

A SOCIO-PSYCHOLOGICAL STUDY OF MIGRATION OF TRIBAL AGRICULTURE WOMEN LABOUR OF RANCHI DISTRICT IN JHARKHAND

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KEY WORDS

Migration, Mental Health, Religion, Marital Status

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The main objective of the proposed research was to study the impact of migration on the mental health of tribal agricultural women labour in Jharkhand. Three hundred twenty (320) tribal agriculture women labour migrants were selected on the basis of stratified random technique. The stratification was based on 2x2x2 factorial design with the following three sociological factors, each one divided into two sub-groups : Religion (Christian - Non-Christian), Marital Status (Married - Un-Married) and Age : Younger 15-25yrs - Older 40-50yrs). A Hindi adaptation of Langner's Mental Health Scale (1983) was applied on the sample for the measurement of mental health and two points of Interview Schedule of Dewan (2001) was used to measure motivational/psychological factors of migration of the agricultural women labour sample. For analysis of the data, percentage values of the scores obtained on mental health scale and motivation measurement schedule were calculated in respect of religion, marital status and age groups-each one divided into two sub-groups. The findings indicate that the percentage scores of mental health and motivation of migrant tribal Christian women labourers were higher than that of non-Christian group in respect of marital status and age.

INTRODUCTION

A number of researches on the mental health of migrant labour have been done in abroad and India, which indicate that the process of migration influences the somatic and mental health of migrants. These studies reveal that ethnicity, religion, age, gender, marital status and social position influence the mental and somatic health of migrants (Mygind, et.al., 2006).

The existing researches show greater morbidity among migrants, especially concerning mental health problems, such as depression, stress, anxiety, psychosomatic complaints and certain chronic diseases like tuberculosis and hepatitis B. (Bhugra, 2004; Thomas, 2004; Carta, et.al., 2005; Sonne Nielsen, 2005). There is a lack of consistency in the findings on migrants' health. Some of the studies show that the morbidity patterns among migrants are not markedly different from the background population in the recipient country; some other studies indicate a lower prevalence of certain diseases among migrants compared to the background population in the recipient country (Syed & Vangen, 2003; Bhugra, 2004; Ingerslev, 2000).

Prolonged standing and bending, over exertion, de-hydration, poor nutrition and pesticide or

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chemical exposure contribute to an increased risk of spontaneous abortion, pre-mature delivery, foetal malformation and growth retardation and abnormal postnatal development (Gwyther and Jenkins, 1998; Smith, 1986). The infant mortality rate among migrant farm workers has been estimated to be twice the national average (Slesinger, Christenson and Cautley, 1986). In one study of California migrant women, 24 (%) had at least one miscarriage or stillbirth (Dela Torre and Rush, 1989).

There are few Indian studies which show that migration highly affects mental and physical health of migrants (Dube, 1970; Thacore, 1973). Also the rate of incidence has varied in some studies – 370 per thousand (Bhaskaran, Seth & Yadav, 1970); 96 per 1000 (Seth, Gupta, Raj Kumar & Promila, 1972) but they were much higher than among local residents. Migration, especially to remote places has been a strong factor in family disorganization. The study reveals that there is a significant and disturbing rise in mental health problems and disruptions in the families of the Keralite migrants who have returned with considerable savings from Gulf countries. Their economic status had risen remarkably but at the cost of their mental health (Sinha, 1984).

A variety of factors determine the prevalence, onset and course of mental and behavioral disorders. These include social and economic factors, demographic factors, serious threats such as conflicts and disasters, the presence of major physical diseases and the family environment such as poverty, un-employment, social surroundings, gender, age etc. have their negative impact on mental health (WHO, 2007).

Poor living conditions such as lack of proper water supply, poor drainage system and unhealthy practices and deplorable sanitary conditions expose the migrants to various kinds of health risks predetermined by their standard of living and their choice of occupation. These harm the migrants and increase the chance of their being prone to infectious diseases (Sundar et. al, 2003; Ray, 1993).

