

1 Background

The starting point of this study has been the growing realization that a very large number of families in the tribal dominated South Rajasthan region have to cope with long term and frequent absence of adult male members. This growing phenomenon is an outcome of the large scale and all-pervasive migration of men for securing a livelihood in locations away from their villages in this region.

Migration for wage labour is now established as a firm and substantial strategy for rural poor to survive and escape rural poverty. In studies conducted during the early part of the decade, migration has been reported to be as high as 64% among all households of South Rajasthan (Source: Aajeevika Study on Livelihoods in Rajasthan, 2003). The contribution of migration to annual household income ranges from 50% to 65% in the case of those rural poor households who have to depend on migration as a first source of income.. The reality underlying these figures is that young and older adults move out of their villages and throng to cities, factories and farms in the more prosperous parts of the country. They spend substantial time in these destinations and return home at regular intervals often bringing back savings from work, experiences of urban cultures and of course the promise of more stable earnings and job opportunities.

In the rural context, men's prolonged absence has many implications on family and community life. In the cultural context of rural Rajasthan the presence of adult men is crucial to household security, decision-making and mobility. As economic imperatives force men to move away from their homes and villages for long periods of time, an unprecedented change is underway in how the households and communities function. In particular changes are visible in relation to women's status, responsibility and challenges as they cope with the new reality of long and frequent absence of men – husbands, sons and fathers - from their midst.





2 Migration, Men and Status of Women

Migration is both a cause and a consequence of various social, cultural and economic constraints experienced by people in society. A series of structural changes in rural context such as polarization of land holding, degradation of natural resources, occurrence of natural calamities such as drought, poor local employment opportunities accompanied by exponential population growth have contributed to spatial mobility or migration.

Migration is not a recent phenomenon. India has long witnessed migration of different forms and in different castes and classes but with the changing social, cultural and economic scenario the quantum and pattern of migration show a varying trend. The compelling factors for migration have been varied. For some migration is an alternative strategy to ensure survival while for others it means better growth opportunities, improved economic standard and a better quality of life. Recent studies reveal that more and more migration is taking place in search of livelihoods and such migration is for relatively longer periods than before (Sharma et al 2000, Rodgers and Rodgers 2000).

Based on the place of origin and destination the existing patterns of migration include rural-rural migration, rural - urban migration and further migration from rural areas and small cities to metropolitan areas. The National Sample Survey data indicates a growing trend towards rural – urban migration.

The patterns of migration in terms of the composition of migrant population within family include

- Migration of complete households,
- Migration of few members of each family,
- Migration of a couple
- Single male or Single female migration.

This trend is in accordance to the geographical area and the socio –cultural milieu of the migrant community. It is influenced by caste and the structure of family. Single male migration leaving the women behind seems to be determined by factors such as availability of small patches of low productive lands, frequent droughts, presence of milch cattle, aged and young people within the family and cultural factors that impose restrictions on women’s mobility (Lingam, 1998). Guglar and Ferree (1983) observed that sex-selectivity in city-ward migration and labour force participation varies according to the position of women as well as by major cultural regions. Women in the northern states, a region delineated in term of the prevalence of exogamy have lower participation rates in the urban labour force and in rural-urban migration; women from the



Plight of Migrant Workers

Poorer migrant workers, crowded into the lower ends of the labour market, have few entitlements *vis a vis* their employers or the public authorities in the destination areas. They have meagre personal assets and suffer a range of deprivations in the destination areas. In the source areas, migration has both negative and positive consequences for migrants and their families.

Many studies have documented the plight of migrant labourers in the agricultural or non-agricultural sectors. There is no provision of shelter, safe drinking water or basic sanitation. Apart from seasonal workers, workers who migrate to the cities for job live in parks and pavements. Slum dwellers, who are mostly migrants, stay in deplorable conditions, with inadequate water and bad drainage. Food costs more for migrant workers who are not able to obtain temporary ration cards

Labourers working in harsh circumstances and living in unhygienic conditions suffer from serious occupational health problems and are vulnerable to disease. Those working in quarries, construction sites and mines suffer from various health hazards, mostly lung diseases. As the employer does not follow safety measures, accidents are quite frequent.

Migrants cannot access various health and family care programmes due to their temporary status. Free public health care facilities and programmes are not accessible to them. For women workers, there is no provision of maternity leave, forcing them to resume work almost immediately after childbirth. Workers, particularly those working in tile factories and brick kilns suffer from occupational health hazards such as body ache, sunstroke and skin irritation (NCRL, 1991).

As there are no crèche facilities, children often accompany their families to the workplace to be exposed to health hazards. They are also deprived of education: the schooling system at home does not take into account their migration pattern and their temporary status in the destination areas does not make them eligible for schooling there (Rogaly et al, 2001; 2002)

Source: An Overview of

southern states who supposedly enjoy a higher status, measured by such variables as infant mortality, literacy, age at marriage and fertility, are found in the urban labour force and also among rural-urban migrants. States with poor economic development have higher female mobility compared to some of the prosperous states.

The distance involved in migration, size of the city and nature of work of the migrant population also influence the composition of the migrant population. The larger the cities the less likely are women to migrate (Premi, 1980). Studies across the country show that in migration involving agriculture labour such as cotton picking, migration of complete families is more common.

The migration in Rajasthan is predominantly male as far as rural-urban migration is concerned. The ratio of male-female migration in Rajasthan is 79:21 which means a large number of women are left behind when the men migrate away from their villages.

In the Indian context, studies on rural-urban migration are largely concentrated at the point of destination, that is, in the urban area, and literature on the impact of male out migration on women is relatively sparse. Further, findings, analysis and discussions are restricted to socio-economic variables such as caste, occupation, income, family size, literacy and have little focus upon the gender issue. Studies do indicate that in the case of predominantly male migration, the impact on women, children and the elderly left behind can be quite powerful.

On the positive side, out migration of men has led to availability of more money with their families, and in particular, their wives. Migration of men from Kerala to Gulf has led to several changes in lifestyle and consumption patterns, such as ownership of land, housing and household amenities and nutritional and health status of the members of the household (Zachariah and Rajan, 2001).

