Chapter 1

Introduction and Literature Review

1.1 Introduction

A woman is the mother of the race and liaison between generations. It is the women who have sustained the growth of society and molded the future of nations. In the emerging complex social scenario, women have a pivotal role to play. They can no longer be considered as mere harbingers of peace, but are emerging as a source of power and symbol of progress.

Earlier migration related studies were mostly confined to males or were dealt with females within the framework of family migration. But with globalization, urbanization and rapid economic growth, females have also started moving alone without the protective covers of their families. Now young women are also exposed to new ideas and are better informed about their rights and responsibilities. Urbanization has led to increased opportunities for young women. Now, like men, women have also started taken professional roles for themselves. Nobody can deny the fact that Indian women have stormed almost all male bastions and they are now entering new fields including administration, science, technology, medicine, journalism and the like. They have also started actively participating in the socio-economic development of the country. The number of women entering in salaried remunerative occupations and professions is increasing substantially. Women are working in almost all types of jobs such as technical, professional and non-professional in both private and public sectors. So, the traditional role of women as housewives has gradually changed into working women and housewives (Reddy 1986 and Anand 2003). Factors such as better education, changing socio-cultural values, and need for supplementary income are responsible for this change.
Durand’s study (1975) based on a worldwide compilation of census-based labor force participation statistics from 1946-66, concludes that ‘as economic development progresses, the overall level of participation by females in the labour force rises in some countries, falls in others and oscillates in still others.

According to Srivastava (1978), economic development brings about a decline in occupations requiring manual labor and a simultaneous increase in jobs requiring specialized skills and training.

The relation between work participation rate and educational level is rather mixed. For example, in the industrialized countries female with the higher level of education suffer less employment. On the other hand, in agro-based economies and especially in India correlation is rather contrast (Elizaga 1978). While some researchers found that although illiterate women form part of workforce in great proportion than the literate ones, but within the literate group highly educated women take part in economic activities in greater proportion (Nath 1960 and D’Souza 1975).

The National Sample Survey (NSS) data also shows that more than half the women employed in so-called million plus cities work in the service sector (Visaria 1998). The main destinations of these women are Delhi, Maharashtra, and to a lesser extent, Madhya Pradesh. During the period 1986-91, Delhi alone experienced a net addition of about 0.6 million people. These women almost entirely came from other states of the country. Over the years, Delhi and Mumbai have become main destinations for migrant women. Inter-censal migration to Delhi is dominated by males in the age group 15-39 and females in the age group 20-34 (Premi 2001).
According to census data, in rural-rural migration females dominate. They constitute 80% both in 1981 and 1991 census. In rural-urban migration though males and females are almost equal in number, a comparison between 1981 and 1991 census indicates an increase in female migration to urban areas. The higher percentage of females in 1991 census in rural-urban migration is in tune with general economic development. Again in urban-urban migration women have improved their share in 1991 census over 1981. The average annual growth rate of the migrant population over the last 30 years (1971-2001) was 2.12% – female migration showed a growth rate of 2.24% as compared to 1.85% for males during the same period. Rural females were most mobile although urban females have picked up over the decades (Banerjee and Raju 2009). Although marriage continues to be the predominant reason for the overwhelming presence of women amongst the migrants, the increase is also because of the gender-specific pattern of labour movement (Sassen-Koob 1984; Shanti 1991; Ghosh 2002).

Census data also shows that the overall percentage of total workers to total population in Delhi has registered a marginal increase in 2001 compared to 1991, both in rural and urban areas. During the decade 1991-2001, the work participation of the population has increased by one-percentage point. During the decade, the increase in the female work participation rate was twice that of the male work participation rate. Similarly, the percentage of both main and marginal workers among females has shown a marginal increase from seven percent in 1991 to eight percent in 2001. A study conducted by Dholakia and Dholakia (1971) for 20 major Indian states showed that per capita income, average size of households and overall literacy rates were main factors explaining variations in female work participation rates across the states.
Among females, the proportion of migrant and nonmigrant workers in white-collar jobs was almost similar in 1971 but the proportion of migrant workers became smaller in 1991 than that of the nonmigrant workers. There are more migrant women than nonmigrant women in the category of blue-collar jobs (Premi 2001).

The distribution of female workers among different occupations differs. The structure of the economy, level of education, attitudes of women to jobs of different kinds, and various social and economic factors are responsible for such differentials. Any change in these factors may bring about a change in the occupational structure of the workers-the direction of change may be different among females than among males.

