

Young Urban Women: Life Choices and Livelihoods

A STUDY ON THE STATUS OF YOUNG URBAN
WOMEN IN THREE MAJOR CITIES IN INDIA:

CHENNAI, HYDERABAD, MUMBAI



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Executive Summary

The Young Urban Women Project targets young women's access to Decent Work, Sexual and Reproductive Health Rights (SRHR) and Participation and Leadership in three key ways – empowerment, campaigning and solidarity. The project goal is that in 3 years, 2,800 young urban women living in poverty in India will have greater dignity through more economic independence and control over their bodies, and their voices will be heard and recognised in international forums.

Chapter I describes the objectives, methodology and sampling of the base line in a detailed way. The major objectives of the base line are:

- To investigate the socio-economic and working conditions of urban women in Hyderabad;
- To map the participation and leadership in women's group;
- To examine the details about unpaid care work;
- To explore access to information and services for sexual and reproductive health.
- To understand the community support system among the women.

Methodology

The study adopted a three-pronged approach to collect information through a field survey; collection of data from secondary sources and FGD with various stakeholders. 750 young women interviewed by filling the intake forms. Key informants were also interviewed to add additional information pertaining to specific environment namely school, PHC, Anganwadi, community workers, local leaders, CBOs, etc.

Chennai	Hyderabad	Mumbai
The respondents were all from Semmencherry, a resettlement colony on the outskirts of Chennai.	10 slums in the old city of Hyderabad. (i) Patel Nagar; (ii) Aman Nagar (1); (iii) Aman Nagar (2); (iv) Valmiki Nagar; (v) Siddiqui Nagar (1); (vi) Siddiqui Nagar (2); (vii) Bhavani Nagar (1); (viii) Bhavani Nagar (2); (ix) Nasheman Nagar (1); (x) Nasheman Nagar (2).	6 community clusters of Mumbai namely Dahisar, Ghatopar, Gyaneshwar, Dharavi, Bandra and Vakola.
151 young women aged 15-25	144 young women aged 15-25	455 young women aged 15-25

Project Locations

Chennai is one of the leading metropolitan cities in India and a cultural and business hub of South India. The respondents of this study are all from Semmancherry, located 25 km from the city, which was conceived as a rehabilitation and resettlement site under the Flood Alleviation Programme of the Government. Majority of the population are daily wage workers, domestic workers and some of them involved in fishing.

Hyderabad, the capital city of Telangana, is the sixth largest urban agglomeration of India. This is the only Indian city. The respondents are all from the Old City of Hyderabad, which has a predominant Muslim population. The young women are mostly home based workers.

Mumbai city being the country's principal financial and communications centre is known as the business capital of India. Mumbai respondents were selected from Dahisar, Bandra, Ghatkopar, Dharavi, Gyaneshwar Nagar, which are large urban slum agglomerates.

Chapter II mainly deals with demographic profile of the respondents. A brief account about the place of study introduces the nature of habitation and location of the sample population. Independent variables such as age, place, family, social status and dependent variables like available facilities, marital status, educational status etc. have been discussed.

Chapter III constitutes the Policy Analysis and enclosed as a separate document titled "Policy Analysis: An Analysis of Major Policies and Legislations Relevant to Young Urban Women In India"

Chapter IV deals with employment status and awareness about minimum wage among young women. The nature of employment of the respondents in Chennai reflects 29 percent of them are engaged in employment while 13 percent do volunteer services while 11 percent of their employment is seasonal labour. Only 5% young women had permanent jobs while 7 percent have irregular temporary jobs at the time of the study. It has covered areas like type of work, working hours, awareness about minimum wages, working conditions and related issues, exploitation of any kind, skill up gradation, decision-making on spending the earnings, unpaid work and its burden on women, access to public services etc.

Chapter V discusses at the awareness and the accessibility of young women to information and services for sexual and reproductive health including availability of health care centres, kind of health services, sexual reproductive problems, awareness about family planning methods etc.

This section of the report forms **Chapter VI** which deals with YUW's conditions and positions in the society. Given the dynamic nature of this age group, it can be considered as a kind of transition period in the personal and social life. The transformation of a school-going girl into a professionally and socially engaged person is a very complex process.

Chapter VII carries the recommendations of the report. Based on the above analysis, the study makes the following recommendations for the project:

- The conditions of low proportion of working population among young urban women and many of them not being ready to work, call for an urgent targeted policy effort to promote and encourage them to work.
- As majority of the young women are not aware of and working below minimum wage rate, there shall be massive campaign and awareness program on minimum wage law and provision of basic working conditions at the work place of women. Minimum wage law should be strictly implemented for young women.
- Majority of the young women do not prefer to work outside the home because of lack of basic facilities at working place, lack of security and below minimum wage rate. This calls for creating conducive atmosphere and basic facilities for women at working place.
- It is also reported that most young women want to upgrade their skills but not towards high professional jobs. This reveals that there is perception of deficit and lack of confidence about career among young women. There shall be massive skill development effort among young women and support to them to sustain themselves.
- In addition to hard skills, there is a very clear need to focus on developing life skills and soft skills for self-development and building confidence and capacities of the young women to equip themselves to face the challenges at home and the world outside. For this, self-organising leadership training and lifeskills development programmes may be organised to build personal skills.
- It is found that there is a perception among young women of being inadequate or deficient and lacking confidence and exposure to take decision and plan for their lives. Use of the arts may help them open up, discover their inherent strengths and express themselves better and also articulate a vision for themselves.
- The low level of access to facilities like computers, transport, child care centers demand measures ensuring easy access of these services by young women, both through public institutional and NGO support.
- Considering most of them are coming into group spaces for the first time, initially, participation in informal groups at their community level, discussing local and personal issues, would help build their confidence and skills and build their leadership to engage with more formal groups and take on leadership positions there.
- It is necessary to first initiate and nurture the participation of women in organised groups since most of them are new members. Over a period of time, linkages with existing groups like labour unions, SHGs, Mahila Mandals, Kishori Samoochs are recommended.
- Health care service centres to be provided with easy access in terms of distance. The health care centre to provide holistic information on sexually transmitted diseases, means of family planning and nutrition, with a specific focus on younger women and adolescent girls.
- Sensitising young men is important in realising community participation of the women.
- The above suggestions may be read in conjunction with the detailed policy recommendations provided in the Policy Analysis document.





Acknowledgement

This report is a consolidation of research processes conducted across 3 cities in India.

First and foremost, we are grateful to the young women in Chennai, Hyderabad and Mumbai who participated in the baseline survey. Their sharing about their lives and contexts is what provides content and meaning to this report. We also wish to thank their families and the community for their support.

This report would not have been possible without the support and cooperation of the three implementing partners – Thozhamai in Chennai, Shaheen Women's Resource and Welfare Association in Hyderabad and Ashana Trust in Mumbai – as well as the regional research consultant teams who conducted the survey in the 3 cities.

The National Research Consultant, Prof. Lourthu Mary Jesudass and her team worked closely with Nirupama Sarathy, National Coordinator, to consolidate this report. Our special thanks to Gurjeet Kaur, Women's Rights Coordinator, Country Office, Action Aid and the 3 Regional Focal Persons for the YUW project, Esther Mariaselvam (RM, Chennai), Indira Rani. N (PM, Hyderabad) and Nirja Bhatnagar (RM, Mumbai), who have been instrumental in planning and guiding the baseline work as well as overall conceptualization and implementation of the YUW project.

We are grateful to the ActionAid Regional Offices in Chennai, Hyderabad and Mumbai and the national YUW project team and colleagues from Programmes Unit for enabling smooth and successful completion of the report. We would like to specifically acknowledge the role played by Swati Kamble, and the YUW Project State Coordinators (Abhisikta Dasgupta, Satish Tarnas and Vandana Paul) in completion of the regional baselines and supporting the national consolidation process.

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Last but not the least, we also wish to thank the ActionAid Communications Unit and Books *for* Change for the design and printing support to help us get this report in your hands.



Chapter I

Introduction

Background of Project Implementation in India

Title	Making her own choices: Young Urban Women Programme
Location	India –Chennai, Hyderabad and Mumbai
Funding donor	Human Dignity Foundation (HDF)
Project Period	Three years (mid 2013-mid 2016)
Budget Amount	USD 581,974 for India
Target Group	Young women between the ages of 15 and 25 years living in poor urban areas
Number of Young Women Involved	Overall 5,800 young urban women living in poverty in seventeen local urban sites in Ghana, India and South Africa 2,800 young urban women living in poverty, in India
Goal	YUW will have greater dignity through more economic independence and control over their bodies and their voices will be heard and recognised in international forums.
Profile of Country Partner Agency	Action Aid India has a strong focus on addressing issues of exclusion. Under this framework, it addresses the issues of exclusion of women among the excluded groups such as urban poor, Muslims, dalits, tribals etc. It has a wide range of work under women rights which covers violence against women, creating an enabling environment for women's economic empowerment by addressing issues of structural exclusion, and SRHR
Regional/Local Implementing Partners	Thozhamai in Chennai Shaheen Women Resource and Welfare Association in Hyderabad Ashana Trust in Mumbai

The Young Urban Women Project targets young women's access to Decent Work, Sexual and Reproductive Health Rights (SRHR) and Participation and Leadership in three key ways – empowerment, campaigning and solidarity. The project goal is that in 3 years, 2,800 young urban women living in poverty in India will have greater dignity through more economic independence and control over their bodies, and their voices will be heard and recognised in international forums. In India, the program is being implemented in three cities namely Chennai, Hyderabad and Mumbai. This baseline study on “Young Urban Women” to assess their situation related to life choices and livelihood is retrospective in nature.

Objectives

- (i) To investigate the socio-economic and working conditions of urban women in Hyderabad;
- (ii) To map the participation and leadership in women's group;
- (iii) To examine the details about unpaid care work;
- (iv) To explore access to information and services for sexual and reproductive health.
- (v) To understand the community support system among the women.

Methodology

The study required a three-pronged approach while collecting information: (a) conducting a field survey; (b) collection of data from secondary sources and discussions with officials in government, non-officials and local leaders in the sampled area; and (c) Focus Group Discussions (FGD) with various stakeholders.

Three sets of instruments were used to collate information for this study. They are: (i) intake form for individuals (ii) check list for secondary data collection, which reflects, different reports on gender, unpaid work, sexual reproductive services and etc; (iii) Schedule (basically open-ended) for FGDs. The focus group provided insightful information on specific vulnerabilities of the women, with regard to the above mentioned indicators. The narrations of the women with respect to different aspects like their ambition, education, reproductive system, marriage,

livelihood, etc found from the FGDs through these open-ended questions were later incorporated in the analysis in order to enrich the outcome. The instruments were piloted and enriched subsequently before the data collection procedure.

Sample Size

From the three cities a total of 750 young women were interviewed, filling the intake forms. The teams had also incorporated other methods namely FGDs and Case studies to expand the data base for more relevant data. Key informants were also interviewed to add additional information pertaining to specific environment namely school, PHC, Anganwadi, community workers, local leaders, CBOs, etc. At this juncture it is important to mention that since the baseline report deals only with primary information the report is primarily based on the information collected from interviews and FGDs only.

Table 1: Sample Size

Total Intake Forms: 750		
Chennai	Hyderabad	Mumbai
The respondents were all from Semmencherry, a resettlement colony on the outskirts of Chennai.	10 slums in the old city of Hyderabad. (i) Patel Nagar; (ii) Aman Nagar (1); (iii) Aman Nagar (2); (iv) Valmiki Nagar; (v) Siddiqui Nagar (1); (vi) Siddiqui Nagar (2); (vii) Bhavani Nagar (1); (viii) Bhavani Nagar (2); (ix) Nasheman Nagar (1); (x) Nasheman Nagar (2).	6 community clusters of Mumbai namely Dahisar, Ghatopar, Gyaneshwar, Dharavi, Bandra and Vakola.
151 young women aged 15-25 years 15-19 yrs – 20 20-25 yrs - 131	144 young women aged 15-25 years 15-19 yrs – 90 20-25 yrs - 60	455 young women aged 15-25 (35) years 15-19 yrs – 199 20-25 yrs - 235

Chapter II

Demographic Data on the YUW

This chapter deals with the demographic profile of the respondents. A brief account about the place of study introduces the nature of habitation and location of the sample population. Independent variables such as age, place, family, social status and dependent variables namely available facilities, marital status, educational status etc. have been discussed in the following pages.

Project Locations

Chennai is one of the leading metropolitan cities in India and a cultural and business hub of South India. The respondents of this study are all from Semmancherry, located 25 km from the city, which was conceived as a rehabilitation and resettlement site under the Flood Alleviation Programme of the Government. The residents have been facing various problems in the area largely due to its distance from the city and the lack of infrastructure and basic facilities since their arrival in 2005. Majority of the population are coolie workers, servant maids and some of them involved in fishing.

Hyderabad, the capital city of Andhra Pradesh, (now in Telangana), is the sixth largest urban agglomeration of India. This is the only Indian city which figures in the top 10 large cities in the world considered as the 'Most Sustainable Cities by 2020'. As per the Census of India estimates, the urban poverty in Hyderabad is measured at 23% of total population. The respondents are all from the Old City of Hyderabad, which has a predominant Muslim population. The Old City has seen no development in terms of basic facilities such as sanitation, electricity, schools, and healthcare centres. Domestic Violence, Religious-based conflict, socio-economic oppression, inadequate education, early marriage and restricted mobility are some of the issues facing the community in Old City.

Mumbai city being the country's principal financial and communications centre is known as the business capital of India. Mumbai is one of the most populated cities in the world and has the largest and the busiest port handling India's foreign trade and a major International airport. India's largest Stock Exchange which ranks as the third largest in the world is situated in Mumbai. Mumbai respondents were selected from Dahisar, Bandra, Ghatkopar, Dharavi, Gyaneshwar Nagar, which are large urban slum agglomerates. 78% of the city's population lives in slums and Dharavi once had the dubious distinction of being Asia's largest slum.

Demographic Details

Out of the 750 young women interviewed, about 85% (595) of the selected population for study across the three cities belong to urban areas and the rest 15% are from rural and peri-urban areas. An overwhelming majority of 70% of the respondents are part of nuclear families, showing the trend away from the joint family system which was widely prevalent in India in the past. With 305 women in the 15-18/19 age-group, 425 women in the 19/20-25 age-group interviewed, overall 69% of the sample population is married. The city-wise variation shows that 87% of the young women in Chennai are married, while in Hyderabad it is 68% and Mumbai 52% married.

