ABSTRACT

Approximately three out of every ten Indians are internal migrants, it constitute a large population, even though they have not been given priority by the government particularly to the female migrants, despite of their growing proportion. There is some research work which suggests that female migrants are more vulnerable than the male migrants and so poor in their reproductive health aspects.

Everyday about 800 women die due to pregnancy related complications worldwide and 99% of them occur in low and middle income countries and communities (WHO, 2012). It has long been understood that health outcomes are profoundly shaped not just by biological factors but also by the social, economic and cultural environment, including people’s positions in various social hierarchies. Many studies show that problems such as neonatal mortality, underweight births, premature or complicated deliveries are more common to migrants than non migrants.

“Rural-to-urban migrant women’s unawareness of maternal health service, together with their vulnerable living status, influences their utilization of maternal health care” (Shaokang et al., 2002). “In India, available literature also reveals that HIV/AIDS has spread largely with high level of migration” (Ghosh, 2002). “Migrants are vulnerable to HIV mainly because of their unawareness and specially the women who are more unaware so, more vulnerable” (Kandasamy et al., 2004).

So, there is a pressing need to address the maternal health issues along with the awareness generation on HIV/AIDS among the migrant women as they constitute substantial population of the country.
Migrant women is the focal point of concern in this thesis with the aim to assess their knowledge and condition vis-a-vis maternal health and HIV/AIDS, who are living in the periphery or outer fringe of a medium size city like Aligarh, to measure the gravity of the problem (vulnerabilities) so that policy makers, health professionals and Social Workers could understand, what has been done and what is needed to be done to improve maternal health condition and to reduce the risk of HIV through action on social determinants, like health education, awareness generation and health accessibility and availability.

To get the insight and the sense of the subject, several other related studies have been thoroughly reviewed like, studies pertaining to causes and consequences of female migration, health issues of migrant women, maternal health issues of migrant women and HIV/AIDS and migrant women.

This study covers the migrant women who migrated between the last 06 months to 08 years, living in the peripheral parts of the city and who delivered in the last two years.

The study is designed on the basis of Descriptive research, carried out through field survey following the Purposive Sampling technique for the collection of data. The data was then analyzed, percentages were calculated and inferences drawn accordingly. Few selected cases have also been studied and discussed in detail.

According to research findings majority of migrant women are illiterate and more than half of them are earning some petty amount through different means and rest of them are housewives. The monthly earning of the family is less than the expenditure rendering them into very tight economical position. Majority have their own houses but the condition of these houses are not worth living in. Safe drinking water and sanitation is absent from
their lives. In case of illness unqualified private practitioner is the recourse for most of them. Migration is mainly through inter district followed by inter state and intra district. The major form of migration of women is associated migration.

The age of marriage of female is below legal age of marriage in most of the cases. Ante Natal Checkup and Post Natal Checkup is not taken seriously by migrant women and same in the case of consumption of iron folic acid tablets, TT injection and nutritious food during and after delivery. Most of the deliveries are done at home through untrained Dai (local untrained midwife) and institutionalized deliveries are low. Majority migrant women use some sort of contraception but they lack in consistency of usage. AIDS/HIV awareness is very low among them and dual purpose of condom is also not known to most of them. Host place plays an important role about informing migrants on AIDS/HIV and radio has found to be the major source of information.

Study has also given some suggestive measure addressing to the migrant community, policy makers and service providers as well as to the social workers.

Good and safe motherhood programs having focus on migrant women need to be complemented by a wider continuum of care that starts with access to family planning, Antenatal services, Post-partum support, and treatment of co-morbidities such as nutritional deficiencies and HIV, these all should be provided under the maternal health package. It also requires the coordination between the different stakeholders of the society along with the related departments and ministries to ensure the universal access to affordable healthcare.