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State commission for women and women's empowerment: Evidence from the Jammu and Kashmir union territory

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Abstract

Using India Demographic Health Survey data and a difference-in-difference approach, this paper aimed to investigate the effect of the abrogation of the Jammu & Kashmir state commission for women, and the closing of its two offices, on women's empowerment. The results suggest that women residing in the districts where the commissions' offices were based experienced a decrease in decision-making power and presented higher levels of domestic violence justification compared to the control group post-closure. These findings shed light on the importance of institutions prioritizing women's needs and localized efforts as resources for empowerment.

Keywords: Development Economics, Women's Empowerment, Decision-making, Domestic violence attitudes, Mobility, State Commissions, Jammu & Kashmir

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1 Introduction

Women's empowerment, while not having a universal definition, is considered fundamental for poverty reduction and for fostering development (United Nations n.d.). However, women all over the world find themselves in *dis*empowered positions, where their needs are not met, their contributions unrecognized, and their ability to make strategic life choices limited.

Located in the northern part of India, Jammu & Kashmir union territory is not only one of the most militarized zones in the world, but also a region characterized by deep societal structures where women are expected to preserve community honor and cultural integrity (Rizvi 2021). Kashmiri women face the constant threat of violence from the police, militants and the Indian armed forces stationed in area, and there has been an alarming rise of domestic violence cases, which increased with more than 300% from 2001 to 2018 (Dandona et al. 2022). With little attention being devoted to their cause, women in the union territory live a life dictated by gender norms and patriarchal structures (Ray 2009).

With the abrogation of article 370 in 2019, which both divided the former state of Jammu& Kashmir into two separate union territories and made them subject to Indian law, the Indian government revoked the Jammu & Kashmir state commission for women and closed its two offices (Athavale, Sanika 2020). Reporting abuse or harassment to the police is not an option for many women in Jammu & Kashmir due to mistrust in the system, stigma and lack of women police stations (Bhat 2021). Thus, this action deprived Kashmiri women of access to institutional support, consequently pushing them into silence.

Research have shown that even modest changes can have a substantial effect on women's empowerment (Duflo 2012), and that change must to occur in institutions supporting patriarchal structures in order to equip women with *resources*, which in turn enables them to reach

agency - two terms that are central in the women's empowerment framework (Kabeer 1999). Meeting women's needs and listening to their concerns, implementing gender-sensitive policies and invest in localized efforts are seen to be crucial in this aspect (Sumbas and Koyuncu 2018; Asthana 1996). However, lack of willingness among the institutional bodies, failure in policy implementation and marginalization of women's rights are hinders to achieve this objective (Miller 2004; Ellsberg et.al 2015).

While researchers have investigated the relationship between women's empowerment and domestic violence, as well as women's empowerment and militarisation, there is a gap in the literature regarding institutions supporting women and safeguarding women's rights, and their impact on women's empowerment, especially in local contexts where options are scarce. This study aims to fill this gap by examining the effects of the revocation of the Jammu & Kashmir state commission for women, and the closing of its two offices, on women's empowerment. This is done by utilizing data from the India Demographic Health Survey, which contains detailed information about household and individual characteristics, as well as women's empowerment indicators for women all over India. Women living in the districts housing the two commission offices, namely Jammu and Srinagar, serves as the treated units, and is compared to women living in the remaining districts of the union territory. The study uses a difference-in-difference approach, comparing the values of women's empowerment indicators for the treatment and control group before and after the abrogation of the state commission.

Women in the treatment group post treatment period showed lower levels of decision-making power within the household and higher tolerance towards domestic violence, suggesting a reinforcement of traditional gender norms. The findings highlight that providing women with resources necessary for agency by prioritizing women's needs and safeguarding their rights, as well as localized efforts, are important in order to empower women.

2 Literature review

2.1 Women's empowerment

While women's empowerment is widely discussed in literature, there is a lack of a general definition of its meaning. However, there is some consensus of its conceptualization. Malhotra et.al (2002) define the common elements as options, choice, control, and power. These can be found in definitions of women's empowerment in several papers, such as in Sen et.al (1994), who define empowerment as "the process of challenging existing power relations, and of gaining greater control over the sources of power", whereas sources of power refers to control over material assets (physical, human, intellectual and financial), intellectual resources (knowledge and ideas), and ideology (beliefs, values, and attitudes). Kabeer (1999) defines women's empowerment as "the process by which those who have been denied the ability to make strategic life choices acquire such an ability", thus being disempowered implies being denied a choice. In addition, Kabeer emphasize that to be considered empowered, one must start from a state of disempowerment. Mosedale (2005) builds on Kabeers definition and define women's empowerment as "the process by which women redefine and extend what is possible for them to be and do in situations where they have been restricted, compared to men, from being and doing. Alternatively, women's empowerment is the process by which women redefine gender roles in ways which extend their possibilities for being and doing."

In her well-cited paper, Kabeer (1999) breaks down empowerment, or the ability to exercise choice, into three interconnected dimensions: Resources, Agency, and Achievements. *Resources* can be material, human or social, and take the form of allocations, future claims, and expectations. The rules and norms governing distribution of resources will determine an individual's access to them, as they give actors decision-making power regarding the allocation.

Agency is the ability to define one's goals and act upon them, even in the opposition of others. It encompass concrete action as well as the individual's sense of agency, such as the meaning, motivation, and purpose behind actions, and is seen to be both decision-making and bargaining power. Together, resources and agency create *achievements*, which are the outcome of choices. Malhorta et.al (2002) identified agency, along with resources, to be the two most common components in existing literature, with agency being the essence of empowerment. Resources and achievements are not to be seen as empowerment per se, but rather enablers for and outcomes of agency, respectively.

There are several concepts related to women's empowerment, such as autonomy and gender equality (ibid.). However, certain elements distinguish women's empowerment from other concepts. For one, women's empowerment is not a static condition but a dynamic transformation over time, consequently making it harder to measure. Secondly, empowerment implies that women themselves must be the significant actors in the process of change. This does not suggest that women bear the sole responsibility for their empowerment. It rather emphasizes the importance of enabling women's access to resources, thereby allowing them to make independent choices. For instance, Duflo (2012) emphasizes the value of policies that enhance women's control over resources, as even modest changes can have an impact on women's agency. Kabeer argues that disempowerment of women often originates from household dynamics, and to empower women, change must occur specifically in those institutions that support patriarchal structures.

2.2 Empirical research

Several papers have investigated women's empowerment in India, and evaluated national-level efforts to combat disempowerment among the Indian women. Kishor and Kupta (2004) in-

vestigated women's empowerment across the Indian states using IDHS data. Their findings suggest that Indian women are both absolutely and relatively disempowered compared to men, and that little progress has been made over the years. Indian women's decision-making power and mobility are in general limited, but especially among women who are currently married. Justification of domestic violence is broad among all women, suggesting both an individual and societal acceptance of unequal gender roles. The authors highlight that certain Indian states perform better than others in terms of women's empowerment, but that all states must improve their performance. Similarly, Nayak and Mahanta (2012) investigated the status of women's empowerment in India based on various indicators, including decision-making power, mobility and attitudes towards domestic violence. Just as Kishor and Kupta, their findings suggest that Indian women are relatively less empowered and have a lower status compared to men. The authors argue that key factors to Indian women's relatively low levels of empowerment are social norms and family structures, poverty, lack of awareness about legal and constitutional provisions, as well as a lack of courage to seek help. Even though the Indian government has put legal provisions into place, these means have not successfully addressed the issue of Indian women's disempowerment. They argue that attitudes and acceptance of unequal gender roles in society as well as among the women themselves must change in order for the Indian woman to reach a state of empowerment.

While limited empirical research exists on the impact of localized efforts aimed at supporting women on women's empowerment, there are some studies exploring such a relationship. Asthana (1996) investigated the relationship between women's health and women's empowerment from a local perspective, focusing on a women's organization in Visakhapatnam, India. A woman's needs, self-identification, and interests are shaped by the the cultural, political and economic conditions of her society. Thus, the author argues that a local perspective is important

since it recognize that women's response to discrimination and inequality differs from place to place. The author highlights that local governmental and development agencies could contribute to women's willingness and ability to learn and reflect upon their position in society.

