



Women Migrants and their Mental Health: A Study of Working Women Hostellers in Mumbai

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Abstract

Mental health is an important component of the total positive health and is interwoven closely with the physical and physiological dynamics of the human body. Migrant population, being a non-native population, is vulnerable and is exposed to mental health problems. The situation may be worse among female migrants in urban areas who migrate for work related reasons. Hence it is essential to give special attention to the mental health status of women migrants who live in 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 with mental health status of the women migrants in Mumbai. The analysis indicates that the quality of life of women migrants has a significant effect on their mental health status. The factors such as age, occupation, push factors related to migration, quality of life and general health status of the migrant women can affect their mental health status. Thus, it is essential to ensure better working and living conditions and quality of life in order to improve the mental health status of women migrants.

Keywords: Women migration, urban areas, quality of life, living conditions, mental health.

Introduction

Internal migration plays a significant role in the economic development of developing countries like India. People migrate to improve their well-being. Yet, most of the time migration can be a very stressful process, with potentially negative impacts on mental health¹. Migrant population, being a non-native population, is vulnerable and is exposed to many health problems. Most of the health problems of migrants are ascribed to their migration to urban areas, decreased awareness about local health facility, inability to cope with psychological stress, unhealthy sexual practices, and frequent migration².

Although pattern of migration in India shows the dominance of males, females also constitute a significant segment especially in the working ages. The consequences of women migration are different both at the family and the community levels. Although literature on internal migration in India in general is abundant, little attention was given in the sociological research to the causes and nature of women migration in India and the impact of migration on women^{3,4}. Research works on women migrations in other countries have made it clear that there is special need for field research and new methods of investigation.

Women constituted a larger proportion among internal migrants in Kerala. According to Zachariah *et.al*⁵, 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. When a single woman migrates for work related reasons, usually they stay in a working women's hostel. The living conditions and factors related to workplace may have an impact on the mental health status of the migrant women. According to UNFPA (2011)⁶, 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. 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 worker⁷. In this context, the present study particularly focuses on the working conditions, living conditions and its association on mental health status of women migrants from Kerala who stay in the working women's hostels of Mumbai.

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.

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. Although, all 140 migrants were contacted, ultimately the data was received from 125 respondents only. The response rate was 89.3 percent.

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.

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.

In order to understand the mental health status of these migrant women, a General Health Questionnaire, which is widely used to assess the presence and severity of psychiatric symptoms, was used. The 28 item questions incorporate the four subscales of somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. The scores for each subscale namely somatic symptoms, anxiety and insomnia, social dysfunction and severe depression were calculated. Using these subscales, mental health score was computed. The scores for mental health vary from a minimum value of 1 to a maximum value of 37. As

the scores increases, the mental health status decreases. The score was categorized into poor, average and good.

The data analysis was carried out using SPSS. Both univariate and bivariate as well as multivariate analyses were used. Mean was calculated for continuous variables, like age, income. Also, mean for mental health problems like somatic symptoms, anxiety and insomnia, somatic dysfunction and severe depression were calculated. A multiple regression analysis was carried out in order to understand the effect of socio-economic status, working and living conditions and general health problems on mental health status of unmarried women.

Results and Discussion

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 husbands⁸. 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 percentage of Christians as compared to the state average⁹. About 88 percent of the respondents belong to general category and there was nobody in the SC/ST category. The study by Zachariah, *et al*, 2002¹⁰, 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. About 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-1
Distribution of women migrants according to socio-demographic characteristics

Background characteristics	Number	Percentage
Age group		
<=24	58	46.4
25-29	53	42.4
30 and 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-2
Percentage distribution of women migrants by educational status

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

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 Maharashtra¹¹. The findings of the present study are also in line with this. 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

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

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
Total	125	100

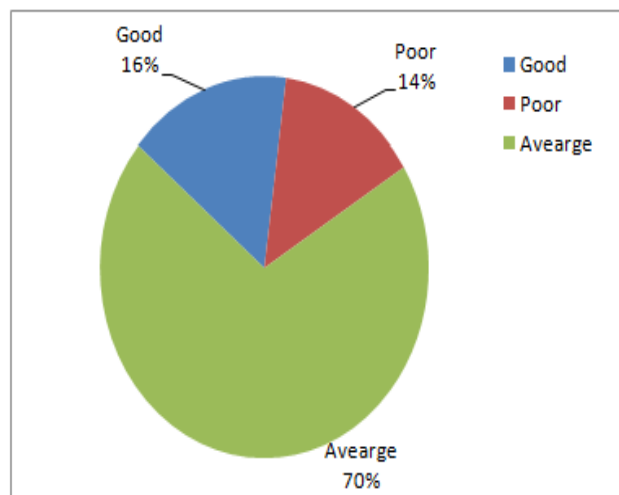


Figure-1
Percentage distribution of female migrants by living conditions

Living Conditions and Quality of Life of Women Migrants: In order to understand the overall working and living conditions, two indices namely 'living conditions' and 'quality of life' were computed. The distribution of women migrants by living conditions are presented in Figure 1. 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. 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.