Living arrangement, living conditions, and health behavior are related to the incidence of infectious diseases. Malaria, hepatitis, typhoid fever, and respiratory infections are found with a higher incidence among migrants. The occupation-related commonly reported problems among migrant workers working in the informal sector are cold- cough, fever, diarrhoea, tiredness, lack of appetite, giddiness, weight loss, stomach pain, hip pain, headache, pain in the neck, swelling of legs, swelling of hands, hair loss, skin diseases, injuries, chest pain, eye problems among others (Jeyaranjan, 2000). Migrant laborers avail themselves of curative care but they fall outside the coverage of preventive care largely due to their fluidity of movement caused by uncertainty of employment. The low health status of women can be seen from indicators such as antenatal care coverage, prevalence of anaemia, prevalence of reproductive tract infections and violence against women (Kundu, 2002). Measles is found to be common among migrants, mainly among children who do not have immunization (Harpham, 1994). There are also many cases of mental problems reported among women in the refugee camps. Skin diseases, nutrition syndromes, incidence of tuberculosis, renal stones, renal failure and asthma are among other commonly reported morbidity in the camps (Samaddar, 2003). Children suffer from malnutrition and low immunization when their parents are in low-income and uncertain jobs (Sundar et. al, 2003).

Studies on the mental health of tribal workers are few and far between which have yielded contradictory results (Bhaskaran, et. al., 1970; Mahanta, 1979; Srivastava et. at., 1981; Wig, 1981). Due to; land alienation, destruction of forest, onslaught of market economy, influx of non-tribals in their region, problem of displacement and re-habilitation, un-employment and growing menace of terrorism, tribals are experiencing stress and anxiety of high magnitude. (Dewan et.al., 2008 & 2009).

Researches comparing religion/ethnicity, marital status and age of women migrant agricultural labourers in relation to mental health and motivation are also very few in India and other parts of the country.

It is apparent from the brief review that very little efforts have been made to study the relationship of migration and mental health of women agricultural labourers. Present study analyses the impact of migration on the mental health of tribal agricultural women labourers in Jharkhand.

PROFILE OF JHARKHAND

Jharkhand is a rich region in natural resources such as jungles, water, land, minerals and industries. But tribals live in poverty and penury.

Jharkhand has a population of 26.40 million, the tribals constitute 26.3% of the total population. There are 13.86 million males and 13.04 million females. The sex ratio is 941 females to 1000 males. The literacy rate of Jharkhand is 54.13%, that of female is 39.38% and of male is 67.94% and of tribal is 40.7%- among them female literacy rate is 27.2% only and that of male is 54.0%. Among them, about 85% are non-Christians 'Sarana', who worship nature and rest 15% are 'Christians' by faith (Census-2001).

Table : 1, Demographic Indicators of Jharkhand & India

Indicators	Jharkhand	India
Population (in lakhs)	26945829	1027015247
CBR*	25.8	22.8
CDR*	7.1	7.4
TFR**	3.31	2.68
ST (in percentage)	26.03	16.2
SC (in percentage)	12.0	8.2
Decadal growth rate	23.4	21.5
Population Density (per sq.kms.)	274	324
Sex ratio	941	933
Per capita Income	Rs. 4161	
Percent urban	22.2	

Source : Census, 2001; * From SRS, ** from NFHS III, 2005-06

Besides, tribals in Jharkhand are technically unskilled, untrained and unaware of their democratic rights. Industrialization and modernization have destroyed their livelihood. Their agricultural land and jungles have been acquired by the government. So, they are compelled to migrate to urban areas as agricultural labourers at very low wages and at the cost of physical exploitation, which affects their mental health badly.

The basic health condition of women and children in Jharkhand is also very poor. Health care is a major problem in far flung isolated tribal areas. Lack of food security, sanitation, and safe drinking water, poor nutrition and deprivation aggravate their poor health status. Malnutrition is a significant health problem among them. They suffer from anaemia. The mean height among both tribal and non-tribal women in Jharkhand is 150 cm, which is one point less than that of the all India average.

The mean Body Mass Index (BMI) for tribal women in Jharkhand is 19.1 as compared to 19.5 among the non-tribal women. Though, more than half of the women in Jharkhand have a BMI between 18.5 - 25kg/m² high, still about 41 % of both tribal and non-tribal women in Jharkhand have BMI less than 18.5 kg/m², which indicates prevalence of chronic nutritional deficiency (*NFHS III, 2005-06*).