1.2 Issues and problems of single working women

Single working women form a major chunk of society. Their presence, aspirations and problems cannot be ignored. It is imperative that they are looked upon as individuals engaged in gainful employment. They should be given due respect and status in society.

Development policies have created positive impact in migrant women’s position in the society. However they still face many problems and difficulties at the place of destination. Some of women’s major issues and problems are discussed in the following sections.

1.2.1 Adjustment problems of migrants in metropolitan cities

Urban environments exert certain influences on migrants that reshape their social and cultural moves. The reality of living in a larger urban setting with people of different backgrounds dictates new forms of social adjustments- that is new living atmosphere, language and new
lifestyle. Migrants are also attached strongly to their native places. They are tied to their places of origin by bonds of kinship and customs. Thus, they have to adjust their lifestyle to uphолd natal traditions and acclimate to new settings.

1.2.2 Accommodation problems

The changing economic structure in India compelled more and more women to leave their homes for employment in big cities or urban and rural townships. One of the main difficulties faced by such women is the lack of safe and suitable accommodation. It is necessary to provide working women, a safe and suitable accommodation at reasonable rates at the place of their employment. Economic empowerment of women is one of the most vital conditions for the upliftment of women’s social status.

1.2.3 Problems faced by women at the workplace

An important part of the working women is their place of employment. Their employment necessitates them to leave home, work, earn and tolerate the indifferent or hostel environment (Chauhan 1986). Sometimes these women have to face exploitation at the workplace.

Sex discrimination and anti-women attitudes are still prevalent at worksites, despite the fact that sex discrimination is illegal. Various studies have shown that women are often paid less; they are hardly promoted to higher positions. A study by Papola (1983) found that women have less access to higher positions, and the employer’s own attitude is a major factor contributing to women’s low share of employment, which tends to place women in a second position and under the subjugation of men. At the same time women may be given more workload because of their modesty and cooperative attitudes (Jain 2002). Single women workers are often denied of casual
and medical leaves. Thus a single woman worker has to shoulder more job responsibilities, longer working hours and sub-human conditions.

A study conducted among young working women in Sweden (Bergman and Hallberg 2002) showed that working life of a woman is characterized by a negative attitude; that women receive more unfair judgments of their work performance; that they have fewer opportunities for professional development; that men receive more organizational support and trust; that women have to be more accomplished in their work than men in order to be promoted.

The professional prospects of single women are often hindered by males who feel that they have more financial burden to shoulder (i.e. a whole family) and hence are fit for promotions. Single woman also cannot accept transfer to any given place for want of personal security. This also limits their freedom to accept potential jobs.

Women are the victims of sexual harassment at the workplace. Sexual harassment at the workplace is not a new issue. Sixty percent of working women have faced sexual harassment at some point of time in their working lives (Reddy 1986). For every woman who raises an outcry, there are hundreds of others who suffer in silence, quit their jobs or get transfers.

Sexual harassment can take a variety of forms. It includes both physical violence and subtle forms of non-physical violence such as emotional and psychological harm to women, including economic and professional injuries. Like other forms of violence, sexual harassment at the work place is a demonstration of power and control, and above all it exemplifies a form of gender discrimination or gender inequality.
Women often fear retribution if they report inappropriate conduct. Hence they rarely report instances of sexual harassment. The victims are ashamed or embarrassed about their experiences and they feel that their claims will not be taken seriously. Even if a woman does report sexual harassment, it is often difficult to prove the occurrence of sexual harassment due to the lack of evidence and witnesses unwilling to speak in support of the victim. This is because either the conduct occurs when the two parties are alone or other employees are afraid of jeopardizing their own jobs. Employers too, often fail to treat the problem of sexual harassment seriously or appropriately. Often organizations do not take measures for prevention of sexual harassment at their premises until it becomes unbearable for the female employees.

