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Reproductive Health of Urban Women: A Study of Women Migrants from Kerala in Mumbai

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Abstract:
Reproductive health problems of women are one of the major public health concerns in India. Migrant women lack knowledge regarding sexual and reproductive health and therefore the likelihood of getting reproductive health problems are more among them. Hence, it is essential to have special attention to the needs of women migrants especially in the urban areas. The present paper, based on primary data collected from women migrants in working women's hostels of Mumbai, aims to understand the working and living conditions and its association on reproductive health status of the women migrants in Mumbai. The analysis indicates that more than half of the women migrants had at least one of the reproductive health problems. The mean number of reproductive health problems varies according to the working and living conditions of the migrant working women. The quality of life of women migrants was found to have a significant effect on their reproductive health status. Thus, it is essential to ensure better working and living conditions and quality of life in order to improve the reproductive health status of women migrants.

Keywords: *Women migration, urban areas, quality of life, reproductive health*

1. Introduction

Reproductive tract infections (RTIs) and sexually transmitted diseases (STDs) represent a major public health problem in developing countries. In developing countries, women carry a heavy burden of reproductive morbidity and are at a high risk of infection. Reproductive tract infection is a major reproductive health problem among young women in India. In India, several dimensions of reproductive morbidity remain relatively unexplored, including its social, behavioral and biomedical determinants, its consequences, health seeking behavior and its impact on women's physical and mental health. The consequences of RTIs are numerous and potentially devastating (Sharma and Gupta, 2009). A majority of women continue to suffer from RTIs leading to complications like pelvic inflammatory disease (PID), infertility, cervical cancer, post abortal, and puerperal sepsis, chronic pelvic pain, and ectopic pregnancy. RTIs in many cases are asymptomatic among women, making their detection and diagnosis difficult (Balamurugan and Bendigeri, 2012). Migrant women lack knowledge regarding sexual and reproductive health and therefore the likelihood of getting reproductive health problems are more among them. Sometimes, women migrants do not go for treatment because of the lack of awareness on when to seek care and whom to approach for their problems. For many women, moving to another part of the country is disruptive. Lack of familiarity with new locations, less access to traditional support systems, exposure to different lifestyles and influences, and vulnerability to exploitation and abuse are some of the factors that impact on migrant women's health (UNFPA, 2011). The health conditions of the migrant working women are closely associated with their working and living conditions. Employer organization seldom provides accommodation facilities for their employees. When a single woman has to migrate for work related reasons, they would locate among relatives or family friends, a safest place for the girl to live at least for a while. Most of them eventually found their way to a working women's hostel. When these women are away from home, they have to adjust with the new environment in both working and living places. Sometimes it may be very difficult for them to adjust with the food and other facilities provided by the hostel. The change in food habits, lack of facilities in the hostel, cleanliness of the room as well as bathroom, drinking water facilities in the hostel may have an influence on their general as well as reproductive health. Other factors related to workplace such as long hours of work, workload, and long journey to the workplace may also have an impact on the health status of these migrant women. Women constituted a larger proportion among internal migrants in Kerala. According to Zachariah et.al (2000) one in four among the internal migrants in Kerala was a woman. A significant section of the educated women in Kerala migrates to Mumbai for employment opportunities. Despite the growing participation of women in extra domestic work throughout the economy, the study of the relationship between conditions in the work place, living conditions and their health has not been broadly developed with respect to the women worker (Devi,

2003). In this context, the present study particularly focuses on the working conditions, living conditions and its association with reproductive health status of women migrants from Kerala who stay in the working women's hostels of Mumbai.

2. Data and methodology

The present paper is based on the primary data collected from migrant women who stay in working women's hostels of Mumbai. The list of working women's hostels in Mumbai was collected from Business information Centre in Mumbai, which came into 32 in number. Out of these hostels, 15 hostels were excluded as there was no migrant woman from Kerala. Out of the 17 working women's hostels, women from Kerala who were staying in the hostel for more than six months were selected for the study. There were a total of 140 women migrants from Kerala in these hostels. Although, all 140 migrants were contacted, ultimately the data was received from 125 respondents only. The response rate was 89.3 percent. The primary data was collected using a self-administered questionnaire. The questionnaire was constructed in English language and there were nine sections which included 204 questions on background characteristics, factors related to migration, working and living conditions, and general, reproductive and mental health problems. The questionnaire was distributed among 140 women migrants from Kerala. The data analysis was carried out using SPSS. Both univariate and bivariate as well as multivariate analysis were used. Mean was calculated for continuous variables, like age, income, number of reproductive health problems. Also, mean number of reproductive health problems were examined according to the socio-economic, demographic characteristics as well as the living conditions and quality of life. In order to find the effect of quality of life and living conditions on reproductive health, logistic regression was used.

