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# Issues of Women's Violence & Mental Health Problems faced by poor and Migrant Women Workers: Critically analysis of Indian Women

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## Abstract
Globally, violence against women poses a serious threat to women's health and well-being. Few studies have concentrated on migrant women workers, even though many have examined the general adverse effects of violence against women on one's physical and mental health. We evaluated the physical and psychological health impairments as well as the history of violence among 125 female participants who were migrant workers moving from one region to another. According to the results of our study, participants had been victims of many forms of violence at some point in their lives, with psychological abuse by a spouse or partner occurring most frequently in the previous few months. The violence that is frequently reported includes: Physical violence (shoving, beating, and slapping), Psychological abuse (insulting, criticizing, and intimidating a partner), and Sexual abuse (forcing a partner or spouse to engage in sexual activity or engage in demeaning behavior). We discovered that a large number of participants experienced physical and mental health issues as a result of various forms of violence they had encountered throughout their lives.

**Keywords:** ***Violence, Mental Health, Poor Migrant, Women Workers***.

## Introduction
Migrant women in India, especially those engaged in unskilled labor, face significant challenges that demand attention from society and government authorities. They often endure issues such as lack of access to government benefits, unsafe working conditions, inadequate housing, long working hours, low wages, limited healthcare access, and social exclusion. Female migrant laborers, who also include child laborers and part-time workers, are among the most marginalized groups in the country.

Despite constitutional provisions like Article 19 guaranteeing freedom of movement and livelihood, economic pressures like poverty and unemployment force many to migrate under harsh conditions. Women make up a significant portion of the unorganized sector, with the 1988

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National Committee on Women Entrepreneurs estimating that 94% of female workers are employed informally. Yet, they remain invisible in policy and practice, deprived of social security, healthcare, and other welfare measures.

Migrant women workers are particularly vulnerable as they navigate between labor markets and inadequate social security systems, often isolated from their communities and support networks. Poor housing and sanitation, especially for those in construction, exacerbate health risks. The inability to port benefits across states further increases their susceptibility. The lack of effective welfare measures highlights a dire need for better policies to protect the rights and well-being of interstate migrant women workers.

**Literature Review**

Research on interstate migrant workers' access to social security in India highlights significant gaps. Shwetha and Prasad (2018) observed poor health-seeking behavior among migrant workers, with delays in seeking medical attention. Similarly, Manas (2018) emphasized that the lack of political representation for migrant workers jeopardizes their access to social and medical care, calling for innovative strategies to enhance their participation in social protection programs.

S.N. Roy et al. (2017) analyzed legislative provisions for worker protection, revealing that migrant construction workers often lack social assistance. Their study found that state-level implementation of protective Acts is generally slow and inefficient.

Marie Nodzenski et al. (2016) emphasized the shared responsibility of employers and government agencies in maintaining the health of migrant workers. Prof. Ockert Dupper, in his work on migrants' rights to social security, underscored the need for robust social support systems. He highlighted that many migrant workers, particularly those with irregular status, are excluded from social security benefits despite comprising a significant portion of the global workforce. The growing trend of migration raises concerns about frequent violations of migrants' human rights.

Manoj and Viswanath (2015) explored health issues among migrant workers, noting that overcrowded housing, inadequate sanitation, and poor ventilation contribute to the spread of diseases and occupational health problems. Cooking in poorly ventilated living spaces using kerosene or firewood further exacerbates health risks.

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### Area of the Study

A mixed-method approach, combining qualitative and quantitative frameworks, was used to explore the issues and circumstances of female domestic workers. The study also examined the interactions and adjustments between householders and domestic workers in their roles as employers and employees.

Domestic workers, as defined in this context, include individuals who perform tasks such as cooking, cleaning, gardening, or driving in exchange for a fixed wage or salary, either on a monthly or annual basis. The International Labour Organization (ILO) further defines domestic workers as those employed in private households, often without formal terms of employment, unregistered in official records, and excluded from labor legislation protections.

