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Migrant Adolescent Girls in Urban Slums India: Aspirations, Opportunities and Challenges

Siddharth Agarwal¹, Eleri Jones², Shabnam Verma³ Abstract

Migrant adolescent girls in India's fast-growing urban-slum population face multiple intersecting vulnerabilities, including gender, poverty and migrant-status.

The study aims to understand the opportunities and challenges for migrant adolescent girls in low-income urban slum settings.

Qualitative data were collected through interviews with girls aged 12-19 who migrated during the past two years and non-migrant adolescent girls for comparison to explore their experiences in fast-growing Indore. A group-interview with slum women's group members discussed ways to address challenges.

Push/pull factors linked with different employment/educational opportunities between rural and urban areas motivated families of unmarried girls to migrate. Recently married girls joined city-based families or accompanied husbands who were labor migrants. Neither married nor unmarried girls played decision-making roles in migration.

Married migrant adolescent girls faced challenges in accessing education, employment, social opportunities and services owing to restrictions on freedom of movement, weak social networks, and little awareness of opportunities and services. Childbearing migrant girls faced particular risks. Contact with their natal families being limited, the quality of relationship with husbands and marital families was crucial for married girls' well-being.

Unmarried girls attending schools were positive about the migration experience, perceiving the city to offer greater educational opportunities. Through school, they accessed opportunities for new relationships and social activities. Not all unmarried adolescent-girls were able to access opportunities owing to family restrictions and economic circumstances. These girls' worlds remained small despite moving to a large city.

Where girls' economic and/or family and social circumstances allowed, migration entailed a positive change that enhanced their opportunities. Specific challenges of this population segment need focus in policies and programs, prioritizing three particularly vulnerable groups: girls who are neither in education nor employment, pregnant girls or new mothers, and those with difficult relationships in marital homes. Proactive outreach to raise awareness about opportunities and services and fostering social networks through frontline workers and slumwomen's groups are recommended.

Keywords: Adolescent girls, Urban migrants, Married girls, Urban slums, Internal migration, Social network, Educational opportunities, Health services.

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Introduction

Females feature prominently in internal migration streams in India. But their experiences tend to be sidelined in the research literature, which overwhelmingly focuses on men's experiences. More than 75% of all migrants in India are women. Marriage is the predominant underlying reason because patrilocality means women generally move from their natal households to join the husband's household following marriage. Although smaller than the proportion migrating to rural destinations, a substantial proportion of these female migrants migrate to urban destinations.

Data from the National Sample Survey, 55th Round, 1999-2000, 18 indicates that more than half of the female migrants in urban India are classified as associational migrants, combining marriage and migration with parents or another earning member of the family. Although there is some increase in the independent migration of women, for employment in the domestic maid sector, for example, in India this continues to make up a small proportion in comparison to other world regions. ^{24,36} A focus in the research literature on labor migration streams, which are dominated by men, Srivastava and Sasikumar³⁵ explain the relative absence of research into women's migration experiences. There is a need to better understand the opportunities and challenges faced by female migrants.

This study focuses on recent migrant adolescent girls in urban slums of India, a subpopulation for whom multiple vulnerabilities intersect, including gender and poverty as well as migrant status. A study in urban Tamil Nadu in southern India found that the majority of females who migrate at less than 20 years of age do so as daughters of the primary migrants. However, a high prevalence of marriage during adolescence, particularly in the northern and central Indian states, means that marriage migrants are also likely to be represented among recent migrant adolescent girls in urban areas.

Despite increasing opportunities, it is known that adolescent girls in India are less likely to enroll in and complete school than their male peers; they are less likely to engage in productive activities; and many girls continue to be married as children. However, it is also known that urban areas offer a greater abundance of opportunities such as education, jobs and healthcare facilities, leading to urban advantages in social outcomes. For example, educational enrolment is higher in urban areas,

rates of child marriage are lower,³⁰ and average health levels are better.²⁸ Urban areas also offer the potential to share spaces, form diverse social networks, exchange information and participate in cultural activities.³⁹ Migrant adolescent girls' access to the education, employment and social opportunities available in urban areas is not well understood.

also mask figures Aggregate socioeconomic variation within urban areas. 1,14 Opportunities and outcomes are unevenly distributed across the socioeconomic spectrum, and economic and social vulnerabilities affect many adolescents' access to the full amenities and opportunities that cities offer.³⁸ Rural-urban migration in India often entails living in slum areas with poor access to basic amenities. 4,5,35 Slums are defined by inadequacies in housing; living area; water and sanitation; and insecure tenure.³⁹ Evidence also indicates substantial differences between slum and non-slum populations in education outcomes, hunger and health.³⁹ Adolescents in slum areas are more likely to work in the informal sector than their non-slum peers, which deprives them of secure livelihoods.³⁸ Slum dwellers also face substantial health risks in their environments and many face barriers to accessing high-quality health services. 4,6,33 The physical and psychological wellbeing of slum populations is severely compromised on account of the poor living environment, thus inhibiting their ability to be active, productive and prosperous members of society.¹

The aim of this study was to understand the opportunities and challenges for recent migrant adolescent girls in low-income urban slum settings in India, a subpopulation for whom multiple vulnerabilities intersect. The focus in particular was on the circumstances of migration; the experience of adapting to a new setting; and educational, employment and social opportunities and challenges.

Methods

Individual qualitative interviews were conducted with adolescent girls who had migrated to an urban area within the past two years (n=18). Further individual interviews were conducted with a small sample of non-migrant adolescent girls who were born and grew up in the same area of the city for the purposes of comparison (n=4). A group interview was conducted with members of slum women's groups to obtain their views on the opportunities and challenges for recent migrant adolescent girls in their neighborhoods and suggestions on ways of addressing their needs (n=6). Data collection took place in November and

December 2011 in the city of Indore in Madhya Pradesh, India.