3. Findings

3.1. Profile of the Women Migrants

Table 1 shows the distribution of women migrants according to socio-demographic characteristics. The mean age of women migrants was 26 years. Majority of the working women generally get married before crossing their late twenties. Once they get married, they often leave the hostel and go to live with their husbands (Chauhan, 1986). This may be the reason for high proportion of unmarried respondents in the sample. Nearly half of the respondents were aged less than 25 years. A vast majority of the respondents were unmarried (88 percent) and there was one divorcee in the sample. More than 60 percent of the respondents were Christians and 38 percent were Hindus. There was only one Muslim respondent. It can be noted here that most of the respondents were from Southern and Central parts of Kerala. The districts mostly located in central and southern Kerala have higher parentages of Christians as compared to the state average (Census of India, 2001). Also in the present study, most of the women migrants were from southern and central districts of Kerala. About 88 percent of the respondents belonged to general category and there was nobody in the SC/ST category. The study by Zachariah, et.al, 2002, also revealed that Muslims and SC/ST have the lowest propensity while Syrian Christians have the highest propensity to migrate. About sixty percent of the women have migrated from urban areas of Kerala. Education is an important factor that affects migration as well as the work status of female. In the present study, 33 percent of the respondents were postgraduates, 44 percent graduates, 22 percent completed higher secondary, and only one was a matriculate. More than half of them had English as medium of instruction in the primary and secondary schools. About 70 percent of the respondents have a professional degree. Nearly one fifth of the respondents had completed Nursing course followed by computer course (15 percent), Engineering (10 percent) and Business Administration (10 percent). More than half of the respondents have completed any of the vocational courses such as typing, computer, stenography, etc. Nearly, one fourth of the respondents did more than one vocational courses. It can be concluded that majority of these women migrants were highly educated and most of them have a professional degree (Table 2). Occupation is an important factor associated with the migration of women. There is a kind of occupational specialization attached to migrant workers originating from different states. In professional, technical and related works and in administrative, executive and managerial jobs, the workers are largely from the states of Kerala, Karnataka and Maharashtra (Nangia and Nangia, 1990).With regard to occupational status of the women migrants, more than one fourth of the respondents were involved in professional, technical and related jobs, 24 percent were doing clerical and related works, 15 percent in administrative, executive and managerial works, 19 percent were nurses or pharmacists and 15 percent of them were doing other kind of jobs such as teaching, beautician etc. It can be noted here that there were 22 nurses in the sample. The mean monthly income of the respondent was found to be Rs. 7838. More than half of the women migrants fall in the middle-income category of Rs. 5000 to Rs. 10,000 and 27 percent of them were earning Rs. 10,000 and above per month (Table 3) .

3.2. Living Conditions and Quality of Life of Women Migrants

An index of `living conditions' was computed to understand the overall facilities of women migrants in the hostels. The selected variables for computing living condition were food quantity and quality, availability of water, bathroom facility, cleanliness, use of electricity, safety, guest facility, timing for food and phone calls, visitor's timings, watching television and other recreational facilities in the hostel. For each of these variables responses were sought on a five-point scale as very good, good average, poor and very poor. The scores given for each response were 4,3,2,1 respectively. A higher score indicates better living conditions. The values have been categorized into five such as very good, good, average, poor and very poor. Figure 1 shows the distribution of women migrants by living conditions. The living condition was found to be average for about 70 percent of the respondents, and for 14 percent of the women it was poor. About the same percent comes under good living conditions.

