disadvantages: just 23% of disabled women are economically active, compared to 47% of disabled men, and the national literacy rate for people with disabilities is 54.4%, which is almost twenty years lower than the general population. Contrary to the usual male-skew in Census self-report data, a community-based clinical study in rural Haryana found that functional disabilities were more common among women (38.8% vs. 35.9%) than men (35.9%). This suggests that the disabilities of rural women are systematically under-reported in household-response Census formats compared to what clinical screening finds.

4.4 Intersectional Summary

When we combine the results of the three studies, we see a consistent structural pattern: living in a rural area has a negative impact on the general population, Scheduled Castes, and women's status on every indicator we looked at (literacy, sex ratio, and disability prevalence). Given that SC households are more concentrated in rural areas (22.5% of rural population vs. 15.8% of urban), and that disability is more common and often goes unrecognized among rural women, the demographic most disadvantaged in Haryana is rural, Scheduled Caste, and female. Unfortunately, aggregate statistics at the state level tend to mask these compounding effects, so this group is the least visible.

Table 4. Composite view of rural excess disadvantage across caste, gender, and disability indicators

Disadvantage dimension	Direction of rural excess	Primary driver identified in literature
Literacy gap (caste)	Rural SC literacy trails urban SC literacy	School access, sub-caste composition

Disadvantage dimension	Direction of rural excess	Primary driver identified in literature
Literacy gap (gender)	16.9-point rural-urban gap for women	School distance, early marriage, safety
Child sex ratio	Slower rural improvement, 2001–2011	Weaker PCPNDT reach, healthcare access
Disability prevalence	2.24% rural vs 2.17% urban	Housing, water access, female literacy
Disabled women's work participation	25% rural vs 16% urban (India)	Farm-based informal absorption of labour

5. Discussion

This study's results show that separate examinations of disability, gender, or caste do not provide a complete picture of socioeconomic disadvantage in Haryana. On the contrary, data points to a strong relationship between residency, namely the difference between urban and rural areas, and all three aspects of inequality. Scheduled Castes, women, and people with disabilities have all received their own unique welfare programs, but a comparison of their experiences shows that they share many of the same structural obstacles brought on by living in rural and economically depressed areas. So, living in a rural area is more than just a geography; it is a major factor in how people get their hands on public services, healthcare, jobs, and schools. Multiple disadvantages concentrated in rural areas suggest that social exclusion in Haryana is not sector-specific but rather complex and intersectional.

The study's most important finding is that inadequate infrastructure in rural areas exacerbates gender, caste, and disability-related disparities all at once. Higher rates of female dropout, lower rates of educational attainment among Scheduled Castes, and lower rates of school participation among children with disabilities are common in villages with insufficient school networks. The lack of accessible healthcare services has a multiplicity of negative effects, including on maternal health, child nutrition, and educational engagement, as well as on the prompt diagnosis and rehabilitation of individuals with impairments. Inadequate public transit limits women's freedom of movement, dissuades girls from completing secondary school, and makes it harder for physically unable students to attend classes. According to these results, social identity and uneven regional development combine to cause educational disadvantage, rather than a single social identity itself. This research adds to the growing body of evidence showing how disability, gender, and caste all interact to worsen social exclusion. People who are a part of more than one marginalized group face a multiplicative effect of all those disadvantages, rather than just one. As an example, a disabled rural woman from a Scheduled Caste household faces multiple obstacles at once, including but not limited to: poverty, lack of educational opportunities, discrimination based on gender, inaccessible infrastructure, subpar healthcare services, and reduced employment prospects. Educational opportunities, economic autonomy, and social mobility are all severely limited by these interrelated disadvantages. Therefore, the results lend credence to the rising field of intersectionality in social policy, which contends that inequality is best understood by looking at how different social identities interact with one another, rather than treating each category separately.