Social Status

Caste and class being important factors that determine social status and life choices in India, it is important to note that majority of the women are from the Other Backward Classes (OBC) category, almost twice that of the Scheduled Castes (SC) category. It is also noteworthy that of the 78% OBC in Hyderabad, most are Muslims. Only 1%

Figure 1: Place of Habitation

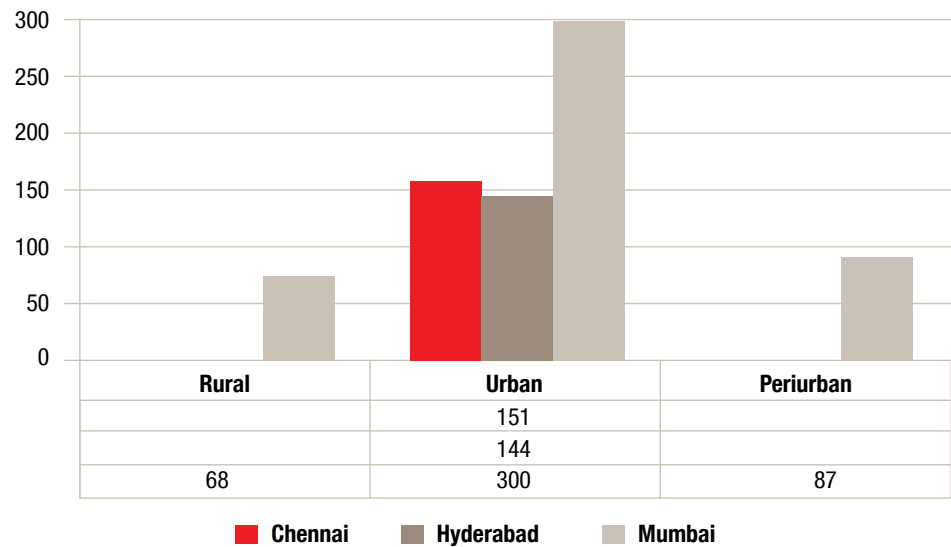
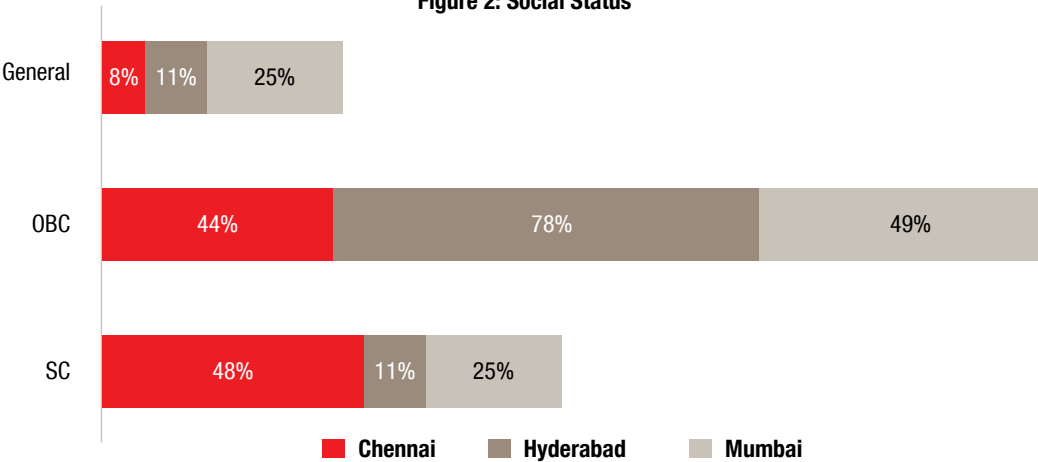


Table 2: Type of Family

Place	Nuclear	Joint family	Single Parent	Female headed
Chennai	106 (71%)	33 (22%)	9	3
Hyderabad	99 (70%)	42 (26%)	-	3
Mumbai	245 (69%)	90 (28%)	11	4

Figure 2: Social Status



Scheduled Tribe (ST) population was present amongst the respondents.

Marital Status

While overall 69% of the young women respondents in India were married, the city-wise variations with respect to marriage are significant. Child marriage is widely prevalent across India, but Hyderabad stands out with around 24% married before 15 years of age

and young women in Chennai (28%) and Mumbai (34%) being married between 16-18 years. It is important to note that the legal age of marriage in India is 18 years.

The kind of marriage also provides interesting insights on the extent of freedom and life choices enjoyed by the young women. Love marriage¹ (young men and women choosing their own

1. 'Love Marriage' in India refers to young men and women choosing their own partners

partners) seems to be a significant trend in Chennai (42%) and Mumbai (57%), while in Hyderabad an overwhelming 91% of the marriages are arranged² (parents and family members choosing an appropriate groom/bride for their children, with or without the support of brokers). However, it is not clear whether love marriages are truly empowering,

looking at the data on payment of dowry³ (the payment in cash or kind made by the bride's parents to the groom's family at the time of marriage). In Hyderabad 74% marriages involved the payment of dowry, while Chennai and Mumbai stood at 51% and 54% respectively.

Table 3: Marital Status

Place	Age	Married	Unmarried	Others	Total
Chennai	15-19	8	12	0	20
Hyderabad	15-18	6	78	2	86
Mumbai	15-19*	211	234	9	199
				Total	305
Chennai	20-25	124	6	2	132
Hyderabad	19-25	34	20	4	58
Mumbai	20-25*	211	234	9	235
Mumbai	25-35				21
				Total	446
TOTAL		383	350	17	

*Age-segregated data on marital status not available

Figure 3: Age at Marriage

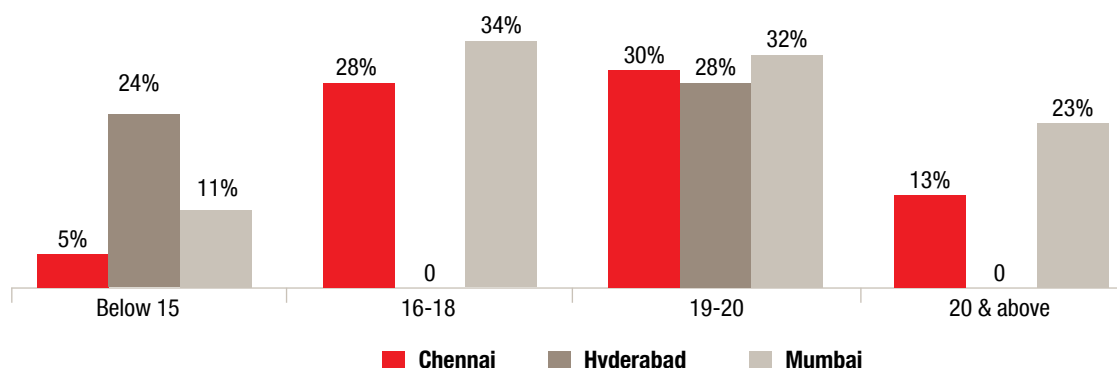


Table 4: Type of Marriages

Universe	Type of marriage %	Fixed by a broker %	Parents paid dowry %			
	Arranged	Love	Yes	No	Yes	No
Chennai	48	42	20	80	51	49
Hyderabad	91	9	6	94	74	26
Mumbai	43	57	9	91	55	45

2. In India, it is common for parents and family members to choose an appropriate groom/bride for their children, with or without the support of brokers.

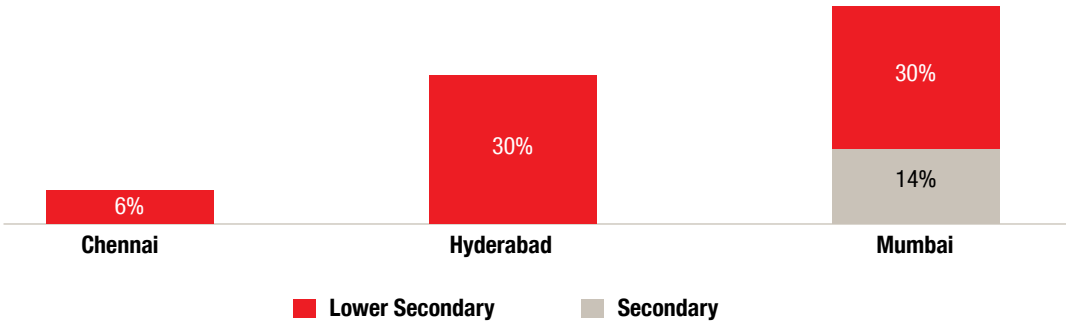
3. Dowry is the payment in cash or kind made by the bride's parents to the groom's family at the time of marriage. This is legally abolished as per the Dowry Prohibition Act, 1961, but the practice is still widely prevalent

Education

Overall, the study shows that education for girls is not a priority, and education levels of the young women are generally low. Mumbai reflects better education levels of the respondents, with a majority of young women studying upto secondary levels. In Chennai almost 94% of young women have discontinued studies while in Hyderabad 67% have discontinued. While in Chennai, 42% said they were not interested in studies, the overall picture across the country shows that marriage and parental pressure are the main reasons for discontinuing education. The young women also reported concern for safety and long distance to school as other reasons for not pursuing their studies.

While the parents were not talked to in this regard, the findings may be seen in the light of the tendency of sending boys to school and keeping the girl at home citing safety and social concerns or making her drop out of school to take on the care of the younger siblings and help in the household chores while the parents are away at work. How household work in the family and safety in public spaces and institutions impacts access of young women to education and work spheres needs to be more clearly explored.

Figure 4: Education Levels of Young Women



Chapter III

Policy Analysis

This document presents an analysis of the existing policy framework in India – including relevant Constitutional provisions, legislations, National policies and some of the State policies and schemes - that is geared towards ensuring equality and decent work and that recognizes and reduces the burden of unpaid care work for women. The document also provides information on the policies relevant to the sexual and reproductive health rights of young urban women in India.

Decent Work

Every individual aspires to lead a decent life¹. Work is central to people's well-being. The work would not only generate income but also create the atmosphere for socio-economic advancement, strengthening capacities of individuals, their families and communities. Decent work sums up the aspirations of people in their working lives.

Denial of decent work is the resultant effect of poverty in the country. In spite of all efforts to promote education, skill development and asset creation, there are deficits of decent work like unemployment, under-employment, poor quality and under paid jobs, unsafe work, insecure income, rights that are denied and gender inequality (ILO Facts on Decent work)². A section of people have no access to bank credit and financial inclusion for creation of income generating assets in order to create productive self-employment and decentwork, hence the poverty remains in the country.

Women are the most vulnerable group afflicted with poverty and the harsh reality is that there is intra-households gender discrimination in access to food, education, health care, and employment. This is more so in the case of poor, particularly

weaker sections like SCs, STs, and Muslims when compared to other social groups. Sachar committee report exposed that Muslims in India face rather high levels of poverty and lower socio-economic status particularly OBC Muslims. The hot spots of poverty can be identified in backward areas and slums in urban areas. Recognition of the multi-dimensionality of poverty has rarely been reflected in integrated analytical or policy frameworks (Stephen Devereux 2003).

The Constitution of India is the overarching framework under which various legislations and policies are drafted. The Constitution guarantees equality, equal protection of the law and the right against discrimination to all citizens.

India has witnessed a work force growth of 13.9 million in just two years, between 2010 and 2012.

As per the 67th round survey of the National Sample Survey Office (NSSO), Ministry of Statistics and Programme Implementation, as on January 2012, the workforce at the all-India level was about 472.9 million (rural men - 234.6m, rural women - 101.8m; urban men - 109.2m and urban women - 27.3m).

1. According to European Economic and Social Committee on Decent life means Ending poverty and giving the world a sustainable future. The concept of decent life varies from person to person depending on availability of resources or capacity to mobilize resources in order to meet their consumption needs as well as little saving for social security.
2. http://www.ilo.org/global/about-the-ilo/newsroom/features/WCMS_071242/lang--en/index.htm_ Accessed 03-9-2014

A central part of the Equality Code of the Constitution is **Article 16** which guarantees equality in public employment to all citizens.

Article 38 (2) is important as it affirms that 'the State shall, in particular, strive to minimize the inequalities in income, and endeavour to eliminate the inequalities in status, facilities and opportunities, not only amongst individuals but also groups of people residing in different areas or engaged in different vocations'. This is a particularly important constitutional provision for workers in the informal sector, export processing and those engaged in hazardous occupation or those that have a long term negative impact on health.

Article 39 forms the basis of labour legislation, but is particularly striking in the expansive way in which it articulates state responsibility. It also lays a firm foundation for eliminating discrimination against women in the work place. It requires the state to provide citizens with the means to an adequate livelihood, promote fair distribution of wealth, ensure equal pay for equal work and protect child and female labour from exploitation.

Articles 41, 42, 43 and 43A provide for the right to work, the right to just and humane conditions of work, the right of workers to a living wage and worker participation in management.

More than half the population (52%) is self-employed, while 18% work as regular wage/salaried employees and 30% as casual laborers. More people are self-employed (56%) and work as casual laborers (35%) in rural India. In Urban India, it is the waged/salaried (43%) who constitute a majority. They are followed by the self-employed (42%) and casual laborers (15%). Nearly half the population (49%) is engaged in agriculture, while 24% are working in secondary sector and 27% in tertiary sector. [68th Round Survey, NSSO 2013]

In India, women are more self-employed than men. The share of self-employment in total workforce is 55 % for rural men, 59 % for rural women, while it is 42 % for urban men and 43 % for urban women. Men work more as casual labourers. In agriculture, it is again the women who dominate. In the rural areas, 59% men work in agriculture, but the figures are 75% for women. The involvement of women in the agriculture sector is more even in the urban areas. It is 11% as against 6% for men.

Women form an integral part of the Indian workforce, but overall urban women constitute less than 5% of the total workforce. As per Census 2011, the total number of female workers in India is 149.8 million, with rural 121.8 million and urban 28.0 million respectively. [35.9m—cultivators, 61.5m—agricultural labourers, 8.5m—household Industry and 43.7m - classified as other workers.]

As per Census 2011, the overall work participation rate for women is 25.51 percent. The rate for women in the urban areas (15%) is half of that in rural (30%).

In so far as the organised sector is concerned, in March 2011, women workers constituted 20.5 percent of total employment in organised sector in the country. As per the last Employment Review by Directorate General of Employment & Training (DGE&T), on 31st March, 2011, about 59.54 lakh women workers were employed in the organised sector (Public and Private Sector). Of this, nearly 32.14 lakh women were employed in community, social and personal service sector.

Legislative protection for workers to receive a minimum wage is one of the fundamental premises of decent work. In India, the **Minimum Wages Act, 1948** provides for fixation and enforcement of minimum wages in respect of scheduled employments. With effect from April 1, 2011 the National Floor Level of Minimum Wage was raised to Rs 115 per day. The Act also requires the appropriate government (both at Centre and States) to fix minimum rates of wages in respect of employments specified in the schedule and also review and revise the same at intervals not exceeding five years. However, NSSO 2013 data clearly shows that when it comes to wages, while the urbanites are paid more than their rural counterparts, men are consistently paid more than women. At the national level, average wages earned by regular wage/salaried employees is Rs 396 per day (Rs 299 in rural areas and Rs 450 in urban areas). In the rural areas, wages earned per day by a regular wage/salaried employee is Rs 322 (men) and Rs 202 (women). In the urban areas, this is Rs 470 for men and Rs 366 for women. It is however noteworthy that only a small percentage of women

The principal social security laws enacted in India for the organised sector are:

- The Employees' State Insurance Act, 1948 (ESI Act).
- The Employees' Provident Funds & Miscellaneous Provisions Act, 1952 (EPF & MP Act)
- The Employees' Compensation Act, 1923 (WC Act)
- The Maternity Benefit Act, 1961 (M.B. Act),
- The Payment of Gratuity Act, 1972 (P.G. Act),

are in regular wage employment, with 43% of urban women in the workforce being self-employed. [NSSO,2013]

The Factories Act, 1948 regulates the employment of women in factories, prohibiting their engagement in hazardous occupations; work at night time, providing for separate latrines and urinals for female workers and provision of crèches. However, the enforcement has been very poor and neither toilets nor crèche facilities are provided for. There are many ways for the employer to subvert these provisions by employing contract labour or not showing the correct number of women employed.

Social Security schemes are designed to guarantee long-term sustenance to families when the earning member retires, dies or suffers a disability. India has always had a Joint Family system that took care of the social security needs of all the members provided it had access/ownership of material assets like land. However with increasing urbanization, migration and demographic changes there has been a decrease in large family units. This is where the formal system of social security gains more importance. The organized sector is covered through various social security legislations like the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 and the Employees State Insurance Act, 1948. The Maternity Benefit Act 1961, provides for maternity benefit of upto 12 weeks of paid leave for women covered under the act.