Another index of `quality of life' was computed using some selected variables related to working conditions and hobbies. The variables selected for hostel life are any hobbies, celebrating festivals, participating festivals, participation in any association, entertainment facilities in the hostel and going out with friends for women's hostellers for movies and drama. The variables related to working conditions are job satisfaction, overtime work, experience difficulties in the office because of stay in the hostel, travelling problem, exploitation from boss, sexual exploitation from boss/colleagues, discrimination among colleagues and whether there are get together parties in the office. For each of these variables responses were sought on a five-point scale as very good, good average, poor and very poor. The scores given for each response were 4,3,2,1 respectively. A higher score indicates better living conditions. The values have been categorized into five such as very good, good average, poor and very poor.
Figure 2 shows the percentage distribution of women migrants according to quality of life. More than half of the women migrants were having average quality of life. However, nearly a quarter of the women migrants were having poor quality of life.

3.3. Reproductive Health Problems among Women Migrants

In order to understand the reproductive health status of women migrants in the hostels, a set of questions were asked to the respondents on reproductive health problems at the time of the survey. The different types of problems reported were irregular menstrual cycle, abdominal pain, excessive vaginal discharge, foul smelling discharge, ulcerations/pain in vagina, pain during intercourse, burning sensation during urination, frequent urination, deep red urine and smoky urine. An index on 'any reproductive problem' was computed by clubbing the above mentioned variables. Table 4 indicates the distribution of women migrants according to the type of reproductive health problems. It is evident from the table that 40 percent of the migrants have abdominal pain, 29 percent have burning sensation during urination, 26 percent have frequent urination, 25 percent have irregular menstrual cycle, and 15 percent have excessive vaginal discharge. More than half of the women migrants reported some kind of reproductive health problems and out them, nearly one fifth of them were having more than three problems. The mean number of reproductive health problems was found to be 1.59. The number of problems varies from a minimum value of zero to a maximum value of six. Mean number of reproductive health problems among women migrants was calculated according to background characteristics, working conditions and living conditions. It is evident from the table 5 that there was significant variation in the mean number of problems by background characteristics. Mean number of problems were found to be higher among women aged 29 years and as compared to younger age groups. The average number of reproductive health problems decreased with an increase in the level of education. Working and living conditions have an association on the reproductive health of women migrants. With regard to the occupational status, the mean value was found to be more among nursing professionals. The mean number of problems was relatively higher among ever married migrants compared to who are never married. The average number of problems was lower among the working professionals as compared to the women who work in administrative, clerical departments. The mean was lower among women who stay in Mumbai for less than one year as compared to those who stay for more than one year. There was no significant variation in the mean number of reproductive health problems according to the total working hours. However the average number of reproductive health problems was highest among women migrants having poor living conditions .Similarly, the mean number of problems was found to be highest among women with poor quality of life. In order to understand the association between background characteristics and reproductive problems of women migrants analysis was carried out. The results indicated that there was no association between the reproductive health problems and background characteristics. The percent distribution of women migrants according to the reproductive health problems by living conditions and quality of life are given in table 6.Table shows that about three fourth of women with poor living conditions have reported any of the reproductive health problems. But, among women with good living conditions 45 percent have reported some type of reproductive health problems. More than three fourth of the women migrants whose quality of life was poor had some types of reproductive health problems. About half of the women who had good quality of life, did not have any of the reproductive health problems. As mentioned above, there was no significant influence of background characteristics of the respondents on their reproductive health problems. However, there was an association between the working and living conditions and their reproductive health problems. Therefore, a logistic regression was carried out to understand the effect of living conditions and quality of life on the reproductive health of women migrants. It is evident from the table 7 that quality of life has a significant effect on reproductive health. Compared to migrants with poor quality of life, migrants with average quality of life were less likely to have any reproductive health problems. However, there was no significant relation in the case of living conditions and reproductive health status (Table 7).

4. Discussion

Women often migrate in response to needs generated by changes in lifecycle phases and therefore the motivations behind migration are not generally the same on every phase. The spread of education, training and technology, increased cost of living, changed norms of measuring one's status in terms of income and the changes in men's attitude induce more and more women to come out and accept jobs outside their homes (Singhal, 1995; Philip, 2002). Migrants experience improvement in their socio, cultural and economic status. Therefore, despite the discrimination and exploitation, they continued to work out of desperation (Mehra and Singh, 2014). Migrants often have relatively limited sources of service compared to local residence and their knowledge and information about reproductive health service are not adequate (Zheng *et.al*, 2013).The objective of this paper was to understand the reproductive health status of women migrants from Kerala in Mumbai. The study was based on primary data collected from women migrants who stay in the working women's hostels of Mumbai. The analysis revealed that most of the women migrants were young, unmarried and professionally educated. A vast majority of the migrants were Christians from southern part of Kerala. Nearly fourty percent of the women migrants were involved in professional or administrative work and around one fifth of them were nurses.