All participants lived in low-income slum settings in Indore. The aim was to include girls from across the age range of 10-19. A mix of unmarried and married girls was specifically sought. Participants were recruited through Urban Health Resource Centre's (UHRC) contacts among slum residents involved in women's groups in the city. Through their knowledge of residents in their neighborhoods and wide networks, these contacts identified recent migrant (including one temporary migrant) and non-migrant adolescent girls who were subsequently screened by the interviewer to check they met the selection criteria and to discuss participation in the study. Group interview participants were recruited from among the leading members of women's groups in one cluster of slums in the city. As active women's group members, these women frequently interacted with public authorities and health workers.

A female staff member, (co-author 3) from UHRC with considerable experience working in slum contexts conducted the interviews in Hindi. Individual interviews were conducted either in the girl's own home or in the home of a women's group member. A semi-structured interview guide was used, which was field-tested in advance. For migrants, the interview guide covered circumstances before, during and after migration, and education, employment and social activities. For non-migrants, the interview guide covered the same topics except those pertaining specifically to migration. Interviews lasted between 20 minutes and 1 hour. The group interview was conducted in the home of a group participant. A brief topic guide was used to structure the discussion, which covered views on needs and challenges for recent migrant adolescent girls in slums and ways in which government programs, NGOs and women's groups could help this population.

Thirteen of the individual interviews and group interviews were audio-recorded. These were transcribed and translated into English. For the other nine interviews, notes were taken during the interview and written up in detail as soon as possible, usually within 24 hours. Verbal informed consent was sought from all participants and ethical approval for the study was obtained from the Population Council, New York. Original names of participants are changed in the results section.

The rationale for conducting qualitative interviews was that they enabled girls' experiences of migration

to be examined in-depth and from their own perspectives. The strength of qualitative methods lies in their ability to examine social phenomena in detail, as they are experienced by the research participants, and paying attention to the context in which they take place. ^{20,32} We opted for individual, rather than group, interviews because we were interested in gathering data on individual migration stories.

The qualitative data were analyzed thematically. Transcripts were coded using categories reflecting the study aims and objectives. These codes were subsequently refined and analyzed within and across cases to present an account of patterns pertaining to the circumstances of migration, and educational, employment and social opportunities for recent migrant adolescent girls in urban slums.

Study Context

The study was conducted in Indore, a major commercial city of over 2.5 million (estimated population in 2016) people in the central Indian state of Madhya Pradesh. Indore was an appropriate setting for this study since it had a rapidly growing population, in part due to large-scale migration from within the state and from neighboring states, including Maharashtra, Uttar Pradesh, Rajasthan and Bihar. According to the 2011 census, the city's population increased by more than 0.45 million between 2001 and 2011, putting further strain on education and healthcare facilities, alongside other infrastructure. Indore could be described as characteristic of the many medium to large-size, rapidly growing cities in India.³

Sample

The migrant sample (n=18) ranged in age from 12-19 years and comprised ten unmarried girls and eight married girls (Table 1). The unmarried girls ranged in age from 12-18 years and the married girls were all aged 18 or 19 years.

Five of the girls were intrastate migrants from Madhya Pradesh and the other girls were interstate migrants from Uttar Pradesh (n=10), Bihar (n=2) and Rajasthan (n=1). Uttar Pradesh and Bihar are states with low levels of urbanization and feature prominently as sending states in interstate migration flows in India (Bhagat and Mohanty, 2009). All girls in the sample were rural-urban migrants. The non-migrant sample (n=4) included two unmarried girls and two married girls.

Table 1.Sample Characteristics

Age	Migrants (n)		Non-migrants (n)	
	Unmarried	Married	Unmarried	Married
12	2			
13	2		1	
14	1			
15	2			
16			1	
17	2			
18	1	4		1
19		4		1

Results

Circumstances of Migration

Girls in this setting were largely associational marriage either migrating for migrants, accompanying another earning member of the family. All except one girl had migrated on a permanent or semi-permanent basis. The exception was a girl who accompanied her parents to work temporarily in a brick-kiln on the periphery of one of the slums. Neither the unmarried girls nor the married girls were decision-makers in the migration experience. Although unmarried girls may have featured in the motivation for migration, they were either not involved or only marginally involved in decisionmaking. Married girls were also on the periphery of decisions regarding their marriage and subsequent living arrangements. Along with a minimal role in decision-making, girls did not play a prominent role in preparations for migration. Parents or husbands and made financial, families travel accommodation arrangements.

Unmarried migrant adolescent girls accompanied parents and siblings to the city or alternatively left parents behind to join other family members in the city. A variety of 'push' and 'pull' factors underlying migration could be discerned among this group. A prominent theme was differences between rural and urban areas in employment and income-earning opportunities. Fathers, alongside some mothers and brothers, sought employment in the city's industrial base or relocated small businesses to escape unemployment, irregular employment and low wages in rural areas. For example:

"There are no jobs in the village. So he (father) used to go and do labor work at times. There (in the village) his earnings were not sufficient. Also he did not go to work every day." (Kamini, age 17) Girls also described child-centered motivations for families' migration, such as perceived differences between the opportunities available for children in the village and the city. Education was a key 'pull' factor as opportunities were considered far superior in urban areas and viewed as crucial for future prospects. The city held promise for families as a place where the next generation may diverge from the family's traditional livelihood and break the cycle of intergenerational transmission of poverty. Similar findings are also noted in other studies.³⁷ (Bird, 2007). Gender-specific restrictions on girls' education in rural areas were particularly notable in explanations. Some girls conveyed that parents wanted to depart from norms in their village preventing girls from completing their education and being married young, suggesting these families may have had particularly progressive values.

"He (father) is of the view that children should be educated and have good thoughts...In the village, girls have to stay at home and do household chores. They are married early according to the wishes of their parents...Here (in the city) girls and boys are treated as equals and have equal opportunities to study...They (parents) wanted their daughters to be educated...They want me to be a computer engineer." (Priti, age 15)

Educational opportunities also provided sufficient impetus for one 17-year-old to leave her parents behind in the village and join her brother and his family in the city in order to pursue her educational aspirations and learn new skills unavailable to her in the village.