### Definition of the Issue

A large group of female migrant workers who deal with a variety of issues related to their mental health, including inadequate pay, dangers to their health, sexual exploitation and denial of their rights. In the workplace, society takes advantage of them. Their kids lack access to quality daycare and health care. The migrant women laborers do not have adequate housing.

### Research Objectives

1. What are an interstate migrant worker's rights and obligations regarding women's health?
2. How can a woman employed as a migrant worker safeguard her social security?
3. How can social insurance and health benefits for migrant female employees from other states be expanded and strengthened?
4. What real-world issues arise when implementing a social security program for female migratory workers across state lines?

### Methodology

This study used an exploratory and descriptive research methodology. It is experimental because this is the first study on female migratory workers. The researcher has tried to investigate the numerous issues facing female migrant workers. It is also descriptive because it talks about the social, economic, and health situations of female migrant workers.

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### Data Collection

An interview schedule was used for the study's data collection. The study plan was consulted to create the interview schedule, which was based on the available literature. Personal information, working and housing conditions, the availability of childcare services, and the use of government programs are all on the interview agenda.

### Sampling

This study employed a simple random sampling strategy using the lottery method. A total of 200 migrant women were contacted, out of which 140 received the questionnaire. Ultimately, data was collected from 125 respondents. For the study, numbers were assigned to each of the 25 female migrant laborers in the area. These numbers were folded and placed in a box, and participants were selected randomly from this pool.

### Migrant Women Face Mental Health Issues

The mental health of poor female migrant workers is influenced by various factors, including their working and living conditions. For instance, unkind behavior by employers, unreasonable demands, constant fault-finding, and impatience can create stress, fear, and anxiety in migrant women. These mental strains often manifest as physical health problems such as headaches, high blood pressure, and other somatic symptoms. This study aimed to examine how the work environment and living conditions impact the mental health of female migrant workers.

The analysis revealed that 15% of the migrant women had poor mental health. Sub-scales were used to categorize the types of mental health issues reported. Common somatic symptoms included headaches, a sense of pressure or tightness in the head, hot or cold flashes, and the need for medication. The average severity score for somatic symptoms was 3.57, with 20% of respondents scoring above five.

Anxiety and insomnia were also prevalent, characterized by difficulty sleeping, tension, and irritability. The mean score for these issues exceeded three, with 24% of respondents scoring above five. Social dysfunction was assessed through questions about the ability to engage in meaningful activities, contribute to worthwhile endeavors, and make decisions. The mean score was 3.78, and 21% of women scored above five, indicating challenges in these areas. Severe depression, including feelings of worthlessness and suicidal thoughts, had an average score of 1.98.

The overall mental health score averaged 12.42. Among the respondents, 15% exhibited poor mental health, 26% demonstrated average mental health, and more than 50% reported good

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mental health. Mental well-being varied significantly based on factors such as age, background, and living and working conditions.

Younger women fewer than 25 had better mental health, with only 13% reporting poor mental health, compared to over 60% of women aged 29 and older. This suggests a decline in mental health with age. Interestingly, professional degrees did not show a significant impact on mental health status.

However, the length of residence played a crucial role; 29% of women who had lived in the city for more than three years reported poor mental health. There was a notable correlation between the quality of living conditions and mental health status. Women experiencing better living conditions reported significantly better mental health outcomes.

***Table-1***

**Distribution of women's percentages by subscales of mental health issues**

| Score value for each symptom | Number | Percentage/Mean |
|---|---|---|
| Somatic Symptoms | 3 | 2.4 |
| 0 | 23 | 18.4 |
| 1 | 16 | 12.8 |
| 2 | 17 | 13.6 |
| 3 | 23 | 18.4 |
| 4 | 18 | 14.4 |
| 5 | 25 | 20.0 |
| >=6 | | |
| **Average=3.57 Spread=0 to 21 Lowest Score =0 Highest Score= 9** | | |
| Anxiety and insomnia | 23 | 18.4 |
| 0 | 13 | 10.4 |
| 1 | 20 | 16.0 |
| 2 | | |
| 3 | 13 | 10.4 |
| 4 | 17 | 13.6 |
| 5 | 9 | 7.2 |
| >=6 | 30 | 24.0 |
| **Average=3.08 Spread= 0 to 2 1Lowest Score=0 Highest Score: 12** | | |