Concerning the efficacy of current social programs, the study also brings forth crucial concerns. Education, health, rural development, Scheduled Caste welfare, women and child development, disability affairs, and other departments handle the day-to-day operations of putting policies into action. Although this level of specialization helps with administrative administration, it frequently leads to service fragmentation and wasted effort. It is possible for

a town with a lack of transportation, healthcare, and adequate schools to get various plans aimed at specific demographics without tackling the systemic problems that everyone in the area faces. As a result, investments become less effective as a whole due to their fragmentation. Therefore, the results imply that integrated rural development plans centered on specific places may have more far-reaching social effects than discrete interventions aimed at specific groups. Women, members of Scheduled Castes, people with disabilities, and other marginalized groups are likely to experience simultaneous improvements in outcomes as a result of investments in healthcare accessibility, transportation networks, digital connectivity, and school infrastructure in economically depressed rural districts.

Concerning NEP 2020 educational planning, there is another significant effect. The policy promotes initiatives that are inclusive, equitable, and tailored to the specific setting, while also recognizing Socio-Economically Disadvantaged Groups (SEDGs) as a priority category. The current results, however, imply that a stronger focus on regional differences within states is necessary for successful implementation. Instead of implementing identical solutions at the state level, districts with a history of educational deprivation should receive tailored policy responses. To that purpose, demographic data are not enough to direct funding distribution; district-level assessments of educational opportunity, disability prevalence, gender disparity, caste concentration, infrastructure availability, poverty, and caste concentration should also be considered. The most disadvantaged neighborhoods would benefit from more efficient use of public funds thanks to this kind of spatially oriented planning. Additionally, the results stress the significance of community involvement and local governance in mitigating socioeconomic disparities. When community-based organizations, local health workers, self-help groups, Panchayati Raj Institutions, and School Management Committees (SMCs) are involved in planning and monitoring the delivery of services, rural development programs are more effective. Participation from the community has several positive effects, including raising consciousness about disability rights, increasing the number of females enrolled in school, decreasing social stigma, and fortifying accountability systems. Government investment is necessary, but local institutions and civil society organizations must also actively participate for growth to be truly inclusive.

The study also made a substantial addition to our understanding of how to quantify socioeconomic disadvantage. When looking at the available statistics, it is clear that several national databases frequently come up with different estimates for the same indicators. For instance, due to variations in methodology, reference periods, and population coverage, sex ratio estimates from the Sample Registration System (SRS), the National Family Health Survey (NFHS), and the Census of India differ. In contrast to the Census, which counts the entire population once every ten years, the NFHS surveys a representative cross-section of American households at regular intervals, and SRS produces ongoing demographic estimates from registered samples. As a result, measures at the district level, like the sex ratio at birth, might display conflicting patterns over time and exhibit large variations between various sources. Consequently, policy interventions may not be as effective when they are based on a single dataset, especially if the dataset was obtained several years ago, and the resulting picture may be incomplete.

In a similar vein, serious questions about how to quantify the prevalence of disabilities emerge from the conversation. According to national census data, the prevalence of disability is somewhat higher in men than in girls. Women, especially those in their latter years, have a comparatively greater handicap prevalence, according to a number of community-based clinical investigations carried out in rural Haryana. This seeming inconsistency raises concerns that rural women's reported disabilities in the Census may be underreported. Rather than acknowledging the existence of disabilities, cultural norms frequently accept age-related functional limits among women as inevitable results of aging or prolonged domestic work,

which can lead to visual impairment, hearing loss, musculoskeletal diseases, and impaired mobility. Additional factors contributing to underreporting include a lack of knowledge about health issues, decreased use of healthcare services, insufficient medical diagnosis, and societal shame. Consequently, when it comes to allocating resources and planning services, official handicap figures could not be reflecting the true challenges faced by rural women. Policymaking should be based on evidence from multiple sources, and these measurement problems highlight that necessity. In order to make better plans for the future, it would be wise to combine the results of the Census with those from other sources, such as administrative databases, health information systems, educational records, disability registries, and district-level monitoring systems. By regularly updating district indicators using digital governance platforms, officials would be better equipped to spot new deprivation trends and adapt to local circumstances as they change. Better tracking of inclusive development projects and more targeted welfare programs could be possible with such a unified statistical platform.

