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HEALTH STATUS OF MIGRANT WOMEN:A CASE STUDY OF CHENNAI CITY

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ABSTRACT

Women migrant workers from different place have been common since the late 20th century because of economic conditions, predominantly for young women. Global markets have opened new opportunities for these women who cannot find work domestically. 49.4% of the world's migrant workers are women. Keeping in view the above, it seems highly important to take up the issue of health status of migrated working women living in Chennai city. Thus, the present study is to analyze the quality of life among migrant working women population in Chennai city. This study examined about work-related health risks, access to health care, working and living condition of migrant workers. The Purposive Sampling Method was used for this study to select migrants. The sample comprised of 150 migrants from different locations in Chennai city that were selected for Questionnaire survey. This result reveals that being a migrant worker involves number of specific health risks, including anxiety, depression and eye injury. In addition to this, work-related accidents and injury, headache, and high mental illness are further evidence of health risks among migrant workers working in Chennai city. Furthermore, these workforces generally have poor working and living conditions.

Keywords: Women, Migrant workers, Health Status, Quality of life and Future Plans

India is one of the fast growing urban regions in Asia with average rate of 31 per cent. Even though the rate of urbanization in India is among the lowest in the world, the nation has more than 250 million city-dwellers. Experts predict that this number will rise even further, and by 2020, about 50 per cent of India's population will be living in cities. This modernization and urbanization have resulted in the radical socio-economic changes and gave rise to new conflicts and tensions leading to the consequent increase of the new strata of population named "urban poor".(Census of India; 2011)

Women migrant workers from different place have been common since the late 20th century because of economic conditions, predominantly for young women. Global markets have opened new opportunities for these women who cannot find work domestically. 49.4% of the world's migrant workers are women.

Women become involved in migrant labour for a number of reasons. The most common reasons are economic: the husband's wage is no longer enough to support the family. Other reasons include familial pressure, on a daughter, for instance, who is seen as a reliable source of income for the family only through remittances. Young girls and women are singled out in families to be migrant workers because they don't have a viable alternative role to fulfill in the locality and if they go to work in the urban centers as domestics they can at least send home money. Many of these women come from developing countries, and are low skilled. Additionally women who are widowed, divorced or single and have limited economic opportunities in their native may be forced to leave out of economic necessity. Lastly, migration can also substitute for divorce in societies that don't allow or do not condone divorce.

The present study is to analyze the quality of life of migrant working women population in Chennai city. This study examined about work-related health risks, access to health care, working and living condition of migrant workers. The main objective of the study is to analyze the causes & reasons for migration, identify the problems faced by migrant working women in Chennai and to examine the quality of life and future plan of the migrant.

Quality of life is defined as individual's perceptions of their position in life in the context of the culture and value systems in which they live and

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in relation to their goals, expectations, standards and concerns. (WHO Quality of Life Group; 1995) It is also defined in terms of satisfaction, happiness, psychological well being, and subjective evaluation of the degree of fulfillment of individuals' most important goal, wishes and needs. (Govindaraju, B.M; 2012). Keeping in view the above, it seems highly important to take up the issue of quality of life of migrated working women living in Chennai city. Thus the study is focused to bring out the quality of life of women migrant workers.