1.3 Health vulnerability of migrant women

The change in the role of a woman from a housewife to an earner has several implications for the woman, the family, and society at large. One of the main implications is that the working woman may have to live away from her home and family because of the demands of her job situation. Development of the service sector is most visible in the urban areas. Delhi's relatively high per capita income, better living standards, high economic growth, greater access to education, employment opportunities, modern consumer goods, new ideas and modern lifestyles has attracted both young men and women from all over the country. In metropolitan cities women living alone and having independent income, may have a liberal lifestyle and chances of practicing high risk activities for women is greater. Similarly, loneliness, frustration, difficulties in situational adjustments, adaptation to environmental changes and peer pressure combined with easier access can make it hard for some to resist substance use and risky sexual behaviour.
In India, premarital sexual relations are strongly condemned. Any sexual relationship before or outside marriage is considered illegitimate. It is generally assumed in Indian society that sexual contact does not occur among unmarried youth. But the recent literature has documented the evidence that sexual relationships do occur among young people. An increasing number of studies (Sodhi, Verma and Pelto 2008; Shekhar, Ghosh and Panda 2007; Lakshmi, Gupta and Kumar 2007; Alexander et al. 2006 and 2007; Pachauri and Santhya 2002; Sharma and Sharma 1997) have explored sexual experiences of youth in different settings in India.

Various studies have indicated that fewer females than males engage in premarital sexual behaviour. In the most recent National Family Health Survey (2005–2006), 9 percent of young men aged 15–19 and 13 percent aged 20–24 reported having had premarital sex. In the same survey, 1 percent of females in each of those age-groups reported premarital sex (IIPS and Macro International 2007). A 2008 community-based survey of 15–24-year-olds conducted in Maharashtra found that 11 percent of urban males and 21 percent of rural males reported premarital sexual intercourse, compared with 1 percent of urban females and 3% of rural females (IIPS and Population Council 2008).

In a 2007 study conducted in Pune district, 36 percent of young men and 31 percent of young women in urban settings reported either receiving or initiating a proposal for romantic partnership before marriage (Alexander et.al. 2007). And according to another study conducted in 22 schools and colleges in Patna, 28 percent of males and 12 percent of females reported having experienced any physical intimacy and 23 percent of males and 9 percent of females reported having experienced kissing, touching or sexual intercourse (Shekhar, Ghosh and Panda
2007). However, there is some evidence that females tend to underreport sexual behaviors, whereas males tend to over report them (Jejeebhoy and Sebastian 2004).

In a study conducted among youth in Delhi, findings suggest that 62% of males and 53% of females reported that someone of the opposite sex had expressed an interest in them; 86% of males and 63% of females reported feeling good about it. In addition, 67% of males and 47% of females reported that they liked someone from the opposite sex. Compared with females, males were more likely to seek information about the person they were interested in (76% vs. 61%), and to engage in heterosexual premarital sex (32% vs. 6%). Females were less likely than males to report that it is okay to engage in premarital sex if the male and female love one another (14% vs. 33%) (Jaya and Hindin 2009).

A study conducted among young single female workers in urban China (Zhenzhen Zheng et al. 2001) showed that premarital sex was common among unmarried young migrant workers. Also, contraceptive awareness and use was limited and there was reporting of unwanted pregnancies, and induced abortions. Several barriers inhibit young female migrants from accessing services, including fear and embarrassment of disclosure, gender power relations, affordability and perceptions of a threatening service environment.

Research conducted by the World Health Organization suggests that much of the sexual activity that begins in younger ages is high-risk, unsafe and often times nonconsensual. Sexual awareness seems to be largely superficial. Moreover, condom use is erratic, and sexually active young people are increasingly confronted with unwanted pregnancy, sexually transmitted infection and unwanted sex. Typically, young females have limited decision-making power in their sexual relationships (Jejeebhoy 2000).
A study conducted in 2001, in the metropolis of New Delhi, surveyed 89 women, ages 20-42 years, who were the residents of hostels. Approximately 25 percent of the participants were professionals, 28 percent held post-graduate degrees and six percent were undergraduate students. Ninety two percent of the respondents were aware of AIDS, but only 21 percent believed they could be at risk for getting the disease and 49 percent were confident that they would never get HIV. Again, the researchers pointed to lacunae in the knowledge regarding HIV/AIDS among women in India. They compared their study to others and concluded that though their group was unique in terms of education levels, the risk perception of their group was below satisfactory levels and needed improvement (Sharma, Gupta and Aggarwal 2001).