Among the women workers in the urban areas, 80% are employed in the unorganized sector (UNICEF – 2013 Report) like garment industry, petty trade, service sectors, building construction, domestic work, teaching in private institutions, home-based work (house hold manufacture sector) etc. The condition is worst for the home-based workers³ who account for 30 million of the workforce in India, with 65% of the National Income coming from the unorganized sector.

The Government has enacted Unorganised Workers' Social Security Act 2008 to create a framework for providing social security to these unorganized workers. As the first attempt to legislate security for nearly 94% of the workforce, the Act is welcome. However, it does not make it mandatory for the government to introduce new welfare schemes. It unfairly divides unorganised workers into those below the poverty line and those above, and is silent on a national minimum wage, improving working conditions and the problems of women workers like unequal pay and sexual harassment at the workplace. [Vol - XLIV No. 11, March 14, 2009 | Paromita Goswami , EPW]⁴

3. A home-based worker is defined as; a person who carries out work in his or her own home, or premises near the home which is not under the control of an employer or contractor and which results in a product sale or service for sale or remuneration. The home-based worker may be self-employed or may be working for an employer or contractor'.

4. <http://www.epw.in/commentary/critique-unorganised-workers-social-security-act.html>

Mentioned below are some of the government policies and schemes that specifically aim at empowering young women in urban areas with respect to livelihood.

National Urban Livelihoods Mission

The Swarna Jayanti Shahari Rozgar Yojana (SJSRY), in operation across the country since 1997, was revamped in 2009 to provide self-employment and wage employment to the urban poor through skill development training through Urban Local Bodies (ULBs) and community structures. SJSRY has now been restructured and renamed as National Urban Livelihoods Mission (NULM) by Ministry of Housing & Urban Poverty Alleviation in 2013. The mission would also aim at providing shelter equipped with essential services to the urban homeless in a phased manner. NULM will rest on the foundation of community mobilization and women empowerment. NULM envisages universal mobilisation of urban poor households into thrift and credit-based Self-Help Groups (SHGs) and their federations/collectives. These groups will serve as a support system for the poor, to meet their financial and social need, creating opportunities for skill development leading to market-based employment and helping them to set up self-employment ventures by ensuring easy access to credit. NULM is less than a year old and it remains to be seen how it impacts the lives of poor urban women.

Working Women Hostels

A Central Govt. scheme launched in 1972-73 under Ministry of Women and Child Development, Government of India, the objective of the Scheme for Working Women Hostel is to promote availability of safe and conveniently located accommodation for working women, with day care facility for their children, wherever possible, in urban, semi urban, or even rural areas where employment opportunities for women exist. Till 1997 (for which data is available) the count was Chennai – 18, Hyderabad – 19, Mumbai – 21 hostel projects completed.

These working women hostels are few and far and largely underutilized by the target group. Many are not aware of such facility available; in case they do, the location is distant from their place of work. There is not enough demand from organizations to run hostels as the Scheme provides only partial financial assistance. Also, large ready-built buildings for the purpose of working women hostels are either not available in residential or commercial areas or they are expensive and unaffordable. So, the scheme, though well-meaning, exists largely only on paper and has not contributed to supporting young women to join and continue in the workforce. Above all, the scheme is tailored more for formally employed salaried women, and hence does not address the needs of young women from marginalised communities who are employed in the informal sector.

Support to Training and Employment Programme (STEP) For Women

STEP is a Central scheme launched in 1986-87 that aims to provide an integrated package of services to women enabling them to become economically independent and to improve their socio-economic status by upgrading skills for self and wage employment. It seeks to support women's work by providing a range of inputs and services like facilitating organization of women, upgrading of skills through training, marketing and credit linkages to ensure sustainable employment, Legal literacy and Health check-ups, referral services, mobile crèches, elementary education, and gender sensitization.

The ten traditional sectors identified for project funding under STEP comprise of agriculture, animal husbandry, dairying, fisheries, handlooms, handicrafts, khadi and village industries, sericulture, waste land development and social forestry. The target group to be covered under the STEP Programme includes the wage labourers, unpaid daily workers, female headed households, migrant labourers, tribal and other dispossessed groups. The beneficiaries under the projects are poor or assetless marginalized rural women and urban poor with special focus on SC/ST households, women headed households and families below the poverty line. The ultimate endeavor of each project under STEP is to develop the women groups to thrive on a self-sustaining basis in the market place with minimal government support and intervention.

Though an old scheme, information on the current status and beneficiaries of the programme are not accessible. The scheme is well-thought out in terms of covering the marginalized with a whole package of services which include enabling women to access employment and reduce their burden of unpaid care work. However, nearly two decades later, there is no visible impact and the scheme is largely unheard of, which puts the implementation of the scheme under question.

Overall, it can be said that there are numerous laws and policies related to work (mostly organized sector) in India. While they appear comprehensive in the letter, they leave much to be desired in implementation. Moreover, there is clearly a dearth of policy focus on the unorganized sector which employs a huge section of population, and on work-related issues of women in particular. While a few women-centric schemes have been formulated, they appear to be just tokenisms; most people are unaware of the schemes and there is no follow-up or rigour in implementation or corresponding budget allocations.

Unpaid Care Work

Generally, people allocate their time to work on 'paid⁵, unpaid⁶, and no work⁷'. Traditional society sees women's primary function as fulfilling reproductive and domestic functions (Eelision 2000). In the modern context, the roles and responsibilities of women have changed and demands recognition to their work in the family, society and national accounting practices of national income. There is exposition all over the world for recognizing their unpaid care work done to the family. Thus, conceptualization has become important in international fora.

It is also observed in studies that 'men receive the lion's share of income and recognition for their economic contribution - while most of women's work remains unpaid, unrecognized and undervalued' (UNDP, 1995). The time spent on unpaid work in selected developing and OECD countries alike and the time outperformed by women over men ranges between 2 to 5 hours per-day and it is about 4 hours per day in India (Raina Antonopoulos 2008: 9.). It is observed in studies that "unpaid care work is more difficult to do in the context of poverty as basic amenities, and access to public services are lacking" as observed ActionAid⁸. While doing the unpaid work, "women and girls living in poverty sometimes have to forego their basic human rights to an education, healthcare, decent work and leisure time in order to balance all these many activities. This perpetuates gender inequality, reinforces inequitable

gender norms and keeps women and girls in poverty"⁹. 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. The survey revealed that women spend 34.6 hours per week, on cooking, purchases for the household, childcare, fetching water, washing, taking care of the elderly and infirm, etc., 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 (ActionAid Report on Young Women: Life choices and Livelihoods in poor urban India, 2012).

Easy access to essential public facilities can reduce the load on women. However, in India, more than 97 million people lack access to safe drinking water, while more than 800 million do not benefit from hygienic sanitation facilities such as toilets, a significant proportion of them poor households, especially in urban and peri-urban informal settlements (slums). [Water.org]. This particularly affects the lives of women adversely. It is mostly young girls and women in slums who spend hours in queues to fetch water for the household from a lone pump or two, where provided, serving the entire slum. Similarly young women are the most affected by absence or shortage of toilets in overcrowded settlements, resulting in lack of privacy and vulnerability to violence during open defecation, besides making them prone to disease.

Access (India, 2008)	Urban	Rural	Total
Improved water source	96%	84%	88%
Improved sanitation	54%	21%	31%

UNICEF/WHO, 2008

The responsibility for water supply and sanitation at the central and state level is shared by various Ministries. At the central level, the **Ministry of Housing and Urban Poverty Alleviation** and the Ministry of Urban Development share the responsibility for urban water supply and sanitation. Water supply and sanitation is predominantly a

5. Paid work refers to time or piece rate contracted out that receives remuneration.

6. Unpaid work includes all non-remunerated work activities and it is safe to say that it lacks recognition (Raina Antonopoulos, 2008) Unpaid care work done to family refers to the work done in the home and in communities from preparing food, collecting firewood and water to taking care of children, the ill and the elderly (Debbie Budlender, 2002).

7. The concept of no work is commonly understood as consisting of free time spent on personal care and leisure activities. There is distinction between 'no work as voluntarily chosen' and 'no work as enforced inactivity due to lack of employment opportunities' (Raina Antonopoulos, 2008, p.9.).

8. ActionAid (2013) "Making Care Visible: Women's unpaid care work in Nepal, Nigeria, Uganda and Kenya", February. (http://www.actionaid.org/sites/files/actionaid/making_care_visible.pdf- Accessed 03-9-2014).

9. <http://www.actionaid.org/publications/recognise-redistribute-reduce-womens-unpaid-care-burden-> Accessed on 03-9-2014.

State responsibility under the Indian Constitution, operating through municipalities in urban areas, called Urban Local Bodies (ULB) and through State Water Boards. According to Indian norms, access to improved water supply exists if at least 40 liters/capita/day of safe drinking water are provided within a distance of 1.6 km or 100 meter of elevation difference, to be relaxed as per field conditions. There should be at least one pump per 250 persons.

While overall figures show improved access, the situation in poor urban pockets is dismal. Slums are often seen as unauthorized settlements and the government facilities are invariably absent or minimal. In this study, it was seen that 80-90% of the women spend considerable time fetching water for their households in each city. It is not unusual for brawls to break out over the limited access to water and toilets. However, a good practice that stands out is the Sanitation Program in Mumbai that has provided access to sanitation for a quarter million slum dwellers.

In November 2008 the government of India launched a **National Urban Sanitation Policy** with the goal of creating what it calls “totally sanitized cities” that are open-defecation free, safely collect and treat all their wastewater, eliminate manual scavenging and collect and dispose solid waste safely. As of 2010, 120 cities are in the process of preparing city sanitation plans.

The Government also has a targeted **Public Distribution System (PDS)** whereby essential food supplies are provided at subsidized rates to Below Poverty Line (BPL) families. While the PDS system is plagued by corruption, poor quality and shortage of supplies, women invariably have to make multiple trips to the ration shops and stand in long queues to avail of the supplies, often taking time off from other income-generating activities, which rather than easing women’s burden of work, adds further to it.

With increasing employment opportunities for women and the growing need to supplement household income, more and more women are entering the job market. With the breaking up of joint family system and the increasing number of nuclear families, and women still being seen as the primary child-carers, working women need support

in terms of quality, substitute care for their young children while they are at work. Creche and Day Care Services are not only required by working mothers but also women belonging to poor families, who require support and relief for childcare as they struggle to cope with the burden of activities, within and outside the home.

The **Integrated Child Development Services (ICDS)** Scheme was initiated as a commitment of the country to its children. The programme adopts a multi-sectoral approach incorporating both health and education interventions catering to pre-school education, malnutrition and morbidity among young children¹⁰. The Balwadis and Anganwadis also serve as day-care centres for children and infants, providing child-care, learning and nutrition to children, enabling the mothers to work outside. However, the assistance under ICDS is very meager to meet their demand and the financial provisions for social security and additional remuneration for Anganwadi and ASHA Workers, the principal carriers of the flagship schemes have not been made.

Addressing the needs of women in respect of unpaid care work is a much neglected aspect in Indian policy. With the traditional family system breaking down, and more women entering the public sphere, but patriarchal attitudes still strongly entrenched, it is left to individual women to work their way through the system. The only institutional mechanism which has retained some relevance is the ICDS system, which also needs better implementation.

Sexual And Reproductive Health Rights

Reproductive Health was given an international consensus definition at the International Conference on Population and Development (ICPD) in 1994. At its core is promotion of reproductive health, voluntary and safe sexual and reproductive choices for individuals and couples, including decisions on family size and timing of marriage. Sexuality and reproduction are vital aspects of personal identity and are fundamental to human well being and fulfilling relationship within diverse cultural contexts. Sound reproductive health is integral to the vision that every child is wanted, every birth is safe, every young person is free from HIV, and every girl and woman is treated with dignity (UNFPA).

10. Found at <http://wcd.nic.in/icds.htm> - Accessed on: 08.08.2013

The details of some specific schemes that have a bearing on unpaid care work are given below

Integrated Child Development Services (ICDS)

The scheme launched in the year 1975, integrates several aspects of early childhood development and provides supplementary nutrition, immunisation, health check-ups, and referral services to u-6 children as well as expecting and nursing mothers. Additionally, it offers non-formal pre-school education to children in the 3-6 age group, and health and nutrition education to women in the 15-45 age-group. The scheme is now expanded to cover the entire country since 2005.

The programme adopts a multi-sectoral approach incorporating both health and education interventions delivered through Anganwadi Centres. The Ministry of Women and Child Development (MoWCD) is responsible for coordinating ICDS and working with state governments to monitor and evaluate the scheme's performance. In many states, panchayats have also been actively involved in the implementation and monitoring of ICDS.

Despite the fact that ICDS has been in operation for close to four decades, states have made limited progress in tackling undernutrition. A CAG audit (2005) says 52% of anganwadis surveyed lack toilets, 32% don't have drinking water and reveals 33%-45% gap between eligible beneficiaries and actual recipients of supplementary nutrition. The assistance under ICDS is very meager to meet the demand resulting in insufficient supplies and delays in delivery besides having inadequate infrastructure, including shortage of AWCs and staff. To focus additional resources on the worst performing states, which include Andhra Pradesh and Maharashtra, the Government of India is partnering with the World Bank to increase ICDS programming in the high-burden districts. This is an area to focus on since it can play a big role in easing childcare responsibilities of women across the country.

Rajiv Gandhi National Crèche Scheme

With a view to encourage women to join/ continue with gainful employment, the scheme seeks to provide day care facilities to children in the age group 0-6 years from families with a monthly income of less than Rs. 12,000/-. In addition to being a safe space for the children, the crèche provides services like supplementary nutrition, immunisation, pre-school education, emergency health care etc. for running a crèche for 25 infants for eight hours. The Central scheme (2006) is implemented through Central Social Welfare Board (CSWB) and two national level mother NGOs. At present, there are 5303 creches across 31 states and UT in the country and covers tribal, rural and urban children across 449 districts. Information on the uptake of these services and impact was not accessible.

The National Social Assistance Programme (NSAP)

The NSAP has introduced a National Policy for Social Assistance for the poor and aims at ensuring minimum national standard for social assistance in addition to the benefits that states are currently providing or might provide in future. NSAP at present comprises of **Indira Gandhi National Old Age Pension Scheme (IGNOAPS)**, **Indira Gandhi National Widow Pension Scheme (IGNWPS)**, **Indira Gandhi National Disability Pension Scheme (IGNDPS)**, National Family Benefit Scheme (NFBS) and Annapurna.

A variety of problems plague the pension system in India and it demands separate discussion not relevant here. While these schemes don't directly impact the young women the project targets, they do have an indirect bearing on the unpaid care work that many of the young women in the project communities are engaged in. Thus a strengthened universal Social Assistance program would indirectly benefit the young women by the state pitching in to ease the care-giving responsibilities, whether of the elderly, siblings, children, or the disabled and infirm, that they are often entrusted with in the family.

The National Population Policy (NPP), 2000 affirmed India's commitment to the ICPD development agenda.

The control over women's sexuality and reproductive role by religion, law and the state are historically recorded. Over the years, even in national policy making, emphasis on women's health has always

been overshadowed by the issue of family planning (Imrana, 1998). Women's health has been replaced by reproductive health alone and the structural issues and concerns such as linkages with basic needs and livelihood have been sidelined. Poor women, especially in developing countries, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted

infections including HIV, gender based violence and other problems related to their reproductive system and sexual behavior.

The reasons related to reproductive illness is not confined to medical domain alone. For example, undernourishment or malnutrition of the women in reproductive age could be due to inadequate intake of nutrition owing to inaccessibility to Public Distribution System or due to environmental pollution. But these interlinkages are never discussed. Moreover, in the modern era, technology has taken centrestage in the arena of women's health especially reproductive health rights with the unregulated market of assisted reproductive technologies playing havoc (SAMA, 2009). Similarly, with increased participation of women in work force, there are also concerns about striking balance between work and family. This has led to the introduction of amendment to several maternity benefit related laws in the country to make it women-friendly.