Sumbas and Koyuncu (2018) examined women's empowerment at the local level in Turkey, particularly focusing on the relationship between violence against women and women's empowerment. The authors highlight two key factors in the pursuit of women's empowerment: the institutionalization of gender-sensitive policies and localized efforts. More specifically, they advocate for the adoption of gender budgeting, gender-sensitive collective-labor contracts and local women's support centers. Gender budgeting refers to the consideration of women's needs in governmental budget layouts. This challenges patriarchal influences in decision- and policy making, enabling women to access resources essential for fulfilling their needs. Gender-sensitive collective-labor contracts, for instance transferring a husband's salary to the wife in cases of reported abuse, are presented as instruments to transform men's attitudes towards violence and support women's agency in resisting such violence. Lastly, women's support centers at the municipal/local level enhance the sustainability of policies addressing violence against women, as they meet local women's needs, provide assistance, and offer protection to survivors of violence. They also play a fundamental role in coordinating, monitoring, and evaluating gender-sensitive policies and services, such as gender-sensitive budgeting, making them transformative resources for women's empowerment. The authors findings suggest that Turkish municipalities with women's support centers have been more successful in eradicating disempowerment and combat violence against women. While these policies have proven successful in addressing violence against women and boosting women's empowerment in the Turkish municipalities, their effectiveness relies on the willingness of community leaders to implement them.

Another important factor is the safeguard of women's rights, and the institutions responsible for this. Miller (2004) explored the aspects of the protection of women in contrast to protection of women's rights. While acknowledging the importance of utilizing state power through criminal justice systems to ensure equality for women, the author highlights the inefficiency of these systems in responding to violence against women, the state's reluctance to address these concerns and the marginalization of violence against women as a "woman's issue", consequently contributing to gender inequality. Ellsberg et.al. (2014) argues that while many developing countries have put legislative measures to safeguard women's rights into place, implementation remains a problem. Failures in budget allocation and resistance from male-dominated judiciary and police are seen as major obstacles.

3 Background

3.1 Article 370

The foundation of Jammu & Kashmir's accession to India was laid in Article 370, established in 1949, granting the state a special status (BBC 2019). This entailed a certain degree of autonomy in all matters except foreign affairs, defense, and communications. Consequently, the region had its own flag, constitution, and legislative authority.

The Indian government revoked Article 370 in 2019, arguing that the special status hindered Jammu & Kashmirs development and integration with the rest of India (Srivastava 2019). Thus, the state would no longer maintain a separate constitution, and all Indian laws would automatically apply. Simultaneously, the state of Jammu and Kashmir was divided into two smaller federally administered union territories [1] according to the "Jammu and Kashmir reorganisation

[1] A union territory is a type of administrative division in India. Union territories are directly governed by the central government, unlike states, that have their own governments.

Act". One combing the Muslim-majority Kashmir with the Hindu-majority Jammu and was given its own legislative assembly, while the other consists of the Buddhist-majority Ladakh. This study will focus on the Jammu & Kashmir union territory, as defined by the reorganisation act.

With the abrogation of Article 370, the Indian government dissolved seven state commissions in the newly formed union territory along with 150 laws. Among them was the state commission for women and the law that governed the function of it (Athavale 2020; Bhat 2021).

3.2 Jammu and Kashmir state commission for women

The National Commission for Women (NCW) is a stationary body of the Indian government, established in January 1992 under the National Commission for Women Act of 1990, with the primary objective to represent the rights of Indian women and provide a voice for their issues and concerns (National Commission for Women n.d.[a]). Alongside the national body, several Indian states and union territories have their own State Commissions for women (Drishti The Vision Foundation 2023). These state commissions are governed by their respective state acts, and share similar functions with the larger NCW.

The "Jammu & Kashmir State Commission for Women", established in 1999 under the State Commission for Women Act, was tasked with investigating and examining matters related to the constitutional safeguards for women and other relevant laws (J&K State Commission for Women 2012). Under the act, the commission handled complaints and took *suo moto notice* [2] of issues concerning women's rights, such as non-implementation of protective laws, and non-compliance with policies designed to ensure women's welfare. The state commission investigated all matters concerning the constitutional and legal safeguards for women, presenting reports to the Jammu & Kashmir government on the progress of these safeguards, along with

[2] A situation where a court or other actor takes action without being requested to do so by another party or actor

recommendations for improvements. With a primary focus on complaint resolution and counseling, the commission functioned as a mobile office, moving monthly between Srinagar and Jammu to address issues in both locations. Women could issue complaints of various nature, such as domestic violence, divorce, and workplace harassment and violence. It was possible to submit complaints online, in writing, or orally.

For many Kashmiri women, filing a complaint at the police station is both demanding and difficult due to the stigma it entails, the shortage of women police stations and mistrust towards the police department (Bhat 2021; Nabi 2020). When Jammu & Kashmir was a state, there were no district women's police stations or shelter homes, and only one police station, located in Srinagar, handled cases of violence against women. Thus, the state commission was seen as a meaningful alternative for women to come forward and report abuse. According to the former chairperson of the Jammu & Kashmir state commission for women, Nayeema Mehjoor, eight to ten women per day visited the state commissions' offices for redressal issues (Naik and Hussain 2023). The commission solved more than ten thousand registered cases of domestic violence and harassment, as well as thousands of unregistered ones during its operative years.

The NCW made a promise to establish a new commission for women in Jammu & Kashmir, along with shelter homes. Meanwhile, women could register their complaints online on the NCW's portal [3](Bhat 2021). However, the average Kashmiri woman is unfamiliar with the NCW, whereas people had direct physical access to the state commission's offices, which were known to women (Athavale, Sanika 2020). In addition, filing online complaints was not possible for many women due to a two year long e-curfew implemented in the region by the Indian government, which implied communication blockades restricting internet, mobile & cable services (Outlook India 2022). All records held by the state commission were required to

[3]The NCW established the "J&K and Ladakh cell" to specifically handle complaints from women in the union territories (National Commission for Women n.d.[b])

be transferred to the relevant department and to the NCW headquarter. Both ongoing and unresolved complaints submitted to the state commission before the abrogation were left pending (Sareen, Pallavi 2019). The handling of these pending cases was not outlined, and women who wished to pursue their cases were required to travel to Delhi for follow-ups. To the best of my knowledge, no new state commission for women or shelter homes have been put in place in the union territory.

The larger NCW has been receiving critique for not taking action when it was needed and called for (Arya 2013). This has it grounds in the NCW lacking resources, its importance not being recognized and the institution being highly political. Concerns also arise because when abusers are aware that women lack a support system, the abuse tends to worsen. Without the state commission, the potential rise in violence against women goes undetected. Expressing the sentiment of a Kashmiri woman and survivor of domestic violence, the abrogation of the commission was described as, 'Whatever little we had has been taken away' (Nabi 2020).

4 Methodology

This study aims to investigate the aftermath of the closure of the state commission for women in the Jammu & Kashmir union territory on women's empowerment. Specifically, the analysis explores how the absence of a dedicated state commission for women influenced women's decision-making power, shaped attitudes towards domestic violence and affected their mobility. The treated units are women residing in the districts of Jammu and Srinagar, where the state commissions' offices were based. The study relies on data from the India Demographic and Health Survey (IDHS). To assess the impact of the commission closure a difference-in-difference approach is utilized, comparing the changes in women's empowerment outcomes in

Jammu and Srinagar with the remaining districts in the union territory[4].

4.1 Data

IDHS is a cross-sectional survey, providing detailed information on household and individual characteristics, such as health, wealth, and level of education, but also on women's empowerment indicators. For the main analysis, data from the 2016 survey wave is utilized as baseline, and the 2019 survey wave to catch the effects on women's empowerment indicators following the abrogation of the state commission.

The IDHS survey contains 6 questions related to decision-making: who makes decisions regarding respondents' health care; large household purchases; visits to friends and family; how to spend husbands money; the use of contraceptives; how to spend respondent's earnings. Each variable was given a value of 1 if respondent stated that she made the decision herself or together with husband, and 0 otherwise.

