

Young women:

life choices and livelihoods in poor urban India

Summary of key findings from Mumbai, Hyderabad and Chennai*

HYDERABAD
INDIA
Chennai
Mumbai

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Urban poverty in India remains high, at over 25%.¹ **Over 80 million people in the cities and towns of India live in poverty.**² A decline in urban poverty has not accelerated with economic growth. As the urban population in the country is growing, so is urban poverty. 11.2 million of the total slum population of the country is in the state of Maharashtra followed by Andhra Pradesh (5.2 million), and Uttar Pradesh (4.4 million).³ Although the slum population has increased, the number of slums is lower, which makes them more dense. There is a higher concentration of slum population in the large urban centres.

A scoping study of three cities in India, **Mumbai**, **Hyderabad** and **Chennai**, was conducted to better understand young women's experiences in urban areas and inform ActionAid India's intention to launch an innovative programme focused on young women's rights to education, decent work, and sexual and reproductive health. By understanding these different aspects of young women's rights and how they are interlinked, the programme aims to increase their control and autonomy over their life choices. The scoping study methodology included; desk research of municipal and national statistics, focus group discussions (FGD) with young women and men, and interviews with key government officials. The research findings were then presented to the young women and men in each city. Young women and men participating in the study included unmarried adolescents, married youth with/without children, school dropouts, employed and unemployed youth in the age

group of 15-25 years. ActionAid and partners organised 18 FGD including over 180 young women and men across the three cities.

In the next sections, findings from this scoping study will be discussed. The first section focuses on India's youth population, followed by an exploration in the second, third and fourth sections, of the trends for poor urban youth in regard to labour, education and sexual and reproductive health rights respectively. In each section youth perspectives which emerged from the FGD are also discussed.

India's urban youth population

The total urban population in the country as per the 2011 Census is more than 377 million (31.16% of the total population). Of this, around 181 million are women, and more than 195 million are men. According to the medium range projections of the United Nations, 41% of India's population (or more than 550 million) will live in urban areas by 2030.⁴ **The share of youth in the total population in India increased from 16.7% in 1961 to 20% in 2001 and the projections show that it will further increase to 20.1% by 2011.**⁵ In concrete figures this amounts to 240 million. While this projection is available, data disaggregated by sex and for urban-rural populations is not.

Labour trends for urban youth

The Ministry of Labour and Employment estimates that there will be approximately 63.5 million new entrants to the working age group of 15-35 years between 2011 and 2016. It is important to note that the bulk of this increase is likely to be from the relatively younger age group of 20-35 years, because it is this population that constitutes a larger proportion among the 15-35 age group during this

* Summary of a full report written for ActionAid India by Indira Rani

time period. Such a trend would **make India one of the youngest nations in the world. In 2020, it is estimated that the average Indian will be only 29 years old.**⁶ Further, it indicates that unemployment rates are very high in urban areas, especially for the age group of 15-24 years.

How many women are part of the workforce and how much work do women contribute? No clear figures exist as most estimates ignore women's contribution through unpaid care work – this includes activities such as cooking, cleaning, taking care of children and community work. The only National Time Use Survey conducted in 1999 and covering six states in India, revealed trends that are not dissimilar to the situation today.⁷ The survey revealed that **women spend 34.6 hours per week, as compared to 3.2 hours by men on unpaid care work. Unsurprisingly, men also spend 8 hours more on leisure, learning and personal care.** Men spent 42 hours in paid economic activities, while women spent only 19 hours. Labour force participation rates by the National Sample Survey Office (NSSO) for women and men from 2009-2010 are 15% and 60.4%, respectively.⁸

According to the Census of India 2001, in urban areas, out of a total of 92.68 million workers, women only constitute 16.10 million (a meagre 17.37%).⁹ On the other hand, women constitute 90% of the total marginal workers of the country. Estimates for 2009-10 from the NSSO for the workforce participation rate (WPR) for urban women was 13.8%, while for urban men, it was 54.3%.¹⁰ This massive difference between the two is a matter of concern. NSSO data from 1972-73 to 2009-10 shows that except for marginal variances, the WPR has not altered much for either gender (and between them). This is in spite of globalisation and the expected job opportunities for women and men in the labour market.

FGD participants reiterated these findings – all agreed that women are disproportionately responsible for household work, exploited to do more work for lower wages and grossly underpaid if engaged in home-based work.

FGD: youth perspectives on employment

Call centres are recruiting thousands of young women as business process outsourcing has become a very profitable venture in Mumbai. Young unmarried, educated and computer literate women fluent in English are recruited on a contract basis without any consideration of labour standards as stipulated by the International Labour Organisation. Participants in the FGD reported:

“Very few girls from these localities take up jobs because of night shifts and security reasons. The call centre jobs are done by girls who get family support and have courage to face the challenges outside their homes. As they are not well-educated they can't go for high positions jobs like managers although they wish to work in those positions.”