Little information is available on the remittances sent back by the migrants in rural-urban migration within India, and the impact thereof. In a study carried out on migrants from Uttar Pradesh, it was found that migrants join the least paid, easily available jobs and live on minimum needs. They cannot even afford to send money home initially and keep changing jobs (Jetley, 1987). There is also scant information regarding the management of finances by the women after the migration of their husbands- the availability of cash in hand, the mechanisms adopted by them to address the 'certain' and the 'uncertain' demands of day-to-day life.

The effect of male migration on the autonomy and decision making among their wives are varying, in different communities and context. In Kerala, women have been called upon to take charge of a number of household tasks, have become responsible for the financial management of



the household, and have developed new expertise and confidence. In North India, with well-defined gender roles, such a change in autonomy is less likely. Jetley (1987) observed limited autonomy among wives of migrants from Uttar Pradesh- women seldom had the power to decide what crops were to be sown, and the migrants continued to decide the expenditure on different items.

Almost unequivocal is the finding that with out migration of their husband, workload of women increases significantly. Male migration leads to changes in division of labour, including feminization of agriculture and increase in women workload (Croll and Huang, 1997).

The impact of family separation due to migration is felt severely by the wife and children on the one side and the migrant on the other. The wife and children are deprived of those forms of emotional security that a husband and father normally provides. The wife is likely to suffer the most. Surrounded as she is often by the in-laws only, sometimes hostile, "any protection she may have had from her husband is no longer available to her" (Hauser, 1957). When the "gulf wives" were asked about the adverse consequence of migration of their husbands, loneliness came across as the leading problem (Zachariah and Rajan, 2001).

The impact of male migration on the health status of the families left behind needs to be better understood- health of women and children is likely to be adversely affected due to male migration. The increased responsibilities and workload, coupled with limited autonomy may make it difficult for the women to seek both preventive (such as Immunization, ANC) and curative services. Limited/ non-availability of credit may also delay her in seeking care, and in seeking care from unqualified, local practitioners. The migrant's families, and in particular, the women, are vulnerable to infections which may be brought back by the migrant, with Reproductive tract infections and sexually transmitted diseases, particularly HIV being major concerns. Sexually transmitted diseases and the consequent secondary sterility appear to be major determinants in the lower fertility seen among migrants, as compared to the non-migrants (Hampshire and Randall, 2000).

This present study focuses on problems of women left behind due to male migration in the predominantly tribal belt of southern Rajasthan. Though migration has recently come to be well documented for this region, its impacts on social, economic and cultural dynamics of the region are a relatively new area of research and enquiry. In this context this study is expected to cast new light on a growing reality and help in deepening the discourse on women's empowerment and their well being in the context of male migration.



3 Objectives and Methodology

This study is a first attempt in southern Rajasthan to understand how the phenomenon of migration is beginning to impact the life of women who are left behind and an exploration of what could be done to alleviate the problems they are facing. The study arises from three inter-linked realizations. The first of course is that given their limited mobility and exposure, women are likely to be most affected by a phenomenon that compels them to participate and transact with public domain. The second realization is that a better understanding of how migration affects women will lead to more sensitive interventions that aim to reduce the hardship of women who find themselves in this context. The final realization, and in fact a major hypothesis underlying this study, is that if families of migrants and within those women in particular, are provided with relevant services, the circumstances under which migration happens will improve as will the outcomes from this otherwise difficult act of seeking a livelihood.

Within the context of migration becoming a now all-pervasive reality of economic life in South Rajasthan the study thus aims to:

- Understand the dimensions of impact of male absence on women of tribal and non-tribal backgrounds;
- Identify the major gaps in services and support that will improve the quality of life, well being for women who have to cope with long term or frequent male absence from their households;
- Propose policies and programmes to overcome these constraints and help render migration into a more positive strategy for escaping poverty and deprivation in S Rajasthan.

Overall therefore the study aims to not only broadly contribute to the discussion about women's status but it hopes to draw attention to this growing, yet little understood, reality of social and economic life.

Methodology: A mix of quantitative and qualitative techniques was used to undertake the study. The study included the following steps:

- Review of secondary information: A review of literature and existing studies was conducted to determine existing knowledge and insights on the subject of male absence and its impact
- Survey of wives of migrant men: One block each of two districts of southern Rajasthan was chosen purposively, based on familiarity with the blocks and the high levels of male migration. From each of these

two blocks, 8-9 villages were chosen purposively, and within these villages, about 5-10 women whose husbands have migrated outside the village for earning livelihood were enlisted, and consent for enrolment in the study sought. Those who consented to participate were interviewed, using a structured pre-tested questionnaire. Overall, 110 women from 17 villages in the two blocks were interviewed.

- Focused Group Discussions (FGDs): FGDs were conducted with wives of migrant men, in order to understand how their lives have been affected by absence of their husbands and how they cope in this situation. FGDs were conducted in Gogunda and Kelwara blocks, each having about eight to 12 participants.
- Analysis: Information from survey was tabulated to describe the study population, patterns of migration, need and availability of credit to the migrant-wives, frequency of taking loans, amount of loans taken, and the needs for which loans taken; health needs of them and their families, their care-seeking patterns, means of communication with their husbands etc

Effort was made to analyse these variables by caste group (tribal or non-tribal, in this instance), and by the family type (nuclear or joint)

Discussion in FGDs was transcribed, and reviewed by the study investigators. Common emerging themes were identified: supporting (or variant) quotes were identified that described closely these themes. These themes were triangulated with quantitative data.





