Risk-Taking Behaviour among Single Women Staying in Working Women’s Hostels in Delhi

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PhD thesis Abstract

Background
During the recent times, there have been large group of educated young women migrating to the larger cities of India for better job opportunities. These women are mostly single, ambitious and stay away from their family. At the place of destination these women could be placed at low socioeconomic levels due to their separation from family, inappropriate job opportunities or employment in mainly low-income jobs either because of low level of education or unfamiliarity with the language. This situations cause stress, and sometimes leads to risk taking in order to increase income and to better social position. Similarly, loneliness, frustration, difficulties in situational adjustments, adaptation to environmental changes and peer pressure combined with easier access make it hard for some to resist risky behaviour.

Objectives
The present study was conducted to document and analyze the extent of risky behaviour among unmarried migrant working women in Delhi, impacting their sexual and reproductive health. Risky behaviour was measured in terms of those involved in substance use and any sexual activity. The study further explores dating behaviours and attitudes toward sex and risk perceptions towards unwanted pregnancy and sexually transmitted diseases. The study also explored women’s socio-economic strata and their living and working conditions.

Data and Methods
The data was collected in New Delhi between January and April 2005 which focuses on an under-researched population –young unmarried women migrant workers aged 18-30 years of age – about whom little is known. Both quantitative (N =362) and qualitative (key informant interviews and focus group discussions) methods were used for collecting information from scientifically selected unmarried migrant women.

Key Results
Nearly 38 percent of the women reported having been intimately involved with someone. Among the women who experienced physical intimacy, about one in three women (36 percent) had penetrative sex. Findings reveals that a higher percentage of females (69 percent) had their first sexual intercourse within a more committed relationship i.e., with a boyfriend. Fourteen percent of the females had their first sexual experience with a casual acquaintance. Twelve percent had first sexual intercourse with a close friend. Approximately four percent of the females identified themselves as homosexual. The majority of the respondents (57 percent) perceived that love and curiosity were the main reasons for their first sexual intercourse. Sixteen percent said that their partner insisted or it just happened. Three of the female workers were coerced into sex, the major perpetrators were their boyfriends and all three females were drunk when they were physically forced. All of them were working in the call centers and belonged to
the younger age-group of 23-25 years. Another three women had sex with their bosses for promotion.

Only about 47 percent of the respondents reported that they used contraception when they first had sex. Among them about 39 percent of the females used condoms and just 8 percent used some other method of contraception. Among the women who had experienced penetrative sex, more than 60 percent of them perceived that they were at moderate to high risk of contracting HIV/AIDS as they did not use condoms every time during sex. A substantial percentage of women who had sexual intercourse were found suffering from reproductive and sexual health problems. The most commonly reported problems were irregular periods, itching over vulva, pain in lower abdomen not related to menses, low backache, difficulty/pain while urinating, itching/irritation around genital, some mass coming out of vagina, etc.

**Conclusions:** The findings of the study have some important programme implications. Knowledge about contraceptives was high, but the use was low and irregular. Young women workers were aware of some forms of protection from unwanted pregnancy and STIs. However, their information was incomplete and they held certain misconceptions that are rarely addressed in health programmes. Therefore interventions need to dispel such myths and misconceptions. In particular, the message that every sexual act potentially can lead to the risk of diseases and unwanted pregnancy should be clearly imparted.