(young woman, Mumbai FGD)

In addition, home-based sub-contracted work paying below minimum wages has been rampant in Mumbai since the 1990s, as confirmed by one woman in an FGD:

“Some women are engaged in home run businesses like garment making, sewing, cutting, embroidery, making bags, belts, 'tikli work', etc. But in this work, they get paid very less money i.e. Rs.1 for putting nine wires in a buckle. They realise that this is very little payment, but if they ask for more payment, the agent threatens by saying that he will give the work to someone else and there are many who will agree to take the work at very low payments also. While they do earn some income it is used up taking care of day to day requirements like buying vegetables, meat, milk, etc.”

The Hyderabad FGD report states:

“The women work in factories making incense sticks, safety pins and work on karchob. For making one kg of incense stick, they are paid Rs 10. If a woman works fast and works for the entire day, she makes four kg of incense sticks and is paid Rs 40. If a woman makes a kilo of safety pins, she is paid Rs 15. The work is more, the money is less.”

The FGD explored the barriers that prevent young women from joining the workforce or accessing decent work opportunities. The following findings emerged:

- There is a lack of quality education and proper training, and also lack of financial and other resources to access education and training,
- Long commuting distance and high transportation costs makes it difficult to travel to places where work is available.
- Sexual harassment takes place during the commute to work and at the workplace.

Factors influencing the choice of occupation were thus as follows; distance to workplace (correlated to time and cost as well as safety concerns), potential for sexual harassment, fear of domestic violence, and the lack of available or poorly maintained crèches. Domestic and marital conflicts and children’s protection from abuse were reasons some young women preferred to take up part-time work and home-based work.

Young women in the FGD in Semmenchery, Chennai brought up the issue of unpaid care work. A young woman said, *“Women who are working and have to manage family bear a double burden of work. Women have to manage everything in the morning; cook for the entire family, wash clothes, wash utensils, pack lunch for everyone, fill up water, and leave for work. And after returning home, she would still have to finish the unfinished work and again start preparing for the next day”*.

Yet many girls, for instance those in the Mumbai FGD, expressed a strong desire to work even after marriage.

They would not like to depend on their husbands and parents-in-law for money. Indeed, they would like to support their parents, and that can only be possible if they are earning income. Economic independence is crucial for self-confidence. Young women from Mumbai also noted that they have greater control over money when they are single. After marriage most felt that they do not have control over their money. Before marriage they would spend money on themselves. Once they are married they spend most of their income on household expenses and have to contribute to the family income.

A young man observed that people in the community become suspicious when a woman steps out of prescribed gender norms. There is a lot of physical and mental pressure on her to abide by gender norms (young man, Hyderabad FGD). Some young men in the discussions said that they would allow their wives to study and work; others would not for fear that she might not give enough importance to housework if she started working. Another said that if the man earned enough, women didn’t have to work. When asked about the amount of unpaid care work women do that goes unrecognised, one man said, *“My mother’s work is unquantifiable and invaluable. Because she is the mother, she has to do it”* (Hyderabad FGD). This is the belief that many hold for their wives too.

Education trends for urban youth

The literacy rate for the youth population in India rose from 56.4% in 1983 to 80.3% in 2007-08.¹¹ The literacy rate for young women (15-24 years) was 74.4%, while that for young men was 88.4% in 2010.¹² The percentage of young women and men attending secondary education respectively is 49% and 59% in 2010.¹³

Table 1: Percentage of school attendance (urban) for ages 15-17 by city (2005-06) ¹⁴

City	Girls	Boys	Total
Hyderabad	54.1	60.1	57.1
Mumbai	51.3	57.8	54.9
Chennai	60.5	57.7	59.1

Regarding employability, only 4.9% of young workers had post-secondary level of education in 2007-08. India still has many illiterate youth and only few workers have education above secondary level. **In 2007-08, for the urban population above 15 years, the NSSO stated that a dismal 23.1% of women and 31.7% of men had any kind of education from higher secondary to post graduate levels.**¹⁵ Only about 11% of youth have taken any kind of vocational training and among the rest, about half of them have received this through hereditary practices. How can they then enter an increasingly competitive job market and position themselves on a level playing field?

In education, it is important to note that India has made significant strides with the passage of the Right of Children to Free and Compulsory Education Act, 2009. This is expected to further boost education levels among the youngest youth between 15-19 year olds in the next decade. In addition, the government is also introducing the Rashtriya Madhyamik Shiksha Abhiyan (RMSA or National Secondary Education Campaign). This focuses on retaining 14 year olds as this is the age at which 48% of girls and boys drop out of school. Two additional components of RMSA are the components of vocational training and education on sexual health for adolescents. However, these are still in the design phase and not much information is available.