The IDHS survey contains 5 questions related to attitudes towards domestic violence. Specifically, if respondent justifies her husband/partner beating/hurting her if she: goes out without telling husband/partner; neglects the children; argues with husband/partner; refuses to have sex with husband/partner; does not cook food properly. Taking the value of 1 if the woman did not justify any form of violence towards her for the stated reasons, and 0 otherwise.

The IDHS survey contains 2 questions related to mobility: if respondent is allowed to go to the market alone, and if respondent is allowed to go the health facility alone. If the respondent stated that she was usually allowed to go by herself, the variable was given a value of 1, and 0 otherwise.

Control variables include household characteristics; Wealth, type of place of residence, sex

[4]These are: Kupwara,Badgam, Punch, Rajouri, Kathua, Baramula, Bandipore, Ganderbal, Pulwama, Shupiyan, Anantnag, Kulgam, Doda, Ramban, Kishtwar, Udhampur, Reasi and Samba.

of household head and if household was close to a violent event during the period of investigation, and individual characteristics; respondent's age, religion, literacy level, educational level, work status, and cast/tribal affiliation. When measuring attitudes towards domestic violence, three additional controls were included: if husband or other male was present during interview, and if interview was interrupted due to husband being present.

A variable was created to account for the possible influence of violent events during the study period, utilizing data from the Uppsala Conflict Data Program's (UCDP) Georeferenced Event Dataset (GED). The dataset includes details on the type of event, classifying events as state-based violence, non-state violence, or one-sided violence, and only covers incidents with at least one fatality. By matching coordinates of a violent event with household coordinates using DHS GPS data [5], households relatively closer to a violent event received a value of 1, while households relatively further away received a value of 0. This variable was used as a control in the main regressions.

4.2 Empirical strategy

4.2.1 Sample strategy

Jammu and Srinagar were chosen as treatment units as they housed the commissions' two offices. While women in other districts could file complaints online, women residing in Jammu and Srinagar had the additional benefit of visiting the commission offices for support. The assumption is that women in Jammu and Srinagar could leverage the commissions' services in more ways compared to women in other districts, making the impact of the abrogation more pronounced on them. By employing a comparison between districts with and without commission offices within the union territory, this approach allows for the consideration of changes

[5] DHS GPS data deliberately introduces a two-kilometer displacement for household coordinates to uphold confidentiality

affecting all districts. Alternative sampling strategies, such as comparing districts with state commissions throughout all of India with Jammu and Srinagar, might not capture such changes which could generate misleading results.

Crucially, only districts falling under the jurisdiction of the union territory are included in this study, while areas that were part of the state of Jammu & Kashmir but not part of the union territory as stated by the reorganisation act are excluded. Consequently, the Ladakh union territory is omitted from the sample. The exclusion of Ladakh is justified by differences in its construction, such as Ladakh lacking a legislative authority. Differences in the administrative structure could potentially impact women in the respective union territories, influencing their levels of empowerment. The sample was further restricted to only include women currently in union between age 15 - 49.

4.2.2 Measuring women's empowerment

To measure women's empowerment, three different measurements is utilized; decision-making, attitudes towards domestic violence, and mobility. These empowerment indicators are the most frequently used in existing research since they are universal and direct measurements of empowerment, and are therefore the closest to measuring agency (Malhotra et al. 2002). Even though it is important to use universal standards that are not only applicable in certain contexts, that is not to say that women's empowerment is not context specific. In fact, one of the main challenges with measuring women's empowerment is that different attributes of empowerment can be more significant in one place than in others. One must therefore be careful to not oversimplify, since it could generate misleading or wrongful results. Direct measurements of empowerment are considered to address these complexities and capture empowerment as a dynamic process.

All three empowerment indicators, or measurements, consist of several subcategories, as explained in section 4.1, all of which represent different dimensions of empowerment. To cap-

ture these different dimensions, each subcategory will be analyzed separately, since some could not and should not be seen as equivalent to each other, even if they fall under the same larger indicator (Sandberg and Rafail 2013). For example, decision-making about own health care will be interpreted as a woman's decision-making power for matters regarding her own benefit, while decision-making of large household purchases will be interpreted as her ability to make choices that effect the entire household (Kishor and Gupta 2004). In fact, the IDHS variables are constructed to measure these different dimensions of empowerment (Kishor 2005). Thus, even if additive indices could tells us something about the average level of decision-making power, attitudes towards domestic violence or mobility, they won't consider these differences (e.g., see Sandberg & Rafail (2013), who found that when measuring women's empowerment in the Indian context, the use of an additive index was insufficient and reduced the power of the estimates). Therefore, additive indices will not be analyzed in this study.

4.2.3 Econometric model

The choice of a difference-in-difference strategy is motivated by the non-randomized nature of this study. Given the anticipated differences in observable characteristics among women across districts, this strategy provides a robust method for analyzing the impact of the closure on women's empowerment in Jammu & Kashmir. The following difference-in-difference regression is utilized to reach this objective:

$$Y_i = \alpha + \beta_0 POST_i \text{ X } TREAT_i + \beta_1 POST_i + \beta_2 TREAT_i + \beta_3 X_i + \epsilon_i$$

Y_i represents the outcomes of interest, i.e. the variables related to decision-making power, attitudes towards domestic violence and mobility. The parameter β_0 on the interaction term $POST_i$ X $TREAT_i$ serves as the difference-in-difference estimator, capturing the effect of residing in Srinagar or Jammu after the abrogation of the state commission. $POST_i$ is a time dummy, tak-

ing the value of 1 for the period post-closure and 0 for the base period. The treatment variable $TREAT_i$ represents the treatment variable equal to 1 if a women resides in the district of Srinagar or Jammu, and 0 otherwise. β_1 on the time dummy captures time effects in the outcome, and β_2 on the treatment dummy reflect time-invariant differences. The vector variable X_i encompasses the covariates used in the regression, with β_3 capturing observable differences between the treatment and control group. Finally, the error term ϵ_i captures unobserved characteristics among the women sample.

5 Results

5.1 Descriptive statistics

Appendix A.1 provides descriptive statistics of the sample. The average wealth of the population is 3.2 on a scale from 1 - 5, indicating that the average woman fall within the middle economic stratum. Roughly 80% reside in rural areas, more than 90% of the household heads are male, and approximately one third lived in households close to a violent event. The average woman in the sample was 34.6 years old and the majority of the population are Muslim. More than 40% are illiterate and do not have an education. Almost 80% are unemployed, and among does who work the majority works for a family member. 65% of the population belong to a caste, while tribal affiliations are present in only 3%. The remaining do not belong to a caste or tribe. Approximately 70% are involved in decision-making processes either individually or together with husband, except for decisions about use of contraceptives, where nearly 90% stated that they take part in the decision-making. In terms of attitudes towards domestic violence, a lower mean indicates higher tolerance. The data reveals that justifying domestic violence is more common when a wife goes out without informing her husband or argues with him, but less

prevalent when she doesn't cook food properly. Around 70% are usually allowed to go to the market by themselves, while 57% of the women are usually allowed to go to the health facility by themselves.

Appendix A.2 provides descriptive statistics for the treatment and control group respectively. It shows that a higher proportion of the treatment group resides in urban areas, possesses a higher level of education and literacy, and are wealthier. Women in the treatment and control group are more or less equal in terms of their involvement in the decision-making processes, while women in the treatment group are more likely to justify domestic violence in all categories except when wife refuse to have sex with husband. Women in the treatment group are also, in general, more likely to be allowed to go to both the market and health facility alone.