The present paper emphasises the impact of migration in respect of sociological factors - religion, marital status and age on psychological factors – mental health and motives of tribal agricultural labour women of Ranchi District in Jharkhand.

OBJECTIVES OF THE STUDY

The main objective of the study was to explore the relationship of migration in respect of religion, marital status and age with mental health and motives of tribal agriculture women labor migrants.

The specific objectives of the study are as follows :

- To study the relationship between migration and mental health of tribal-Christian and non-Christian agricultural women labourers.
- To study the relationship between migration and mental health of married and un-married tribal-agricultural women labourers.
- To study the relationship between migration and mental health of younger (15-25yrs) and older (40-50yrs) aged tribal-Christian and non-Christian agricultural women labourers.

SAMPLE DESIGN

The Sample Design for the Study

	Christian		Non-Christian	
	Married	Un-Married	Married	Un-Married
YOUNGER(15-25 yrs)	40	40	40	40
OLDER(40-50 yrs)	40	40	40	40
	80	80	80	80
	160			160
	TOTAL SAMPLE - 320			

SELECTION OF THE SAMPLE

The sample for the study consisted of 320 tribal migrant agriculture labour women who were selected from the rural areas of Ranchi district in Jharkhand. The sample selection was based on stratified random technique. The stratification was based on 2x2x2 Factorial Design with the following three factors, each divided into two sub-groups:

- Religion (Christian / Non-Christian)
- Marital Status (Married / Un-married)
- Age (Younger-15-25yrs / Older-40-50yrs)

PROCEDURE

The selection of sample was made in two stages :

In the first stage, a Personal Data Schedule was applied on the entire population of selected villages in Ranchi district to obtain information about their name, age, marital status, ethnicity,

religion, education, income, occupation, place of residence, place and duration of work inside and outside the state etc.

In the second stage, from the collected information, the sample was divided into two broad groups of religion - Christian and Non-Christian (Sarna) and each group was further divided into two sub-groups of Marital Status (Married / Un-Married) and Age (Younger, 15-25 yrs and Older, 40-50yrs).

In total, there were 8 sub-groups, 4 for Christian and 4 for Non-Christian groups. For each sub-group 40 cases were selected on a random basis from the total number of cases available in that sub-group. Thus number of total sample for the study was 320 cases.

MEASURES OF THE STUDY

The following measures were applied on the sample for collection of data.

(i) Personal Interview Schedule

It obtained information about respondents' name, age, marital status, ethnicity/religion, education, income, occupation, place of residence and place and duration of work inside and out-side the state etc.

(ii) Mental Health Scale

It is a Hindi version of Lagner's Scale (1962). It consists of 22 items to measure depression, anxiety and psycho-somatic complaints. The scores range from 0 to 22. Taking the tribal sample, the scale was validated against security-insecurity test and the Correlation was found to be 0.75, and the split half reliability of the scale was reported to be 0.77 and 0.86 (Ahmad, 1983).

(iii) Interview Schedule for Measurement of Motives

An Interview Schedule constructed by the researcher (Dewan, 2001) was applied on the sample to obtain information regarding the actual motivational / psychological factors such as: attraction of city life, higher wages, imitation of friend/ relatives, insecurity, attraction of job, mal-adjustment, mediator as push motive, financial liabilities, frustrations of life and attraction of opposite sex/marriage to investigate the actual reasons of migration.

STATISTICAL ANALYSIS

For analysis of data, percentage values on mental health and motivational scores of agriculture women migrant labourers in relation to two sub-groups of Religion (Christian/ Non-Christian), Marital Status (Married / Un-Married) and Age (Younger-15-25yrs / Older-40-50yrs) were calculated.