FGD: youth perspectives on education

In Mumbai, many participants in the discussion said that though state run schools provide free education, the quality of education is very poor. Across the three cities most young people had enrolled in primary schools though a few of the adolescent girls had never been to school. There were also many school dropouts for various reasons such as distance, high transport costs and safety concerns. Once a girl drops out, the next step is marriage. **Most of the girls believe that marriage is an obstacle to further education;** *“It is very difficult for girls to finish education after marriage. She has to manage the house”*, said a young woman aged 18 in the Hyderabad FGD. In particular, the mother-in-law must be convinced of the value of education to allow a young woman to attend school. Only if the mother-in-law gives her permission can the young woman enrol. Many participants felt that husbands should better support their wives to continue their education. The groups mentioned that in certain cases, a husband would not agree to his wife continuing her education even though he is educated. In other cases, the husband might agree, but the mother-in-law can overrule him. Even unmarried young women faced challenges: some parents also do not believe in investing in girls’ education. A common perception is that the family would not directly benefit as the young woman would get married and move to her husband’s house. The money for her education is thought as better used for her dowry. The cost of education is a challenge, both for married young women and for those unmarried young men and women living in large families with many siblings.

Of the young men that participated in the FGD across all three cities, many were not interested in getting an education and preferred to earn money as quickly as possible. They had many reasons for dropping out of school: bad friendships, poverty forcing them to earn

a living early, getting into habits like drinking or drug addiction and poorly managed schools. For some marriage was cited as a reason to drop out of school. The men also expressed that being qualified did not help advance their career unless they spoke English – which is not taught well in government skills. Fluency in English is perceived by many as an essential skill. All the young women in the three cities agreed that without education jobs are difficult to get. Many girls dreamt of studying medicine, engineering or information technology, but do not know how to access this kind of education. However, young women are clear of the need for a good education to have a better life.

Sexual and reproductive health trends for urban youth

Sexual behaviours among youth

Table 2: Sexual behaviour among urban youth, age group 15-24¹⁶

Sexual Behaviours	Young Women	Young Men
Percentage who have ever had sexual intercourse (urban)	38.2	18.9
Percentage who had sexual intercourse before age 15 (urban)	4.5	1.0
Percentage who used a condom at first sexual intercourse (urban)	4.1	25.5
Percentage who had two or more partners in the past 12 months (urban)	0.1	8.1
Never Married	49.0	54.8
Amongst those never married percentage who have never had sexual intercourse (urban)	99.6	90.0
Ever Married	56.4	60.0
Married or in a union (15-19) ¹⁷	30.0	5.0

Evidence presented by the National Family Health Survey indicates that a higher proportion of young women (15-24 years) in urban areas have had sexual intercourse than young men of the same age group. It suggests that this is due to the fact that women get married at a very young age.

It is a matter of concern that despite strong laws like the Child Marriage Act 2006, minors are still being married off in India. This underlines the silence of the state to this customary practice that occurs in many regions of the country.

Teenage pregnancy and contraception

National Family Health Survey indicates that at the time of the survey in 2005-2006, **8.7% of young women in urban India in the age group 15-19 years were either pregnant or had already become mothers. According to the survey, 6.7% of teenagers (15-19 years) in Mumbai were or had been pregnant or were already mothers.**¹⁸ Across India 47.3% of women aged 20-24 were married by age 18.¹⁹

Use of contraception data is currently only available for married women in urban areas. At 59%, Mumbai has the lowest percentage of women using any kind of contraception, for Hyderabad, it is 66%, while in Chennai it is at 68%.²⁰ Women in slum areas are much less likely to use modern spacing methods and are generally more likely to use permanent methods.²¹ **The use of modern methods of contraception is generally lowest among women living in poverty. There is a silence around the sexual lives of unmarried young women.** The stigma attached to this behaviour is enormous; this effectively prevents young women from accessing information about many issues like contraception, safer sex and HIV and AIDS. The lack of national data for contraceptive prevalence use by unmarried sexually active women, which is a common problem around the globe, creates a challenge in identifying the extent to which sexually active youth lack access to these services and related information.