5.2 Decision-making power

Table 1: Decision-making power

	(1) Own health care	(2) Large household Purchases	(3) Visits to friends and relatives	(4) Husbands money	(5) Use of contraceptives	(6) Respondent's earnings
Treated X Post	-0.259***	-0.299***	-0.277***	-0.254***	0.148*	-0.292**
	(0.0756)	(0.114)	(0.101)	(0.0885)	(0.0836)	(0.119)
Treated	0.205***	0.140***	0.217***	0.126***	-0.0797	0.131**
	(0.0417)	(0.0511)	(0.0619)	(0.0447)	(0.0563)	(0.0553)
Post	0.102***	0.0969**	0.114**	0.0510	-0.117***	0.0293
	(0.0375)	(0.0409)	(0.0447)	(0.0420)	(0.0348)	(0.0462)
Constant	-68.70***	-54.81***	-66.66***	-48.45***	-7.108	-53.91***
	(17.26)	(17.86)	(19.55)	(18.06)	(14.43)	(20.41)
N	2508	2500	2508	2424	1488	1586
Additional controls	Yes	Yes	Yes	Yes	Yes	Yes

Notes: Standard errors clustered according to the DHS clusters are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Estimation on women's decision-making power on the treatment, i.e., women residing in Jammu or Srinagar after the abrogation of the state commission, based on India DHS data. Each outcome variable is binary - taking a value of 1 if respondent makes decisions herself or together with husband, and 0 otherwise. Controls include household characteristics; Wealth, type of place of residence, sex of household head and if household was close to a violent event during the period of investigation, and individual characteristics; respondent's age, religion, literacy level, educational level, work status, and cast/tribal affiliation.

Table 1 presents the results based of the decision-making variables. The results suggest that women in the treatment group are less likely to make decisions concerning themselves or their household compared to the control group in the post treatment period. The results are negative and significant at 1% and 5% significance levels for all categories and stretches between a -25.5pp to -29.9pp change in probability of decision-making for women in the treatment group

post-treatment period, except for who decides on the use of contraceptives, where the coefficient is positive (14.8pp change in probability) and significant at 10% significance level. Recall from the summary statistics that 90% of women in both the treatment and control group respectively stated that they have decision-making power in that regard.

Interestingly, being in the treatment group alone seems to have positive and significant effects on all variables, once again except for the use of contraceptives. This suggest that women living in Srinagar or Jammu have more decision-making power on average compared to the control group when time is not considered. Being in the post treatment period also corresponds to higher levels of decision-making power, independent of group affiliation (treatment or control).

Decision-making about one's health care and personal earnings is considered self-oriented activities, whereas, for example, household purchases are perceived as actions for the benefit of the entire household. Thus, it is of interest to investigate if there was an effect on a woman's decision-making power regarding making decisions herself for her own benefit. This breakdown is detailed in Appendix A.3, where the variable takes a value of 1 if a woman makes decisions independently and 0 otherwise. The results indicate negative but statistically insignificant effects on decision-making related to personal health care, visits to friends and family, use of contraceptives and respondent's earnings. However, the effect is negative and significant for major household purchases and decisions on how to spend husbands' money. In other words, when it comes to the woman making decisions by herself for her own benefit, being in the treatment group in the post treatment period does not yield statistically significant results.

In summary, the abrogation of the state commission for women and the closing of its two offices appears to have had a strong negative impact on women's decision-making power when making decisions jointly with husband, both in matters concerning themselves as well as their household. However, this impact does not seem as evident in the context of individual decision-

making regarding choices solely concerning the women themselves. This is in line with the findings of Kishor and Gupta (2004), who suggest that decisions are unlikely to be made alone if women are in union. Importantly, the authors argues that an empowerment perspective does not imply that women are the sole decision-makers, but rather that women participate in making decisions that affect their lives and enables them to make strategic life choices.

5.3 Attitudes towards domestic violence

Table 2: Domestic Violence Attitudes

	(1) Goes out without telling	(2) Neglects the children	(3) Argues with husband	(4) Refuses to have sex	(5) Does not cook food properly
Treated X Post	-0.294***	-0.367***	-0.433***	-0.0563	-0.0917*
	(0.110)	(0.0919)	(0.102)	(0.0732)	(0.0531)
Treated	0.196**	0.333***	0.324***	0.127*	0.138***
	(0.0924)	(0.0670)	(0.0801)	(0.0706)	(0.0442)
Post	0.112***	0.101**	0.193***	0.114***	0.0382
	(0.0431)	(0.0455)	(0.0461)	(0.0377)	(0.0324)
Constant	104.2***	86.81***	101.3***	44.17**	16.38
	(24.09)	(23.69)	(20.27)	(17.86)	(14.02)
N	1628	1626	1628	1626	1628
Additional controls	Yes	Yes	Yes	Yes	Yes

Notes: Standard errors clustered according to the DHS clusters are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Estimation on women's attitudes towards domestic violence on the treatment, i.e., women residing in Jammu or Sringar after the abrogation of the state commission, based on India DHS data. Each outcome variable is binary - taking a value of 1 if respondent do not justify domestic violence, and 0 otherwise. Controls include wealth, type of place of residence, sex of household head and if household was close to a violent event during the period of investigation, respondent's age, religion, literacy level, educational level, work status, cast/tribal affiliation, if husband/other male was present during interview, and if interview was interrupted due to male presence.

Table 2 represents the results regarding attitudes towards domestic violence. Women in the treatment group post treatment period are shown to be more inclined to justify domestic violence from their husband or partner. The impact is more pronounced and statistically significant when justifying domestic violence related to instances such as when wife goes out without telling husband (-29.4pp), neglects the children (-36.7pp), and argues with the husband (-43.3pp) (columns 1-3). Conversely, the effect is smaller and less significant in situations where the wife fails to cook food properly (-9.17pp) and refuse to have sex with husband (-5.63pp). These findings are in line with existing research, suggesting that women tend to justify violence from husband/-partner to a higher degree when she goes out without telling, neglects the children or argue with husband (e.g., Akbary et al. (2022) and Oyediran and Isiugo-Abanihe (2005)).

Being in the treatment group corresponds to less justification for domestic violence when

time is not considered. Similarly, being in the post treatment period corresponds to less justification of domestic violence independent of group affiliation.

A challenge when measuring attitudes towards domestic violence using the IDHS survey lies in the presence of a partner, husband, or any other male during the interview, as that may impact respondents' answers to certain questions (Bargain et al. 2019). Nevertheless, upon excluding women who were questioned about attitudes toward domestic violence in the presence of a male, the estimates exhibited minimal change except for beating being justified when wife do not cook food properly, which remained modest and negative but lost its significance. Detailed results can be found in Appendix A.4.

While attitudes towards domestic violence might not directly indicate personal experience of abuse, it shreds light on to what extent women internalizes societal constrains through violence (Sandberg and Rafail 2013). It also indicate a woman's acceptance of her lower status, both absolutely and relative to men (Gupta and Yesudian 2006), and her lack of awareness about her entitlement to security and integrity (Kishor and Gupta 2004). According to Kishor (2004), a woman is more likely to justify violence regarding matters where she is perceived not fulfilling her gender specific duties, such as neglecting the children, as taking care of children is traditionally seen as the woman's responsibility. Thus, the findings presented in table 2 suggest that being in the treatment group post treatment period corresponds to larger acceptance of traditional gender norms, the perspective of men having higher status than women, and that women should be punished when they are not fulfilling traditional female duties.

5.4 Mobility

Table 3: Mobility

	(1) Usually allowed to go to the market	(2) Usually allowed to go to health facility
Treated X Post	0.00877	0.0576
	(0.104)	(0.118)
Treated	0.139**	0.0738
	(0.0684)	(0.0717)
Post	-0.0511	-0.0769*
	(0.0401)	(0.0411)
Constant	-42.84**	-28.07
	(17.41)	(17.95)
N	2530	2530
Additional controls	Yes	Yes

Notes: Standard errors clustered according to the DHS clusters are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Estimation on women's mobility/freedom of movement on the treatment, i.e., women residing in Jammu or Sringar after the abrogation of the state commission, based on India DHS data. Each outcome variable is binary - taking a value of 1 if respondent is usually allowed to go to the market or health facility by herself, and 0 otherwise. Controls include household characteristics; Wealth, type of place of residence, sex of household head and if household was close to a violent event during the period of investigation, and individual characteristics; respondent's age, religion, literacy level, educational level, work status, and cast/tribal affiliation.