A somewhat different 'push' factor was difficult relationships and family conflict in the village within the larger family. Other studies also found that such family conflicts worked as push factors for migration of a family along with their adolescent or younger children. Conflict in the marital relationship led to one mother leaving her husband and taking her adolescent children to join her natal family in the city. In another case, the conflict involved a rift among the extended family in the village, prompting a separation. Where conflict provided the motivation, migration was expressed as a means of escape and a relief for the adolescent girl and her family.

Migrants living in these slums typically had family connections in the area, which were instrumental in the decision to migrate and in the choice of migration destination. Unmarried girls indicated that these extended family members provided positive accounts

of the city and the opportunities available, and explicitly encouraged the individual or family to migrate. On arrival in the city, relatives provided considerable informational and practical support, such as arranging accommodation in their own or a rented home for the initial period. In this way, migrating to join family connections provided not only familiarity but also security for girls and their families.

Among the exceptions was a girl who had migrated with her family without connections in the city on hearing the accounts of returned migrants of the employment and educational opportunities in urban areas. Another exception was the girl who had accompanied her parents for temporary work in a brick-making kiln and had no acquaintances in the city. The lack of family connections in the city was found to have negative implications for girls and their families during times of income insecurity, for example.

Family and household structure was reconstructed in the process of migration. Large joint family household units to which the girls were accustomed in the village were left behind. Despite maintaining links with the village, new household units were created at a smaller scale and in proximity to a different set of relations.

Marriage itself was the reason underlying migration for married adolescent girls due to patrilocality. Yet, circumstances were diverse. Where husbands were long-term residents in the city, girls migrated to live in their in-laws' homes with their husbands. Other girls were married to husbands who themselves had previously migrated to the city for employment opportunities. In these circumstances, girls expressed the reason for migration in terms of their husband needing support with household tasks. An exception to this pattern was a girl who had migrated together with her husband to enroll in a college following her recent marriage.

Non-migrant husbands typically had extensive family connections in the city whilst migrant husbands had fewer. Nevertheless, migrant husbands had typically joined family members living in the city themselves, particularly siblings, with whom they had stayed when unmarried. These family connections of migrant husbands played an instrumental role in supporting the newly married couple during the initial period before separate accommodation was found.

Despite playing a minimal role in decision-making, both unmarried and married girls had heard mostly positive reports from family or friends about the city and described feeling optimistic about the opportunities that would become available. Some had also previously visited family connections in the city and so were not entirely unfamiliar with their destination. Nevertheless, there was anxiety about what to expect and about leaving familiar people and places behind, particularly for married girls.

"I was a little doubtful as to how I would feel in a new place. Also you don't like leaving the place where you have been living." (Priti, age 15)

Education and Skills

Despite socioeconomic inequalities in access to education in urban as well as in rural India, migration to the city represented an opportunity for some girls to progress further in education than would have been possible for them in the village. In particular, some girls' village schools did not reach the highest grades and so further education would either be impossible or would have involved long journeys. Moreover, girls described norms in the village that would have prevented them from pursuing further education.

From the girls' perspectives, the (mostly private) schools they attended in the city were also better than the schools they attended in the village. The aim here is not to make comparisons. The focus is on the girls' views of the change in their opportunities, the meaning attached to these changes and their implications from the girls' perspectives. Despite reports of limited facilities in some schools in the city, girls described a more committed attitude to teaching and learning among both the students and teachers and better discipline leading to improved outcomes:

"Here studies are good. Teachers are also good and the principal...It is systematic. We have classes. We study when it is time to study and have fun also...In the village we did not have proper studies. I couldn't even read. I like the studies here and developed interest in them. There I was not interested in studies." (Sangita, age 13)

Although computer facilities were scarce in schools, girls who had accessed these facilities relished their first, albeit limited, opportunity to use a computer. The appetite for learning was evident among the ten recent migrant girls in the sample who were able to access educational opportunities in the city, and underlying their enthusiasm were hopes and aspirations for the future.

"I have many plans...I want to be in the police...I will have to study." (Poonam, age 18)

Further studies were not necessarily closed to married migrant girls either. There were girls who were enrolled at university and intended to complete their studies. Common to these girls were husbands who had higher levels of education themselves and who, along with their families, were supportive of their wives' studies. For example, one girl's parents-in-law funded both her and her husband's higher education.

Nevertheless, girls described challenges to accessing education on migrating to the city. First, enrolment was a challenge for some girls: on making contact with a school in the city, girls and their families were asked for a range of documents, including certificates of their school results, transfer certificates, and caste certificates for accessing scholarships. Implications included having to return to the village to obtain the necessary documents, paying bribes or even having to change the choice of school. Second, girls reported that expectations and attainment differed between their previous schools and new schools in the city. One implication was that girls were entered into a class behind their age peers if they had not attained the required educational standards. Otherwise, girls entered with their age peers but experienced difficulties catching up with aspects of education they had not previously encountered or achieved. More serious implications were that some girls did not enroll for fear of being unable to cope with the education level, or enrolling to leave soon afterwards because they were unable to keep up with their peers. For example, one girl discontinued her education on leaving the village partly for this reason:

"I want to continue my studies in the village...I feel the education there is easier. I am able to learn faster. Here it is more difficult. I will not be able to cope with it." (Kamini, age 17)

Moreover, educational opportunities were only available to those who had attended schools in their villages until migration. For girls who had never attended school or left school in their village due to economic reasons, other responsibilities, restrictive social norms, or the lack of availability or geographical accessibility of schools, there were barriers to accessing educational opportunities in the city even where their own or families' circumstances may have changed following migration. Thus, given lower educational attainment, for girls in particular, in rural than in urban areas, 31 recent migrant adolescent girls are at a disadvantage in accessing educational

opportunities in comparison to non-migrant peers who have spent their whole childhood in urban areas. Restrictions on freedom of movement for both unmarried and especially married girls, which may have been amplified by their own and/or parents' migrant status, also compromised girls' access to educational opportunities.