The majority of sexual activities are unsafe as they are done at very young ages and without the use of any contraceptive method. Many unsafe sexual practices are linked with the spread of STIs and HIV/AIDS. Since the discovery of the first AIDS case in India in a female CSW in Tamil Nadu in 1986, HIV has now spread to all the states. Over the years the HIV/AIDS epidemic has moved from urban to rural India and from high risk to general population largely affecting youth. Based on HIV Sentinel Surveillance 2008-09 about 2.4 million people in India, aged between 15 and 49, are estimated to be living with HIV/AIDS, the third largest in the world. Adult HIV/AIDS prevalence rate in the country is 0.31 percent. Children under 15 years account for 4.4% of all infections, while 83% of PLHIV are the in age group 15-49 years. In the general population, women and young people are becoming increasingly vulnerable to the infection. Today, 39% of all HIV infections occur amongst women. Peak infection amongst women appears to be around 25 years, which is significantly lower than the peak age for men. Mitigating the risk to women’s health and parent to child transmission of HIV are key concerns under NACP III. Earlier, men were the main transmitters of the disease but now studies are
showing that females are also transmitting the disease to males. A study conducted among 379 HIV-infected people in 1991, reported in the journal of the American Medical Association, observes an evidence of female-to-male transmission.

According to NACO, the bulk of HIV infections in India occur during unprotected heterosexual intercourse. Consequently, and as the epidemic has matured, women account for a growing proportion of people living with HIV, especially in rural areas. The low rate of multiple partner concurrent sexual relationships among the wider community seems to have, so far, protected the larger body of people. However, although overall prevalence remains low, even relatively minor increases in HIV infection rates in a country of more than one billion people translate into large numbers of people becoming infected.

1.4 Need for the Study

According to Morokvasic (1993) the recent interest of researchers and policy makers in women’s migration can be traced back to the mid 1970s. Before that time, mainstream research was overwhelmingly gender blind and specific issues concerning women were only dealt with within the framework of family migration. The specific role of women in the migration process had been totally neglected (Pedraza 1991). Two factors contributed to an increased focus on female migrants, a quantitative increase in the number of women in the migratory flow and increasing evidence that a great number of these women had entered the labor market. In contrast to 60s and 70s, we can now no longer speak only about male dominated migratory patterns. Migration for work takes people away from the social environment of their families and community. This can lead to an increased likelihood to engage in risky behavior.
Involvement, in risky behaviour can have negative repercussions on their health. In the case of unmarried women after marriage this burden of disease may be transmitted to their husbands and children as well. Most of the literature on risk-taking behaviour have either focused exclusively on men or married women and have made relatively little attempt to distinguish the behaviour of single females from the married population (Curtis and Blanc 1997; Blanc et al. 2002).

Studies which have been conducted on female living alone have dealt with their attitudes towards the risky behavior in terms of smoking, drinking and sex. Studies dealing with women’s own behaviour are rare. A study of 500 educated working women in the Delhi metropolis in 1958-1968 showed that the perceived limits within which sexual freedom should be allowed to unmarried boys and girls had lessened within a decade. In the initial phase of the study, only five percent of the women responded that this freedom could be extended up to kissing, embraces and indulging in other physical intimacies (except for sexual intercourse), provided the couple loved each other and planned to marry. In the follow up study ten years later, 31 percent were willing to extend these limits if they were “consenting adults and mature people”. During this phase, five percent said that the limits could be extended to include sexual intercourse (Kapur 1973).

An investigation into the prostitution market in Delhi showed that the flesh trade is booming in the capital (Outlook May 2004). Raids undertaken by the police showed that most of the girls were educated and spoke fluent English. Many of them seemed to come from better-off families. Some of them were even working women who were simply attempting to earn some quick money. Sufficient information about women’s own behaviour and the factors that motivated/forced them to become involved in risk taking behaviour is rarely available for India.
Finally, the growing evidence of an association between migration and risky behaviour (UNAIDS and IOM 1998), as well as the entry of sexually active migrant working women into the urban areas each year (Visaria 1998), point to a need for a new sense of urgency.

Therefore, the present study tries to fulfill the gaps in the extant literature and explores the risky behaviour of unmarried migrant working women staying in working women’s hostels in Delhi. Risky behaviours were measured in terms of those involved in substance use and sexual behaviour. The study further explores dating behaviours and their attitudes toward sex.

The study mainly focused on women involved in white-collar jobs for several reasons. Existing studies on single women are mainly of those involved in low-paid jobs or those who are working as domestic workers. But in this study it was assumed that women in high-paid jobs are also equally likely to participate in risky sexual behaviours since they have flow of money and opportunities to explore their sexuality than those from lower income groups.