FGD: youth perspectives on sexual and reproductive health rights

Overall the FGD showed that young women and men have varying levels of understanding regarding sexual and reproductive health rights. In Mumbai only 40% of the young women involved in the FGD had some information about reproduction and their own bodies. Many were ignorant about their reproductive system and only understood that after marriage it is natural to have children. In other FGD young women showed that they knew about contraceptives like tablets, condoms, injections, and the loop (copper T). They know about these different forms of contraception from TV ads or from each other. Many young women said the electronic media helped them find out more about contraceptive methods, HIV and AIDS and the dangers of unprotected sex. Across the three cities, young women and men stated that they could not openly discuss these issues with their parents or elders.

Young women are accessing private or municipal hospitals to use these services. In private hospitals the cost is higher than in municipal hospitals. However, some emphasised that even in state run hospitals medical and maternity expenses were on the rise. Young women said that they faced difficulties in municipal hospitals because the staff and doctors do not pay them proper attention. Most said family planning resources are available in medical shops and private and public hospitals. Condom boxes are also kept in some public toilets. Yet, there were some young people who understood family planning as a surgical operation. The young women in each study shared that it was their mother-in-law and husband who determined the number and spacing of their children.

Corroborating the desk research findings, **FGD in all three cities reported child marriages and teenage pregnancies**. One of the positive changes is that the majority of the girls are married only after 18 years in Mumbai. In Chennai and Hyderabad the group

discussed the problem of child marriage which is still visible in their communities. Young women expressed the need for non-governmental organisations to provide more information around sexual and reproductive health rights.

Conclusion

“When a girl is harassed on the roads everybody stands by and watches. No one steps forward to help. The mind-set is she not our daughter so why bother? So people’s mind-sets should also change.”

(young woman, Hyderabad FGD).

The scoping study offers an insight into the lives of the young women growing up in poor urban areas of Mumbai, Hyderabad and Chennai. The reflections from the FGD in many respects mirror the national and municipal statistics. Though it was a challenge to access sex and age disaggregated data for women and men living in urban areas, the data available, coupled with the FGD, paints a picture of young women with aspirations but whose choices are limited by marriage, early pregnancies and a lack of skills and employment opportunities. The FGD show how ‘mind-sets’ or patriarchy, constrain young women’s opportunities and can lead to the violation of their rights to education, decent work and sexual and reproductive healthcare. Many of the young women and men spoke of wanting a safe space to meet and share their perspectives. For many the FGD were the first time they had discussed their sexual and reproductive health rights and life choices with other young women and men. The information, perspectives and experiences generated through the scoping will inform ActionAid India’s programme on young women living in poverty in each of these cities.

Notes

- 1 Government of India. *India: Urban Poverty Report 2009*. Ministry of Housing and Urban Poverty Alleviation. February 2009.
- 2 *Ibid.*
- 3 *Ibid.*
- 4 Gupta, K et al., *Health and Living Conditions in Eight Indian Cities*, National Family Health Survey-3, Ministry of Health and Family Welfare, Mumbai, 2009.
- 5 Dev S.M. & Venkatanarayana M., *Youth employment and unemployment in India*. IGIDR, New Delhi, 2011.
- 6 Government of India., *Economic Survey 2011-2012*. New Delhi, 2011.
- 7 Government of India., *Time Use Survey 1998-1999: Brief Details and Important Findings of the Survey* Ministry of Statistics and Programme Implementation, New Delhi, 1999. http://mospi.nic.in/stat_act_t5_2.htm (accessed on 07/05/12).
- 8 National Sample Survey Office., *Participation of Women and Men in the Economy*, Ministry of Statistics and Programme Implementation, New Delhi, 2010.
- 9 Government of India., *Census of India 2001*, New Delhi, 2011.
- 10 National Sample Survey Office., *Participation of Women and Men in the Economy*, Ministry of Statistics and Programme Implementation, New Delhi, 2010.
- 11 Dev S.M. & Venkatanarayana M., *Youth employment and unemployment in India*. IGIDR. 2011.
- 12 UNICEF., *The State of the World's Children 2012: Children in an Urban World*, UNICEF, New York, 2012.
- 13 *Ibid.*
- 14 Parasuraman, S. et al., *A Profile of Youth in India*. National Family Health Survey-3, Ministry of Health and Family Welfare, Mumbai, 2009.
- 15 National Sample Survey Office., *Education in India, 2007-08*. NSS Office 64th Round, 2010.
- 16 Parasuraman, S. et al., *A Profile of Youth in India*. National Family Health Survey-3, Ministry of Health and Family Welfare, Mumbai, 2009.
- 17 http://www.unicef.org/infobycountry/india_statistics.html (accessed on 07/05/12).
- 18 Gupta, K et al., *Health and Living Conditions in Eight Indian Cities*, National Family Health Survey-3, Ministry of Health and Family Welfare, Mumbai, 2009.
- 19 *Ibid.*
- 20 *Ibid.*
- 21 *Ibid.*

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