Among girls who were not in education or employment, there was a desire to learn vocational skills, such as sewing and beauty treatment. Girls considered that learning skills would open up opportunities for earning and activity. This focus of girls on education is encouraging since it is known that mother's educational attainment bore significant influence on all aspects related to child health and healthcare in urban areas and health of the entire family. 6,40 Nevertheless, this group of girls had little awareness in comparison to non-migrant girls of how to realize their goals, which required either knowledge of classes or someone within their limited social networks who could teach them. Moreover, some barriers were shared with accessing educational opportunities, including cost and restrictions on freedom of movement.

Employment

Among the ten migrant adolescent girls in education, future employment aspirations were evident and enthusiasm and commitment to education was linked with these ambitions. Among those neither in education nor employment, there was also a desire for income-earning activities, but these girls tended to be aware of restrictions arising from their circumstances and sought to fit their employment aspirations within these boundaries.

Actual employment experiences in the city within this group of recent migrant adolescent girls were limited and held different meanings and implications. Two girls were employed from choice although their circumstances differed. For example, one girl worked covertly in a cottage industry because she feared her husband would not approve. In contrast, another girl was working in a role she found fulfilling as a teacher in a charitable school with her marital family's support:

"I had this interest in teaching since I used to teach my siblings in the village also...These children don't know anything. It makes me happy to be able to tell them something. And money is another matter...They (husband and in-laws) are happy." (Babli, age 19)

Two other girls worked from necessity for economic reasons rather than choice and these girls perceived employment as disruptive to their educational progress and aspirations. For example, one girl worked in her family's small business alongside attending school, but would have preferred to focus on her education. As a temporary migrant, another girl's education in her village was disrupted when the family came to the city for laboring work, and she feared that she would soon have to leave school altogether to contribute to the family income:

"I just want to study a lot but my mother and father won't agree. I asked them for up to 10th standard but they don't agree...they told me, "What will it help if you go to school? If we go to do labor, we will have something to eat and live". (Jyoti, age 14)

Girls' narratives highlighted barriers to accessing fulfilling employment opportunities. Girls who were earlier unable to realize their educational aspirations were correspondingly unable to take advantage of employment opportunities with greater rewards and security available within the urban economy. Social norms also prevented girls from accessing employment opportunities. Moreover, those who were employed tended to find jobs through contacts. In this regard, recent migrants with weak social networks in the city and a related lack of awareness of opportunities were at a disadvantage in comparison to non-migrants. For example, one married migrant girl who was enrolled in distance education indicated that she would like to work and was not restricted from doing so by her husband, but she did not know where or how to find a job.

In terms of understanding (the lack of) opportunities for recent migrant adolescent girls living in urban slums, a group of particular interest includes those who are not in education, employment or vocational training. Experiences shared by this group of both unmarried and married girls was an aspiration to learn skills or work but an inability to do so because of actual or feared restrictions by fathers, husbands, or other family members.

Social Activities

Despite moving from a rural area to a large city, some migrant girls' worlds remained small when their experience of the city was restricted by economic, social or geographical factors. Schools, workplaces and markets tended to be within the neighborhood and not all girls had experience outside the home even within their own neighborhoods. One girl

mentioned that the city outwardly seemed no different from her village, reflecting her lack of experience of the city beyond the very sparse slum area in which she lived. With limited access to and experience of the wider city, girls' opportunities were confined to those available within the underserved slum areas in which they lived.

Recent migrant adolescent girls living in slums tended to be restricted in their movements outside the home. There was diversity, however, in the extent of restrictions, ranging from girls who were not permitted by their marital family to cross the threshold of the house to those who were able walk alone to a school or workplace, but needed to be accompanied for other activities outside the home:

"If I need something I tell them. They get it. I don't have to go. I go out only with them." (Aditi, age 18)

More severe restrictions on girls' freedom of movement affected their ability to access educational, employment, training and social opportunities in the city. One recently married girl who was supported and encouraged by her parents-in-law to pursue further education was nevertheless doing "private studies" because she was not permitted to attend the college in person.

Adolescent girls attached different meanings to restrictions on freedom of movement. Explicit restrictions imposed by the family were notable among these. For example:

"In our family, girls are not permitted to go out...It is from the village side. My grandparents also don't allow." (Kamini, age 17)

Another way in which girls framed this phenomenon was in terms of fitting in with social norms. For example, a girl who was supported by her marital family to pursue employment outside the home nevertheless stated the following in regards to other activities outside the home:

"Since I live with my in-laws I have to be careful and don't go out much." (Babli, age 19)

Some girls also expressed their own or families' concerns regarding safety and risks in the city environment for girls, such as harassment from boys. The girls and their families' lack of familiarity with the city seemed to amplify these concerns.

Exceptions among the unmarried girls were those who conveyed their parents' less restrictive views on

gender and freedom of movement. These tended to be the same girls whose parents' motivation for moving to the city was the perceived opportunities and prospects for children. For these parents, moving to this setting enabled them to place less restrictions on their daughters than they were compelled to do in the village in order to fit in with social norms.

"We (friends) go out together....to the market...(In the village, girls) are not permitted to go out because everyone thinks that if girls go out they will get spoiled...In cities girls and boys are treated at par. There are fewer restrictions on them...She (mother) wants me to go out as she feels one's own experience is important to grow and learn." (Priti, age 15).

Younger adolescent girls and those in school had greater opportunities to take part in social activities. With social norms placing substantial value on girls' innocence, restrictions on social activities increased when these adolescent girls reached puberty. Younger girls described playing with girls in their neighborhoods and participating in festivals whilst older adolescent girls explained, "They (my sisters) are still small (so) my father lets them go at times" and, "They (parents) say I am grown up now so I should not (participate in dancing during festivals)." Girls attending school had opportunities to participate in social activities through their schools, such as games, singing and poetry recitation that were unavailable elsewhere in their neighborhoods and thus closed to girls who did not attend.