1.5 Objectives of the study

In light of the cited literature, the broad objective of the study is to explore the extent of risk taking behaviour of young and single women living in working women’s hostels.

The specific objectives of the study are:

- To study the demographic and socio-economic background characteristics of the women living in working women’s hostels.

- To study the living and working conditions of the women staying in working women’s hostels.
• To examine the extent of knowledge about STDs, HIV/AIDS and safe sexual practices among these women.

• To examine the extent of vulnerability of working women living in the hostels to risk behaviour and their major correlates.

• To assess general, reproductive and sexual health problems and treatment seeking behaviour of the women.

1.6 Hypotheses

Keeping in mind the above objectives, the following hypotheses have been formulated for the present study:

• Women who have close bonding with their family members are less likely to indulge into risky behaviour

• Women whose peers have sexual relationship are more likely to initiate sex themselves.

• Women who have high aspirations are more likely to indulge in risky behaviour.

• Women who have permissive attitudes towards sex are more likely to indulge in sex.

• Women who are involved in risky sexual behaviours are more likely to be vulnerable to sexually transmitted infections.

1.7 Conceptual Framework

Risk is a concept which relates to human expectations. It can be defined as “the appraised likelihood of a negative outcome for behaviour” (Zuckerman 1994). Risk-taking behaviours are “volitional, purposive, goal-oriented and carry potential for harm” (Lightfoot 1997). Irwin (1993) has defined risk-taking behaviours as those behaviours, undertaken voluntarily, whose outcomes remain uncertain with the possibility of an identifiable negative health outcome. It follows that
risk-taking is engaging in risky behaviour. Risk behaviour here is considered as number of health-damaging behaviours including: substance use, unprotected sex, etc that are empirically observable.

Risk-taking behaviour of an individual is affected by an individual’s knowledge, attitude and perception towards risky behaviours. Each of these components of risk taking behaviour is in turn affected by a set of three broad components of background variables namely, individual, psychosocial and environmental. The present study is conceptualised around the proposition that the background variables such as the migration status, type of job, salary, family environment, place of stay, place of work together effect the intermediate variables such as the type of friends they make, how much ambitious they are towards acquiring the expensive items, their exposure to erotic material, their attitude towards substance use and premarital sex, their knowledge and perception about STDs and HIV/AIDS. All these together affect their lifestyle activities such as taking alcohol, drugs, going to disco, bars, clubs and attending late night parties. These life style activities lead them into sexual behaviour which in turn results in reproductive and sexual health problems.
1.8  Organization of the thesis

The present thesis has been organized into eight chapters.

Chapter I Introduction and Literature Review: This chapter discusses theoretical issues concerning single women’s migration and reviews the relevant prior research. The chapter also discusses the objectives and hypotheses of the study.

Chapter II Data and Methodology: This chapter discusses the study area, study design, sample size, sampling unit, data collection techniques and tools, duration of fieldwork and lessons learnt during the fieldwork. This chapter also discusses the measurement of various variables incorporated in the study. Later, description is also given about the processing and analysis of data. Finally, ethical considerations taken for the present study are discussed.

Chapter III Profile of the Study Population: This chapter discusses the background characteristics of the respondents in a more comprehensive way. The chapter has been divided into four sub-sections namely, the individual characteristics of the female migrants, their family and environmental characteristics and migration related characteristics.

Chapter IV Living and Working Conditions: This chapter discusses the living conditions of the young migrant women in the hostel and their working conditions at the workplace.

Chapter V Awareness of Reproductive and Sexual Health Matters: This discusses the awareness of female respondents on a wide range of issues relating to sex and pregnancy, contraception and RTI/STIs including HIV/AIDS. The chapter also explores the sources of information for sexual and reproductive health matters as well as young women’s perceptions of living with HIV/AIDS.
Chapter VI *Lifestyle and Risk Behaviour*: This chapter discusses the lifestyle, peer contact and support and other social aspects of the lives of young women which influence their engagement in sexual behaviors. The chapter further explores patterns in romantic relationships, experiences of a range of sexual activities, including the timing of first sexual intercourse, characteristics of the first and most recent sex partners, and number of sex partners.

Chapter VII *Reproductive and Sexual Health Problems*: This chapter discusses young women’s general, menstrual and other reproductive and sexual health problems and their treatment seeking behaviours.

Chapter VIII *Summary, Conclusions and Recommendations*: This chapter synthesizes all findings from the previous and presents concluding remarks and recommendations on the findings.