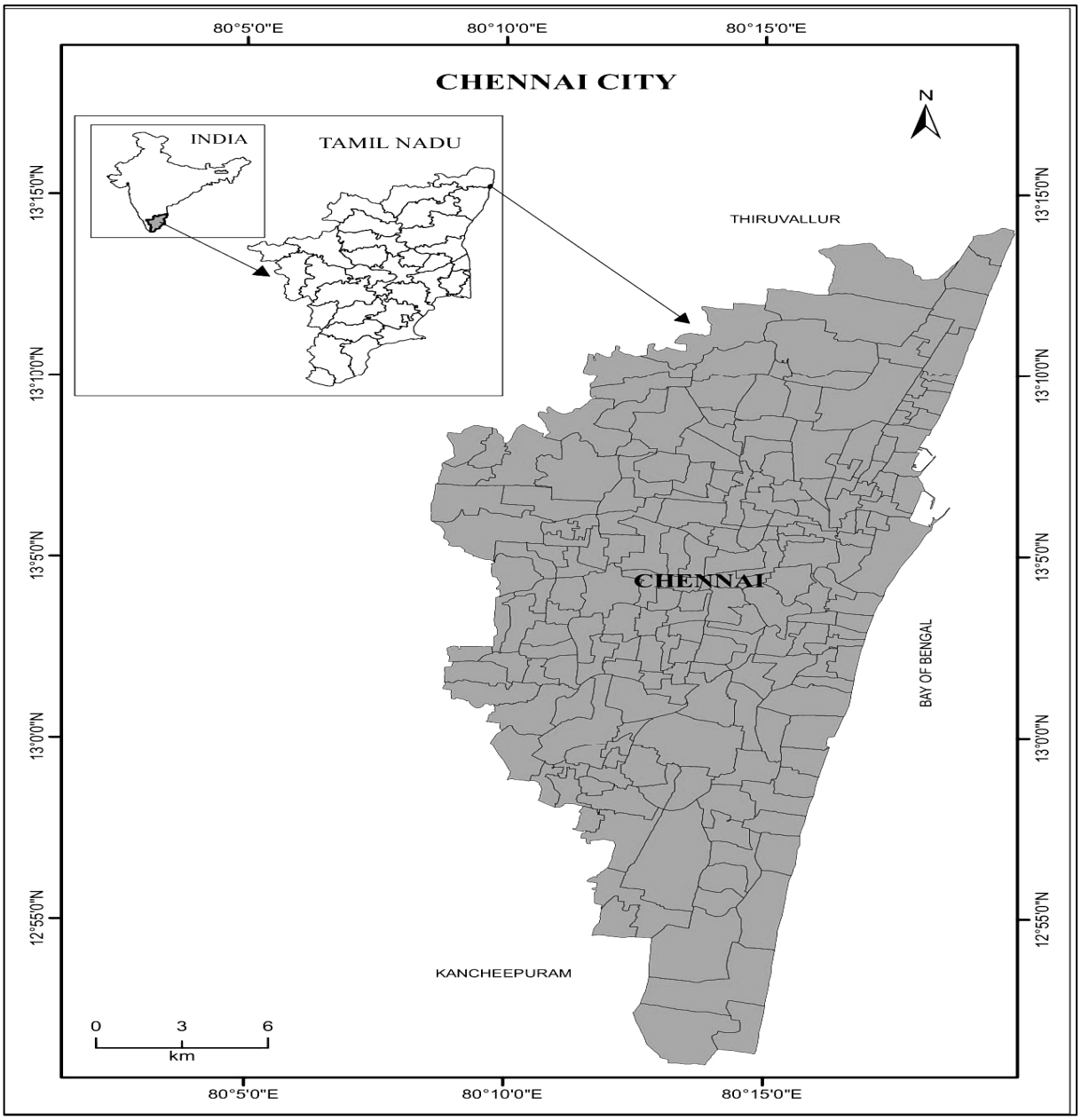

FIG 1: STUDY AREA-CHENNAI CITY

STUDY AREA

Chennai is situated on the north-east end of Tamil Nadu on the coast of Bay of Bengal. It lies

Between 12° 9' and 13° 9' of the northern latitude and 80° 12' and 80° 19' of the southern longitude (Fig 1).

It stretches nearly 25.60 km. Along the Bay coast from Thiruvanmiyur in the south to Thiruvottiyur in the north and runs inland in a rugged semi-circular fashion. It is bounded on the east by the Bay of Bengal and on the remaining three sides by Chengalpattu and Thiruvallur Districts. It is a major commercial, cultural, economic and educational center of South India.

OVERVIEW OF LITERATURE

A study by Govindaraju B.M; 2012, about quality of life of women of Mangalore city using WHOQOL reveals a very poor quality of life of women. In his study all domain scores were below average, while environmental and social relationship was under average.