6. Policy Recommendations

1. Reach out to Scheduled Caste households in districts where the rural-urban female literacy gap is the widest, and prioritize school infrastructure and secondary school access for rural areas.
2. The child sex ratio has not improved since 2011, thus instead of enforcing the PCPNDT Act uniformly across the state, focus on rural blocks where the improvement has halted or gone backward.
3. Because of the evidence of under-detection among rural women, it is important to incorporate disability screening into rural primary healthcare delivery utilizing clinical evaluation methods instead of depending just on self-reported Census-style questions.
4. The statistical correlation between a decrease in the frequency of disabilities and improvements in housing quality, access to safe drinking water, and female literacy should prompt the development of convergent rural development projects that tackle all three issues simultaneously.
5. To avoid hiding the compounding disadvantage of rural SC women and rural women with disabilities in official statistics, it would be helpful to collect and publish data that is disaggregated by caste, residence, and sex.
6. To bridge the gap between rural women's (mostly unpaid, farm-based) and urban women's (mostly salaried) work involvement, there needs to be an expansion of formal-sector and salaried employment opportunities for rural women, especially disabled and SC women.

7. Conclusion

This research shows that urban-rural differences are a major factor shaping the common geography of disadvantage in Haryana, which includes caste, gender, and handicap inequality. Despite the impressive expansion in urbanization, industrialization, economic development, and social indicators in Haryana over the past few decades, not everyone has benefited equally from these advancements. A comparison with metropolitan areas shows that rural areas still have lower literacy rates, more gender inequality, more educational deprivation, less access to healthcare and rehabilitation facilities, and less job prospects. So, where you live ends up being a major factor in determining the kind and level of socioeconomic disadvantage in the state. The results also show that women, people with disabilities, and Scheduled Castes all face different types of exclusion that are hard to understand when looked at through the lens of individual policy frameworks. Traditional government welfare programs have dealt with these populations via separate administrative departments and sector-specific schemes, but there is evidence to show that many of the problems these populations face are really the result of rural underdevelopment's common structural deficiencies. All three marginalized groups suffer from a combination of factors that contribute to their educational and social inequality: a lack of

resources, both physical and digital, for learning and healthcare; limited access to opportunities for earning a living; and weak institutional support. People who are members of numerous oppressed groups at once, such as disabled rural Scheduled Caste women, endure a multiplicity of disadvantages that outweigh those of any one oppressed group considered separately. The study also found that there are considerable discrepancies within states, even though state-level statistics do not always show it. Although there have been noticeable advancements in literacy, female education, disability inclusion, and gender-related indices in Haryana, these overall successes may not be indicative of the realities faced by marginalized communities in underprivileged rural areas. As a result, gains made at the national level can be hiding areas of continued poverty where people face enormous barriers to healthcare, education, work, and social inclusion. Such latent disparities show how inadequate indicators used at the state level are for evaluating and planning policies. If we want to find vulnerable communities and see how well social programs are working, we need more data broken down by district, block, and village. Educational and social policies should also have an intersectional stance, according to the report. Policymakers should stop seeing gender, disability, caste, and regional disadvantage as separate factors and start seeing how they all interact to impact people's possibilities in life. Multiple types of disadvantage often interact to produce problems such as educational exclusion, poverty, health disparities, and labor-market inequities, rather than just one or two. As a result, instead of using simplistic, one-size-fits-all solutions, policymakers in the future should consider people's social identities, economic vulnerabilities, handicap status, and geographic locations in tandem. The results also imply that rather than focusing on individual groups' welfare programs, place-based development initiatives could lead to longer-lasting and more widespread changes. Investments that target rural education, secondary school expansion, transportation, internet access, healthcare service accessibility, teacher availability, and local job opportunities will most likely have a multiplicative effect on the lives of Scheduled Castes, women, and people with disabilities. Public funds may be better utilized with the help of such coordinated initiatives, which would have a multiplier impact on several aspects of social inclusion. In order for policy decisions to be founded on evidence, the study stresses the importance of better data infrastructure. The fact that several national data sources have shown different results from surveys like the Sample Registration System (SRS), the National Family Health Survey (NFHS), and the Census of India shows that using only one statistical source could lead to a skewed picture of society. To improve the accuracy and timeliness of data on educational participation, disability prevalence, gender disparity, and caste-based inequities, future planning should combine various administrative, educational, health, and survey databases. More accurate welfare program targeting and greater policy accountability could result from regularly monitoring at the district level and making publicly available disaggregated data.