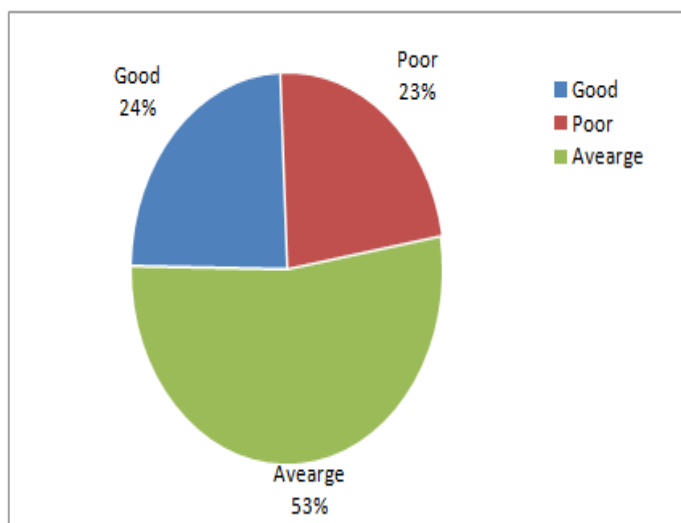


Figure-2

Percentage distributions of female migrants by quality of life

Mental Health Status of the Female Migrants: There are lots of factors which can affect the mental health status of migrant working women staying in the working women’s hostels. Workplace and the living environment may have an impact on her mental health situation. For example, if the boss or the employer is unsympathetic towards women and expects too much work from her which is beyond her capacity to do, always findings fault with what she does, short tempered person etc, will create tension, fear and anxiety in mind of women which finally results in head ache, blood pressure etc and damages for the health of the women⁷. Therefore an attempt has been made to understand the mental health status of migrant working women and its association with working and living conditions.

The analysis indicates that 15 percent of the migrants have poor mental health status. Table 4 gives information about percentage distribution of women according to mental health problems classified by sub scales. The somatic symptoms include pain on the head, tightness or pressure on head, having hot or cold spells, feeling in need of good medicine etc. The mean score for somatic symptoms was 3.57. Majority of the women have reported at least one of the somatic symptoms. For 20 percent of the respondents the score value was more than five. In the case of anxiety and insomnia, the questions were related to difficulties in sleeping, about feeling tension, getting edgy or bad tempered etc. The mean score was found to be more than three and the score value was more than five for 24 percent of the respondents.

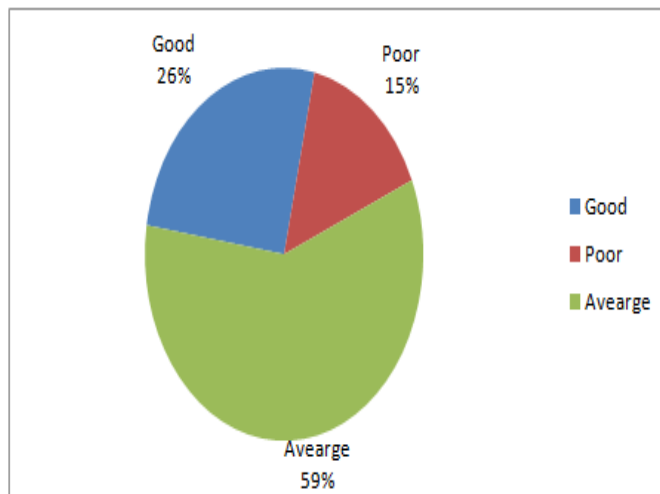


Figure-3

Percentage distributions of migrant women by mental health status

With regard to social dysfunction, the questions were related to whether they can keep themselves busy and occupied, whether they are playing a useful part in things, felt capable of decision making etc. The mean score was found to be 3.78. However, the mean score was more than five for about 21 percent of the women migrants. The questions under severe depression were related to the feeling of worth less person, suicidal feelings etc. The mean score value was found to be 1.98. Overall, the mean score value for mental health problems was found to be 12.42. The mental health score shows that more than 15 percent of the respondents come under poor mental health status, 26 percent under average and more than half of the respondents come under good mental health status.