The Ministry of Women and Child Development (MWCD) is the Government Ministry responsible for overseeing the rights of women in the country. The broad mandate of the Ministry is to have holistic development of Women and Children. As a nodal ministry for the advancement of women and children, the Ministry formulates plans, policies and programmes, enacts/ amends legislation, guides and coordinates the efforts of both governmental and non-governmental organisations working in the field of Women and Child Development. The country also has **National Commission for Women** to review the Constitutional and legal safeguards for women; recommend remedial legislative measures; facilitate redressal of grievances and advise the Government on all policy matters affecting women.

Investing in the health and rights of women and young people is not an expenditure, it is an investment in our future.

—Dr. Babatunde Osotimehin

Executive Director, United Nations Population Fund & Under-Secretary-General of the United Nations.

Some of the states including Andhra Pradesh(AP), Tamil Nadu(TN) and Maharashtra also have **State Commissions for Women (SCW)**. The main role of the Commissions is to ensure the protection of women and upholding of the laws pertaining to their protection against violence and safety, like the Immoral Traffic Prevention Act, the Domestic Violence Act, addressing sexual harassment at work places, etc. It however lacks funds, and does not have a comprehensive strategizing for young women. The rights of women with respect to sexual and reproductive health are governed by several laws in the country.

The **Protection of Women against Domestic Violence Act, 2005 (PWDVA)** gives women victimized by domestic violence a legal protection. The Vishaka Guidelines were a set of procedural guidelines for use in India in cases of sexual harassment. They were promulgated by the Indian Supreme Court in 1997 and were superseded in 2013 by the **Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act**.

India has a declining child sex ratio. Many women are forced to undergo abortion upon knowing the sex of the unborn child if it turns out to be female. This is a larger violation of life and right to dignity

Need for youth-friendly information and services

- Low female age at marriage.
- Nearly half of all births in 15-24 years age group.
- Adolescent fertility rates remain high in certain states.
- Unmet need for contraception is unacceptably high at 25.1% spacing amongst adolescents.
- 1% females and 12% males (aged 15-24) reported pre-marital sex.
- 47% young women and 16% young men (aged 15-24) reported never receiving any information on sexual matters.
- 83% young men and 78% young women (aged 15-24) expressed family life education to be important.

[Source: UNFPA India Fact Sheet for World Population Day, 2012]

The only scheme particularly targeted at adolescent girls and young women, addressing their nutritional and health information needs (and going beyond) is discussed below:

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) - Sabla:

RGSEAG, or “Sabla” scheme, a Centrally-sponsored scheme introduced in the year 2010-11 on a pilot basis is being implemented in selected 205 districts covering all the States/UTs. The districts have been selected using four indicators which are dropout rate of females, female literacy rate, girls married before the age of 18 and female work participation.

Sabla (meaning strong or empowered) was started with the objective to improve the nutritional and health status of adolescent girls in the age group of 11-18 years and empower them by providing education in life-skills, health and nutrition and train them to be leaders.

The main objectives of the programme are:

- To enable self-development and empowerment of adolescent girls (AGs);
- To improve their nutrition and health status;
- To spread awareness among them about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH) and family and child care;
- To upgrade their home-based skills, life skills and vocational skills;
- To mainstream out-of-school AGs into formal/non formal-education and
- To inform and guide them about existing public services, like public health centres (PHCs), community health centres (CHCs), post offices, banks and police stations.

Girls between the age group of 11-18 years are divided into two batches of 11-14 and 15-18 years, organised into groups of 7-25 girls to facilitate peer learning and a model of leadership where they elect their own leaders. SABLA would be a 100per cent Centrally Sponsored scheme for all inputs except nutrition component which will be on 50:50 shared basis between Central and State Government.

The Scheme focuses on equipping girls with information on family welfare, health and hygiene, existing public services, etc., and to draw out-of-school girls into the formal or non-formal education systems. Training kit with information about sexual and reproductive health (like teenage pregnancy, reproductive tract infections and sexually transmitted infections), nutrition, legal and social issues, such as leadership/role in society and conflict resolution is utilized for this learning. This kit has been made available to all states and UTs for translation into local languages. They have the option of adapting as well as adding to the material provided. The programme is designed to empower young women, impart new and reliable knowledge and train them to be leaders. The fact that it has been developed for both urban and rural areas is another positive sign of the scheme.

In Andhra Pradesh, Sabla is present in 8 districts including Hyderabad, which is urban. In Maharashtra and Tamil Nadu, the scheme is implemented in 11 districts and 9 districts respectively, including Mumbai and Chennai, using the platform of ICDS and AWCs as the focal point for the delivery of services.

An independent evaluation of Sabla about its performance in the eleventh Plan (2010-11 & 2011-12) has been entrusted to Administrative Staff College of India, Hyderabad, Andhra Pradesh. Further extension and expansion of the scheme will depend on the findings of evaluation.

Though the evaluation findings are yet to be seen, it can be safely said that the scheme has great potential for empowering young women. One possible drawback could be that the teaching material is designed for a geographical region that is culturally different from that of the diverse groups in the various states. This is not a problem of the programme as a whole, because there is actually provision for States to create their own training material. Second, in order that the girls fully avail of the entire scheme, there should be effective mechanisms in place to ensure that they participate actively in the classes and activities. This is the potential programme that could be incorporated in empowering adolescent girls and young women in India.

of women. If only women had enough self-esteem about their individuality as women and ability to deny the violation of their bodies by abortion, this practice of female foeticide can be ended. The legal provision for this, The Pre-Conception, **Pre-Natal Diagnostic Technique Act, 2005** (PCPNDT Act 2005) is mainly to punish the medical fraternity and families that utilize this practice. However, prosecution is rare since implementation of the Act is poor.

Though child marriage is prohibited, there is rampant child marriage in the country. According to a 2010 UNICEF report, about 47 per cent of girls in India are married before 18 years of age. Birth Rate among Adolescent Girls (15-19 years) for India is 90. (NFHS, 2006). The **Prohibition of Child Marriage Act, 2006** came into being in November 2007 to address the shortcomings of an earlier act which was only to restrain child marriage rather than prohibit it. Under the current Act, boys and girls forced into child marriage as minors have the option of voiding their marriage up to two years after reaching adulthood, and in certain circumstances, marriages of minors can be null and void before they reach adulthood. Children born from such marriage are considered legitimate and the courts are expected to give parental custody with the children's best interests in mind.

India is the first country that launched a **National Family Planning Programme in 1952**, emphasizing fertility regulation for reducing birth rates to the extent necessary to stabilize the population at a level consistent with the socio-economic development and environment protection. The Family Planning Insurance Scheme, now Indemnity Scheme since 2013, under the Ministry of Health and Family Welfare (MoHFW) is a scheme to this end. But it is very doubtful whether people undergoing sterilization

even know about it, let alone avail it. The Maternity Health Insurance is a scheme based on capitation-based financing, where the provider is assured a fixed per capita payment in respect of all those who enroll for maternity care. All pregnant women belonging to BPL families will be covered under this scheme. This intervention is expected to increase institutional deliveries.

Other than the above, there is one other policy provision that cuts across the specific outcome areas of decent work and unpaid care work and sexual and reproductive health rights, and also attempts to address the issue of participation and leadership development of youth. The National Youth Policy 2014, drafted by the Ministry of Youth Affairs and Sports has identified young women as a special attention segment suggesting specific policy focus on young women for skill building as well as for comprehensive health care with targeted awareness programmes for youth on nutrition and healthy lifestyle, sexual and reproductive health, as well as emotional and mental health. It takes a holistic approach to youth development and has also outlined measures for youth participation in politics and governance and leadership development of youth.

There is need to place due emphasis on special requirements for skill development and employment of women. Empowerment of women youth is a critical aspect of the overall youth empowerment.

—NYP 2014

National Youth Policy, 2014

India is one of the youngest nations in the world and is expected to have a very favourable demographic profile in the near future. This is a great opportunity as well as a challenge. As of 2013, India stands at 98 out of 170 countries, having a Youth Development Index of 0.58

[Source: Commonwealth Youth Programme]

The National Youth Policy-2014 (NYP-2014), drawn up by the Ministry of Youth Affairs and Sports, aims to empower the youth to enable them to realize their full potential as also to contribute to the progress of the nation. It will cover the entire country catering the needs of all youth in the age-group of 15-29 years, which constitutes 27.5% of the population according to Census-2011, i.e., about 33 crore persons.

Objective	Priority Areas
1. Creative Productive workforce that can make a sustainable contribution to India's economic development.	1. Education
	2. Employment and skill development
2. Develop a strong and healthy generation equipped to take on future challenge.	3. Entrepreneurship.
	4. Health and healthy lifestyle
3. Instill social values and promote community serve to build national ownership.	5. Sports
	6. Promotion of social values
4. Facilitate participation and civic engagement at levels of governance	7. Community Engagement
	8. Participation in politics and governance
5. Support youth at risk and create equitable opportunity for all disadvantaged and marginalised youth.	9. Youth engagement
	10. Inclusion
	11. Social justice

For achieving this vision, the Policy identifies five well-defined objectives and 11 priority areas and suggests policy interventions in each priority area.

Special attention segments identified to be targeted include, among others, economically backward youth, women, youth affected by human trafficking or hazardous working conditions. Under the new policy, the government plans to invest more than Rs.90,000 crore per annum in the form of various schemes and skill development initiatives, catering to the educational needs of the youth.

The NYP 2014 observes that youth organisations in India are “fragmented, and there is little coordination between the various stakeholders working on youth.” It also recognises that Youth development is not an activity that can be performed in isolation by the Ministry of Youth and Sports alone and advocates for linkages with other Ministries as well as creating mechanisms for youth to provide inputs to government.

Recommendations for Policy Direction

- Work brings dignity and respect to humans and this is truer in case of women who are vulnerable in society. The situation of low proportion of working population among young urban women calls for an urgent targeted policy effort to promote and encourage them to work. Conditions at work can be greatly improved through effective implementation of existing legislation and policies, which may be extended to the unorganized sector as well.
- Women being predominantly confined to their reproductive role; faced with family restrictions, lacking skills and not having other alternatives, is seen to be a major stumbling block in their access to decent work and participation in public life. Policy attention to this neglected area, creating systemic alternatives and institutional mechanisms for alleviating the disproportionate burden of household and community work on women is a must.
- A comprehensive National Time-Use Survey to be conducted covering the whole country, to estimate and highlight the larger shadow economy running on unpaid care work and inform policy direction for addressing the same.
- The ICDS system being the closest institutional mechanism easily accessible to young women,
 - Necessary steps may be taken to strengthen implementation and quality delivery of services
 - It has the potential to be expanded into a single-window centre providing a package of quality information and services related to nutrition and health through the life-cycle of the girl child. (Including childcare and nutrition, ARSH information, pregnancy and family planning, etc.) This would however require a total revamping of the system and addressing staffing and funding needs of the system.
- Investment in providing information, promoting informed choice and ensuring access to sexual and reproductive health services with special attention to under-served population groups such as adolescents.

- Sabla is a good platform for this and provides a host of developmental opportunities for young women and girls. The project could engage with the scheme to strengthen the implementation and add quality to the processes, making it young women-friendly and accessible. Further advocacy for continuation of the programme, strengthening the leadership building components, enhanced allocation of funds and extension of coverage of the scheme to cover all young women is recommended.
- A partnership model with local NGOs may be explored to strengthen the programme and learn from best practices across the country. (Eg., Rationing Kruti Samiti, Mumbai)
- In order to impact issues of young women (esp. sexual and reproductive health), it is important to also work with young men and boys, who are also underserved institutionally in this regard. Exploring linkages with other schemes like the Saksham Scheme (for holistic development for adolescent boys in age-group 11-18 years which aims at “inculcating in them respect for women”), and the ‘Ahimsa Messenger’ programme of Ministry of Women and Child Development which seeks to “promote respect for women and eliminating violence against women” is recommended.
- There is currently a need and a gap in aligning young women’s concerns with networks and alliances working on larger youth agendas. This assumes greater significance as “youth” has become a buzz word world-over and India is being keenly watched as it prepares to reap the demographic dividend. The current focus on young people can be taken advantage of.
 - Efforts may be made to highlight the specific issues of marginalised young urban women, who are a constituency largely invisible in the Youth Policy.
 - The current focus on massive skill-development programmes for youth is an opportunity area that could be explored.
- The lives and concerns of young urban women represents an intersectionality of factors and issues which need to be collectively addressed. Hence, there is need for an integrated multi-pronged approach involving collaborative work and coordinated efforts by various Ministries and Departments to improve the lives and life choices of young women.

Annexure 1

Some additional state-specific schemes and Govt and non-Govt initiatives relevant to young urban women:

Tamil Nadu:

- **For Self-Help Groups of women:**
 - Mahalir Thittam by the Tamil Nadu Corporation for development of women Ltd. (TNCDW)
- **For education of women:**
 - Periyar EVR Nagammai Scheme for exemption of fees in undergraduate courses
 - Free IAS/IPS Coaching Exclusively for Women Students
 - Welfare schemes of the school education department - special literacy programme for women
- **For pregnant women:**
 - Maternity loan through self help group
 - District central cooperative banks and through its branches - for maternity loan through self help groups

- Urban cooperative banks - loan for maternity loan through self help groups
- Assistance for delivery of a child
- Assistance for miscarriage or termination of pregnancy
- Nutrition - integrated child development services scheme
- Dr. Muthulakshmi Reddy Maternity Benefit Scheme
- Insurance Scheme for Mothers who Undergoes Sterilization (National)
- **For physically challenged:**
 - Training to the adult blind women
 - Assistance for delivery / miscarriage of pregnancy / termination of pregnancy to a female differently abled person
 - Scholarship to son and daughter of persons with disabilities
- **For financial support:**
 - Urban cooperative banks - loan for working women
 - Sivagami ammaiyar memorial girl child protection scheme
 - District central cooperative banks and through its branches - for revamped micro credit loan for women vendors of flower, vegetable, fruit etc.,
 - District central cooperative banks and through its branches - for working women
 - District central cooperative banks and through its branches - for women entrepreneurs
 - Vazhndhu Kattuvom Project
- **For protection:**
 - Protection of women from domestic violence
 - Issue of certificate - deserted women certificate for getting preference in govt. employment
- **For livelihood options:**
 - Sathiyavani Muthu Ammaiyar Ninaivu Free Supply Of Sewing Machine Scheme
- **For lodging:**
 - Working women's hostel
- **For marriage assistance: (some are already in your list)**
 - Intercaste Marriage Assistance Scheme
 - Moovalur Ramamirtham Ammaiyar Ninaivu Marriage Assistance Scheme
 - E.V.R. Maniammaiyar Ninaivu Poor Widow Daughter's Marriage Assistance Scheme
 - Dr. Dharmambal Ammaiyar Ninaivu Widow Remarriage Scheme
 - Annai Teresa Ninaivu Orphan girls Marriage Assistance Scheme

All the schemes mentioned above are aimed at women from economically backward communities. The objectives are basically to give financially poor (below poverty line) families a certain amount of money before the marriage of the young woman. There are no educational qualifications needed for the bride-to-be. There are many such welfare schemes gives subsidy instead of self-esteem. None of the above schemes are rights-based or linked to any form

of empowerment for young women. How can they get information about rights including to education, work and SRHR? Further advocacy is needed to change the focus from charity to rights-based. The focus needs to be taken away from marriage as a goal towards more empowering goals such as education, skills training and maybe, even loans to set up small businesses.