The WHOQOL-100 quality of life assessment was developed by the WHOQOL Group with fifteen international field centers, simultaneously, in an attempt to develop a quality of life assessment. (WHO Quality of Life Group; 1995) The WHOQOL-BREF is an abbreviated version of the WHOQOL-100. Recent analysis of available data, using structural equation modeling has shown a four domain solution to be more appropriate and practical, than the lengthy and detailed assessment of WHOQOL-100. (Alison Harper; 1996)

MATERIAL AND METHODS

The Purposive Sampling Method was used for this study to select migrants. The sample comprised of 150 migrants from different locations in Chennai city that were selected for Questionnaire survey. The information base for this study includes both primary and secondary data. Simple Statistical methods in SPSS are used for data analysis and manipulation. The data was collected by personal interviews with women of sample area by the help of WHOQOL BREF schedules. Field observation also helped to know the living standard of women in sample areas. The World Health Organization Quality of Life Scale (WHOQOL BREF) is a quality of life measure. It is an abbreviated form of the WHOQOL 100. The WHOQOL BREF is a predesigned schedule consists of 26 items that measure overall quality of life as well as four specific quality of life domains: Physical, Psychological, Social Relationships and Environment.

DATA ANALYSIS

Using a 5-point scale for each item of WHOQOL BREF the scoring was calculated. The 5-point scale ranges from “Not at all” (a score of 1) through to “Completely” (a score of 5). Higher scores indicate a better quality of life. SPSS has also been used for statistical analysis, appropriate and needed diagrams were substantiated for the results to be displayed.

Calculation of Domain Scores

Raw domain scores are calculated by straightforward summative scaling of constituent items. Three negatively-worded items need to be reverse-scored. As each domain comprises a different number of items, the upper and lower possible raw score and the overall raw score range differs for each domain. These raw domain scores need to be transformed to a 0-100 scale, for ease of comparison with other data sets. This transformation converts the lowest possible score to zero and the highest possible score to 100. Raw scores are transformed using the following formula:

$$\text{Transformed score} = \frac{\text{(Actual raw domain score – lowest possible raw domain score) x 100}}{\text{Possible raw domain score range}}$$

Findings

The socio-demographic profile of the women migrant workers is shown in the T-1. It is seen that age, education, marital status and occupational status. Almost half of the sample group was finished their under graduate and working in private job. 27 percent of them come under the 18-24 age groups.

More than 45 percent of the migrant workers were aged 25-34 years. 24 percent of them were aged 35-44 years. 63 percent of the respondents were undergraduates and 22 percent of them are completed post graduation. It is evident from table 1 that more than half of the respondents are well educated. The marital status distribution indicated that 66 percent migrant women workers were un- married but around

15 percent were widowed/divorced/separated. 71 percent of them working in private sector and 29 percent of them belong to government sectors.

WHOQOL BREF ASSESSMENT

Physical Domain

The facets incorporated within this domain are activities of daily living, such as: dependence on Health care deliveries, Energy and fatigue, Mobility, Pain and discomfort, Sleep and rest and Work capacity. The transformed mean score for 100 on physical domain is 43.08 for working migrate women. It shows that more or less women of sample area experience similar problems and difficulties in physical aspects with little more burdens. It shows that though they are not healthy, many respondents reported various types of pains and discomfort but they do very hard work to survive and their thereafter body has adjusted according to their nature of work. The migrant working woman faces lot of strains and pains due to lack of proper access to daily needs. Due to the nature of works, living environment and unhealthy food, they fall sick frequently. This study gives knowledge about majority of women in sample areas suffer from mal-nutrition, anemia and various reproductive tract infections and also they suffer from malaria, typhoid, dysentery, back pains, knee pains and combination of all some time. When they have been asked about the treatment they take, majority of them said that "after the rest of a day or with self medication, they feel they are alright to restart their routine work". This act again leads to danger unknowingly.

Majority of migrated married working women bear a double burden of doing household work and laboring outside. Their routine work is very hard. Generally married working women earn money for their livelihood. They work for long hours irrespective of their performing capacity. They exhaust their strength and feel fatigue, irritated and dissatisfied.

Psychological Domain

The aspects integrated in this domain are: Bodily image and appearance, Negative feelings, Positive feelings, Self-esteem, Spirituality/Religion/Personal beliefs and Thinking, learning, memory and concentration. The score for this domain are 33.22 of migrant working women. The results are suggestive of near absence of positive feelings as majority of respondents did not enjoy life and feel less contented. They feel lack of self confidence in them. They are subjected to various kinds of exploitation, oppression and humiliation. Their bodily images and attitude about appearance are also not fully positive. They lack love and sympathy throughout their life span. Thus, these women of sample group lead a life of deprivation, humiliation, blind obedience and dependence.