Table 3 presents the outcomes related to mobility, more specifically if respondent is allowed to go to the market and health facility by herself. Although the results show a positive trend, the coefficients on the interaction term are minimal and statistically insignificant. There are some potential explanations for these findings. It could be, as stressed by Sandberg & Rafail (2013), that the IDHS variables are not suitable for measuring mobility in India, or in this case mobility in Kashmir. Alternatively, in line with the insights from Basu & Koolwal (2005), the restricted mobility of women in certain contexts, irrespective of the destination, could be attributed to deeply ingrained traditions. When examining various religious groups and caste or tribe affiliations, the coefficients remain non-significant and marginal. This suggests that restrictions on a woman's movement outside her home might be a challenge faced by Kashmiri women across districts, religions and ethnicity's, and that the interventions of the state commission may not have had an impact on women's freedom of movement. Observing the treatment variable in row two, it seems like being in the treatment group is associated with higher levels of mobility when it comes to respondent going to the market by herself and time is not considered, while the post variable in row three suggest that women are less likely to be allowed to go to the health facility

by themselves post treatment period, independent of group affiliation.

The level of mobility in Jammu & Kashmir is significantly lower compared to other states in India (Kishor and Gupta 2004). When addressing mobility in the context of Kashmir, it is crucial to acknowledge the heavy militarization of the union territory and the resulting constraints on movement. In addition to the threat of violence faced by all residents in conflict zones, women also face the constant threat of sexual violence. Importantly, the Indian armed forces have a form of immunity under *Armed Forces Special Powers Act (AFSPA)*, often resulting in cases of sexual violence committed by military personnel going under the radar (Waqar 2022). Consequently, women must take repercussions every time they leave their homes. In addition, the 2019 survey wave was conducted during the global pandemic, which undoubtedly had its impact on mobility. Therefore, the outcomes presented in Table 3 are not surprising, as the issue of being safe outside the home most likely extends beyond the influence of a state commission.

5.5 Parallel trend assumption

The difference-in-difference estimator aims to assess the effect of a treatment, assuming that there are no parallel pre-trends between treatment and control group, meaning that they would have evolved in the same direction in the absence of treatment (Cunningham 2021). To test this assumption, the 1999 IDHS survey wave is utilized. The results are graphically illustrated in an event study plot, using the base year (2016) as the reference point, and can be found in Appendix A.5.

If the parallel trends assumption is valid, the interaction term *Treatment X 1999*, is not statistically different from zero. The assumption seems to be valid for all tested variables, except for respondent being allowed to go to the market by herself. Due to some questions not being asked in the 1999 survey, it was not possible to include all outcome variables that were

used in the main regressions [6].

6 Policy implications and limitations

The abrogation of the Jammu & Kashmir state commission for women left women without a formal body to support them. The findings of this study suggest a significant decline in decision-making power and an increased likelihood of justifying domestic violence post-closure for women in the treatment group, implying lower levels of empowerment. These results suggest that gender-sensitive policies, institutions and localized efforts supporting women and safeguarding their rights are important for women's empowerment, which are in line with findings from existing research. Further research needs to be done on the effectiveness on such institutional means, and how they can be improved to fulfill their purpose in the specific contexts where they are implemented.

A challenge with measuring women's empowerment is that the process of moving from a state of disempowerment to empowerment might take time. Thus, due to the limited time scope of this study, it is not possible to estimate the long term effects of the abrogation of the state commission on the women's empowerment indicators investigated in this study.

Moreover, one cannot be sure whether the analysis effectively isolated the impact of the abrogation of the state commission for women since several other state commissions were also shut down simultaneously. However, it is noteworthy that the state commission for women was the only commission exclusively dedicated to women, implying that its closure might have a more pronounced effect on women. Furthermore, since the primary analysis is focused on Jammu & Kashmir union territory, changes over time that could have effected women in the entire union territory have been taken into account.

[6]The tested variables were: making decisions on own health care (decision-making), if violence is justified when wife goes out without telling husband, neglects children, argues with husband, do not cook food properly (domestic violence attitudes) and if respondent is allowed to go to the market by herself (mobility)

Another limitation that this study holds is that it is not possible to control for the influence of militarization on women's empowerment. While I am controlling for exposure to violent events, that is not equivalent to control for militarization, as militarization can occur even if violent events are absent.

7 Conclusion

This study aimed to investigate the impact of the abrogation of the Jammu & Kashmir state commission for women, and consequently the closure of its two offices, on women's empowerment through a difference-in-difference approach. The study's findings suggest that the abrogation led to reduced decision-making power for personal and household matters and an increased tendency of justification of domestic violence for women in the treatment group post treatment, suggesting a reinforcement of traditional gender norms, consequently leading to a decrease in empowerment.

The findings of this study shed light on the importance of institutions prioritizing women's needs and safeguarding their rights, and of localized efforts aimed at enhancing women's empowerment. Further research needs to be done on the effectiveness of such institutional means, and evaluate their impact on women's empowerment in their local contexts.

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Appendices

Appendix A.1 Descriptive Statistics

	(1) Obs.	(2) Mean	(3) SD	(4) min	(5) max
Household characteristics					
Wealth					
Average	55686	3.225	1.288	1	5
Poorest	55686	0.108	0.311	0	1
Poor	55686	0.210	0.407	0	1
Middle	55686	0.238	0.426	0	1
Rich	55686	0.237	0.425	0	1
Richest	55686	0.207	0.405	0	1
Type of place of residence					
Urban	55686	0.175	0.380	0	1
Rural	55686	0.825	0.380	0	1
Sex of household head					
Male	55686	0.949	0.219	0	1
Female	55686	0.051	0.219	0	1
Household close to violent event					
No	55686	0.698	0.459	0	1
Yes	55686	0.302	0.459	0	1
Individual characteristics					
Age	55686	34.562	7.608	15	49
Religion					
Muslim	55686	0.700	0.458	0	1
Hindu	55686	0.278	0.448	0	1
Other religions	16710	0.075	0.263	0	1
Literacy level					
Cannot read at all	55686	0.444	0.497	0	1
Able to read parts of sentence	55686	0.080	0.271	0	1
Able to read full sentence	55686	0.475	0.499	0	1
Level of education					
No education	55686	0.402	0.490	0	1
Primary	55686	0.069	0.253	0	1
Secondary	55686	0.443	0.497	0	1
Higher	55686	0.087	0.282	0	1
Labor supply					
Respondent not working	12302	0.794	0.404	0	1
Self-employed	12302	0.029	0.169	0	1
Work for family member	12302	0.156	0.363	0	1
Work for others	12302	0.021	0.143	0	1
Belong to a caste or tribe					
Caste	55560	0.647	0.478	0	1
Tribe	55560	0.029	0.169	0	1
No caste/Tribe	55560	0.322	0.467	0	1
Outcome variables					
Decision-making					
Person who usually decides on respondent's health care	12234	0.739	0.439	0	1
Person who usually decides in large household purchases	12168	0.708	0.455	0	1
Person who usually decides on vistis to friends and relatives	12220	0.629	0.483	0	1
Person who usually deciceds what do do with husbands money	11946	0.703	0.457	0	1
Decision-maker for use of conctraceptieves	31678	0.901	0.299	0	1
Person who usually decides on how to spend respondent's earnings	1590	0.756	0.430	0	1
Domestic violence					
Beating justified if wife goes out without telling husband	12262	0.660	0.474	0	1
Beating justified if wife neglects children	12276	0.637	0.481	0	1
Beating justified if wife argues with husband	12258	0.636	0.481	0	1
Beating justified if wife refuse to have sex with husband	12216	0.775	0.418	0	1
Beating justified if wife doesn't cook food properly	12272	0.811	0.391	0	1
Mobility/Freedom of movement					
Usually allowed to go to market	12302	0.668	0.471	0	1
Usually allowed to go to health facility	12302	0.565	0.496	0	1