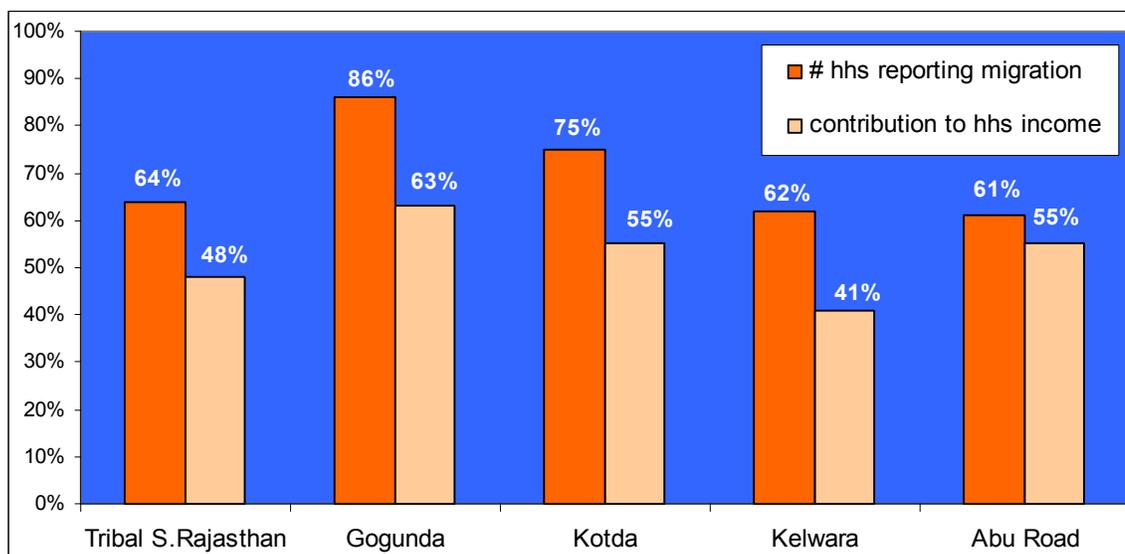
4 Migration in South Rajasthan

There are no counts of seasonal migrants in India but educated guesses put the estimate at 30 to 80 million migrants every year. The high out-migration states include Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh, Orissa and Rajasthan. Labour from these states migrates to destinations in Maharashtra, Gujarat, Haryana, Punjab, Karnataka and Kerala.

In the case of Rajasthan, the southern belt is the pocket of highest out-migration. The main reasons underlying this migration include:

1. Low agriculture outputs: small land holding, semi arid conditions, and recurring drought
2. Poor livestock potential: inadequate fodder, water and degraded pasture.
3. Alternative employment outside the farm sector in the region is negligible.

Given the aforementioned realities, seasonal migration for wage labour has become an all pervasive and persistent reality for the rural poor of South Rajasthan. In fact, households along this belt report a 48 percent contribution in their annual income from seasonal migration, while 64 percent households report at least one member migrating.





5 Findings and Observations of the Study

5.1 Profile of Respondents

Most of the women in the sample were young, in the age group of 17 to 40 years; 80% of the women were in the age group 20-35 years (Table-1).

Table-1: Distribution of the respondents by their age group

Age Group	No. of respondents	%
Less than 20 years	8	7.27
20 – 25 years	31	28.18
26 – 30 years	39	35.46
31 – 35 years	18	16.36
> 35 years	14	12.73

70.91 % (n=78) of the respondents belonged to Scheduled Tribes, and the remaining 29.09 % (n=32) belonged to other castes including *Rajputs*, *Vaishnav* and *Meghwal*. All the tribal women belonged to the *Gameti* tribe, which constitutes a significant proportion of the population in South-western Rajasthan. 61 women (55.45 %) lived in nuclear families, while 49 (44.55%) were members of a joint family; the proportion of women living in joint, and nuclear families was almost similar among tribal, and non-tribal women.

More than 75% of the respondents were illiterate. 12.5 percent of the non-tribal women had studied upto Primary/ Upper Primary School; among the tribal women, *none* had studied in a formal school (Table-2).

Table 2: Profile of the respondents, by education (figures in parenthesis indicate the percentage)

Details	Illiterate	Non-formal education	Up to Primary School	Up to Upper Primary School
Tribal	67 (85.89)	11 (14.11)	-	-
Non-tribal	25 (78.12)	3 (9.38)	2 (6.25)	2 (6.25)

84 respondents (76.36 %) had 1 or more living children at the time of the study, while 26 women (23.64%) did not have a child. 58.18 % of the women had 2 or more children (Table-3).

Table-3: Number of living children of the respondents

No. of children	No. of women	% of women
None	26	23.64
1	20	18.18



2	45	40.91
3	10	9.09
4 or more	9	8.18

5.2 Profile of Migrants

32 percent of the migrants have moved to places within Rajasthan, and 12 percent are actually working in the same district; 68% of them have migrated to another state. The places of migration vary widely, from Western, to Southern states of India, common destinations being Gujarat, Maharashtra and Karnataka. Cities to which a large number of men migrate include Ahmedabad, Vapi, Unjha, Surat (all in Gujarat), Mumbai and Pune (in Maharashtra) and Bangalore (in Karnataka).

Table-4: Destination of migrants

Place of migration	No. (and %) of migrants
In the same district	13 (11.82)
Outside the dist., but within Rajasthan	22 (20.00)
Outside Rajasthan	75 (68.18)

94.46 % of the migrants spend up to 6 months at the destination site, in one trip. Tribal men appear to be spending a shorter period at the destination site, as compared to the non-tribals (Table-5).

Table-5: Duration of time spent at the destination in one trip (figures in parenthesis indicate the percentage)

Duration	No. of migrants	
	Tribal	Non Tribal
Less than 3 months	39 (50)	13 (40.6)
3-6 months	34 (43.5)	18 (56.2)
6-12 months	5 (6.4)	1 (3.1)
> 12 months	-	-

Time period spent at the destination appears to depend on a number of factors including the place of migration, nature of job and whether the family is joint or nuclear. Men who have migrated to distant places such as Pune and Bangalore, are able to come back only after several months; migrants working within Rajasthan usually come home quite frequently. Men who are in relatively settled jobs do not get leave frequently, and are able to come back only after several months, for short periods only. Migrants whose wives' live in joint families appear to come home less



frequently than those whose wives' live alone.