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| | | |
|---|---|---|
| Social dysfunction<br>0<br>1<br>2<br>3<br>4<br>5<br>>=6 | 2<br>9<br>20<br>22<br>36<br>10<br>20 | 1.6<br>7.2<br>16.0<br>17.6<br>28.8<br>8.0<br>20.8 |
| **Average=3.08 Spread= 0 to2 1Lowest Score=0 Highest Score: 12** | | |
| Severe depression<br>0<br>1<br>2<br>3<br>4<br>>=5 | 34<br>29<br>12<br>14<br>28<br>8 | 27.2<br>23.2<br>9.6<br>11.2<br>22.4<br>6.4 |
| **Average=1.98 Spread=0 to 21 Lowest Score=0 Highest Score=10** | | |
| **Mean score for mental health problems=12.42 Spread=0 to84 Lowest Score=1Highest Score= 10** | | |
| **Total number= 125** | | |

## Migrant Women Face Female Violence

This research contributes to the growing body of work examining the impact of violence on women's lives. Among the migrating women, a significant number reported experiencing psychological abuse within the previous 12 months, followed by physical and sexual assault. Commonly reported forms of abuse included forced sexual contact, coercion into sexually degrading acts, insults, criticism, and intimidation by partners. The most frequent types of abuse identified were psychological abuse, sexual abuse, and physical violence. Similar findings from other studies highlight behaviors such as insults, criticism, forced sexual acts, slapping, and shoving, which align with the patterns, observed in this research. It is notable; however, that many women were hesitant to report sexual assault due to stigma and other barriers.

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Despite these challenges, the data underscores the prevalence of intimate partner violence (IPV), particularly during recent waves of migration. This points to the urgent and pervasive nature of violence in these women's lives and the need for targeted interventions. Research has consistently linked violence against women to adverse physical and mental health outcomes.

In this sample, many migrant women reported substantial physical and psychological health issues before, during, and after migration. Physical symptoms frequently linked to psychological distress included headaches, memory loss, breathing difficulties, dizziness, and fainting. Similarly, mental health symptoms such as recurring nightmares, emotional detachment, hyper vigilance, difficulty concentrating, and insomnia were prevalent.

The strong associations observed between mental and physical health symptoms in this group suggest interrelated effects of violence, underscoring the need for deeper exploration into these relationships. Understanding the circumstances under which these symptoms develop is essential for unraveling their significance and addressing the broader implications of violence across women's lifetimes.

The findings also suggested that future research on violence against migrant women should explore various demographic factors and their potential associations. For instance, women who reported experiencing violence were often married, aged 31 to 40, had one to three children, and were proficient in English. Although the survey did not allow for detailed analysis, a considerable proportion of respondents had advanced degrees from colleges, universities, or postgraduate institutions. Investigating the role of education as a protective factor could yield valuable insights.

Moreover, evolving conditions in countries of origin and destination influence the dynamics of violence over time. Future studies should aim to identify the root causes of violence against migrant women in diverse contexts and temporal settings, providing a foundation for informed policy and intervention strategies.

**Major Findings**

The study revealed several significant insights into the lives of female migrant workers:

1. **Demographics and Education:**
    - The majority (40%) of female migrant workers were aged between 21 and 50, representing the early adult period.

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- Half of the sampled women were illiterate, with only 24% having completed primary school, highlighting low levels of education among these workers.
- Sixty percent of respondents were married or cohabiting, while 20% were single, indicating a higher likelihood of mobility among married women workers.

2. **Migration Patterns:**

- Over half (56%) of respondents relocated to Aligarh more than 15 years ago, while 34% had moved within the last five to ten years.
- Most women migrated from neighboring districts in Uttar Pradesh and nearby states in search of employment.
- Despite migration, socioeconomic circumstances had not significantly improved for these women.