An important area of the life of migrant working women is her place of employment. Her employment necessitates her to leave home, work, earn, and tolerate the insipid food and the indifferent or even hostile hostel environment (Chauhan, 1986). In order to understand the working and living conditions of women migrants, two indices namely 'living conditions' and 'quality of life' were computed based on various indicators related to working and living conditions. The analysis revealed that almost one fourth of the women migrants were having poor quality of life. The living conditions were average or poor for a vast majority of the women migrants. Migration and reproductive health has a significant association. It is evident from the analysis that more than half of the women migrants have at least one reproductive health problem and nearly one fifth of them had more than three problems. The average number of reproductive health problems was found to be 1.59. The mean number of reproductive health problems varied significantly according to the working and living conditions of the migrant working women. Interestingly, around three fourth of women with poor living condition have reported any of the reproductive health problems. Analysis was also carried out to examine the association of working and living conditions on reproductive health status of migrant women. Quality of life was found to have a significant effect on reproductive health. The logistic regression analysis also indicated that compared to women with poor quality of life, women with average quality of life are less likely to have any reproductive health problems. Madhiwalla and Jesani (1997), Oomman (1996) and Oomman (2000) also confirmed this finding that there is a strong relationship between women's work, lives, nutritional level, emotional stress and their health. The working and living conditions of women migrants seem to be significant factors associated to reproductive health. Thus, it is necessary to assure better living conditions and quality of life to women migrants in order to improve their reproductive health. Migrants are found to have limited access to health service or poor health-seeking behaviour in some aspects of reproductive health (Zheng *et.al*, 2013). The socio cultural transition from rural to urban environments, limited services for adolescents and unmarried women, structural and institutional barriers such as mobility status, long working hours, and discriminating attitudes from local authorities towards migrants prevent migrants from accessing health services (UNFPA, 2011). Therefore, it is necessary to provide essential health care services and sensitization programmes to migrant women regarding reproductive health. In addition to this, there is ample scope to carry out further systematic studies on reproductive health status of urban women migrants.

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Background characteristics	Number	Percentage
Age group		
<=24	58	46.4
25-29	53	42.4
30 & above	14	11.2
Marital status		
Never Married	110	88.0
Currently married	14	11.2
Divorced	1	0.8
Religion		
Hindu	48	38.4
Muslim	1	0.8
Christian	76	60.8
Caste		
General	110	88.0
OBC	15	12.0
Type of place of birth		
Rural	52	41.6
Urban	73	58.4
Total	125	100
Mean age of the respondents = 26 years		

Table 1: Distribution of women migrants according to socio-demographic characteristics

Educational status	Number	Percentage
Education		
Matriculate	1	0.8
Higher Secondary	28	22.4
Graduate	55	44.0
Post graduate	41	32.8
Medium of instruction in the school		
Malayalam	61	48.8
English	64	51.2
Professional degree		
No professional degree	40	32.0
Engineering	12	9.6
Computer degree	19	15.2
Nursing	23	18.4
Business Administration	12	9.6
Others	19	15.2
Vocational course		
No vocational course	57	45.6
1	38	30.4
>=2	30	24.0
Total	125	100

Table 2: Percentage distribution of women migrants by educational status

Characteristics	Number	Percentage
Occupation		
Professional, technical workers	33	26.4
Administrative, executive and managerial workers	19	15.2
Clerical and related workers	30	24.0
Nurses/Pharmacist	24	19.2
Others	19	15.2
Income		
< 5000	25	20.0
5000-9999	66	52.8
10000 & above	34	27.2
Total	125	100
Mean income of the respondent = Rs. 7838		