RESULTS

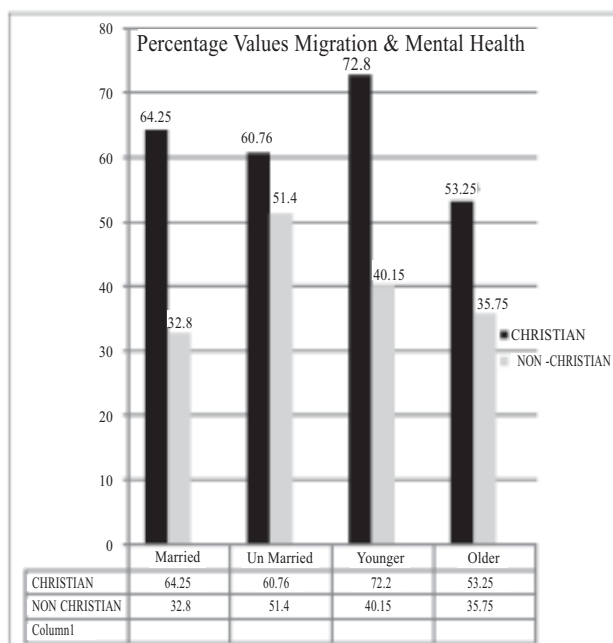
Comparison between two groups of Religion (Christian/ Non-Christian), Marital Status (Married / Un-Married) and Age (Younger-15-25yrs / Older-40-50yrs) with Mental Health and Motivational / Psychological Scores are present in the following Table and Graph nos 1 & 2:

Relationship of Migration and Mental Health

Percentage Values to show the comparison of Migration and Mental Health in relation to two groups of Religion (Christian/ Non-Christian), Marital Status (Married / Un-Married) and Age (Younger-15-25yrs / Older-40-50yrs) are present in the following Table & Graph – 1:

Table 2, Response of Migrated Sample on Mental Health Scale

	<i>CHRISTIAN</i>		<i>NON-CHRISTIAN</i>	
SUB-GROUPS	No	(%)	No	(%)
<i>MARRIED</i>	80	4.25%	80	32.80%
UN-MARRIED	80	60.76%	80	51.40%
YOUNGER	80	72.80%	80	40.15%
(15-25yrs)				
<i>OLDER</i>	80	53.25%	80	35.75%
(40-50yrs)				

Graph 1 : Percentage Values of Migration and Motivation

The Following points are important to explain according to above Table & Graph 1:

- Mental health scores of Christian agriculture women labour migrants were found higher than that of non-Christian labour migrant group in respect of marital status and age.
- Married Christian labour migrants have obtained higher mental health scores (64.25%) than that of Christian un-married sample (32.80%).
- The mental health scores of older and younger age groups of Christian labour migrants were found higher (72.80%) than that of non-Christian migrants (40.15%).
But in between the sample, younger aged group of Christian (72.80% and non-Christian (40.15%) labourers had higher mental health scores than that of their older aged counterparts, which were 53.25% for Christian group and 35.78% for non-Christian group.
- Percentage values of mental health of non-Christian labour group were lower than that of Christian group in respect of marital status and age.

Relationship of Migration and Motivation

Percentage values to show the comparison of migration and motivational / psychological factors in respect of two groups of Religion (Christian/ Non-Christian), Marital Status (Married / Un-Married) and Age (Younger, 15 - 25yrs / Older, 40 - 50yrs) are present in the following Table & Graph - 2 :

Table 3, Comparision of Migration (Christian & Non-Christian) and Motivation (%)

Sl No.	Motives	Christian (%) 160	Non-Christian (%) 160
1	Attraction of City Life	72.50	49.00
2	Higher Wages	91.15	55.75
3	Imitation Of Friends/Relatives	69.20	35.10
4	Insecurity	75.62	29.25
5	Attraction of Job	85.10	25.75
6	Mal –Adjustment	55.79	35.12
7	Mediator as a Push Motive	72.50	22.25
8	Financial Liabilities	68.10	40.12
9	Frustration of Life	50.65	45.25
10	Attraction of Opposite Sex	80.85	50.00

Graph -2, Comparision of Migration and Motivation (%)