3. **Employment and Income:**

- A majority (68%) of migrant women were employed in quarry work, with 52% working in this field for five to ten years and 44% for 11 to 20 years, indicating prolonged experience.
- Earnings remained insufficient, with only 2% reporting a family income exceeding Rs. 4000, while 50% earned an annual income between Rs. 10,000 and Rs. 20,000.

4. **Workplace Satisfaction and Savings:**

- Only 8% of respondents reported high job satisfaction, while 46% expressed significant dissatisfaction, suggesting limited employment alternatives.
- Financial savings were minimal, with 36% unable to save and 56% saving between Rs. 3,000 and Rs. 5,000. Respondents typically deposited their savings in banks.

5. **Healthcare and Childcare:**

- Healthcare preferences included private hospitals (58%), clinics (26%), and government hospitals (16%), with mistrust in government services despite free treatments.
- A lack of childcare facilities was reported by 78% of respondents, indicating the need for local NGO and government intervention.

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6. **Working Conditions:**

   - Seventy-four percent worked over eight hours daily, raising concerns about health and well-being.
   - Only 24% could take vacations, with 76% having no time off, which posed challenges to their physical and mental health.
   - Supervisors rarely accommodated workers, with 80% of respondents reporting no workplace adjustments.

7. **Occupational Hazards:**

   - Sixty-two percent experienced pain while working and 40% did not use safety measures, highlighting significant occupational risks.
   - Complaints from 52% of workers went unaddressed by their supervisors, reflecting negligence.
   - Health issues were prevalent among nearly all respondents, emphasizing the urgent need for healthcare services.

8. **Denial of Rights:**

   - Sixty-four percent of women lacked the right to vote, and 68% did not possess ration cards.
   - Maternity benefits during pregnancy were denied to 64% of respondents, and 76% were denied social security benefits during illness.
   - Eighty percent were unaware of government welfare programs for the unorganized sector, limiting access to benefits.

9. **NGO Support:**

   - Despite a decade of advocacy by an NGO, 60% of respondents reported no assistance from the organization in advancing their careers.

***Summary of Challenges and Issues***

1. **Health and Living Conditions**

   - Women face health risks due to unsafe living and working environments, including polluted settings and inadequate safety measures.

   - Many reside in slums with poor sanitation and limited water supply.

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- Lack of proper housing, as required by labor laws, exacerbates their hardships.

2. **Violence and Gender Discrimination**
    - Female migrant workers often face gender-related challenges, including violence, discrimination, and a lack of social support.
    - Women make up a significant portion of the construction workforce and domestic labor but are vulnerable to exploitation.
3. **Child Labor and Education**
    - Children of migrant families struggle to access education and are often pushed into labor, exposing them to hazardous work environments.
4. **Psychosocial Disorders**
    - Migrant women experience psychological distress due to isolation, lack of support networks, and difficulty adjusting to new socio-cultural contexts.
5. **Occupational Diseases and Hazards**
    - Jobs in quarries, construction sites, and other unorganized sectors expose women to severe occupational hazards, including injuries and chronic health issues.
    - Limited access to healthcare and maternity leave further compromises their well-being.
6. **Identification and Record-Keeping**
    - Lack of verified identification prevents access to essential services, such as subsidized food, healthcare, and education.
7. **Government Rules and Regulations**
    - Existing labor laws, such as the Inter-State Migrant Workmen Act (1979), are inadequately enforced, limiting their effectiveness.
    - Migrant workers are often excluded from labor law protections due to employers' non-compliance.

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**Recommendations**

1. **Awareness and Education**
   - Implement literacy awareness initiatives to educate migrant women about their rights and ensure access to formal education for their children.
   - Promote awareness of government programs, such as maternity benefits and social security schemes.

2. **Improved Living Conditions**
   - Provide amenities like clean water, decent housing, and childcare services near workplaces.
   - Construct more Integrated Child Development Services (ICDS) centers.

3. **Financial Security**
   - Encourage saving habits to protect workers from predatory lending practices.
   - Introduce economic welfare programs to ensure financial stability and security.

4. **Healthcare Access**
   - Enhance public healthcare services and provide mobile health clinics for migrant workers.
   - Facilitate access to maternity care and breastfeeding-friendly workplaces.