Appendix A.2 Descriptive Statistics by group

	(1) All	(2) Treated	(3) Control
Household characteristics			
Wealth			
Average	3.225 (1.288)	4.275 (0.902)	3.119 (1.273)
Poorest	0.108 (0.311)	0.010 (0.099)	0.118(0.323)
Poor	0.210 (0.407)	0.041 (0.197)	0.227 (0.419)
Middle	0.238 (0.426)	0.126 (0.332)	0.249 (0.432)
Rich	0.237 (0.425)	0.311 (0.463)	0.230 (0.421)
Richest	0.207 (0.405)	0.512 (0.500)	0.177 (0.381)
Type of place of residence			
Urban	0.175 (0.380)	0.687 (0.464)	0.126 (0.332)
Rural	0.825 (0.380)	0.313 (0.464)	0.874 (0.332)
Sex of household head			
Male	0.949 (0.219)	0.939 (0.239)	0.951 (0.216)
Female	0.051 (0.219)	0.061 (0.239)	0.049 (0.216)
Household close to violent event			
No	0.698 (0.459)	0.523 (0.500)	0.715 (0.451)
Yes	0.302 (0.459)	0.477 (0.500)	0.285 (0.451)
Individual characteristics			
Age	34.562 (7.608)	35.206 (7.396)	34.381 (7.659)
Level of education			
No education	0.402 (0.490)	0.274 (0.446)	0.426 (0.494)
Primary	0.069 (0.253)	0.057 (0.231)	0.073 (0.260)
Secondary	0.443 (0.497)	0.485 (0.500)	0.426 (0.494)
Higher	0.087 (0.282)	0.185 (0.388)	0.076 (0.265)
Religion			
Muslim	0.700 (0.458)	0.495 (0.500)	0.720 (0.449)
Hindu	0.278 (0.448)	0.471 (0.499)	0.258 (0.438)
Other religions	0.075 (0.263)	0.071 (0.256)	0.074 (0.262)
Level of literacy			
Cannot read	0.444 (0.497)	0.318 (0.466)	0.475 (0.499)
Can read parts of sentence	0.080 (0.271)	0.063 (0.242)	0.082 (0.274)
Can read whole sentence	0.475 (0.499)	0.618 (0.486)	0.442 (0.497)
Belong to a caste or tribe			
Caste	0.647 (0.478)	0.669 (0.471)	0.612 (0.487)
Tribe	0.029 (0.169)	0.004 (0.059)	0.031 (0.172)
No caste/tribe	0.322 (0.044)	0.224 (0.019)	0.316 (0.045)
Labor supply			
Do not work	0.794 (0.404)	0.868 (0.338)	0.812 (0.390)
Self-employed	0.029 (0.169	0.027 (0.162)	0.026 (0.159)
Work for family member	0.156 (0.363)	0.096 (0.295)	0.142 (0.349)
Work for others	0.021 (0.143)	0.009 (0.092)	0.019 (0.138)
Outcome variables			
Decision-making power			
Person who usually decides on respondent's health care	0.739 (0.439)	0.650 (0.477)	0.692 (0.461)
Person who usually decides in large household purchases	0.708 (0.455)	0.719 (0.450)	0.707 (0.455)
Person who usually decides on visits to friends and relatives	0.629 (0.483)	0.543 (0.498)	0.575 (0.494)
Person who usually decides what do do with husbands money	0.703 (0.457)	0.697 (0.460)	0.704 (0.457)
Decision-maker for use of contraceptives	0.901 (0.299)	0.912 (0.284)	0.900 (0.300)
Person who usually decides on how to spend respondent's earnings	0.756 (0.430)	0.803 (0.399)	0.752 (0.432)
Domestic violence attitudes			
Beating justified if wife goes out without telling husband	0.660 (0.474)	0.549 (0.498)	0.626 (0.484)
Beating justified if wife neglects children	0.637 (0.481)	0.542 (0.498)	0.599 (0.490)
Beating justified if wife argues with husband	0.636 (0.481)	0.570 (0.495)	0.609 (0.488)
Beating justified if wife refuse to have sex with husband	0.775 (0.418)	0.828 (0.378)	0.770 (0.421)
Beating justified if wife doesn't cook food properly	0.811 (0.391)	0.733 (0.442)	0.775 (0.418)
Mobility			
Usually allowed to go to market	0.668 (0.471)	0.779 (0.415)	0.658 (0.474)
Usually allowed to go to health facility	0.565 (0.496)	0.691 (0.462)	0.553 (0.497)

Standard errors in parentheses

Appendix A.3 Decision-making power - making decisions alone

	(1)	(2)	(3)	(4)	(5)	(6)
	Own health care	Large household Purchases	Visits to friends and relatives	Husbands money	Use of contraceptives	Respondent's earnings
Treated X Post	-0.0382	-0.0994*	-0.110	-0.143**	-0.108	-0.121
	(0.0654)	(0.0567)	(0.0713)	(0.0687)	(0.112)	(0.101)
Treated	0.0866*	0.0972*	0.136**	0.120*	0.166*	0.138*
	(0.0516)	(0.0557)	(0.0668)	(0.0665)	(0.0999)	(0.0783)
Post	-0.0658***	-0.0639***	-0.0553***	-0.0382**	0.0210	-0.113***
	(0.0161)	(0.0152)	(0.0139)	(0.0170)	(0.0294)	(0.0305)
Constant	4.721	-2.963	-2.014	25.53***	3.732	11.57
	(8.610)	(8.787)	(8.503)	(9.210)	(13.67)	(17.14)
N	2530	2530	2530	2464	1488	1598
Additional controls	Yes	Yes	Yes	Yes	Yes	Yes

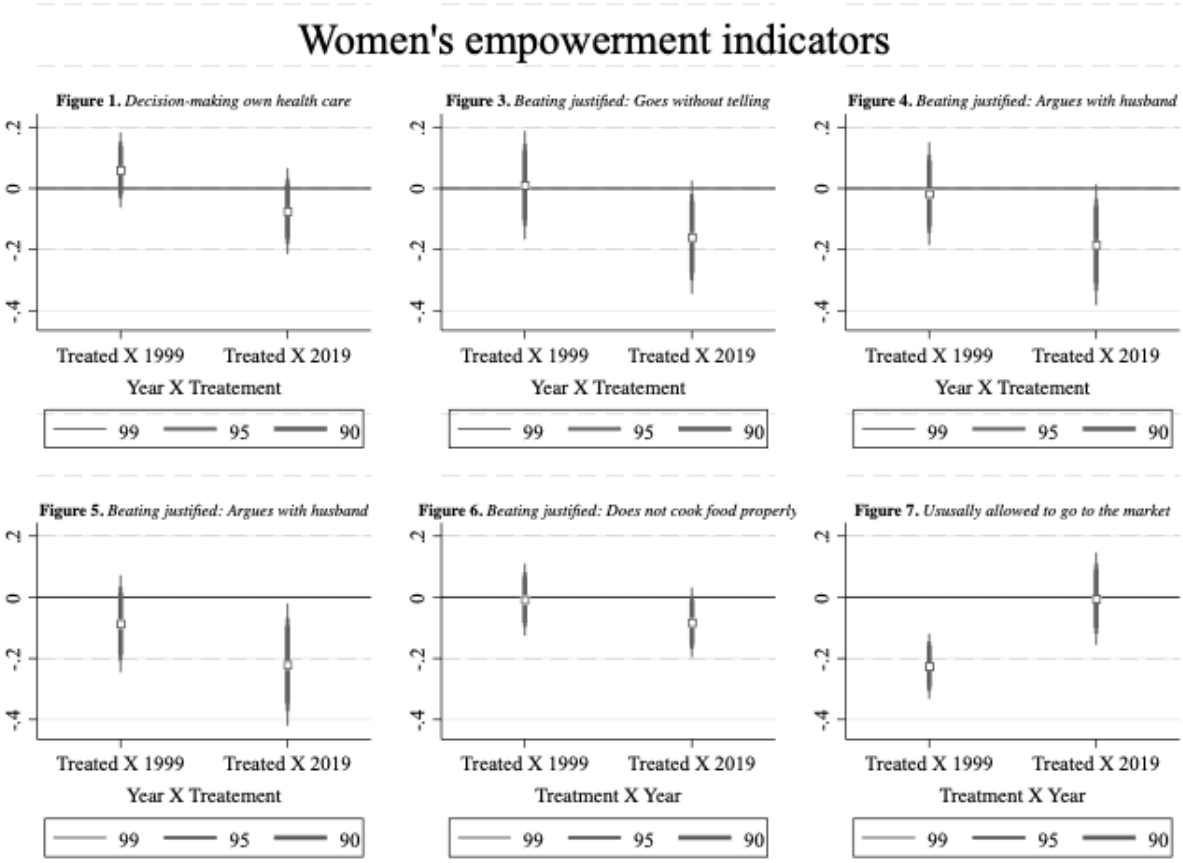
Notes: Standard errors clustered according to the DHS clusters are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Estimation on women's decision-making power on the treatment, i.e., women residing in Jammu or Sringar after the abrogation of the state commission, based on India DHS data. Each outcome variable is binary - taking a value of 1 if respondent makes the decisions herself, and 0 otherwise. Controls include household characteristics; Wealth, type of place of residence, sex of household head and if household was close to a violent event during the period of investigation, and individual characteristics; respondent's age, religion, literacy level, educational level, work status, and cast/tribal affiliation.