Aside from restrictions on their freedom of movement, other reasons that emerged for the lack of participation in social activities among migrant girls were a lack of awareness of what was available and a fear of the unknown. In regards to women and children's groups, although many girls were aware of the concept, they were unaware of the groups available within their own neighborhoods. They also feared what would be expected of them or where they would have to go if they agreed to participate. Moreover, women's group members themselves expressed that people in the community tend not to invite recent migrants to social activities and groups until they are acquainted and unless they are certain that the migrants intend to stay on a more permanent basis. Yet, some adolescent migrant girls have little opportunity initially to become acquainted with others. The group interview highlighted a further barrier to opening up groups' saving and loan facilities to recent migrants arising from a lack of trust shared by some group members. On the whole, the response of adolescent girls to the idea of groups was positive

although some anticipated difficulties in obtaining permission from husbands or family to join.

Social Relationships

Recent migrant adolescent girls' relationships in urban slums, whether they were unmarried or married, centered on the immediate and extended family. The family was the girls' main source of information, support and social activities. Yet, the size of migrant adolescent girls' family networks in the city varied, with implications for access to support. In contrast, non-migrant girls' large family networks in the city provided extensive access to opportunities. For married migrant girls in particular, the quality of relationships varied with considerable consequences for emotional wellbeing in a context where young women tend to have low status in the new marital home.²² Girls who described good relationships with their husbands and in-laws tended to provide a positive account of their migration experience. In contrast, girls who had difficult relationships with their marital family described feeling unhappy in the city, missing their natal home and wishing they could return to their village.

As migrants living sometimes long distances from their natal family, this channel of support was limited for many married girls. Although some had telephone contact and made occasional visits to their village, others had very limited contact with their natal family following marriage. This differed from non-migrant married adolescent girls whose natal families lived in close proximity. Although their focus was on the marital family, non-migrant married girls maintained close contact with their parents and/or siblings as well as other members of their extended natal families in the city. These girls seemed to face less rupture and adjustment in their lives following marriage than migrant girls:

"Because my parents and my in-laws are nearby, I can visit my parents' place and my in-laws' place whenever I feel like. Due to this, I don't miss my parents much."

Aside from family, the study noted examples of migrants living in close proximity to others from the same village or district. For example, some married girls lived in rented rooms with their migrant husbands within larger buildings in which residents were all from the same community. These networks provided information and support where needed and, for some married girls, their only social connections outside the family.

The ability to build social networks outside the family for migrant girls with limited roots in the city was directly linked with the activities in which they participated. Where girls spent time outside the home, attending school for example, their ability to build wider and close social networks was greater. Those who were limited in their activities outside the home had more difficulty in building social networks.

"Since I live here I should have friends...If I had gone to college (rather than doing 'private studies') I would have. But since I am home, there is just casual conversation with neighbors." (Aditi, age 18)

Adolescent girls described further barriers they experienced in building new relationships after migrating to the city. Among these, language and cultural barriers were prominent. Both intrastate and interstate migrants described feeling uncomfortable communicating with people in the city because of differences in language use and customs.

"When I came here I did not even know Hindi. I spoke the village language...I felt odd as I did not understand what they were saying. Gradually I started understanding...(It took) 5 to 6 months. I did not know anybody...I felt different from others and felt that since I am from outside, people don't want to get friendly with me." (Priti, age 15)

Those who spent time outside the home gradually adapted to the language and customs in the city but those with limited experience outside the home retained a lack of confidence in communicating despite spending up to two years in the city.

Recent migrant adolescent girls described their own hesitation in building relationships initially. They felt anxious about initiating conversation with others as they felt they did not belong and were concerned about how they were regarded by others. Equally, girls perceived a hesitation among neighbors to get to know them.

This feeling gradually subsided for girls if they became involved in activities within the neighborhood. Nevertheless, girls expressed that building close friendships takes a long time. As a result, the early period following migration could be a particularly difficult and lonely time.

"At first I did not like it. I felt like going back to the village...I felt lonely. There was no one to talk to. Maybe they also felt hesitant thinking we are new...(But) they started asking where are you from

and so on...and slowly we started talking...we met outside...like when we go out to fill water or while sitting outside." (Poonam, age 18)

Groups emerging from the data that were vulnerable to a persistence of loneliness and feeling a lack of belonging were the married migrant girls for whom social networks were completely transformed as they moved away from their natal families. The group of married girls overlapped to some extent with those who were restricted in participating in social activities and thus had little opportunity to build new relationships outside the household. Finally, the temporary migrant adolescent girl working in a brickmaking kiln was particularly vulnerable in this regard, being at the periphery of the slum, separated and excluded from the rest of the slum community.

Health

Girls generally used private doctors that had been recommended to them by family members, neighbors or friends when unwell. An exception was the girl who had migrated with her family for temporary work in a brick-making kiln whose family had no acquaintances in the area.

"Nobody told us (about the hospital they used). When we came from the village, it's on the way and we saw it. Slowly we have to identify things or places when we come to a new area...We identify places by visiting them." (Jyoti age 14)

These private health service providers ('Doctors') generally charged low fees or charged only for medicines.

There were barriers to migrant adolescent girls' access to government health and nutrition services, however. The group interview with women's group members highlighted that schemes run under the Anganwadi centers for adolescent girls generally failed to reach migrants. A specific barrier highlighted was a fear among frontline workers of having to explain and defend to seniors the reason for disruption to their records and registers if they entered a name and later crossed it out. Since recent migrant girls were considered more likely to move away and thus disrupt records, government health workers (usually auxiliary nurse midwives or lady health visitors or Anganwadi workers) were reportedly reluctant to offer services. During informal interactions of UHRC functionaries with government health workers, it emerged that when a pregnant adolescent girl does reach the government health

worker, they enter her age as 19 or over, as registering a pregnant girl of age 18 or less would entail the government health worker's reporting work-load and would be viewed as ineffective outreach health counselling on her part. Alongside this barrier, lack of information and awareness of services were also factors contributing to low access of migrant adolescent girls to health services.