60.26 percent of the tribal, and 53.13 percent of the non-tribal migrants are engaged in semi skilled or unskilled work; 54 migrants (49.09 %) work as laborers. Migrants engaged in skilled work include people pursuing diverse occupations, common being cooking/ running a tea shop, driving, and working as a watchman (Table-6)

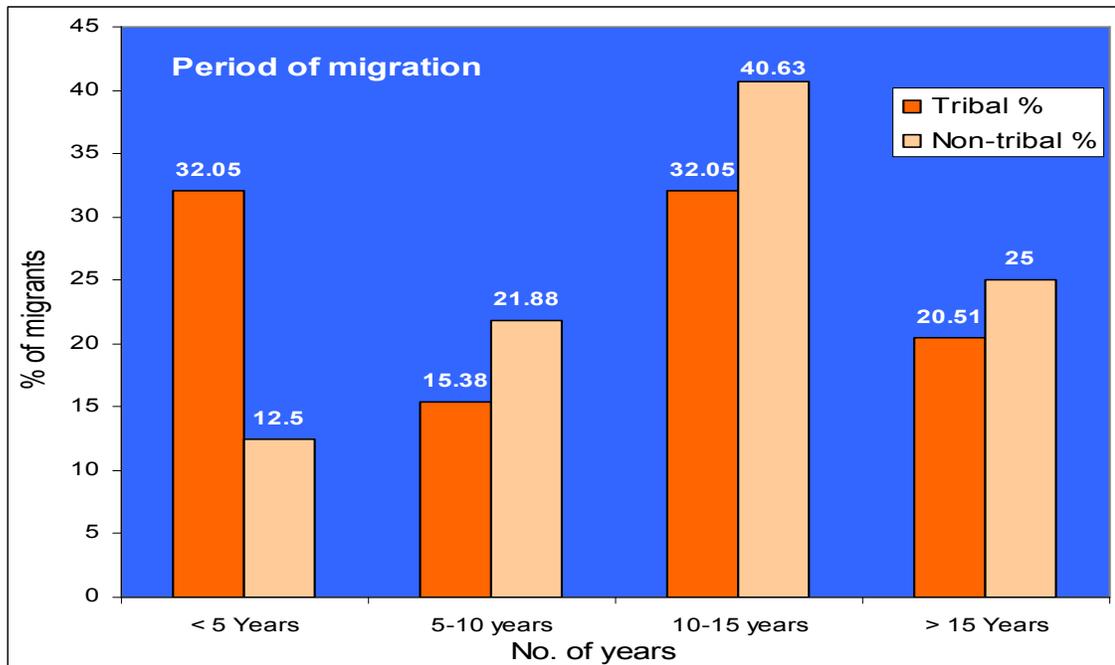
Table-6: Nature of work of the migrant

S.No.	Nature of work	Tribal		Non-tribal	
		No. of migrants	%	No. of migrants	%
1	Unskilled/ semi-skilled work				
a	Labourer	22	28.21	8	25.00
b	Labourer in factories	18	23.08	6	18.75
c	Loading-uploading	2	2.56		0.00
d	Working in a shop (Grocery shop/ dairy)	5	6.41	3	9.38
2	Skilled work				
a	Drivers	4	5.13	4	12.50
b	Cooking/ running a tea shop	11	14.10	3	9.38
c	Mason	4	5.13	2	6.25
d	Watchman	4	5.13	2	6.25
e	Saree cutting	2	2.56	1	3.13
f	Electrician	0	0.00	2	6.25
g	Diamond cutting	4	5.13	1	3.13
h	Ward boy	1	1.28	0	0.00
i	Salesman	1	1.28	0	0.00

More than 50 percent of the migrants in the study have been migrating for more than 10 years, among both tribals and non-tribals. Among the non-tribals, a trend is seen towards migration for longer periods- 87.50 percent of the migrants from this group, have been migrating for 5 years or more; among the tribals, 67.95 percent of the migrants have been migrating for more than 5 years, while 32.05 % have been migrating for less than 5 years (Table-7, Figure-I).

Table-7: Period of migration

No. of years of migration	Tribal		Non-tribal	
	Number	%	Number	%
< 5 Years	25	32.05	4	12.50
5-10 years	12	15.38	7	21.88
10-15 years	25	32.05	13	40.63
> 15 Years	16	20.51	8	25.00

Figure-I: Period of Migration

72.73 percent of the migrants spend less than 1 month at home, when they come back from their workplace; less than 5 percent of them stay at home for a period equal to, or more than 3 months (Table-8).

Table-8: Duration of stay at home, in between migration

Duration of study	Number of migrants	%
< 1 Months	80	72.73
1-3 Months	25	22.73
3-6 Months	4	3.64
> 6 Months	1	0.91



5.3 Impact of Migration on Women

5.3.1 Workload

Sarju Devi

35 year old Sarju devi is a resident of Gogunda tehsil in Udaipur district, who lives in a joint family with her parents-in-law; brother-in-law, sister-in-law and their 4 kids; and her 3 children. Her husband, Mohan, works in Ahmedabad. Sarju devi's brother-in-law is unemployed and sister-in-law is mentally challenged and spends most of her time at her parents' home. The responsibility of running the house lies entirely on Sarju Devi, which leaves her with little time to visit her parents or participate in social occasions. Her own health has deteriorated, and she has several times asked her husband to take her with him to Ahmedabad, but each time, she is asked to stay back to take care of her

With the migration of the male members of the household workload of women goes up substantially - while at home, men help their wives in varying degrees, in household work, preparation of food, taking care of children, farming, caring for the livestock and outside work specially going to the market. In the absence of the male members, these tasks are almost completely transferred to their wives.

During FGDs, several women mentioned that with migration of their husbands, their workload becomes almost double of what it was prior to migration. Women from nuclear families appear to be affected even more, than women living in joint families- where the workload is shared by the other family members. Specifically, it appears that women from nuclear families need to go to the market more often than those living in joint families, where this responsibility shifts to the other male members in the family.

5.3.2 Social Environment

While family members of the women (parents-in-laws, brother/sister-in-law, etc.) appear to have a great deal of influence over them, women living in nuclear families appear to be less dependent on their family members for taking decisions for themselves than women living in joint families. Only about half of the women from nuclear families mentioned taking permission from their in-laws for going out; among women living in joint families, more than 90 % mentioned the need to take permission for going out.

Communication

During one FGD, a woman from gogunda mentioned that her child had fallen sick some time back. While she wanted to take the child to the CHC in gogunda, she could not communicate this to her father-in-law and brother-in-law, who were with her, at that time. Care was finally sought from the unqualified quack in the village in keeping with her father-in-law's wishes

The absence of the their husbands leads to loss of emotional and psychological support; the absence is felt more by women living in joint families, who now find it difficult to communicate with the older members of the family. When their husbands are here, it is through them, that they communicate with the elders in the family.