Appendix A.4 Domestic Violence Attitudes - no male present

	(1)	(2)	(3)	(4)	(5)
	Goes out without telling	Neglects the children	Argues with husband	Refuses to have sex	Does not cook food properly
Treated X Post	-0.308***	-0.369***	-0.431***	-0.0465	-0.0838
	(0.114)	(0.0996)	(0.107)	(0.0753)	(0.0545)
Treated	0.213**	0.351***	0.344***	0.130*	0.141***
	(0.0953)	(0.0702)	(0.0813)	(0.0717)	(0.0448)
Post	0.144***	0.130***	0.207***	0.108***	0.0292
	(0.0441)	(0.0464)	(0.0464)	(0.0382)	(0.0337)
Constant	102.3***	88.80***	102.9***	40.74**	20.99
	(24.38)	(24.10)	(20.46)	(18.19)	(14.56)
N	1486	1484	1486	1486	1486
Additional controls	Yes	Yes	Yes	Yes	Yes

Notes: Standard errors clustered according to the DHS clusters are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Estimation on women's attitudes towards domestic violence on the treatment, i.e., women residing in Jammu or Sringar after the abrogation of the state commission, excluding respondents whose husbands were present during the interview . Each outcome variable is binary - taking a value of 1 if respondent do not justify domestic violence, and 0 otherwise. Controls include household characteristics; Wealth, type of place of residence, sex of household head and if household was close to a violent event during the period of investigation, and individual characteristics; respondent's age, religion, literacy level, educational level, work status, and cast/tribal affiliation.

Appendix A.5 Parallel trends



Note: These graphs are based on the 1999, 2016 and 2019 India DHS survey waves, with 2016 acting as the reference point and is therefore omitted. The regression specification was Y_i = $\beta_1 YEAR_i XTREAT_i$ + $\beta_2 YEAR_i$ + $\beta_3 TREAT_i$. The interaction term $\beta_1 YEAR_i XTREAT_i$ measures the effect of being in the treatment group in each survey year. Controls include time dummies for each survey wave - $YEAR_i$ - and time-invariant differences between the districts in the treatment and control group - $TREAT_i$.

Appendix A.6 Decision-making power - All control variables

	(1)	(2)	(3)	(4)	(5)	(6)
	Own health care	Large household Purchases	Visits to friends and relatives	Husbands money	Use of contraceptives	Respondent's earnings
Treated X Post	-0.259***	-0.299***	-0.277***	-0.254***	0.148*	-0.292**
	(0.0756)	(0.114)	(0.101)	(0.0885)	(0.0836)	(0.119)
Treated	0.205***	0.140***	0.217***	0.126***	-0.0797	0.131**
	(0.0417)	(0.0511)	(0.0619)	(0.0447)	(0.0563)	(0.0553)
Post	0.102***	0.0969**	0.114**	0.0510	-0.117***	0.0293
	(0.0375)	(0.0409)	(0.0447)	(0.0420)	(0.0348)	(0.0462)
Age	-0.00152	-0.000466	0.000699	-0.000269	0.00100	-0.00148
	(0.00166)	(0.00182)	(0.00189)	(0.00168)	(0.00177)	(0.00210)
Type of place of residence (Urban)	-0.0232	-0.0754*	-0.0324	-0.0466	-0.0418	-0.0435
	(0.0386)	(0.0399)	(0.0461)	(0.0382)	(0.0304)	(0.0358)
Religion	-0.00866***	0.00399**	-0.00684***	-0.00766***	0.00132*	0.0487
	(0.00117)	(0.00196)	(0.00160)	(0.00165)	(0.000695)	(0.0304)
Level of education	0.00994	-0.00635	-0.00844	-0.0194	-0.00349	-0.0130
	(0.0252)	(0.0271)	(0.0269)	(0.0261)	(0.0234)	(0.0331)
Caste affiliation	0.0700***	0.0560***	0.0676***	0.0495***	0.00822	0.0550***
	(0.0174)	(0.0180)	(0.0197)	(0.0182)	(0.0145)	(0.0206)
Level of literacy	0.00785	0.0337	0.0334	0.0475*	0.0285	0.0492
	(0.0276)	(0.0285)	(0.0292)	(0.0277)	(0.0243)	(0.0370)
Sex of household head	0.00686	-0.00143	0.0936*	0.0490	-0.0182	-0.0172
	(0.0486)	(0.0533)	(0.0511)	(0.0478)	(0.0518)	(0.0572)
Wealth	0.0269**	0.0262*	0.0419***	0.0354**	-0.00704	0.0154
	(0.0126)	(0.0141)	(0.0143)	(0.0137)	(0.0109)	(0.0169)
Respondent currently working	-0.0126	0.0239	0.00507	-0.0518*	-0.00994	0.0472
	(0.0259)	(0.0311)	(0.0315)	(0.0279)	(0.0269)	(0.0434)
Working for others	-0.0935	0.0149	0.0929	0.00277	-0.102	-0.135**
	(0.0601)	(0.0615)	(0.0685)	(0.0656)	(0.0703)	(0.0650)
Working for family member	-0.0108	0.0136	0.0844*	0.0362	0.0817**	-0.0778*
	(0.0359)	(0.0386)	(0.0448)	(0.0379)	(0.0403)	(0.0397)
Household near a violent event	0.0338*	0.0358*	0.0485**	0.0379**	-0.0445**	0.0506**
	(0.0177)	(0.0184)	(0.0208)	(0.0182)	(0.0207)	(0.0231)
Constant	-68.69***	-54.82***	-66.74***	-48.49***	-7.189	-53.83***
	(17.25)	(17.86)	(19.55)	(18.06)	(14.43)	(20.41)
N	2508	2500	2508	2424	1488	1586

Notes: Standard errors clustered according to the DHS clusters are in parentheses. $^{*}\ p < 0.10$, $^{**}\ p < 0.05$, $^{***}\ p < 0.01$. Estimation on women's decision-making power on the treatment, i.e., women residing in Jammu or Sringar after the abrogation of the state commission, based on India DHS data. Each outcome variable is binary - taking a value of 1 if respondent makes decisions herself or together with husband, and 0 otherwise.