Also health workers lacked awareness of new migrants in their catchment areas. These findings reinforce the authors' observations in slums in several cities that despite geographical proximity to health facilities, economic and social barriers often restrict the urban poor from accessing these services. ^{1,5}

Girls in India are under social pressure to conceive soon after marriage. Pregnancy and childbirth is a time when access to health services is crucial for the mother and her newborn.

One of the adolescent migrant girls in this study had recently moved from another state to a slum in the city to live with her migrant husband. Her preparedness for the birth of the baby was limited owing to her lack of knowledge of the healthcare system in the city. She demonstrated these and related risks elucidated by the case scenario below.

Case scenario reflecting health challenges of migrant adolescent girls: Sunita had migrated with her husband who worked during the day and she lacked the confidence to venture outside alone in these unfamiliar surroundings. Sunita was pregnant and her story illustrates some of the challenges faced by migrants in her circumstances. Access to healthcare is critical during pregnancy and childbirth for preventing, identifying and managing complications. Sunita had been feeling unwell for some days and was eating little. She had a weak support network in the city but had called one of her husband's relatives to her home to keep her company. She had little awareness of the health facilities and services available in her neighborhood and without many contacts in the city, she did not know how to obtain this information. As a result, she had not visited a health worker since being in the city. Despite some outreach services for pregnant women in the slums, these had not reached Sunita. She was worried about the costs of using private healthcare because of their low household income. Sunita was aware that she was anemic but was not taking iron tablets. She had been given the inaccurate information by her husband's relative that iron tablets were harmful because they made the head spin and increased problems during delivery.

With poor access to health workers and health information networks, she had not received accurate health and nutrition information and advice. Despite her difficult circumstances, she was hopeful of the future and felt that her circumstances would be more stable after she spent more time in the city.

The above scenario illustrates how limited social networks in the area to provide support and information led to the girls not knowing of the health services available in their neighborhood. In contrast, a non-migrant adolescent girl who had recently given birth received extensive informational, practical and financial support from both her natal and marital family in the city. They had encouraged her to access regular antenatal care during pregnancy and saved to pay for delivery care.

Limitations

Limitations of the study are acknowledged. First, this was a small-scale study with a small sample size, which did not allow detailed prescription of selection criteria to capture diversity. Second, the study sampled recent migrant adolescent girls living specifically in urban slum areas. However, not all who live in slums are equally poor. Moreover, not all poor migrant adolescent girls in urban areas live in slums. For example, some poor recent migrant adolescent girls may live on streets or railway platforms, and others may be scattered around the city employed in domestic work. Indeed, these categories may include some particularly vulnerable migrant adolescent girls. The experiences described here may thus not reflect the diverse range of experiences of poor migrant adolescent girls in cities.

Discussion

Recent migrant adolescent girls living in low-income slum contexts in Indore, Madhya Pradesh, were largely associational migrants, either accompanying their families or joining husbands following marriage, mirroring findings of other research in India. 23,36 No independent migrant young women were identified in the sample slums, despite reports of increasing, albeit limited, examples in other Indian contexts.³⁶ Nevertheless, some poor migrant adolescent girls may live in other contexts in the city, such as homes in which they are engaged in domestic work. Girls living in the established slums in this sample were largely semi-permanent or permanent migrants, with one temporary migrant being the exception. Temporary migrants comprise a category that includes some of families. 15,21 most vulnerable

overwhelmingly joined family connections in the city, who performed an important adaptive function for girls and their families on reaching the city. ³⁶

As noted by Srivastava and Sasikumar, 35 there are large gaps between the insights from macro data and those from field studies. This study was able to provide insight into the circumstances of these associational migrants, whose experiences are often missing in the literature, and the meaning they attached to their migration experience in relation to educational, employment and social opportunities and challenges.

Considerable diversity was noted in the circumstances surrounding migration for unmarried adolescent girls, with implications for their experiences once in the city. A range of push and pull factors linked with differences in employment and educational opportunities between rural and urban areas motivated families to migrate. Some girls described opportunities for children in the city as one motivating factor underlying their families' migration. These families encouraged their daughters to take advantage of educational and related social opportunities, which these girls enthusiastically did, underpinned by aspirations for future employment. In contrast, a move to the city failed to enhance access to opportunities for girls whose family members did not promote, or even restricted this. Migration could also disrupt education: for example, a temporary migrant was compelled to leave the school in her village intermittently when she travelled with her family for short-term work. As Srivastava and Sasikumar note,³⁵ migration may lead to a better recognition of the value of education, although the hard core of educationally under-privileged children also belong to migrant families. With India ranking first in the number of 10-24 year old people in any country, 40 there is the need and scope to invest in the opportunities of urban migrant adolescent girls that this study brings to the fore. 356 million persons in India are in this age group, accounting for 28% of the country's population. This demographic dividend is expected to contribute significantly to increasingly urbanizing economic growth in the country and end intergenerational cycle of poverty for millions of India's poor and socio-economically deprived population. Further challenges affecting migrant girls' opportunities in urban areas were described, although some succeeded in overcoming these. These included differences in skills and/or experience acquired in rural and urban areas, which led to difficulties in accessing education and jobs. Moreover, the combination of a lack of familiarity, fear of the unknown and poor awareness of opportunities all contributed to some migrant adolescent girls' poor integration in their new environment. Simultaneously, hesitation of other slum residents in making acquaintance with new migrants, particularly with those whose migration was not expected to be permanent, reinforced difficulties with integration.