Andhra Pradesh & Telangana

Bangaru Thalli Scheme, 2013

Bangaru Thalli is a welfare scheme for girls launched by Government of Andhra Pradesh in 2013. The scheme supports the family of a girl from her birth till her graduation by providing financial incentive of Rs.1 lakh on completion of degree. Women and Child Welfare Department is the Nodal authority along with state level implementing agencies like MEPMA and SERP. It is currently covering 23 districts Andhra Pradesh and 10 districts in Telangana.

Child Protection Scheme (GCPS), 2005

This scheme directly invests into the education of girl children in both urban and rural areas, developed by Women Development, Child Welfare and Disabled Welfare (JJ) Departments of Andhra Pradesh. The project aims at eliminating all forms of prejudice against the girl, to encourage enrolment of the girl child in school and to ensure her education at least up to the Intermediate level, to get married only after the age of 18 years, reduce school dropout rate among the girls, to adopt family planning norms with two girl children, to provide social and financial empowerment, and to promote and protect the rights of the girl child and increase awareness of her needs and potential.

However, more details of the implementation scheme are not available. This is the only scheme that is related to girl children in Andhra Pradesh (AP). The AP government currently has no specific programme for adolescent girls or young women for urban areas.

Family Planning Insurance Scheme is the only other relevant programme by the AP government sources for this group which also has a focus on sterilization and not on women's sexual and reproductive health and rights (SRHR). This shows the lack of focus towards the needs of young urban women.

Maharashtra:

Maharashtra State Commission For Women (MSCW):

The Maharashtra State Commission for Women is a statutory body, which was constituted under Maharashtra Act No. XV of 1993. The main objectives of the Commission are:

- To improve the status and dignity of women in the society.
- To investigate into practices derogatory to women and suggest suitable remedial measures to them.
- To effectively monitor implementation of laws affecting women.
- To advise the Government on all matters related to the improvement and upliftment of the status and dignity of women in society.

They achieve this objective through programs conducted under 4 categories:

- College workshops- all over Maharashtra programs are conducted for creating gender sensitization, issues related to domestic violence, eve teasing, female foeticide, etc.
- Street plays- done all over Maharashtra to create similar awareness
- Police training programs- conducted for women police personnel; modules include sessions on issues like how to deal with women victims of violence;
- Consultation/ Seminars- for policy recommendations

MSCW is one of the few state agencies that works with youth groups. However, they do not have specific set of programs that are conducted year on year, by default. Their methodology is: they submit a plan of programs on an

annual basis, to the state. On getting approval, they conduct the programs. Every year, they need to come up with some theme for the year on basis of which programs will be conducted. The central idea for 2010-11 was Gender Sensitization and programs were conducted accordingly.

Rationing Kruti Samiti (Action Committee for Rationing), Mumbai, Maharashtra

RKS is a federation made up of local NGOs, community-based organisations and civil society organisations working on issues like health and education. This federation serves a watchdog role to ensure whether government related programmes are being executed properly or not. RKS implements many programmes for young girls through its local partners.

The RKS as a federation is its biggest strength and it has greater outreach and impact. Young women get information about their bodies in a non-threatening atmosphere. This is a good place for them to share their experiences and learn from each other and Skill training and placement services help the young women become economically independent. The federation aims at empowering young women with knowledge about SRHR, with information, skill training and placement services and through self-defense classes.

Annexure 2

List of protective provisions for women employees:

Some of the important protective provisions for safeguarding the interests of working women are:

Safety/Health Measures

- Section 22(2) of the Factories Act, 1948 provides that no woman shall be allowed to clean, lubricate or adjust any part of a prime mover or of any transmission machinery while the prime mover or transmission machinery is in motion, or to clean, lubricate or adjust any part of any machine if the cleaning, lubrication or adjustment thereof would expose the woman to risk of injury from any moving part either of that machine or of any adjacent machinery.
- Section 27 of the Factories Act, 1948 prohibits employment of women in any part of a factory for pressing cotton in which a cotton opener is at work.

Prohibition of Night Work

Section 66(1)(b) of the Factories Act, 1948 states that no woman shall be required or allowed to work in any factory except between the hours of 6 a.m. and 7 p.m.

- Section 25 of the Beedi and Cigar Workers (Conditions of Employment) Act, 1966 stipulates that no woman shall be required or allowed to work in any industrial premise except between 6 a.m. and 7 p.m.
- Section 46(1)(b) of the Mines Act, 1952 prohibits employment of women in any mine above ground except between the hours of 6 a.m. and 7 p.m.

Prohibition of Sub-terrain Work

Section 46(1)(b) of the Mines Act, 1952 prohibits employment of women in any part of a mine which is below ground.

Maternity Benefit

The Maternity Benefit Act, 1961 regulates the employment of women in certain establishments for certain periods before and after child-birth and provides maternity benefits. The Building and Other Constructions (Regulation of Employment and Conditions of Service) Act, 1996 provides for maternity benefit to female beneficiaries of the Welfare Fund.

Provisions for Separate Latrines and Urinals

Provision for separate latrines and urinals for female workers exist under the following:

- Rule 53 of the Contract Labour (Regulation and Abolition) Act, 1970.
- Section 19 of the Factories Act, 1948.

- Rule 42 of the Inter State Migrant Workmen (RECS) Central Rules, 1980.
- Section 20 of the Mines Act, 1952.
- Section 9 of the Plantations Labour Act, 1951.

Provisions for Separate Washing Facilities

Provision for separate washing facilities for female workers exists under the following:

- Section 57 of the Contract Labour (Regulation and Abolition) Act, 1970.
- Section 42 of the Factories Act.
- Section 43 of the Inter-State Migrant Workmen (RECS) Act, 1979.

Provision for Crèches

Provision for crèches exists under the following:

- Section 48 of the Factories Act, 1948.
- Section 44 of the Inter State Migrant Workmen (RECS) Act, 1979.
- Section 12 of the Plantations Labour Act, 1951.
- Section 14 of the Beedi and Cigar Workers (Conditions of Employment) Act, 1966.
- **Section 35 of the Building & other Constructions (Regulation of Employment and Conditions of Service) Act, 1996.**

“VOCATIONAL TRAINING FOR WOMEN” under Directorate General of -Employment & Training

DGE&T is the nodal agency for providing vocational training in traditional and contemporary courses and certification to women to meet the trained skill workforce to the industry and service sector etc. in the country. These courses help women to achieve their career goals and become independent. The Women Vocational Training Programme is dedicated to planning and implementing long term policies related to women's vocational training in the country.

The Institutional framework comprising 11 Institutes in the Central sector offer training courses to women to develop professional skills required to find suitable jobs/self employment and trained faculty position in ITIs etc. The institutes set up to impart training exclusively for women under the Women Vocational Training Programme are as under:

- National Vocational Training Institute (NVTI) for Women, NOIDA
- Regional Vocational Training Institutes (RVTIs) for Women at Mumbai, Bangalore, Thiruvananthapuram, Panipat, Kolkata, Tura, Allahabad, Indore, Vadodara and Jaipur
- More over EFC has approved for setting up of New RVTIs in the States of Punjab, Himachal Pradesh, Tripura, Goa, Uttarakhand, Bihar, J&K and Tamil Nadu. These RVTIs would be operational by August, 2015

The National/Regional Vocational Training Institutes for women provide (i) Crafts Training Scheme (CTS) & (ii) Crafts Instructors Training Scheme (CITS) under modular pattern training programmes and Short term training courses, who have passed 10th or 12th standard and meet the specified eligibility criteria for various courses. The CITS courses are specially designed for ITI instructors. Apart from the regular courses, these institutes also organize short term courses as per the requirements for the industry. Short term courses include training in employable skills, preparation/ use of Audio-visual aids etc. for general women, housewives, students and school drop-outs. More than 1,10,000 women have been trained since inception of Women Vocational Training Programme in 1977.

In the State sector, vocational training facilities exclusively for women at Craftmen level are provided through a network of Women Industrial Training Institutes/ITCs and Women wings in general ITIs/ITCs under the administrative control of the State Governments. The Women's Training in DGE&T is responsible for policy matters, standards, revision of course curricula & implementation of new schemes. As per information furnished by the respective State

Governments, there are about 1431 Women ITIs and women wings in general ITI/ITCs having a total of 82,390 training seats (as on December, 2013).

[Source: <http://labour.gov.in/content/division/about-women-labour.php>]

Grants-in-aid Scheme:

The Ministry of is running a Grant-in-aid Scheme for the welfare of women labour. This Scheme, which has been continuing since Sixth Five Year Plan (1981-82), is administered through voluntary organizations by giving grant-in-aid to them for the following purposes:

- Organizing working women and educating them about their rights/duties, Legal aid to working women
- Seminars, workshops, etc. aiming at raising the general consciousness of the society about the problems of women labour

Under this Scheme, Voluntary Organizations/NGOs are being provided funds by way of grants-in-aid to take up action-oriented projects for the benefit of women labour. Projects relating to awareness generation campaigns for women labour are funded under this Scheme. The focus of the Scheme is awareness generation among women labour, in the area of wages, like minimum wages, equal remuneration, etc. to disseminate information on various schemes of Central/State Government Agencies available for the benefit of women labour.

This Scheme was introduced with the intention of furthering Government's policy of helping women workers become aware of the rights and opportunities available to them under various Schemes of the Government. Proposals of VO/NGOs for providing grant-in-aid for undertaking awareness generation campaigns on women labour will be considered under this Scheme subject to their suitability.

As per the provisions of the Scheme, grants-in-aid is being provided as 75% of the total cost of the project. However, the projects relating to studies entrusted to various institutes are funded in full, i.e., 100%.

[Source: <http://labour.gov.in/content/division/grant-in-aid-scheme40.php>]



BHARTYA MUSLIM
MAHI ANDON

विद्यार्थी भारती

धार्मिक कट्टर

निष्पाप मुलांना ठार
माछणारा
तालिबान मुडदाबाक

तालिबानचा बाप कोण
अमेरिका इस्त्राईल
सोदी

मुडदाबाद मुडदाबाद

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Chapter IV

Outcome 1- Access to Decent Work and Unpaid Care Work

Decent Work¹¹ is central to people's well-being. The work would generate not only income but also create atmosphere for socio-economic advancement, strengthening capacities of individuals, their families and communities. Every individual aspires to lead a decent life¹². Decent work sums up the aspirations of people in their working lives. Decent work is productive work for women and men in conditions of freedom, equality, security and human dignity. It involves opportunities for work that deliver a fair income; provide security in the workplace and social protection for workers and their families. It offers better prospects for personal development which also encourage social integration; give people the freedom to express their concerns, to organize and to participate in decisions that affect their lives; and guarantee equal opportunities and treatment for all. Productive employment is one of the key mechanisms for ensuring effective distribution of economic development since a major portion of family income, and the livelihood of individuals, essentially stems from earnings generated in the labour market. In order to achieve gender equality, poverty eradication and inclusive economic growth, women's economic empowerment plays an important role. In this study, we look at the economic status of young urban women in terms of paid work.

This chapter deals with employment status and awareness about minimum wage among young women.

Employment Status

The nature of employment of the respondents in Chennai reflects 29 percent of them are engaged in employment while 13 percent do volunteer services while 11 percent of their employment is seasonal labor. Only 5% young women had permanent jobs while 7 percent have irregular temporary jobs at the time of the study.

Among the working women in Hyderabad (39% in total sample), 48.2 per cent are engaged in home based work like pin & bangle making which is majorly done by the 15-18 age group. During FGD conducted in Hyderabad, the reasons for choosing home based work were elicited and found that



11. Decent work is productive work for women and men in conditions of freedom, equality, security and human dignity. It involves opportunities for work that deliver a fair income; provide security in the workplace and social protection for workers and their families. It offers better prospects for personal development which also encourage social integration; give people the freedom to express their concerns, to organize and to participate in decisions that affect their lives; and guarantee equal opportunities and treatment for all. Productive employment is one of the key mechanisms for ensuring effective distribution of economic development since a major portion of family income, and the livelihood of individuals, essentially stems from earnings generated in the labour market.

12. According to European Economic and Social Committee on Decent life means Ending poverty and giving the world a sustainable future. The concept of decent life varies from person to person depending on availability of resources or capacity to mobilize resources in order to meet their consumption needs as well as little saving for social security.



most women preferred this form of employment at home as it could harmoniously co-exist with their primary duty of homemaking. They saw it as a more convenient freedom although very limited in nature. 41.1 per cent are engaged in “other” work like tailoring (12.5 per cent), rag picking (5.4 per cent), Mehendi teaching (3.6 per cent) and many other works like teaching, pasting stone on burqua, diamond work on the sarees etc. which figured but at low percentage. But this component is equally shared by both the age groups.

Mumbai data suggests that around 58% of the respondent women in the survey said they are working full time on daily basis. Hence it can be assumed that they are significant contributors in their family’s income. Other 40% women are partially engaged in work. The types of work the women are most engaged in are home-based or domestic ones while a meager number of women are involved in teaching, call centers, assistants in balwadis or karchop work. Only 2% women were found to be engaged in any kind of office work.

The nature of employment of the respondents in Chennai is contractual mostly and some of the women are engaged in seasonal work.

The nature of work in Hyderabad is mostly seasonal (30.4 per cent), followed by self-employed (23.2 per cent), permanent (12.5 per cent) and under the “other” component which is of 34 per cent, majority is shared by voluntary (18 per cent), and contractual (9 per cent). The age group of 15-18 dominates all the categories of employment, mostly seasonal,



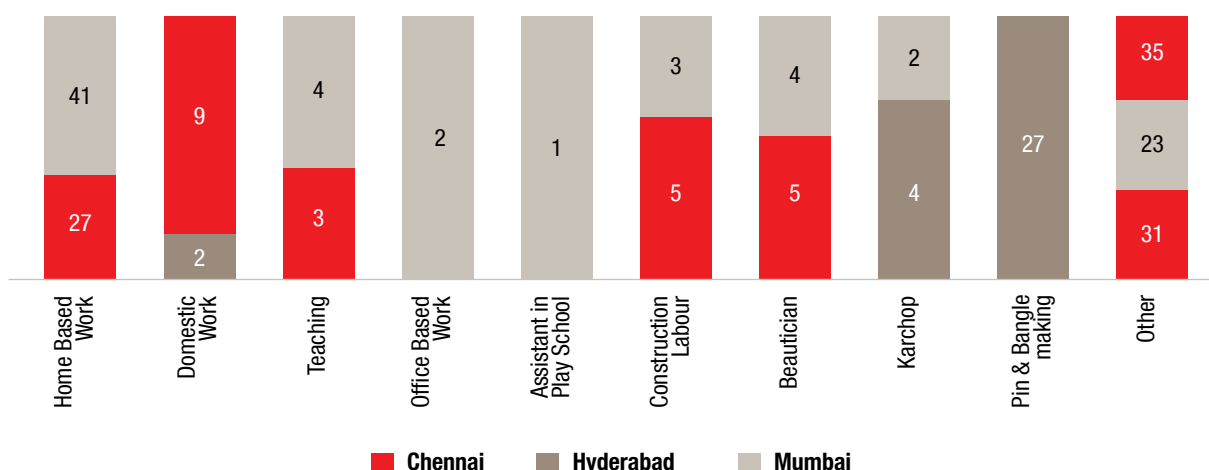
which shows the increasing vulnerability or risk in the employment of that age group.

The reasons for not taking up paid work were elicited from the young women and it was found that family norms or restriction (33 per cent) has turned out to be the major factor. Other factors include family responsibility (15 per cent), lack of skills (13%), and early marriage (12%) etc. “Other reasons” (21 per cent) includes ongoing studies, child bearing, health problems etc.