Social Relationships Domain

The facets incorporated in this domain are: Personal relationships, Social support and Sexual activity. The transformed mean score on this domain is 41.38 for migrant working woman. Women have less social relationship status because they have less or do not have opportunity to share their problems nor do they have dependable and faithful friends. Infighting and quarrels for basic things like water, common space, etc are commonly observed phenomena. Jealousy and criticism are frequently noted in their interpersonal behavior. Intimacy and emotional bonds are highly weak as they spend more time in struggle to sustain their lives. Also the relationship between husband and wife was not easygoing in migrant working woman reported major lack of social status.

Environmental Domain

The part included in environmental domain are: Financial resources, Freedom to move, physical safety and security, Health and social care-accessibility and quality, Home environment, Opportunities for acquiring new information and skills, Participation in and opportunities for recreation/leisure activities, Physical environment (pollution/noise/traffic/climate) and Transport. The score obtained for this domain was 40.64 for migrant working woman. They experiences very bad environmental conditions with poor physical environment of poor water, garbage, crowed and the living conditions of sample area are highly unsafe and insecure.

Overall Quality Of Life and Health Status

The overall quality of life and overall health status was tabulated in this T-2. A simple glance brings out clearly that almost of the women experiencing dissatisfaction in their day to day's life.

Among the sample group which indicates the more or less similar living conditions. Totally 21 percent of women are think poor with their quality of life, while 40 percent are in the status of neither poor nor good.

The overall health status, the sample group has nearly 30 percent of women who experienced full dissatisfaction in their health status. Unhealthy environmental condition and lack of proper access for facilities act as the major reason for their dissatisfaction**.**

T -1: SOCIO-DEMOGRAPHIC PROFILE

Socio-Demographic Profile		Respondents (In %)
Age	18-24	27
	25-34	49
	35-44	24
	45 and Above	0
Educational Qualification	High	9
	Higher Secondary	6
	UG	63
	PG	22
Marital Status	Un Married	66
	Married	19
	Widow/Divorcee/Separated	15
Employment Status	Private Sector	71
	Government Sector	29

T - 2: OVERALL QUALITY OF LIFE AND HEALTH STATUS

OVER ALL QUALITY OF LIFE AND HEALTH STATUS			
QUALITY OF LIFE	%	HEALTH STATUS	%
very poor	0	very dissatisfied	0
poor	21	dissatisfied	30
neither poor nor good	40	neither satisfied nor dissatisfied	50
good	30	satisfied	15
very good	9	very satisfied	5

RESULTS AND DISCUSSION

Usually the quality of life of migrant working women group of people is low and this mostly has an impact on women than the men. Chennai is the place of little poor with no proper infrastructure and basic facilities for migrant working women. But various studies shows that the living condition in most of the regions are no less than the life of sample area. This study also proves that the quality of life of women is mostly not much good. The poor physical environment with garbage, stagnant drainage water and polluted area congested are the identities of sample area. More or less living condition in both places is similar for women, while the migrant working women dwellers live with some extra burden. Thus the quality of life of migrant working women should be improved.

The overall picture of quality of life of migrant working women in Chennai city tend to emerge as highly painful. Women who play a pivotal role in shaping and molding the citizenship of a country through their role of mother are living in such extremely agonizing conditions. The findings emphasis that the poor physical environment with overcrowding, lack of hygienic drinking water, polluted area and poor power supply are the identities of sample spots. This study reveals that the quality of

life of women may not be good in the case of psychological domain. The overall view of the quality of life of migrant women in Chennai city tends to appears as slight negative and painful.

CONCLUSION

The study concludes that the migrants are greatly focused on achieving a state of quality of life and well- being (physical, mental and emotional state) and they are on their way to achieving them. Nearly half of them are yet to make their mark in regard to the dimensions, quality of life as well as well-being, as there are yet challenges of urban life to overcome and succeed.

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