5. **Legal and Social Reforms**
   - Issue temporary ration cards and voter IDs to facilitate access to essential services.
   - Strengthen enforcement of labor laws and ensure fair compensation and working conditions.

6. **Empowerment and Vocational Training**
   - Implement skill development and vocational training programs to enhance employability and independence.

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- Encourage NGO involvement in advocacy, training, and providing support services.

7. **Addressing Gender-Based Challenges**

   - Develop initiatives to combat violence and discrimination against female workers.
   - Establish safe spaces and support networks for migrant women.

## *References*

Aliyu,AA and AU Shehu."Occupational hazards and safety measures among stone quarry workers in northern Nigeria." *Nigerian Medical Practitioner*, vol. 50, no. 2, 2006, pp. 42-47.

Bajpai, Asha. "Women's Rights at the Workplace (Part I) & (Part II)."*Lawyer's Collective, Tata Institute of Social Sciences, Mumbai*, vol. 12, 10th, 1997, pp. 17-18 & 13-16.

Banerjee, Nirmala & Mitter, Swasti. "Women Making a Meaningful Choice — Technology and New Economic Order." *Economic and Political Weekly*, vol. 33, no. 51, 1998, pp. 3247-3256.

Basu, Nighat. "Rights of Married Women and Attitudes Towards Them: An Evaluation of Awareness and Attitudes." *Indian Journal of Adult Education*, vol. 48, no. 2, 1987, pp. 44-50.

Bhat, G.M. "Role of Women in Agriculture: A study of Kiser Valley of Jammu and Kashmir State." *Agricultural Situation in India*, vol. 42, no. 2, 1987, pp. 93-97.

Crosby, Alison. "People on the Move: Challenging migration on NGOs, migrants, and sex work categorization." *Journal Name*, vol. 50, 2007, pp. 44-49.

Futatsuka, M, Shono M."Hand Arm Vibration Syndrome among Quarry Workers in Vietnam." *Journal of Occupational Health*, vol. 47, no. 2, 2005, pp. 165-170.

Gaetano, Arianne. "Sexuality in diasporic space: rural-to-urban migrant women negotiating gender and marriage in contemporary China." *Gender, Place & Culture*, vol. 15, no. 6, 2008, pp. 629-645.

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Gagnon, Anita J., et al. "Asian migrant women and HIV/STIs: Knowledge, attitudes and practices and the role of sexual power." *U.K. Consortium on AIDS and International Development*, 2009.

Gupta, Pratibha, Sumedha, Sexana. "Ventilatory Lung Functions in Stone Quarry Workers of Rajasthan." *Vol 15 - Issue 4*, 2004, p. S162.

Hazra, Anupam. "The Women Reservation Bill: Can We Hope for Gender Equality."*Ministry of Rural Development, Kurukshetra*, vol. 58, no. 8, 2010, p. 52.

Isidro, Isabel, et al. "Research with Migrant Women through Focus Groups."*Western Journal of Nursing Research*, vol. 27, no. 6, 2005, pp. 735-754.

Jeyan,K.N.& Sindhu Sada nandam."Rural-Urban Migration and the Informal Sector in India." *Kurukshetra*, April 2003, pp. 39-44.

Joshi, Sneha & Pushpanadham K. "Empowering women for educational management."*University News*, vol. 39, no. 4, 2001, pp. 1-4.

Kilkenny, Maureen. "Rural/Urban Effects of Terminating Farm Subsidies."*American Journal of Agricultural Economics*, vol. 75, no. 4, 1993, pp. 968-980.

Kishwar, Madhu. "Sex Harassment and Slander as weapons of subjugation."*Manushi*, no. 62, 1992, pp. 2-15.

Lakshmi, G.R. & Bandyopadhyay, S.S. "Effect of Education, Economic Status and Occupation on Fertility, Health and Population." *Health and Population*, vol. 9, no. 1, 1986, pp. 42-51.
Majid, A. "Women's Contribution to Household Income among Agricultural Labourers of Punjab." *Agricultural Economics Research Centre, University of Delhi*, 1986.