“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

Figure 5: Type of Work



Income and Awareness about Minimum Wages

Table 5: Income

Monthly Income (Rs.)	Chennai %	Hyderabad %	Mumbai %
Less than Rs. 5000	43	25	60
Rs. 5001 to Rs. 7000	50	3	-

From the table it can be seen that in Chennai 43 percent young women earn less than the minimum while 50 percent between Rs.5001 to Rs.7000/- in Hyderabad 25 percent earn less than 5000 per month, below the minimum wage. Unfortunately, in Hyderabad 67 percent of women were not willing to share their earned wage, while 27 per cent shared that they are earning below the minimum wage. In Mumbai 60 percent earns less than the minimum.

Minimum wages are mandatorily required to be provided to all categories of workers, but majority of the informal/unorganized workers are not aware of it and made to work far beyond the statutory hours, without overtime payments. Analyzing the awareness level among the young women in the 3 cities: In Chennai, 50% of the young women are aware of Minimum Wages while 39% of the YW are not aware of Minimum wages. In Hyderabad, about 80 per cent of young women are not aware of the minimum wage per day of Rs 250 for a skilled worker and only 9 percent are aware (11 per cent did not respond to this question). The 15-18 age groups are unaware and more vulnerable considering their new entry into the labour market and lacking bargaining strength. In Mumbai the general awareness level of Minimum Wages seems to be very low with 67% being totally unaware of it.

Working Hours

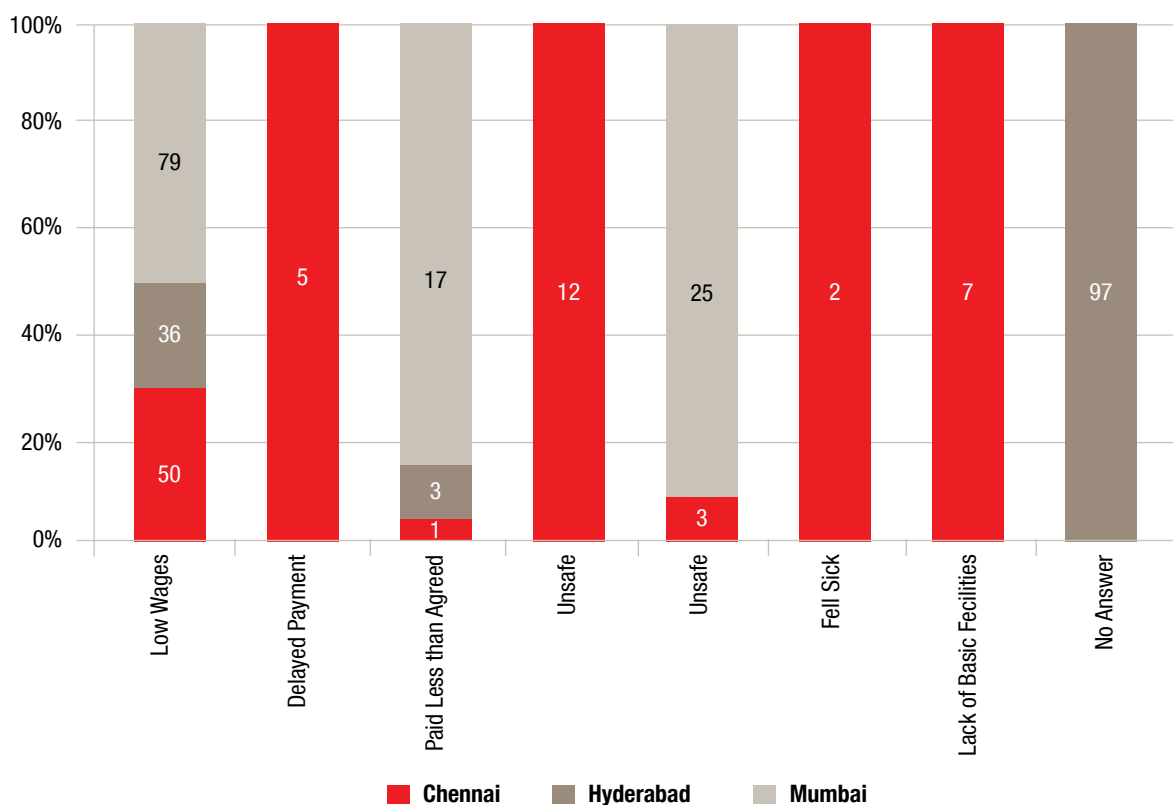
Further analysis on work details shows that in Chennai 50% of the respondents work all 7 days a week while the rest 50% work 5-6 days a week, 24% work more than 8 hours a day while 19% work for 6- 8 hours a day and 24% work 2-4 hours a day. In Hyderabad 38 per cent of them work 3 to 4 hours a day, 32 per cent work 5 to 6 hours a day and 27 per cent work 7 to 9 hours a day of which majority constitute the age group of 15-18. Mumbai data shows around 58% of the respondent women in the survey can be said to be working full time on daily basis with work duration ranging from 6 hours and above. Hence it can assume that 58% women surveyed are significant contributors in their family's income. Other 40 % women are partially engaged in working for lesser durations ranging from 1 to 4 hours within a day.

It is appalling to note that most of the women work all 7 days in a week. Moreover, for a significant percentage of these women (23%), the number of hours that they work in a day exceeds 8 hrs. These figures clearly depict the strenuous nature of work and working conditions for the women. It also reveals the lack of fair working conditions in the informal sector. In general, women work

longer hours than men but still however, society undervalues these immense contributions made by women.

Work Related Issues

Figure 6: Work Related Issues



As every woman faces different challenges at workplace so do the young women interviewed. 38% of Chennai women reported low wages, 12% felt that their work conditions were 'unsafe' it is the delayed wage payment and lack of basic facilities for the 9% and for 5% it is paid less than the agreed. Employers of 7% women did not give them the promised maternity benefits while 5% shared that they could not work because of illness.

Hyderabad respondents too face adverse working conditions. The following issues like minimum wage (43%), delay in payment (10.7%) and less pay than agreed (12.5%) and illness (5.4%) were faced by them. Majority of these problems are faced by the younger age group (15-18).

Mumbai data reports that women subject to work in the survey area are exploited thrice as far as fair wage is concerned. Firstly around 79% women work under wages which are below minimum wage. Secondly one out of five women is denied timely payment of wage which increases the insecurity of getting their wage and finally 17% of the women are not paid the wage which they are promised before engaging them in the work.

The unorganized nature of work does not guarantee social security benefits like maternity or medical leave which has been accepted by one fourth of the respondents.

Sexual Exploitation at Workplace

Table 6: Forms of Sexual Exploitation at Work Place

Universe	Physical Advances	Demands for Sexual Favors	Pornography
Chennai	58%	32 %	10%
Hyderabad	Information not shared		
Mumbai	67%	27%	6%

In all three cities, 60% of young women have reported difficulties faced by them while working, and the same has been shared with their family members and friends. The unorganized nature of work does not guarantee social security benefits like maternity or medical leave which has been accepted by one fourth of the respondents.

It is found that in Chennai, women face sexual harassment or exploitation at their work place, majorly it is physical advances while they are busy at work (58%), while 32% of the women shared that their male counterparts compel the women to comply to their sexual requests for the latter's pay or increments or promotion. 10% said that they are exploited by being exposed to pornography.

The women from Hyderabad city were, unfortunately, unwilling to share details on this aspect, perhaps owing to the socio-economic profile of the community and such issues being sensitive and taboo. However, oblique references to this came up during the FGDs. In general, work related complaints are majorly reported to the family (75 per cent) and friends (22 per cent) but not to any concerned authority.

The women in Mumbai faced different kinds of problems at work. Here, 67% young women admitted having faced physical contact at their workplace while 27% said they were faced with demands for sexual favors while 6% of talked about being shown pornography at the workplace and 4% faced other unwelcome physical, verbal or non-

verbal conduct of sexual gestures. Even though around 60% of the women have complained about the difficulties faced by them at work, a majority of them stated that these complaints have been made by them only to their family members and friends.

On the remedy sought, majority of them had not sought to address it by complaining either to the authorities' or any structured bodies etc (SHGs, Unions etc). Only 11 per cent young women in Chennai have complained about it to their family, the reasons for not complaining being societal stigmatization (specifically 'fear of being blamed'), fear of losing jobs, lack of confidence in the system etc, the same is the case in Mumbai too where 33% complained, but out of that 44 percent felt that despite their complaints, they did not receive justice.

Skills Upgradation

The need to learn and enhance newer skills likes tailoring, computer, beautician, communications and hospitality, soft skills etc. to enable the young women to be economically self-sufficient and independent has been well acknowledged by the women respondents. In Hyderabad, 93 per cent young women, mostly from the younger age group (15-18), want to upgrade their skills for better employment. The most preferable skills are tailoring (46 per cent), followed by computer skills (28 per cent), English speaking (19 per cent), beautician course (19 per cent) which is again mostly preferred by the young age group women (15-18). It can be inferred that the interest and aptitude to acquire some kind alternate livelihood skill for economic independence is very high among the young women in Hyderabad.

In Chennai when enquired about the reasons for not opting any skill development trainings about 8 % of the respondents cited reasons of family responsibilities coupled with time and distance i.e.no skill training institute in the vicinity, while about 1.3% cited reasons of family restrictions.

Experience from Bhawani Nagar:

I had thought that working as a bangle maker in a Karkhana would be a safe and good place for me. However, the behavior of the boss of the company with girls and women was unwelcome. I felt completely insecure and decided to leave the job.

— Young woman, Hyderabad FGD



It is the same case in Hyderabad too where family restrictions and family responsibilities like caring for the children, elders etc (55 per cent) which was the main reason. 27 per cent, mostly of age group (19-25), were not interested to upgrade their skills. Most of the urban respondents reported that lack of skill training centres in their neighbourhood and having to travel long distances to find such centres is a major stumbling block for skill up gradation. Where the women desire to enhance their skills, family expecting them to engage in care work and other familial responsibilities come in their way.

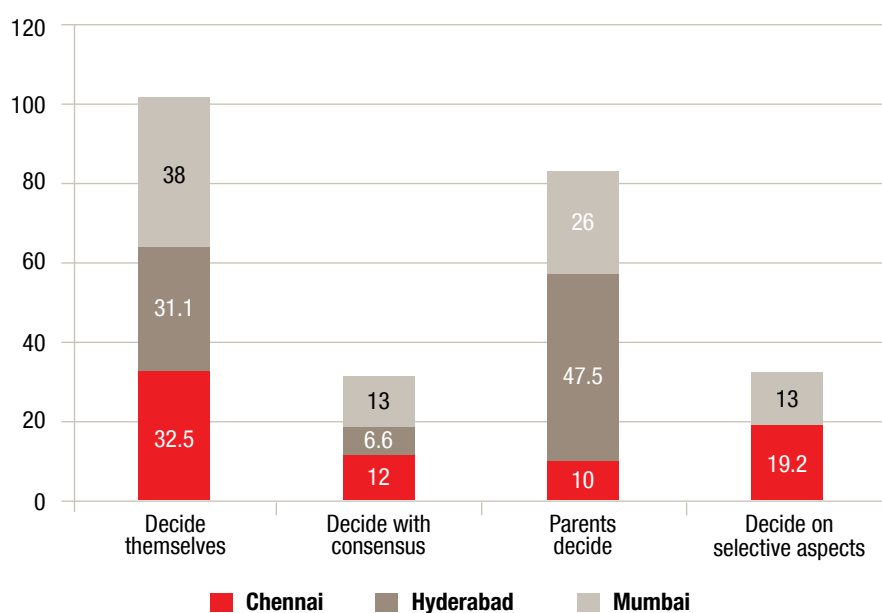
The figure shows that overall about 1/3 of the women have decision-making powers over spending of money. However, the freedom to take this decision varies across age groups. In the 15-18 age group parents' decision prevails, as seen in Hyderabad, and 19-25 age group there is more of independent decision-making to spend the earnings. In general, it is clear that earning an income provides greater freedom and decision-making powers on spending for women.

Unpaid Care Work

Women and girls are often the main care providers in the household doing most of the unpaid care work – this includes cooking, cleaning, taking care of children, the ill and the elderly. Though this work is essential to meeting a households' daily needs, less value is placed on these activities as it does not generate income and is not visible in national statistics. As more women engage in paid work, there is little evidence to show that women's unpaid care work is taken up by men in the household. It is suggested that the increased burden of unpaid work affects women's ability to engage in paid work and subsistence production, limits their participation in community events and the political process, leaves women with less time to upgrade their skills and acquire new knowledge, and gives them less time for other necessary activities, including caring for themselves.

Decision Making on Spending the Earnings

Figure 7: Decision Making on Spending the Earnings



As a consequence, patterns of unpaid work reinforce existing gender inequalities in labor force participation, wage differentials, and political representation, as well as in meeting basic needs (such as food security). This leads women to find precarious solutions to their increasing workloads such as shifting their unpaid care work to girls in the household or taking on more flexible though poorly paid work such as home-based production. It is also observed in studies that 'men receive the lion's share of income and recognition for their economic contribution - while most of women's work remains unpaid, unrecognized and undervalued' (UNDP, 1995).

Unpaid care work is essential to human development and sustaining households and communities. However, women's disproportionate responsibility for this work makes it a burden and has severe consequences on their ability to enjoy their other rights and freedoms.

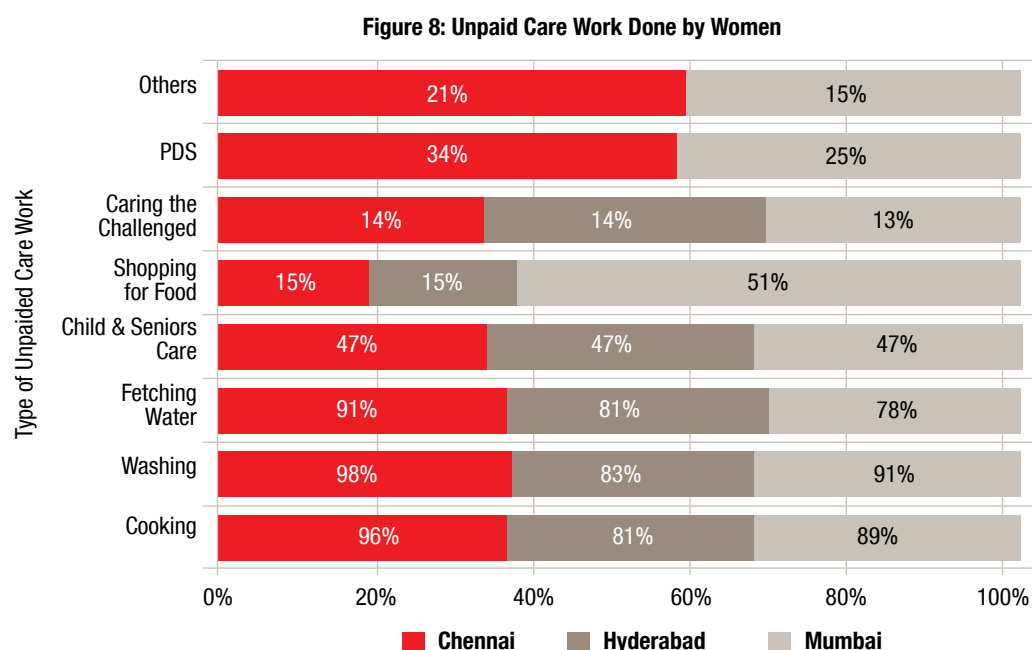
Kinds of Unpaid Care Work

Nearly all the young women in the study i.e. between 81% and 96% cook for the family, between 83% and 98% do the bulk of the washing for their home, and often it is the young women (81% - 91%) who go to fetch water from the street tap for their households. All these three activities are done minimum thrice

a day. The trend of these three major household activities entrusted to the young women is almost uniformly observed across the 3 cities.