Migrants faced sub-optimal access to public health and nutrition care services owing to lack of information about services, poor outreach services from Primary Urban Health Centers, weak linkages between urban slum and informal settlement communities and public healthcare system. Lack of information about where nearest and needed government health facilities are located, limited social networks in the area to provide support and information^{2,5} also contribute to low access to the city's healthcare services, particularly pregnancy care of married recent migrant adolescent girls.^{4,6} Supportive approach of mother-in-law and family help young migrant mothers in slums to take appropriate care of the newborn and feed young infant appropriately. 5,34

Weak coordination among different units and offices of the health department such as the units responsible for maternal and child healthcare, nutrition promotion and undernutrition treatment, adolescent health, reproductive health and family vector-borne diseases, planning, tuberculosis identification and treatment, also contributes to poor access of migrants and other urban vulnerable sections to preventive, promotive and curative health services. Reach of services to urban migrants and similarly disadvantaged urban communities is also compromised owing to insufficient clarity of roles, and little coordination among department of health/public health, municipal bodies, and other departments/ agencies responsible for nutrition, food subsidy and environment improvement services in a city.

Marriage itself was the reason underlying migration for married adolescent girls, who either joined non-migrant husbands and their families, or husbands who were themselves migrants in the city. Married migrant girls' worlds remained small despite migrating to the city. Educational and employment opportunities were restricted as these recently married girls were compelled to adhere to role expectations within the household. As Banerjee and Raju note, ¹⁸ constructions of women's place within the domain of household responsibilities continues to encode migrant women's employment patterns in urban areas. Moreover,

home and the place of work are more separate in urban compared to rural areas, ¹⁸ further restricting access to employment opportunities. There were exceptions-some recently married migrant girls did engage in education or employment-although social norms restricting these girls' access to social spaces led to situation where girls were enrolled at university, for example, but engaged only in "home study."

Conclusions

Migrant adolescent girls-whether they are unmarried or married-in these slum contexts in India are not decision-makers in their migration experience. Their stories illustrate the diversity of circumstances and opportunities on reaching the city among this subpopulation of mainly associational migrants. With the support of family, some are able to overcome barriers to take advantage of educational, employment or social opportunities whilst others face prohibitive barriers. A key factor determining girls' access to opportunities was a facilitating versus restrictive family context.

Recommendations emerge for addressing specific needs of this population in policies and programs, prioritizing three particularly vulnerable groups: girls who are neither in education nor employment, pregnant-girls or new-mothers, and those with difficult relationships in their marital homes. Proactive regular outreach to raise awareness about opportunities and fostering social networks through frontline services and slum-women's groups are recommended.

The recently agreed United Nations Sustainable Development Goals (SDGs) outline specific focal areas for improving the status of vulnerable and impoverished populations pledging that "no one will be left behind". This is reflected by the emphasis of many of the 17 SDG targets on achieving inclusive development, including target 11, which aims to "Make cities and human settlements inclusive, safe, resilient and sustainable". Ensuring that development is inclusive of urban migrants is essential not only for Target 11, but for the SDGs as a whole. ²⁷

Government of India's National Urban Health Mission mandates partnership of government sector with NGOs to identify migrants and other similarly vulnerable groups to expand reach of health services to them (Ministry of Health and Family Welfare, Government Of India, 2013).NGOs have helped understand exclusions faced by disadvantaged urban

populations. ^{6,10,12,14} Urban Health Resource Centre (UHRC), an Indian NGO has children and youth of urban migrant families in slums and informal settlements of Indore and Agra organised as groups. These children-youth groups with solidarity of women's groups in their neighborhood promote girl child and youth education and have demonstrated promise in reducing gender inequality prevalent in the male-dominated society they are part of. In the slums of Indore and Agra, the UHRC has recently worked with women's groups to recognize the full range of vulnerabilities existing in their communities, including those experienced by migrants.

On the health access front, in India it is easier for women's groups to approach older, married migrant girls than the younger, unmarried migrants. For example, women's groups can lead a pregnant (married) adolescent migrant to the antenatal services available in the community about which the migrant adolescent might not otherwise be aware. In the event of need, one of the trained, confident women of the group could accompany the pregnant girl to the hospital for delivery.²⁹

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Contributions

SA conceptualized and designed the study, conceptualized the manuscript, provided inputs in data interpretation, and contributed to writing the paper. EJ supervised and contributed to data collection, conducted data interpretation and drafted the paper. SV carried out data collection and contributed to interpretation of data. All authors reviewed the manuscript and provided inputs in substantially revising it.

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References

- 1. Agarwal S. The Invisible Poor. *World Health Design* 2011; 4(3): 20-26.
- 2. Agarwal S, Satyavada A, Kaushik S et al. Urbanization, urban poverty and health of the urban poor: Status, challenges and the way forward. *Demography India* 2007; 36(1), 121.
- Agarwal S, Satyvada A, Patra P et al. Strengthening functional community-provider linkages: Lessons from the Indore urban health programme. Global Public Health Jul 2008; 3(3): 308-25.
- 4. Agarwal S, Taneja S. All slums are not equal: Child health conditions among the urban poor. *Indian Pediatrics* 2005; 42.
- Agarwal S, Srivastava A, Kumar S. Urban health in developing countries. In: Gibbons MC, Bali R, Wickramasinghe N (Eds). Perspectives of Knowledge Management in Urban Health. New York: Springer 2010; 61-94.
- Agarwal S, Srivastava A. Social determinants of children's health in urban areas in India. *Journal* of Health Care for the Poor and Underserved 2009; 20(4A): 68-89. https://muse.jhu.edu/ article/364525
- 7. Agarwal S, Sethi V, Srivastava K et al. Birth preparedness and complication readiness among slum women in Indore City, India. *J Health Popul Nutr* 2010; 28(4): 383-91. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2965330/pdf/jhpn 0028-0383.pdf.
- 8. Agarwal S, Bhanot A, Sangar K. Neonatal care and transport among the urban poor: Challenges and options. *Journal of Neonatology* 2005; 19: 347-52. http://www.uhrc.in/downloads/Publications/Arti cles/Article Neonatology.pdf.
- 9. Agarwal S, Srivastva K, Sethi V. Maternal and newborn healthcare practices among the urban poor in Indore. *Pages Urban Health Resource Centre* 2007. http://uhrc.in/downloads/Reports/MNH REPORT-August-2007.pdf
- 10. Agarwal S. Building public sector-NGO partnerships for urban RCH services. Indian J Commun Med 2004; 29:155-60.
- 11. Agarwal S. Improving urban newborn health: Challenges and the way forward. *Journal of Neonatology* 2009; 23(3). http://www.healthynewbornnetwork.org/hnn-content/uploads/siddarth2010-urban_newborns.pdf.
- 12. Agarwal S, Sethi V, Srivastava K et al. Human touch to detect hypothermia in neonates in Indian slum dwellings. *Indian Journal of Pediatrics*