Half of the women interviewed, in both nuclear and joint families, mentioned a change in the frequency and duration of their visits to their parent's home following the migration of their husband- this, however, appears to be influenced by their workload and autonomy. For women in nuclear families, with relatively less workload, the frequency of visits actually increases subsequent to the migration of their husbands; the reverse is seen for women whose workload is greater. Greater proportion of women living in joint families mention a decrease in the frequency of their visits, which appears to reflect their limited autonomy and decision making ability in the household.

Majority of women, in both nuclear and joint families, mentioned an increase in their participation in marriages/ family functions after their husbands migrate; while their



husband would be participating in these when at home, in his absence, it is his wife who has to fulfill this responsibility.

5.3.3 Financial Security and Credit

In families where the migrant is engaged in semi-skilled or skilled work for a relatively long duration, migration appears to have led to some improvement in the standard of living. However, where migrants are engaged in unskilled work the benefit to the families seems to be mainly availability of fund for a limited and unpredictable period of time.

At the time of migration of their husband, women usually have a small amount of cash in hand- most often, this amount ranges from Rs. 100- Rs. 500 (Table-9, Figure-II). This money is usually enough for meeting the household needs for 15- 30 days; in the event of something unforeseen happening, such as a health problem, the money runs out much faster.

Table-9: Availability of credit with the women at the time of migration.

Amount (in Rs.)	Tribal		Non tribal	
	No.	%	No.	%
No credit	6	7.69	4	12.50
<100	9	11.54	0	0
100-500	51	65.38	15	46.88
>500	12	15.38	13	40.63

Figure-II: Availability of Credit

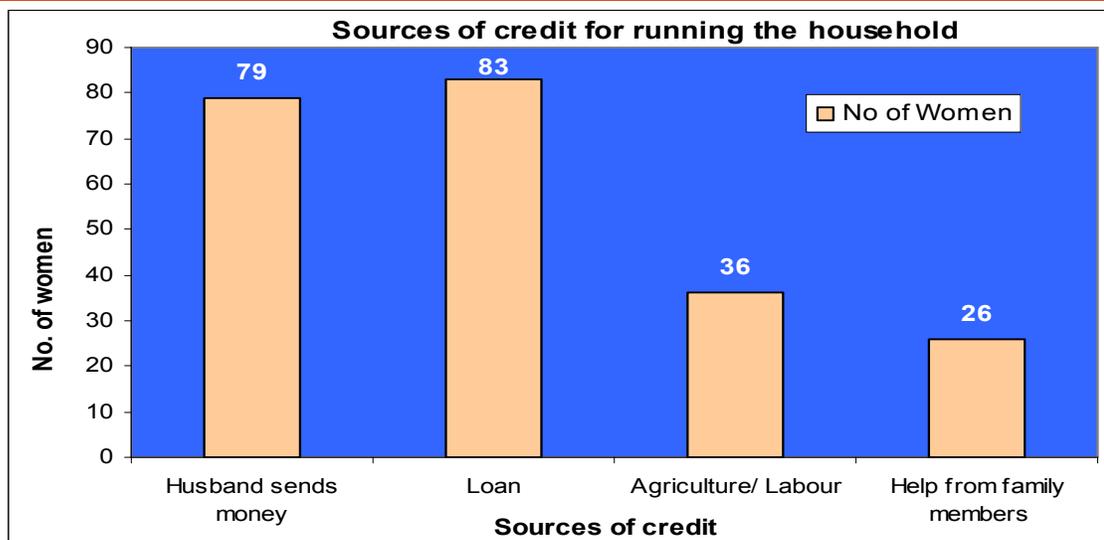
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For running the household after the departure of their husbands, most of the women depend upon more than one source of credit. 79 women (72 %) receive money from their husbands; 75 percent of the women borrow money/ take a loan. Agriculture yield, earnings from labour work and help provided by family members are the other sources that contribute to running the household (Table-10, Figure-III).

Table-10: Sources of credit for running the household

Details	No of Women	%
Husband sends money	79	71.82
Take Loan	83	75.45
Agriculture/ Labour	36	32.73
Help from family members	26	23.64

Figure-III: Sources of credit for running the household



Common reasons for taking a loan include household needs, social responsibilities (marriage, death in the family) and illness of a family member (Table-11).

Table-11: Purpose for which loan is taken

Reason for taking a loan	Percentage
Illness in the family	42
For agriculture / livestock	6
Household needs/ social responsibilities	52

The most common source from who the loan is taken include family members and friends- nearly 70 percent of the women take loan from this source; Rajputs and Mahajans are approached by almost a third of all women who take loan. SHGs are the source of the loan for only 3.6 percent of the women who take a loan (Table-12).

Table-12: Source of taking the loan

Source of taking the loan	No. of respondents	%
Rajputs and Mahajans	27	32.53
Family and friends	58	69.88
Self help groups	3	3.61

The source from whom the women borrow money also varies depending on the amount needed - for an amount ranging from Rs. 100-1000, family or neighbors are often the first choice. Such transactions are not interest free and an interest of 5- 10% per month is charged on these, however



close the relationship may be- the interest rate varies depending on the amount of money borrowed, and the duration for which the loan is taken. Problems faced by the women in such situations include getting less than the amount of money they need, and sometimes, a delay in obtaining credit. For amounts exceeding Rs. 800- Rs. 1000, the women usually depend on the professional moneylenders, including *Rajputs* and *Mahajans*; while it is possible to borrow relatively large amount of money from them without any delay, the interest rates charged are very high, ranging from 10- 25% per month.

Women appear to face much greater difficulty than men in borrowing money. While the man can be trusted to honor his commitment, and pay back the loan, the community appears to be less willing to trust a woman in the same light. In FGDs with the women, this difficulty comes across clearly- "*Aurat ki zabaan par vishwas nahin hain*" (There is no trust on the word of a woman). The difficulties in accessing funds become particularly crucial in the event of a health problem affecting a member of the household, contributing to a delay in seeking care and the initiation of treatment.