The distribution of female migrants according to mental health status by background characteristics shows that there is significant variation in the mental health status of women according to background characteristics as well as working and living conditions. About 12 percent of women aged less than 25 years come under poor mental health status whereas more than 60 percent of the women aged more than 29 years had poor mental health status. It indicates that the mental health status of women decreases as age increases. There was no significant variation in the mental health status of women according to their professional degree. With regard to duration of stay in Mumbai, 29 percent of the women who have been staying in Mumbai for more than 3 years have poor mental health status. The association between living conditions and mental health status of women migrants was found to be fairly significant. However, there was high level of significant association between quality of life and mental health status of women migrants.

Table-4
Percentage distribution of women according to mental health problems classified by sub scales

Score value for each symptom	Number	Percentage/Mean
Somatic Symptoms		
0	3	2.4
1	23	18.4
2	16	12.8
3	17	13.6
4	23	18.4
5	18	14.4
>=6	25	20.0
Mean = 3.57		Range =0 to 21
Minimum score = 0		Maximum score = 9
Anxiety and insomnia		
0	23	18.4
1	13	10.4
2	20	16.0
3	13	10.4
4	17	13.6
5	9	7.2
>=6	30	24.0
Mean = 3.08		Range =0 to 21
Minimum score = 0		Maximum score = 12
Social dysfunction		
0	2	1.6
1	9	7.2
2	20	16.0
3	22	17.6
4	36	28.8
5	10	8.0
>=6	20	20.8
Mean = 3.78		Range =0 to 21
Minimum score = 0		Maximum score = 12
Severe depression		
0	34	27.2
1	29	23.2
2	12	9.6
3	14	11.2
4	28	22.4
>=5	8	6.4
Mean = 1.98		Range =0 to 21
Minimum score = 0		Maximum score = 10
Mean score for mental health problems = 12.42		
Minimum score = 1	Maximum score = 10	Range = 0 to 84
Total number = 125		

Table-5
Percentage distribution of female migrants according to mental health status by background characteristics, living conditions, and quality of life and general health problems

Characteristics	Mental health Status			Total	Sig.
	Good	Average	Poor		
Age					
<=24	63.8	24.1	12.1	58	0.000
25-29	54.7	30.2	25.1	53	
30 and above	(21.4)	(14.3)	(64.3)	14	
Education					
Higher Secondary	41.4	27.6	31.0	29	0.212
Graduate	63.6	20.0	16.4	55	
Post Graduate	53.7	31.7	14.6	41	
Professional degree					
No Prof. degree	52.5	20.0	27.5	40	0.152
Engineering	(58.3)	(25.0)	(16.7)	12	
Computer	(78.9)	(10.5)	(10.5)	19	
Nursing	(43.5)	(26.1)	(30.4)	23	
Business	(50.0)	(41.7)	(8.3)	12	
Occupation					
Professional, technical related workers	63.6	21.2	15.2	33	0.161
Administrative, executive and managerial workers	(57.9)	(31.6)	(10.5)	19	
Clerical and related workers	53.3	13.3	33.3	30	
Nurses/Pharmacist	(45.8)	(29.2)	(25.0)	24	
Others	(52.6)	(42.1)	(5.3)	19	
Duration of stay in Mumbai					
<1 year	(56.3)	(25.0)	(18.8)	16	0.147
1-3 years	52.6	32.1	15.4	78	
3+ years	61.3	9.7	29.4	31	
Living conditions					
Poor	(65.0)	(20.0)	(15.0)	20	0.065
Average	60.0	25.9	14.1	85	
Good	(29.4)	(29.4)	(41.2)	17	
Quality of life					
Poor	66.7	20.0	13.3	30	0.000
Average	64.6	27.7	7.7	65	
Good	20.7	27.6	51.7	29	
Total				125	

Note: () indicates less than 25 cases

Table-6
Variation in Mental health: A Multivariate Regression Analysis

Variables	Un-standardized coefficients B	Standardized coefficients Beta	Sig.
Age	0.339	0.155	0.081
Education			
Higher secondary®			
Graduate	-0.266	-0.020	0.877
Post graduate	0.395	0.028	0.831
Occupation			
Non-professional ®			
Professional	2.486	0.166	0.093
Income	-1.470 E-04	-0.095	0.361
Place of birth			
Rural®			
Urban	1.607	0.117	0.193
Family responsibilities			
Financial problems ®			
Employment related reasons	-3.755	-0.214	0.031
Number of hours of work	-0.436	-0.080	0.372
Living conditions	-0.133	-0.151	0.101
Quality of life	-1.112	-0.283	0.003
Constant	24.081	0.155	0.002
R² value			35%

A multiple regression analysis was carried out in order to understand the effect of socio-economic status, working and living conditions and mental health of unmarried women. For married women, the types of problems that can affect the mental health may be different. So regression analysis was done only for unmarried women in order to understand the factors, which can affect the mental health status of those women. The regression analysis shows that an increase in age will increase the mental health score; that is the mental health status decreases with an increase in age. Compared to women are non-professionals, the mental health score increases for women who are involved in professional jobs. This may be because women who work as professional may have lot of work stress in the office, workload, competition among colleagues etc, which may have an influence on their mental health status. An increase in the quality of life will decrease the mental health score. Thus, it is clear from the regression analysis that the factors such as age, occupation, push factors, and quality of life of these migrant women can affect their mental health status.