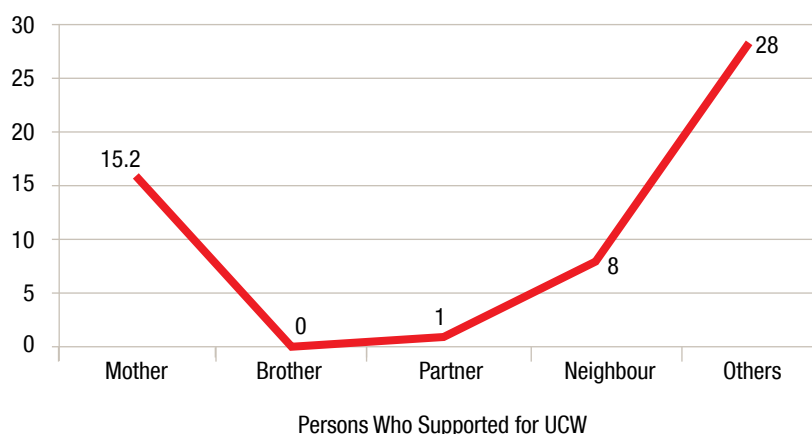
Another area of domestic work women across the cities are uniformly engaged in is child care. 47% of the respondents from all three cities are engaged with this responsibility. 34% of the women in Chennai and 25 % in Mumbai spend time to buy kerosene from the local public distribution system (PDS). It is noteworthy that the PDS system is supposed to reduce the burden on the household by easy single-point delivery of essential commodities at subsidized rates. But instead, the study findings point out that the inefficiency in the delivery mechanism is infact adding to the domestic burden on young women.

At a young age, many women are faced with the challenge of juggling between various paid and unpaid care works. It has become an unsaid rule that women are meant to perform a set of activities for her family and home. The time trend analysis of unpaid care work by the young women shows that on an average over 50% cent per cent of the women spend most of the time cooking, washing, fetching water, child care, attending to seniors and the sick.



Family Support

Figure 9: Support Received for UCW (%)



In Chennai, Hyderabad and Mumbai nearly 15 percent of young women received help from mothers, 28% from various other sources like friends and neighbors (for 11.9% it is grandmother of the respondents who takes care of the children, 4.6% of the respondents' sisters help them out with their unpaid care work). It may be noted that out of the few people who do pitch in to share the burden, all are women, pointing to the rigid gendered role division within the household. The other category also includes crèche, balwadis, pre-school etc. It can be said that sharing of unpaid care work by men is almost nil. Women, the unpaid carers themselves believe that it is their sole and bounden duty or primary responsibility to perform these tasks, not to be shared or shouldered by her family people or support systems of the State. With the relocation sites in Chennai being remote and hence need to travel greater distances to work, care of the children and the sick and the purchase of essential items were now more difficult than before.

During the FGDs in Hyderabad, the perception of young women on unpaid care work (UCW) was elicited. They were of the opinion that unpaid care work should be shared between men and women. However, they were apprehensive about the sharing, since these works had become a daily routine or part of their life. They pointed out that sometimes parents/spouses have to leave early for work and this would mean the young women getting involved in household work. Sharing of household work happens very rarely and these have had adverse impacts of the plight of the young women. They are deprived of time for leisure/rest; lose their right to education, to learn new skills and right to equality. Men taking no responsibility for household work and preventing women from undertaking paid work outside since they consider themselves to be the bread-earners; this clearly points out to the gender segregation of work.

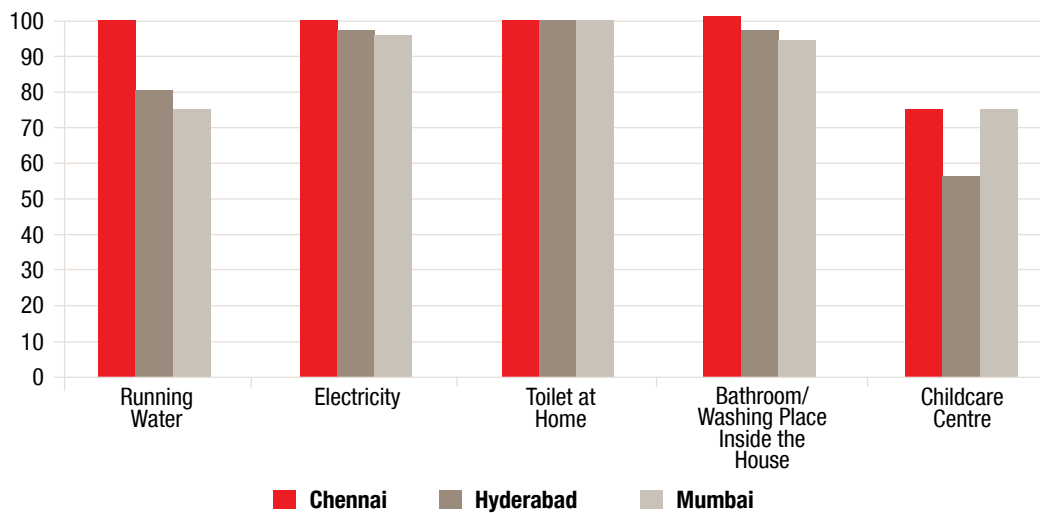
Public Services

In many homes, women multitask to provide a variety of domestic and social services to keep their children in school, care for the aged and prepare food pack it and keep ready on the table for those remain at home etc. In certain (rural) communities, women walk several miles to fetch firewood and water for their families. Generally, women are responsible for the health, educational and psychological needs of members of their households. When women are subjected to a disproportionate share of unpaid care work it is important to reduce the burden by providing certain public services not just to ease their burden but to boost the economy at large. A little support in the

Men have no knowledge or awareness about unpaid care work. They are not habituated to undertake such activities since they consider it women's duty, while men earn to sustain family through livelihood outside the home. When we express a desire to undertake paid work, the usual refrain from men is that there is no need for us to work as long as they are alive.

— Young woman, Hyderabad FGD

Figure 10: Public Services



form of public services can make a huge difference in the opportunities and life choices available to women.

Access to basic facilities is very important for ensuring a decent life for young women and reducing the burden of unpaid care work for the household. From the above figure it can be seen that while all locations have reasonable access to electricity, toilets and washing place; access to water and child care facilities shows some city-wise disparity. Access to Crèche (Anganwadi) facility in Hyderabad is only 56 per cent while in Chennai and Mumbai it is 75 per cent and all of them are functioning. Chennai data reveals that there four PDS (Ration shop), 11 Anganwadis: 6 run by government and other 5 private crèches. People pay Rs. 750 to Rs. 1000 per month to admit their children in the private crèches. This provides a reflection on the functioning of the ICDS system and

the role it can play in supporting women's childcare work.

The above data needs to be seen in the light of all the major unpaid care work activities that take up a lot of time and energy of most young women – washing, fetching water and child care being the major ones. In Chennai, women need to shell out money to buy potable water for drinking as the ground water contains high salt and iron content making it unfit for drinking. Running water flows for about one hour on all the days but during summer it is unpredictable; the water is supplied once in three days only.

The data suggests that improvement in the public services can significantly reduce the burden faced by women in the urban community, freeing up time and energy for them to engage in paid work or participate more actively in public life.



Chapter V

Outcome 2- Access to SRHR

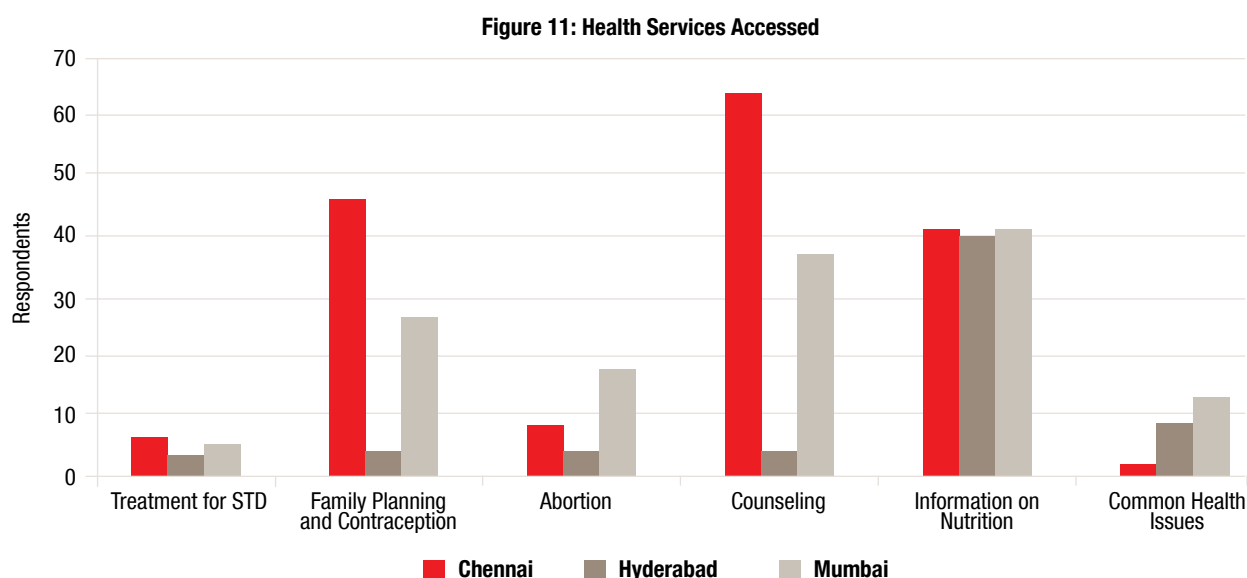
There is a silence around the sexual lives of young women in general and unmarried women in particular. The stigma attached to this behavior is enormous; this effectively prevents young women from accessing information about many issues like contraception, safer sex and HIV/ AIDS. The lack of national data to encompass 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.

The National Family Health Survey (NFHS-3, 2005-06) indicates that 8.7% of young women in urban India in the age group 15-19 years were either pregnant or had already become mothers. Across India 47.3% of women aged 20-24 were married by

the age of 18. The data on the use of contraception for married women in urban areas shows: Mumbai has the lowest percentage of women using any kind of contraception (59%); for Hyderabad, it is 66%, while Chennai tops at 68%. Women in slum areas are much less likely to use modern spacing methods but are generally more likely to use permanent methods. The use of modern methods of contraception is generally lowest among women living in poverty.

This chapter looks at the awareness and the accessibility of young women to information and services for sexual and reproductive health including availability of health care centre, kind of health services, sexual reproductive problems, awareness about family planning methods etc.

Available Sexual and Reproductive Health Services



In Chennai 6% of the respondent have received services for treatment of STDs, 49% for family planning and contraception use, 11% for abortion, 65% receive counseling and 45% get regular nutrition information (most of them are pregnant and lactating mothers) and others for common ailments.

In Hyderabad 59% of the women reported that the health care centre is located at a 20 minute walkable distance, but featured very low in terms of accessing SRH services. 35 Women (around 42 %) who avail health services reported that they are able to access information on nutrition. 2% reported that they accessed information on sexually transmitted diseases; family planning, contraception, and abortion and 3% of them reported using the services of counseling. 12% of these women also reported that they accessed services related to common health issues such as cough, cold and fever.

In Mumbai, 37% received information on sexually transmitted diseases and availed services such as Treatment for STD (5%), Family planning (30%), abortion (20%), counseling (40%) information on nutrition (45%), and 15% for common ailments such as cough, cold and fever. Mumbai report revealed that a substantial crunch for contraception persists in many places in spite of the relatively easier accessibility and availability and the low cost of family planning. Although respondents have some knowledge of contraceptive methods, they are not favored in many places. Women' lesser decision-making power in the early ages of marriage, their poor health condition leading to miscarriages, societal and family pressure regarding contraception before completion of desired family size, are the barriers to the use of contraception and other health services among women.

Corroborating the desk research findings, FGDs in all three cities reported child marriages and teenage pregnancies. One of the positive trends 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 visible in their communities. Young women expressed the need for non-governmental organizations working in the communities to provide more information around sexual and reproductive health rights.

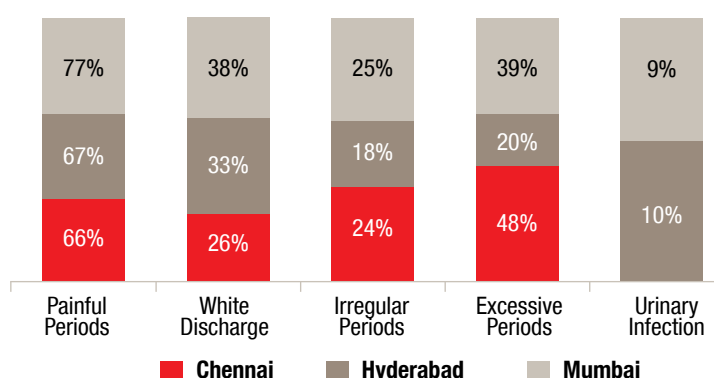
Sexual and Reproductive Health Problems

Majority of women from Chennai (66%), Hyderabad (67%) and Mumbai (77%) have reported painful menstruation.

66 percent of young women in Chennai have reported that they have painful menstruation, 48 percent excessive periods, 26 percent have white discharge and 24 percent have irregular periods. The same scenario exists in Hyderabad where 67 percent experience painful menstruation. In Mumbai, high percentage of women (77%) have revealed that they face heavy pain during their menstruation

days. 39% and 38% women respectively have admitted having heavy bleeding and white discharge problem. Irregular periods have also been a concern for women. 9% women disclosed about the urinary infections they are facing while there were women who had problems of back pain, stomach pain, headaches, mood swings, pain in the uterus etc. In Hyderabad and Mumbai about 10 percent of young women are experiencing urinary infection problems probably due to unhygienic conditions. In all the 3 cities only a small portion of these young women were addressing these problems by accessing

Figure 12: Sexual and Reproductive Health Problems



medical services only. Most of them use temporary medicine followed by homemade remedies.

Restrictions Imposed During Menstruation

Shockingly, the study showed that 77% (cumulative figure) of the respondent families impose restrictions on the women during the days of menstruation. Adding to this, all the women whose families impose such social and traditional restrictions do follow them. The kinds of restrictions that are enforced upon the women vary from not entering the place of worship to leaving the women secluded for the time period. A high percentage of women (91%) are not allowed to enter places of worship, touch idols of gods or touch holy books. 23% admitted that they cannot attend any ceremonies taking place within or outside their households as that might be considered inauspicious. 19% percent of women said that, they cannot enter the kitchen during menstruation while 13% admitted that they are not even allowed to touch the utensils.

The study revealed that still women believe that Menstrual Cycles are 'impure' and this period of impurity should be dealt differently. However, a positive finding remained that a large number of women have switched from using cotton cloth to sanitary napkins during the monthly cycle.

Reasons for not Accessing Health Care Services

In this study, women came out promptly stating the reasons for their inability to access healthcare services. While the reasons for not access healthcare services are varied across cities, overall young urban women's access to Sexual and Reproductive Health Right Services in all three cities need to be enhanced.

Chennai and Hyderabad (38% & 34%) reported that, the health care centres are not close to the community. Chennai reported that there was lack of privacy and regular services that could prevent women in need of health care services from accessing them. Majority of young women in Hyderabad who could not access the services of health centre reported reluctance of family to allow them to use these services (33%) as the major impediment followed by distance (34%), high costs of services (25%), non-availability of clinic (23%) and social taboo on unmarried girls accessing these services (16%). Some also reported unfriendly and insensitive staff at the clinic as the main reasons for inaccessibility to services. Family restrictions are a major factor in Hyderabad. Equal percentages of respondents have reported social taboo in Mumbai and Hyderabad (15% & 16%).