Appendix A.7 Domestic Violence Attitudes - All control variables

	(1) Goes out without telling	(2) Neglects the children	(3) Argues with husband	(4) Refuses to have sex	(5) Does not cook food properly
Treated X Post	-0.294***	-0.367***	-0.433***	-0.0563	-0.0917*
	(0.110)	(0.0919)	(0.102)	(0.0732)	(0.0531)
Treated	0.196**	0.333***	0.324***	0.127*	0.138***
	(0.0924)	(0.0670)	(0.0801)	(0.0706)	(0.0442)
Post	0.112***	0.101**	0.193***	0.114***	0.0382
	(0.0431)	(0.0455)	(0.0461)	(0.0377)	(0.0324)
Age	0.00442*	0.00555**	0.00680***	0.000745	0.00180
	(0.00236)	(0.00241)	(0.00237)	(0.00192)	(0.00159)
Type of place of residence (Urban)	0.0429	0.0856*	0.0767	0.0321	0.0524*
	(0.0423)	(0.0498)	(0.0499)	(0.0509)	(0.0311)
Religion	0.000205	-0.0000246	-0.000838	0.000713	-0.000509
	(0.00227)	(0.00291)	(0.00240)	(0.000678)	(0.000833)
Level of education	0.0527*	0.0601**	0.0554*	0.0378	-0.0101
	(0.0320)	(0.0305)	(0.0335)	(0.0267)	(0.0239)
Caste affiliation	-0.105***	-0.0876***	-0.102***	-0.0439**	-0.0158
	(0.0243)	(0.0239)	(0.0204)	(0.0180)	(0.0141)
Level of literacy	-0.0243	-0.0295	-0.0207	-0.00914	0.0428
	(0.0359)	(0.0353)	(0.0379)	(0.0301)	(0.0289)
Sex of household head	-0.0240	0.00000219	-0.0219	-0.0496	-0.00493
	(0.0715)	(0.0737)	(0.0704)	(0.0664)	(0.0435)
Wealth	0.0456***	0.0351**	0.0532***	0.0136	0.00579
	(0.0161)	(0.0168)	(0.0157)	(0.0130)	(0.0107)
Respondent currently working	0.0163	0.0417	-0.0354	-0.00694	-0.0678***
	(0.0444)	(0.0485)	(0.0400)	(0.0317)	(0.0233)
Working for others	0.137**	0.159**	0.120*	-0.0310	-0.00358
	(0.0656)	(0.0686)	(0.0665)	(0.0591)	(0.0487)
Working for family member	0.0593	0.106**	0.0659	0.0196	0.00702
	(0.0492)	(0.0485)	(0.0499)	(0.0451)	(0.0353)
Household near a violent event	0.0380*	0.0343*	0.0391**	-0.00200	0.00460
	(0.0195)	(0.0200)	(0.0171)	(0.0136)	(0.0145)
Husband present	0.312**	0.214	0.307***	-0.0707	-0.110***
	(0.122)	(0.134)	(0.108)	(0.0548)	(0.0313)
Other male present	-0.205	-0.0839	-0.210*	0.0575	0.0736
	(0.146)	(0.145)	(0.110)	(0.0646)	(0.0462)
Interview interrupted because male present	-0.0449	-0.0425	0.00621	0.0326	0.0700**
	(0.0526)	(0.0495)	(0.0476)	(0.0389)	(0.0338)
Constant	104.1***	86.70***	101.2***	44.15**	16.37
	(24.09)	(23.69)	(20.27)	(17.86)	(14.01)
N	1628	1626	1628	1626	1628

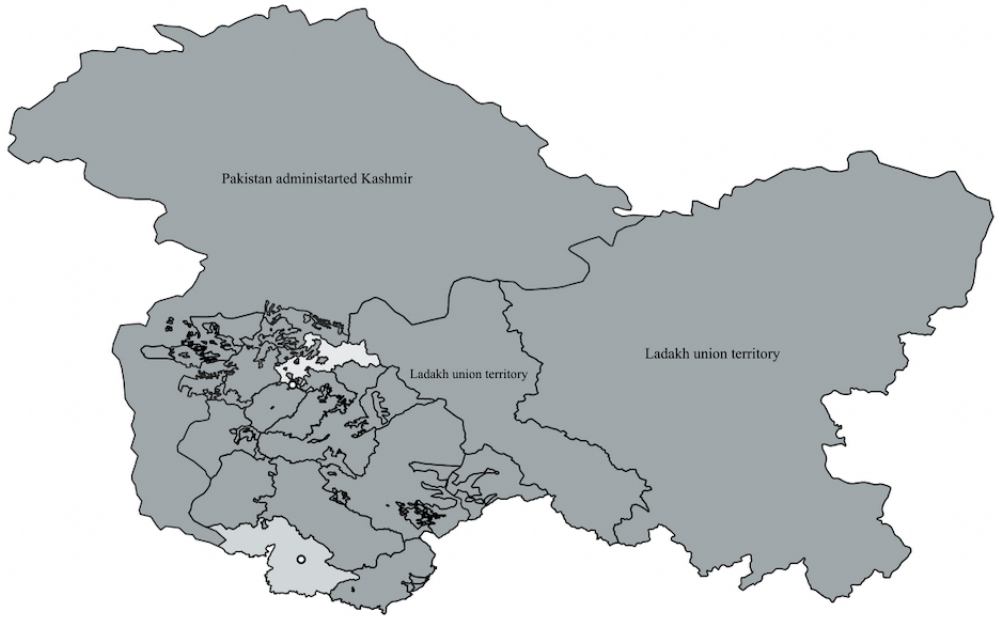
Notes: Standard errors clustered according to the DHS clusters are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Estimation on women's attitudes towards domestic violence on the treatment, i.e., women residing in Jammu or Sringar after the abrogation of the state commission, based on India DHS data. Each outcome variable is binary - taking a value of 1 if respondent makes decisions herself or together with husband, and 0 otherwise.

Appendix A.8 Mobility - All control variables

	(1) Usually allowed to go to the market	(2) Usually allowed to go to health facility
Treated X Post	0.00877	0.0576
	(0.104)	(0.118)
Treated	0.139**	0.0738
	(0.0684)	(0.0717)
Post	-0.0511	-0.0769*
	(0.0401)	(0.0411)
Age	0.00574***	0.00929***
	(0.00209)	(0.00187)
Type of place of residence (Urban)	0.00127	-0.0314
	(0.0502)	(0.0445)
Religion	0.00502***	0.00703***
	(0.00171)	(0.00228)
Level of education	0.00442	-0.0290
	(0.0280)	(0.0273)
Caste affiliation	0.0435**	0.0284
	(0.0175)	(0.0181)
Level of literacy	0.0119	0.0575*
	(0.0299)	(0.0293)
Sex of household head	0.129***	0.186***
	(0.0466)	(0.0501)
Wealth	0.0153	0.0146
	(0.0145)	(0.0141)
Respondent currently working	0.00998	0.0385
	(0.0311)	(0.0346)
Working for others	-0.184***	-0.213***
	(0.0635)	(0.0633)
Working for family member	-0.0833**	-0.0868**
	(0.0382)	(0.0418)
Household near a violent event	-0.000563	0.0161
	(0.0187)	(0.0194)
Constant	-42.76**	-27.98
	(17.40)	(17.95)
N	2530	2530

Notes: Standard errors clustered according to the DHS clusters are in parentheses. $^{*}\ p < 0.10$, $^{**}\ p < 0.05$, $^{***}\ p < 0.01$. Estimation on women's mobility/freedom of movement on the treatment, i.e., women residing in Jammu or Srinagar after the abrogation of the state commission, based on India DHS data. Each outcome variable is binary - taking a value of 1 if respondent is usually allowed to go to the market or health facility by herself, and 0 otherwise.

Appendix A.9 Map of Jammu & Kashmir union territory



Source: National Commission for Women & University of Texas Libraries Geodata Portal

Brief history: Jammu & Kashmir union territory, or the state of Jammu & Kashmir as it was known up until 2019, is located in the northernmost part of India, with a population of roughly 12 million people according to the 2011 census (Kirk and Akhtar 2023). Approximately two thirds of the population identify as Muslims, while Hindus composite the larger part of the last third. The union territory has two capitals: Jammu, the winter capital, and Srinagar, the summer capital. It occupies the south part of the Kashmir region, whereas the northern and western points are occupied by Pakistan, and smaller areas in northeast by China. While other Muslim-majority states decided to join Pakistan after independence from British rule in 1947, the then Maharaja of the principal state of Kashmir [7], made the somewhat controversial decision to join India. This action resulted in warfare between India and Pakistan, eventually leading to a "cease-fire line" in 1949, formally dividing the region into the Pakistan-administrated Kashmir and India-administrated Kashmir. The territory given to India took the name of Jammu &

[7] A Maharaja was a ruler of the principal native states in the British occupied India

Kashmir. The territorial dispute between the two nations is still ongoing as both India and Pakistan are claiming the entire Kashmir region as theirs, with armed conflicts occasionally breaking out. This has contributed to Jammu & Kashmir being one of the most militarised regions in the world.