Discussion: Migration is the process by which people move from one place to another and most of the reasons for movement can be economic, social, political, medical or recreational. Migration occurs across different regions, countries and even within the same state, and it can lead the individual under considerable stress. The changes in the environment and social support might increase the stress of an individual which might affect their mental health status¹².

The objective of this paper was to understand the mental health status of women migrants from Kerala in Mumbai and the

factors associated with it. 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 forty percent of the 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 environment⁸. 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.

The mental health status of migrant working women are closely associated with their working and living conditions. About 15 percent of the migrant women in the hostels come under poor mental health status. Analysis was also carried out observe the association of working and living conditions on mental health status of migrant women. There was significant variation in the mental health status according to working and living conditions. The regression analysis results indicate that age, occupation, push factors, and quality of life of the migrant women can affect their mental health status. Various studies conducted in India,

also demonstrates that the working and living conditions have significant association with the mental health status of migrants. For instance, the study by Krishnaswamy and Kulkarni,¹³ on factors influencing anxiety among working women's hostellers in Bangalore city also found that the occupational levels, income, the duration of services and the problems related to different areas of hostel life are correlated with mental health of the working women. Another study conducted to understand the impact of work and environment on morbidity among women in Mumbai city has showed that women's work, lives, and their health are highly associated. The study further points towards a need for more systematic study into women's health problems in relation to their work¹⁴. According to The times of India,¹⁵ a fair proportion of the women have the ill health symptoms such as sleep disturbances, headaches and backache and seven percent of the women suffered from women specific symptoms at work such as depression, menstrual disorder, anxiety, backache and anaemia.

Conclusion

Migration and mental health has a significant association. The study revealed the fact that the background characteristics, working and living conditions have significantly associated with mental health status of the women migrants. Therefore, special emphasis should be given to improve the working and living conditions of the women migrants which will have a greater impact on the mental health status of the women migrants.

References

1. Stillman S., McKenzie D. and Gibson J., Migration and mental health: Evidence from a natural experiment, *Journal of Health Economics*, **28(3)**, 677-687, (2009)
2. Nitika. Lohiya A., Nongkynrih B. and Gupta S.K., Migrants to Urban India: Need for Public Health Action, *Indian journal of community medicine*, **39**, 73-75, (2014)
3. Mazumdar V. (ed). Women workers in India, Chanakya Publications, New Delhi, (1990)
4. Singhal S., Development of Education, Occupation and Employment of Women in India, Mittal Publications, Delhi, (1995)
5. Zachariah K.C., Mathew E.T. and Rajan S.I., Migration in Kerala State, India: Dimensions, Determinants and Consequences, Working Paper II, Indo Dutch Programme on Alternatives in Developments, Centre for Development Studies, Trivandrum, (2000)
6. UNFPA Socio cultural influences on the reproductive health of migrant women: A review of literature in Vietnam, The United Nations Population Fund, Vietnam, (2011)
7. Devi K.R., Health Hazards of Women Workers, *Social Welfare*, **50(2)**, 12-14, (2003)
8. Chauhan, I. The Dilemma of Working Women's Hostellers, B.R. Publishing Cooperation, Delhi, (1986)
9. Office of the Registrar General and Census Commissioner The First Report on Religion Data, Census of India, New Delhi, (2001)
10. Zachariha K.C. Mathew E.T. and Rajan S.I., Kerala's Gulf Connection, CDWs Studies on International Labour Migration from Kerala State in India, Centre for Development Studies, Trivandrum, (2002)
11. Nangia S., and Nangia P., Work Pattern of Female Migrants in the Metropolitan cities of India, *Demography India*, **19(1)**, 109-119, (1990)
12. Dinesh B. and Oyedeji A., Depression in migrants and ethnic minorities, *Journal of continuing professional development*, **10**, 13-17, (2004)
13. Krishnaswamy S. and Kulkarny V., Factors Influencing Anxiety of Working Women Hostellers of Bangalore City, *Indian Journal of Social Work*, **58(1)**, (1997)
14. Madhiwala N. and Jesani, A Morbidity among Women in Mumbai City: Impact of Work and Environment, *Economic and Political Weekly*, **32(43)**, (1997)
15. The Times of India, Mumbai's Women Face Job Related Health Problems, 26th December, Mumbai, (2000)