8. References

1. Bhatia, A., & Rajan, S. I. (2022). Gender disparities in education and health in India: Evidence from the National Family Health Survey (NFHS-5). *Journal of Social and Economic Development*, 24(2), 315–332.
2. Census of India. (2011). *Primary census abstract, Haryana*. Office of the Registrar General & Census Commissioner, India. <https://censusindia.gov.in>
3. Deshpande, A. (2011). *The grammar of caste: Economic discrimination in contemporary India*. Oxford University Press.
4. Economic and Statistical Affairs Department. (2025). *Economic survey of Haryana 2024–25*. Government of Haryana.
5. International Institute for Population Sciences (IIPS), & ICF. (2021). *National Family Health Survey (NFHS-5), 2019–21: India report*. Ministry of Health and Family Welfare, Government of India.

6. Jha, P., Nagarajan, R., & Venkataramani, A. (2011). Low female-to-male sex ratio of children born in India: National survey of 1.1 million households. *The Lancet*, 377(9781), 1921–1928. [https://doi.org/10.1016/S0140-6736\(11\)60649-4](https://doi.org/10.1016/S0140-6736(11)60649-4)
7. Kaur, R. (2012). Mapping the adverse consequences of sex selection and gender imbalance in India and Haryana. *Economic and Political Weekly*, 47(35), 37–44.
8. Kumar, A., & Roy, T. K. (2020). Spatial distribution and determinants of disability in India: Evidence from Census 2011. *PLOS ONE*, 15(8), e0237298.
9. Kumar, R., & Singh, S. (2018). Educational inequalities among Scheduled Castes in Haryana: A district-level analysis. *Indian Journal of Social Research*, 59(4), 527–542.
10. Ministry of Education. (2020). *National education policy 2020*. Government of India. <https://www.education.gov.in>
11. Ministry of Social Justice and Empowerment. (2016). *The Rights of Persons with Disabilities Act, 2016*. Government of India.
12. Mitra, S., & Sambamoorthi, U. (2014). Disability prevalence among adults: Estimates for India and implications for public policy. *Social Science & Medicine*, 119, 161–168.
13. National Commission for Scheduled Castes. (2021). *Annual report 2020–21*. Government of India.
14. Nayar, K. R. (2007). Social exclusion, caste and health: A review based on the Indian experience. *Indian Journal of Medical Ethics*, 4(4), 166–171.
15. NITI Aayog. (2023). *SDG India index and dashboard 2023–24*. Government of India.
16. Palmer, M., Groce, N., Mont, D., & Nguyen, O. H. (2015). The disability–poverty nexus: Evidence from low- and middle-income countries. *Social Science & Medicine*, 150, 1–8.
17. Rege, S. (1998). Dalit women talk differently: A critique of difference and towards a Dalit feminist standpoint position. *Economic and Political Weekly*, 33(44), WS39–WS46.
18. Thorat, S., & Newman, K. S. (Eds.). (2010). *Blocked by caste: Economic discrimination in modern India*. Oxford University Press.
19. Thorat, S., & Sabharwal, N. S. (2015). *Bridging the social gap: Perspectives on caste, class and social exclusion in India*. SAGE Publications.
20. UNESCO. (2020). *Global education monitoring report 2020: Inclusion and education—All means all*. UNESCO.
21. UNICEF. (2021). *The state of the world's children 2021: On my mind—Promoting, protecting and caring for children's mental health*. UNICEF.
22. World Health Organization. (2011). *World report on disability*. World Health Organization.