For women whose husbands are skilled workers, it is relatively easier to get a loan (as compared to those whose husbands are engaged in unskilled or semi-skilled work), which reflects the greater trust of the moneylenders in the ability of the women and their family to pay back the loan.

The repayment of the loan takes place most often from the money sent back by the migrant; labour work undertaken by the woman contributes to the repayment in 44.58 % of instances (Table-13).

Table-13: Sources utilized for repayment of the loan taken

Source of repayment	No. of women	%
Money sent by the migrant	72	86.75
Labour	37	44.58
Selling of valuables	3	3.61

While borrowing money and taking a loan are so common, it is not unexpected that no records are maintained by the women for these transactions. For the money borrowed from relatives and friends, women usually rely on their memory; for money borrowed from the professional moneylenders- it is the moneylenders who maintain the records, and the women appear to take their word regarding the amount of money that is to be paid back to them, and do not question the amount.

Usually the loan is paid back from the money sent, or brought back by the migrant. In the event of a delay in



repayment, women often have to face repeated reminders and abusive language from the moneylenders. At times, they need to resort to taking a *second* loan to pay back the moneylender from whom the initial loan was taken.

5.3.4 Health

5.3.4.1 Children's health

Morbidity and mortality among children of the migrants appears to be strikingly high. 37 women (33.64 %) had experienced the death of a child/ children; the incidence was higher among tribal women (37.18 %) than among the non-tribal (25 %). In 37.84 % of these, there had been deaths of two or more children in the family (Table-14). Common causes of death among children included fever, acute respiratory infections, diarrhoea/ vomiting and feeding problems in the newborn period.

Table-14 : Death of a child/ children in the family of the migrants

No. of child/ children who have died	Tribal		Non tribal	
	No. of women	%	No. of women	%
1	18	23.08	5	15.63
2	9	11.54	1	3.13
3	1	1.28	1	3.13
4 or more	1	1.28	1	3.13
Total	29	37.18	8	25.00

Child Morbidity: Parvati's Case

35 year old Parvati is a resident of Gogunda tehsil in Udaipur district. Her husband Bhairulal is a hawker in Maharashtra and has been a migrant for 15 years. He comes home 2-3 times in a year. Parvati lives in a nuclear setting, with her 3 children. She has lost 4 children- 5 year old Munna had paralysis; 2 year old Raju had Diarrhoea and Vomiting; 9 month old Meena had fever; and one child was stillborn. According to Parvati, delay in getting treatment for her children and the absence of Bhairulal, because of which she had difficulty in finding a person to accompany her to the hospital, were important reasons because of which her children died.

Morbidity among children was found to be significant- during FGDs, when talking about the difficulties the women face due to the migration of their husbands, illnesses among children and the difficulties in seeking care for these were among the first things mentioned. In the absence of their husbands, the women had to seek help from friends/ relatives when their child fell sick- while most often, they got help, this entailed loss of some time; further, people were reluctant to loan money to a woman, in comparison to a man- which caused loss of more time.

57 women (51.82%) reported the occurrence of illness in a child/children after the departure of the migrant, from his last trip home. For illnesses among children, 38.46 % of the tribal women sought care from unqualified providers/ faith healers; among non-tribals, 16.7% women sought care from these providers. Care from a PHC was sought by 66.67 % of the non-tribal women who sought care, and by 30.77 % of the tribal women (Table-15).

**Table-15:** Care seeking for childhood illnesses by the health care provider.

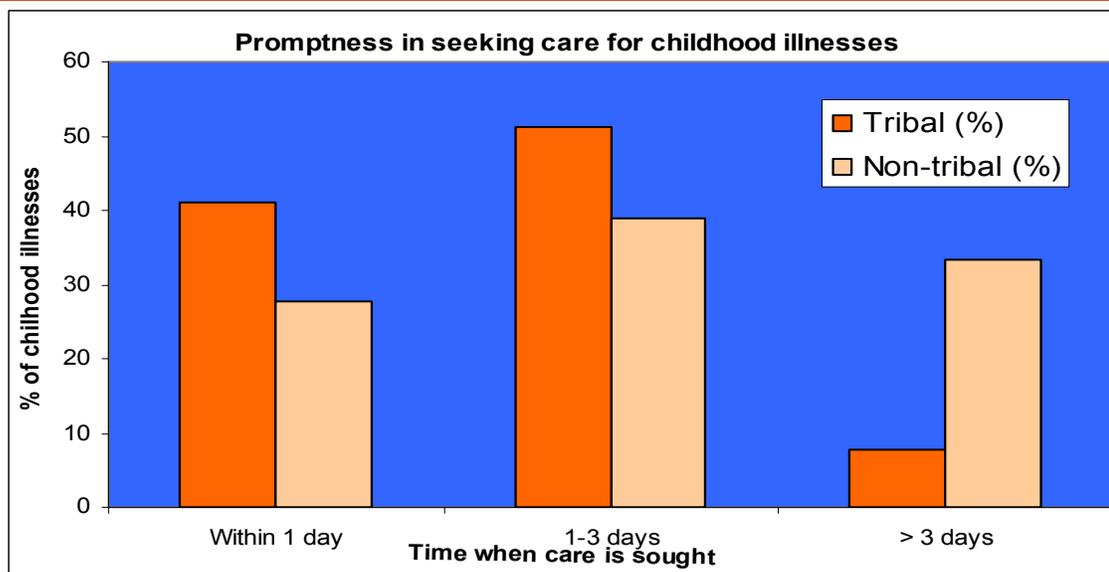
Health care provider	Tribals		Non Tribals	
	No.	%	No.	%
Nurse	9	23.08	2	11.11
	3	7.69	1	5.56
Vaidya				
P.H.C.	12	30.77	12	66.67
Private Clinic/ Bengali Doctor	13	33.33	3	16.67
Bhopa	2	5.13	0	0.00

41 percent of the tribal women sought care for their sick child within 24 hrs; among non-tribal women, however, only 27.8% sought care within 24 hrs. Further, while 7.69 percent of the tribal women sought care after 3 days, among the non-tribal women this figure was 33.33 percent (Table-16, Figure-IV). Diminished autonomy, dependence on other family members and difficulty in communicating with the male members in the household among the non-tribal women appear to contribute to the delay in care seeking.