Majumdar, Mita. "Rural Women and Modernization." *Social Action*, vol. 41, 1991, pp. 367-381. Mishra,Sweta."Womenand73rdConstitutional Amendment Act:A Critical Appraisal."*Social Action*, vol. 44, 1997, p. 1630.

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Nayyar, Deepak. "Migration, Remittances and Capital Flows."*Oxford University Press, Bombay, Calcutta, Madras, Delhi*, 1994.

Ng, T.P., et al. "An epidemiological survey of respiratory morbidity among granite quarry workers in Singapore: chronic bronch it is and lung function impairment."*AnnA cad Med Singapore*,vol.21, 1992, pp. 312.

Olusegun, O., A. Adeniyi, & GT Adeola. "Impact of Granite Quarrying on the Health of and Nearby Residents in Abeokuta Ogun State, Nigeria." Vol. 2, No. 1, 2009, pp. 21-26.

Patel, Amrit. "Empowerment of Rural Women Concern and Commitment of Elected Women Representatives." *Ministry of Rural Development, Kurukshetra*, vol. 58, no. 8, 2010, p. 52.

Patnaik,S.C.&SailalaDebi."AssessmentofWomen'sEconomicContributiontotheFarmSector: A Micro Level Study." *Journal of Rural Development*, vol. 5, no. 4, 1986, pp. 480-490.

Puri, M. & Cleland, J. "Exploring the Nature and Reasons for Sexual Violence within Marriage among Young Women in Nepal."*Journal Of Interpersonal Violence*, vol. 22, no. 11, 2007, pp. 1363-1381.

Ramsh, D. "Outmigration of Labour from Rural areas: A Study."*Kurukshetra*, June 2004, pp. 28- 33.

Rao, M.S.A. "StudiesinMigration: Internal and International Migration in India."*Ramesh Jain for Manohar Publications*, Delhi, 1986.

Ryan, Louise. "Migrant Women, Social Networks and Motherhood: The Experiences of Irish Nurses in Britain." *Sociology*, vol. 41, no. 2, 2007, pp. 295-312.

Sakakibara, H.et al. "Vibration hazards inquarry workers."*Sangyo Igaku*, vol.26,no.2,1984,pp. 170-176.

Salih, R. ''Moroccan migrant women: Trans nationalism, nation-states and gender.''*Journal of Ethnic and Migration Studies*, vol. 27, no. 4, 2001, pp. 655-671.

Sammiah, M. & Mahavi, K. ''Rights of Unorganized Women Workers.'' *Journal of Social*

**Received:** 07.12.2024 **Accepted:** 13.12.2024 **Published**: 14.12.2024

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*Welfare*, May 2005, pp. 3-6.

Santosh, Nandal. 'Women workers in the unorganized sector: A study on the construction industry in Haryana.''*International Journal of Development Issues*, vol. 5, no. 2, Emerald Group Publishing Limited, 1993, pp. 119-132.

Sarka, Latika. ''Rape: A human rights versus a patriarchal interpretation."*Indian Journal of Gender Studies*, vol. 1, no. 1, 1994, p. 69.

Shaojun, Ma. "Smoking Knowledge, Attitudes, and Behaviors Among Rural-to Urban Migrant Women in Beijing, China."*Asia Pacific Journal of Public Health*, vol. 22, no. 3, 2010, pp. 342- 353.

Sin, D.P. "Women Workers in Unorganized Sector."*Deep & Deep Publications Pvt, Ltd.*, New Delhi, 2005.

Singh, Darshan. "Strategies for Empowering Women Workers."*Social Welfare*, May 2005, pp. 7- 12.

Singh,Anchal,and Monica Srivastava. "Women ReservationBill-Is ItA Moe of Empowerment of Just Another Reservation." *The Monthly Journal, Kurukshetra*, vol. 58, no. 8, 2010, p. 52.

Tandon, Barkha (M.S.)&Singh,D.K."Rural Migration in India, status and director."*Kurukshetra*, 2007, pp. 23-27.

**Received:** 07.12.2024 **Accepted:** 13.12.2024 **Published**: 14.12.2024