- 2010; 77(7): 759-62. http://medind.nic.in/icb/t10/i7/icbt10i7p759.pdf.
- 13. Agarwal S. Making the invisible visible. Pune, India: *Infochange Agenda* Oct 31, 2014.
- 14. Agarwal S. Public private partnerships for urban health: Experiences and lessons from urban primary healthcare. urban health resource centre. 2016. http://bit.ly/2aNFjCk.
- 15. Agarwal S. Urban migration and social exclusion: Study from Indore slums and informal settlements. 2016. http://pubs.iied.org/10777 IIED.html.
- Agarwal S, Verma S, Verma N et al. Slum youthchildren groups overcome social disadvantage through self-confidence, education, acquiring team skills. Urban Health Resource Centre. 2016. http://bit.ly/2kkxaZE.
- 17. Banerjee A, Raju S. Gendered mobility: Women migrants and work in urban India. *Economic and Political Weekly* 2009; XLIV(28): 115-23.
- 18. Bhagat RB. Urban migration trends, challenges and opportunities in India. World Migration Report 2015. *International Organization for Migration* (IOM). 2014.
- 19. Bryman A. Social Research Methods (4th edn.). Oxford: Oxford University Press. 2012.
- 20. Bird K, Deshingkar P. Circular migration in India. Policy Brief no. 4, prepared for the World Development Report 2009. 2009. https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/3381.pdf.
- 21. Dasgupta M. Life course perspective on women's autonomy and health outcomes. *American Anthropologist* 1995; 97(3): 481-91.
- 22. Deshingkar P, Grimm S. Voluntary internal migration: An update. London: *Overseas Development Institute* 2004; 44.
- 23. Deshingkar P, Grimm S. Internal migration and development: A global perspective. Geneva: *International Organization for Migration* 2005.
- 24. Gulati A, Gujral J, Nandakumar T. National Food Security Bill challenges and options. Discussion Paper No. 2, CACP, Ministry of Agriculture, Government of India. New Delhi. 2012.
- 25. International Institute of Population Sciences (IIPS) and Population Council. Youth in India: Situation and Needs 2006-07. Mumbai: *IIPS* 2010.
- 26. McGranahan G, Schensul D, Singh G. Inclusive urbanization: Can the 2030 agenda be delivered without it? *Environment and Urbanization* 2016. Online first. http://eau.sagepub.com/content/28/1/13.full.pdf+html.

- 27. Montgomery MR. Urban poverty and health in developing countries. *Population Bulletin* 2009; 64(2).
- 28. Montgomery MR, Balk D, Liu Z et al. Urban migration of adolescent girls: quantitative results from developing countries. In White M (Ed.). International Handbook of Migration and Population. *Springer* DOI: 10.1007/978-94-017-7282-2_26 pp. 573.
- 29. Moore AM, Singh S, Ram U et al. Adolescent marriage and childbearing in India: Current situation and recent trends. New York: *Guttmacher Institute* 2009.
- 30. Population Council and UNFPA. The adolescent experience in-depth: Using data to identify the most vulnerable young people: India 2005/06. New York: *Population Council* 2009.
- 31. Ritchie J. The applications of qualitative methods to social research. In Ritchie J, Lewis J (Eds). Qualitative Research Practice. London: *Sage Publications* 2003.
- 32. Sclar E, Garau P, Carolini G. The 21st century health challenge of slums and cities. *The Lancet* 2005; 365(9462): 901-03.
- 33. Sethi V, Kashyap S, Seth V et al. Encouraging appropriate infant feeding practices in slums: A positive deviance approach. *Pakistan J Nutr* 2003; 2(3): 164-66.
- 34. Srivastava R, Sasikumar SK. An overview of migration in India, its impacts and key issues.

- Paper presented at the Regional Conference on Migration, Development and Pro-Poor Policy Choices in Asia, 22-24 Jun 2003. Refugee and Migratory Movements Research Unit, Bangladesh and DFID, UK. 2003.
- 35. Sundari S. Migration as a livelihood strategy: A gender perspective. *Economic and Political Weekly* May 28-Jun 4, 2005: 2295-2303.
- 36. UNESCO. Social Inclusion of Internal Migrants in India. *UNESCO* June 2013, India. http://unesdoc.unesco.org/images/0022/002237/22370 2e.pdf.
- 37. UNFPA. The state of world population 2007 youth supplement: Growing up urban. Nairobi: *UNFPA* 2007. Accessed at https://www.unfpa.org/sites/default/files/pub-pdf/swop2007 youth eng.pdf.
- UN-HABITAT. State of the world's cities 2010/2011: Bridging the urban divide. London: Earthscan 2010. Accessed at http://mirror. unhabitat.org/pmss/listItemDetails.aspx?publicati onID=2917.
- 39. UNFPA State of World's Population Report 2014 accessed at http://www.unfpa.org/swop-2014.
- 40. Wamani H, Tylleskär T, Åstrøm AN et al. Mothers' education but not fathers' education, household assets or land ownership is the best predictor of child health inequalities in rural Uganda. *International Journal for Equity in Health* 2004; 3(1): 1.

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