Table-16: Promptness in seeking care for childhood illnesses

Time when care is sought	Tribal		Non tribal	
	No. of women	%	No. of women	%
Within 1 day	16	41.03	5	27.78
1-3 days	20	51.28	7	38.89
> 3 days	3	7.69	6	33.33

Figure-IV: Promptness in seeking care for childhood illnesses



The non-tribal women appeared to spend a greater amount of money for the treatment of their child/ children. While 25.64 percent of the tribal women spent under Rs. 200 for the treatment, for the non-tribal women, treatment cost was never less than this amount. 55.56 percent of the non-tribal, but 17.95 percent of the tribal women spent more than Rs. 500 for the treatment of their child (Table-17).

Table-17: Cost of treatment for illness among children

Amount (in Rs.)	Tribals		Non Tribals	
	No.	%	No.	%
< Rs. 200	10	25.64	0	0
Rs. 200- 500	22	56.41	8	44.44
> Rs. 500	7	17.95	10	55.56

The most common sources of funds in the event of illness among children is money available with self, and of course a loan. Among tribal families, 46.15 percent of the women had money available with themselves, and 28.21 percent took loan for seeking care; however, from the non-tribal women, 72.22 percent took a loan, and only 16.67 percent had funds available with self for seeking care (Table-18). The reason is that among the non-tribal households, care seeking is more expensive and hence requires larger amounts of money than in the case of tribal.

Table-18: Source for arranging credit for childhood illnesses

Source for arranging credit	Tribal		Non tribal	
	No.	%	No.	%



Money available with self	18	46.15	3	16.67
From family members	3	7.69	1	5.56
Money sent by husband	7	17.95	1	5.56
Took Loan	11	28.21	13	72.22

5.3.4.2 Occurrence of illnesses amongst other members of the family

42 women (38.18 %) reported the occurrence of illness among other members of the family (including mother-in-law and father-in-law) since the departure of the migrant; 15 women (13.64 %) reported hospitalization of a family member (Table-19). In most joint families however, in the event of illness of a family member, the responsibilities are shared by the other members of the family and the women are not as burdened, as they are when living in a nuclear family.

Table-19: Morbidity among the family members.

Details	No. of women	%
Occurrence of ill health	42	38.18
Episodes of hospitalization	15	13.64

The facilities where patients were hospitalized included private clinics, PHC/ CHC and District Hospitals (Table-20).

Table-20: Place of Hospitalization

S.No.	Health facility	No	%
1	PHC/CHC	11	73.33
2	District Hospital	2	13.33
3	Private Clinic	2	13.33

Only in 3 cases (20%) was the cost of care less than Rs. 200; in the remaining 12 cases (80%) the cost of treatment was more than Rs. 500.

5.3.4.3 Health concerns amongst women

Reproductive morbidity among women was significant. 26 respondents (23.64 %) did not have a child; while information regarding the duration of married life and initiation of sexual activity (which is needed to diagnose a woman/ man as suffering from infertility) was not elicited, this figure suggests that infertility/ delayed conception is a concern affecting the migrants and their families. 51.82 % women reported having suffered from symptoms suggestive of RTI and menstrual irregularities- alone, or in combination. 15 women had a history of abortion (Table-21).

Table-21: Reproductive morbidity affecting the women



S.No.	Health problem	No. of respondents	%
1 A	RTI	38	34.55
B	Menstrual irregularity	8	7.27
C	RTI and menstrual irregularity	11	10.00
2	Abortion	15	13.64

5.3.4.4 Migrant's health

Child Morbidity: Parvati's Case

Nanki Bai is 23 years old and lives in a small village in Kumbhalgarh block in Rajsamand district. Her husband, Kalu, used to work in a factory in Pune, Maharashtra. Last year, when Kalu came home, he was ill. On consulting a Doctor in the hospital, Kalu learnt that he was suffering from Tuberculosis. Subsequently, he decided against going back to Pune. Now Kalu lives at home, and suffers from poor health with frequent episodes of illnesses. The responsibility of her husband and 2 year old child, and also, of the land now rests entirely on Nanki Bai, with little help coming from Kalu's family or any other relative. She also needs to engage in labour work, to meet the needs of her family.

According to most of the women, health of the migrant has deteriorated since he left home; health problems appear to be even more for migrants employed in unskilled/ semi-skilled work. Women mention malnutrition and tuberculosis as among the common health problems affecting the migrants.

Most of the women have little information regarding the kind of place where the migrant lives and works, the kind of food he eats, and places where he seeks care on falling sick. Usually, when the migrant falls ill, he comes back home.

5.3.5 Communication

72.73 % of the respondents have the contact information (address and telephone number) of the migrants - mostly, with themselves, but sometimes, with another person (usually, the owner/ operator of the local telephone booth); the remaining 27.27 % of the respondents do not have the contact information of the migrants (Table-22).

Table-22: Availability of contact information (of the migrant) with the respondents.

Details	No of respondents	%
Contact information present with women themselves	70	63.64
Contact information present, but with another person	10	9.09
Do not have contact information	30	27.27

88.75 % of the women, who had the contact information, called up the migrant at least once, since his departure. Reasons why women call up the migrant includes illness of a child/ another family member; asking him to send back money.

Making a call to the migrant however, usually takes up a significant amount of time (Table-23)- this happens mostly because of the time spent in reaching the telephone booth-



as this requires covering significant distances, in a hilly terrain; and partly, the time spent at the booth, while connection with her husband is being established.

Table-23: Time spent by the women in making a call to their husband

Time spent	No. of women	%
Upto 2 hours	45	63.38
2- 4 hours	22	30.99
> 4 hours	4	5.63

It has been seen, that very often, emergencies/ difficult situation crop up in the life of the women- at such times, not having the contact information of the migrant makes it very difficult for them to communicate with their husbands.

For the women who have the telephone number of their husband, about 2/3 of the times women are able to talk to them directly, while in the remaining cases, they are only able to leave a message for their husbands, with the seth (employer), or the person who receives the call. In most cases however, the information is conveyed to the migrant- though with some delay. Whether a woman is able to talk directly with her husband or not, also depends on the occupation of the migrant- it is relatively easier to talk to men who work in shops or mills, as their place of work is relatively fixed.