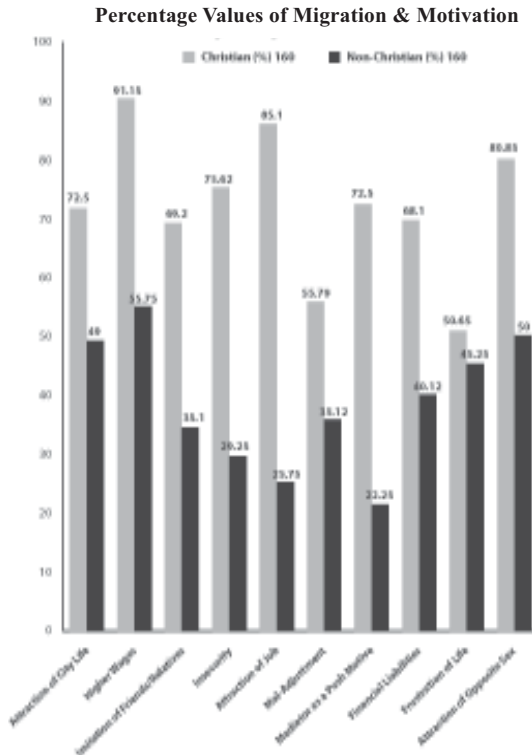


Table & Graph 2. reveal the following main points

- 72.50 % Christian and 49.00% non-Christian agriculture labour women migrants were attracted to city life for work.
- 91.15% Christian women labourers had migrated due to higher wages and only 55.75% non-Christian labour sample had feeling of higher wages for migration.
- 69.20% Christian women labourers and 35.10% non-Christian labour sample responded that they had migrated to big cities due to the influence of their friends and relatives.
- Disturbances and insecurity in the family life was one of the important reasons of migration for 75.60% tribal Christian women sample. Only 29.25% of non-Christian sample had pointed-out this reason.
- About 85.10% Christian women labourers and only 25.75 % non-Christian sample had migrated due to attraction of jobs in metro cities.
- Problem of mal-adjustment was the reason of migration for 55.79% Christian agricultural women labourers. Only 35.12 % of non- Christian labourers had pointed-out this reason.
- 72.50% Christian women labourers and 22.25 % non- Christian women labourers sample have responded that they have migrated out of Jharkhand due to push factor or pressure of middle-persons.
- 68.10 % Christian and 40.12 % non-Christian agricultural women labourers responded that financial liabilities or economic factors were the reason of their migration.
- Frustration of life or crisis was the reason of migration for 50.65% Christian women labourers and 45.25% non-Christian labourers sample.
- 80.85 % Christian and 50.00 % non-Christian women labourers migrated to big cities due to attraction of opposite sex. In fact, they had migrated with their male-friends or husbands. Marriage is also one of the important factor of migration of tribal women labourers in Jharkhand.

CONCLUSIONS & DISCUSSIONS

1. Mental health scores of migrant Christian women in respect of marital status and age sub-groups were higher than that of non-Christian women labourers group.
2. Motivation level of migrant Christian women was higher than that of non-Christian group in relation to marital status and age.

The results of the present research are not surprising, the primary data have been collected on tribal agricultural women labourers migrant sample of Ranchi district in Jharkhand.

The purpose of the study was to focus the impact of migration in respect of socio logical factors - Religion, Marital Status and Age on Psychological factors – Mental Health and Motives of the migrant agriculture women labourers sample.

Several other researchers have also found the relationship between mental health and religion (Comstock, Patridge, 1972; Gartner, Larson, Allen, 1991; Wright, Frost, Wisecarver, 1993). As per the conclusion of this study, an important question arises that why Christians have better mental health than non-Christians (Sarnas) ? ‘Christianity’ as compared to non-Christian ‘Sarna’ religion

seems to be more cohesive, institutionalized, organized and based on less supernatural beliefs. The supportive role of Churches and counseling role of clergy might have contributed to the mental health of Christians. It may be possible that these aspects of 'Christianity' help its followers to fulfill the basic human needs for meaning, purpose and confidence in the face of life's disappointments, frustrations and exigencies.

Few researchers have found the relationship between mental health and age factor, it has been studied that rates of depression are strongly age related. The greatest depression occurs in adult life, it is not reported in childhood and few among the elderly persons (WHO, 2007). The prevalence of mental or behavioral problems generally increase with age until the 35-44 years age group, with 14% of people aged 35-44 reporting a mental or behavioral problems (NHS, 2004-05.).

Some of the researches on the relationship of mental health and marital status have not produced consistent results. While some researchers indicated that married women as compared to un-married ones have more adjustment problems (Booth et.al.,1984; Fanous et.al.,2002; Dewan, et. al., 2009).

While others have confirmed that un-married women than married ones have to face more mental depressions (Davar, 1999; Dewan, et.al., 2008).

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