Table 3: Percentage distribution of women migrants by occupation and income

Reproductive health problems	Number	Percentage
Type of reproductive health problems		
Irregular menstrual cycle	31	24.8
Abdominal pain	50	40.0
Excessive vaginal discharge	18	14.4
Foul smelling discharge	10	8.0
Ulcerations/Pain in vagina	5	4.0
Pain during intercourse*	4	3.2
Burning sensation during urination	36	28.8
Frequent urination	32	25.6
Deep red urine	11	8.8
Smoky urine	6	4.8
Number of reproductive health problems		
0	54	43.2
1-3	47	37.6
3+	24	19.2
Total	125	
Mean number of reproductive health problems = 1.59 Minimum value = 0 Maximum value = 6		

Table 4: Percentage distribution of women migrants according
To the type of reproductive health problems

Characteristics	Reproductive health problems suffered		
	Mean	Number	Significance
Age			0.189
<=24	1.52	58	
25-29	1.45	53	
30 & above	2.43	14	
Marital Status			0.171
Ever married	2.20	15	
Never married	1.51	110	
Education			0.246
Higher Secondary*	2.07	29	
Graduate	1.53	55	
Post Graduate	1.34	41	
Occupation			0.402
Professional, technical related workers	1.09	33	
Administrative, executive and managerial workers	1.84	19	
Clerical and related workers	1.80	30	
Nurses/Pharmacist	1.92	24	
Others	1.47	19	
Income			0.239
< 5000	2.08	25	
5000 – 9999	1.58	66	

10,000 and above	1.26	34	
Duration of stay in Mumbai			0.224
< 1 year	0.88	16	
1-3 year	1.74	78	
3+ year	1.58	31	
No. of hours of work			0.929
<=8	1.60	83	
8+	1.57	42	
Living conditions			0.036
Poor	2.59	17	
Average	1.38	85	
Good	1.35	20	
Quality of life			0.001
Poor	2.66	29	
Average	1.43	65	
Good	0.97	30	
Total	1.59	125	

Table 5: Mean number of reproductive health problems by background Characteristics, working, and living conditions
*Note: (1) the variable `pain during intercourse' was excluded for the calculation of mean no of reproductive health problems (2) * This category includes one matriculate also.*

Characteristics	Reproductive health problems		Total	Significance
	No Problems	With Problems		
Living conditions				0.292
Poor	(29.4)	(70.6)	17	
Average	44.7	55.3	85	
Good	(55.0)	(45.0)	20	
Quality of life				0.055
Poor	24.1	75.9	29	
Average	50.8	49.2	65	
Good	43.3	56.7	30	
Total			122	

Table 6: Percentage distribution of female migrants according to reproductive Health problems by quality of life and living conditions
Note: ( ) indicates less than 25 cases.

Variables	B	Exp. B**
Living conditions		
Poor®		
Average	-0.598	0.550
Good	-0.970	0.379
Quality of life		
Poor®		
Average	-0.980	0.375*
Good	-0.534	0.586
Constant	1.501	4.4

Table 7: Variation in Reproductive health problems: A logistic Regression Analysis
*Note:*P < = 0.05Dependent variable: Reproductive health problems. Yes =1, No =0Odds ratios from logistic regression analysis showing the likelihood that women have reproductive health problems by quality of life and living conditions.*

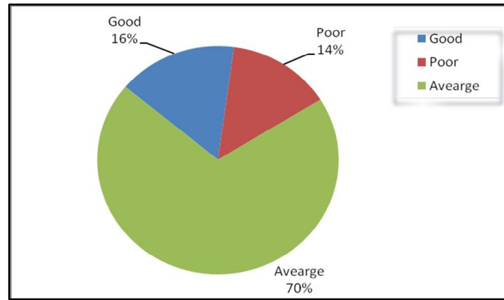

Figure 1: Percentage distribution of female migrants by living conditions

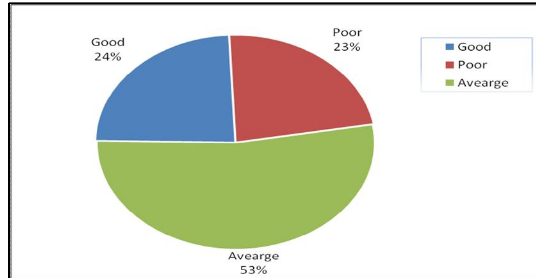

Figure 2: Percentage distribution of female migrants by quality of life