In the event of an emergency, or when an important message is to be conveyed to the migrant, the means of communication used include the telephone, sending a letter to the migrant, or sending a message with someone- the travel expense of this person is borne by the migrant's family.

In the study it was found that about 40 % of the migrants did not call up their families- a major reason for this, is the unavailability of a telephone near their homes.

Socio-economic impact due to lack of communication

In a family, a woman and her newborn died soon after the delivery. The woman's husband and brother had migrated to Marwar, and the family did not have their contact information. The information could thus not be conveyed to them, and the family had to perform the last rites in their absence, and also, take loan for this purpose



6 Recommendations

The findings and analysis suggest the following recommendations for improving the lives and security of women in the context of male absence. Overall it appears important for both the Centre for Women's Studies and the Aajeevika Bureau to initiate activities specifically aimed at women of migrant males. It is a new and hitherto neglected perspective on support to women and needs to be urgently initiated through pilots and programmes.

6.1 Enrolment and Registration of Migrants and his Dependents

Registration and enrolment of the migrants creates a bona fide record and a data base on those who migrate. The Aajeevika Bureau has also been issuing the migrants a photo ID card which can be used as a means of introduction as well as an entry into the support services for the Bureau at the source and destination points. While the card is mainly issued to the male migrant, it is really important to start issuing the card to women and dependents as well.

The relevant details can be compiled from the migrant (name, age, residence; family details- wife, children, parents; place of migration, nature of work, name of employer and contact information- address, telephone number). The card will legitimise the significance of supporting women and thereby making the whole migration experience more positive and secure for all concerned.

6.2 Access to Credit

A major concern for the wives of the migrants is the scarcity of credit available in hand, for meeting the day-to-day needs and also dealing with something unexpected, most commonly, a health emergency. This puts forth a need for a mechanism by which credit is made available to the women. Few options in this regard are-

A savings and micro credit programme, by which a fixed amount of credit is provided to the women at regular intervals.

A provision of availing a loan which is interest free/ at low interest rates, in a short amount of time. As health appears to be one of the most critical conditions in which the women may need to borrow money, to start with this loan could specifically be, for meeting the health needs of the families of the migrants.

In relation to availability of funds it will be important to start up a remittance service and mechanism which can help in quick transfer of money from migrants' point of destinations to their families. A few interesting models are already available and some version of these should be piloted in

South Rajasthan.

6.3 Health



Women from the migrants' families are facing a huge burden of ill-health and diseases. While this situation would be true for a large portion of the community, absence of the migrant will make things even more difficult for the women, by increasing the difficulty of the women getting a loan, and not having a male member to go with her to the hospital/health facility. Following are some options which can be considered to meet the needs of these women, in the context of improving their health conditions and status:

Strengthening and ensuring regular outreach sessions at the village/ hamlet level: Such sessions will provide preventive services, such as immunization of children, antenatal check up, and to a lesser extent, also meet the needs of the community for curative services. A well-defined outreach programme can be developed for a cluster of villages, with information regarding the timing, place and day of the sessions being conveyed to all the villages. The community members can avail the services within their village/ hamlet; if there is a need- such as an acute illness in the family, or if session in the village has been missed, they can also avail the services in a neighboring village.

The ANMs from the concerned Sub centers can be mobilized for organizing these sessions. Depending upon the distance to the village/ hamlet and the availability of public transport services in the region, facilities for transport to the village may be provided to the ANMs. The village functionary can take the ANM from the Subcenter/ another identified place to the place of the camp, and also, inform the community about the day, time and place of the session.



Strengthen the availability of good quality curative services in the neighbourhood: Providing good quality curative services, within easy reach of the women, will facilitate appropriate, and timely care seeking. This will require mapping of the qualified health service providers in the region and networking with them for provision of regular services (with defined days, place and time). This information will be communicated to the communities. In the context of rural Udaipur, 'qualified' service providers will mean, in the majority of instances, ANMs and Doctors providing services at the PHCs, Sub centers and the CHCs, and in few cases, Doctors providing services in neighbouring districts in Gujarat.

Facilitating referrals and treatment of the sick, and patients needing hospitalization: A pool of vehicles can be identified at the block level and negotiations performed with them to transport a sick person to the appropriate facility. The organization will have to network with the health facilities in the region (mostly, CHCs, PHCs, Private Hospitals, few Sub centres) and with the district officials to facilitate timely and



appropriate care for the women and their families.

The village functionary can accompany the women and her family members to the health facility. He can arrange for transport, where needed. The transportation cost can be borne by the family, or, if needed, provided by the organization as an interest free loan- that could be recovered from the migrant upon his return.

6.4 Communication



Aajeevika Bureau has already set up communication services at the block office, providing a very useful channel of communicating information from the migrants' to their families, and an opportunity for the women to talk to their husbands. Over time, such services can be taken closer to the families of the migrants, with setting up facilities at sector/ cluster level, and using mobile phones. The village worker can be the person conveying information from the migrant to his family, and back from them, to the migrant. A regular communication service will create psychological comfort as well as create conditions for more stability on either side.

6.5 Providing Social and Economic Support

For women who are coping with long term and frequent male absence it is imperative for local community structures as well as organisations to keep vigil on their security and rights which run the risk of easy manipulation and violation. It will be useful to create a drop in centre that women can approach in case of grievances and that swings into urgent action upon being alerted. Such a centre will benefit from recognition by the panchayats or local authorities. The of panchayats can specially be mobilised on this issue and women *ward panch-s* can be asked to provide the first support in case of any grievance by a woman facing indignity or manipulation.

Practical support that makes it easier for women to participate in social and economic fronts should necessarily be provided by the organisations working in this region. For example balwadi-s, escort services, group activities and counselling for women would be excellent, useful services that can reduce the hardships of being alone and managing homes and families for long periods of time.



A greater awareness of women coping with male absence in the villages would also imply priority attention to them in government and NGO programmes, particularly those that create wage labour and local employment. Of course programmes should not increase the burden of work on women since these women in particular come under enormous stress of home and farm management. However activities that have the potential of creating valuable additional incomes should be designed and implemented.



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