Figure 13: Restrictions Imposed During Menstruation

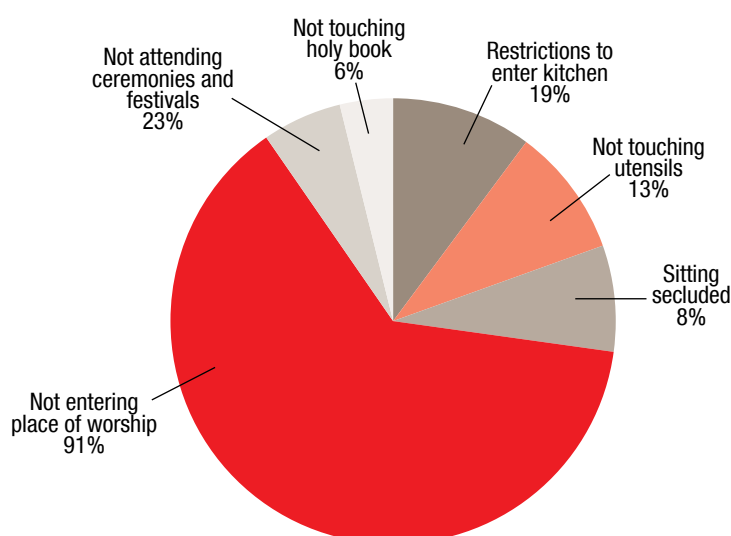
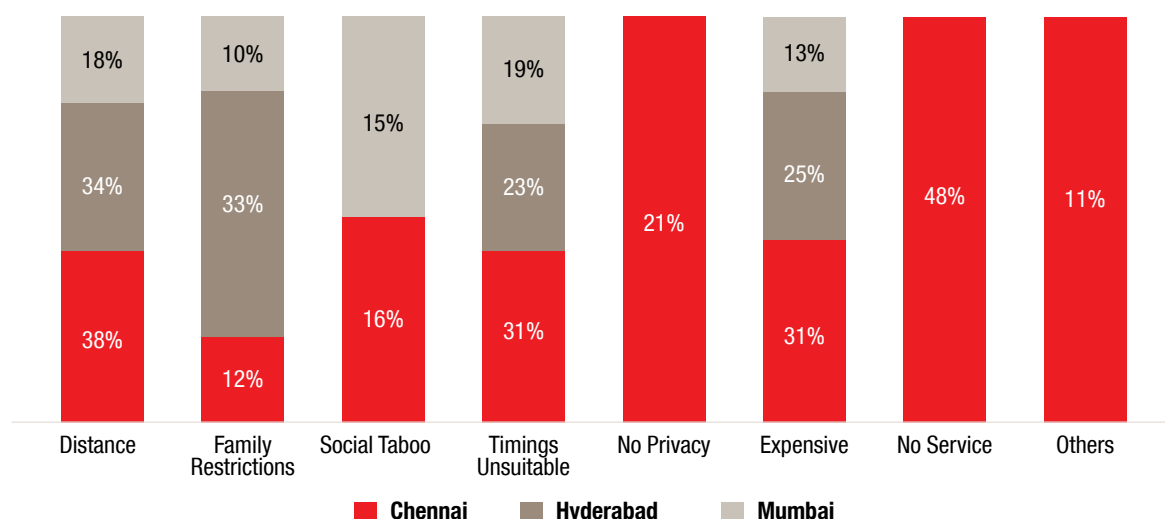


Figure 14: Reasons for Not Accessing Health Care Services


Apart from the inconveniences caused due to non-availability or long distances of health care centers, women also stated the high costs of services and inability to go to the hospital during stipulated hour because women have to give priority to the household work. The other reasons hindering a woman's accessibility are - unfriendly and insensitive attitude of hospital staff, lack of approval from the

family, lack of privacy in the health centers, lack of confidence due to social stigmas, other religious and social beliefs.

The services for crucial reproductive problems faced by women like treatment of Sexually transmitted diseases, abortion related services and even family planning lie in a gloomy state.

Chapter VI

Outcome 3- Young Women's Leadership Building

Globally, women's role in development has been widely acknowledged. Global development agencies like the UN recognizes their role in addressing a variety of issues that community face in the everyday life such as in accessing safe water and sanitation, food security and sustainable agriculture, energy access, efficiency and sustainability, sustainable cities, decent work in a green economy, health, and education etc. (UN Women, 2012). At the same time, women's participation and leadership in addressing these issues and other issues were found to be very limited. The Muslim majority in the young women covered in the study provides new insights to the role of culture and local traditions in affecting women's agency and leadership in different ways.

The nature and pattern of young women's engagement in public spaces therefore reflect on the preferences of families, determined by a variety of factors, including the political and cultural norms that families follow. The research team has collected information on the participation and experience in leadership of various groups formed on the basis of

work, religion, Self-Help Groups, or groups engaged in community development programmes.

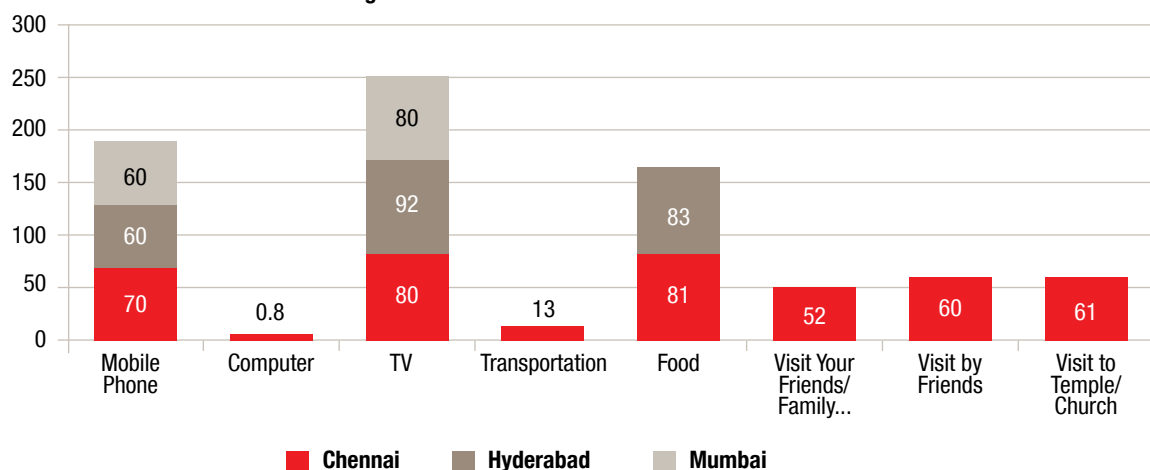
This section of the report deals with YUW's conditions and positions in the society. Given the dynamic nature of this age group, it can be considered as a kind of transition period in the personal and social life. The transformation of a school-going girl into a professionally and socially engaged person is a very complex process.

Access to Consumer Goods

Majority of the young women in Hyderabad are unmarried (68%), and this makes majority of them dependent on their family to engage and communicate with any space outside their houses. Thus, 61 per cent of these young women (66% and 53% respectively for the age groups of 15-18 years and 19-25 years) find their parents as the 'most supportive' people in their everyday life.

Regarding access to Consumer goods, in Hyderabad 60 per cent have access to mobile phones, 92 per cent to T.V, 83.3 per cent to

Figure 15: Access to Consumer Goods and Places



outside food but only 7.6 per cent have access to computers and to transport like two wheelers. All these services are mostly accessed by the younger age group i.e. 15-18 but not by the 19-25 age group, may be because after marriage women may face problem in accessing these services.

About 80% women surveyed in Mumbai have access to television and around 60% of women use mobile phone for communication. This shows that a significant proportion of women have accessibility and availability of Information and communication.

Leadership and Participation

Chennai reports only 11 young women were part of some social groups (SHG), no groups are lasting together for a long duration, and unable to share the same platform, vent out etc. The SHGs promoted by other NGOs few years back have vanished and there are no organized groups at present in Chennai. In terms of leadership, 93% of the women from Hyderabad said to have held the position of secretary in the groups they were part of (Mahila mandal). The lower age cohort is found to be very active in terms of the leadership as 60% reported to be holding the position as secretary where as it is only 40% among the 19-25 age cohort.

In terms of duration of membership in the group, 93% of women reported that they are part of the group for less than a year. In terms of participation in women's group, 99% of the women reported that this was the first group that they had joined whereas only one woman reported she had membership in two groups. In terms of the type of group majority

of them (135 out of 144) were in women's group (Mahila Mandal).

In Mumbai 93% have joined a group for the first time, 24.5% of the women have been leaders in their respective groups while 74.5% have never held a leadership position. Somehow, the low percentage of women having held a position of leadership in an organization is also a consequence of the low age-group that the respondent belongs to. The majority of women being 20-30 years of age have not been in a position where they can hold a leader's position

Around 61% of the organized groups were led by women, but the results however showed that majority of the respondents have been part of the organized groups for less than even a year (79%), while the rest (14% and 7% each) have been associated for either a time period of 1-3 years or more than years. The data shows dismally low percentage of women who have remained in connection to any organized group for more than even a year. Most of the women remained a part of it only for a year or less.

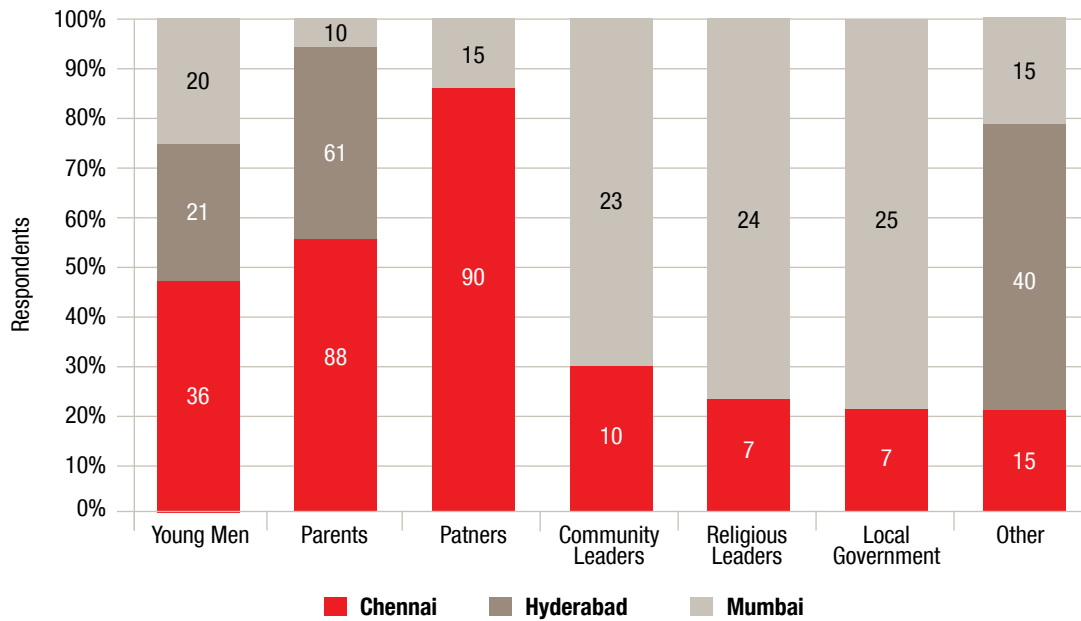
Majority of the women reported that they have not participated in discussions with local government whereas 15% reported that they have taken part in community level discussions. From the FGD, it is observed that it is mostly the educated women who participate in the discussion process. Women who have been trained or have attended meetings with NGOs were found to be more active and vocal. However majority of the women due to restriction imposed by the social custom and tradition do not actively participate.

Women have shown least participation in other groups like community groups or trade unions which largely remain dominated by the males in the society in terms of leadership only 25% of the women have lead their respective groups somehow, the low percentage of women having held a position of leadership in an organization is also a consequence of the low age-group that the women belong to.

Community Support

Community support has emerged as an alternative paradigm over the past two decades as a result of the criticism of the dominant model for development. Development would mean a process of change from the present situation to a better one, with



Figure 16: Community Support

deliberative interventions by citizens and institutions. New perspective of development stressed that along with economic growth, development of the quality of life of individuals, families and community should also be ensured. It can be feasible through greater people's participation in decision-making, creating opportunities for productive employment.

The study also collected information on the effective support that these young women receive from other groups such as their counterparts (young men), partners, community leaders, religious leaders, local governments and others. It is very interesting to note that young women find other family members, teachers, friends and non-governmental organizations that function in their locality) as most supportive.

In terms of community support, Chennai respondents seem to be enjoying lot of support from young men from the community (36%) , from their parents(88) and partners (90). Hyderabad reports support from others such as teachers, family members, friends and NGOs (40) and from parents and young men from the community (61% & 21%). In case of Mumbai equal percentage of support has been received from community leaders, religious leaders and local governments (24%). When analyzing the support received by the young women for their respective issues, roles participation etc, Mumbai throws up a different scenario where the local governmental bodies are very supportive along with some community leaders.



Chapter VII

Conclusions and Recommendations

Conclusion

The baseline survey on “Young Urban Women” has brought out the ground realities of access to basic and advanced facilities, levels of participation and leadership in women groups, conditions of decent and unpaid works and access to information and services for sexual and reproductive health among young urban women in terms of both policy analysis and empirical results.

Access to basic facilities of personal toilets and bath rooms, electricity, running water (to a lesser extent) is well among young urban women, except in case of childcare centers which are relatively poor. In case of advanced facilities, they are in better condition in case of T.V and mobile phones but are in poor condition in case of access to computers and two wheelers.

The levels of participation and leadership among young urban women vary widely between the different cities. Chennai sees poor membership in groups, while Hyderabad has many women taking leadership positions. Mumbai is a mixed bag.

Most of the women have never participated in discussions with local government while very few have taken part in community level discussions. Women who have been trained or have attended meetings with NGOs were found to be more active and vocal. However majority of the women due to restriction imposed by social customs and tradition do not actively participate.

The working participation among young urban women is reasonably good, however the nature of work reveals that only a small percent are in regular employment (with the exception of Mumbai (58%)), and the rest are engaged in seasonal labour and home-based work. Majority of them do not prefer to work outside the home because of lack of basic

facilities at working place, insecurity and below minimum wage rate, and also because it could harmoniously co-exist with their primary duty of homemaking. Most of them are not aware of and are working below minimum wage rate. In Hyderabad there was non-responsiveness about some key information like working status, working hours, wage rate, sexual abuse, upgrading skills etc.

Cooking, washing and fetching water take up a lot of young women's time, in addition to caring for children and the elderly. Such work is clearly seen to be the domain of women alone, and the main person who supports them in this work is the “mother”. The women pointed out that men have no knowledge or awareness about the unpaid care work. They are not habituated to share such activities since they consider it women's duty while men earn to sustain family through livelihood outside the home.

Absence of accessible health services was the major impediment to addressing the sexual and reproductive health rights of women. Difficulties in accessing such services due to distance and restrictions by family were also reported. In the wake of lack of services available, home remedies were resorted to rather than approaching a health care professional. Moreover, in terms of use of contraceptives, the levels of awareness did not match actual use.

Gaps and Challenges In Baseline

- Qualtrics was recommended to be used by Action Aid for data entry and analysis but due to some technical reasons, the analysis and entry was not possible in qualtrics. This led to data being entered in Excel sheet. There were some discrepancies between the two, in terms of sample size being reduced to 144 instead of 150 in Hyderabad.

- While a sample size of 15% was decided, in Mumbai, 455 intake forms were filled, and all of them were used for analysis.
- There were some difficulties in comparing and consolidating national data due to non-uniformity in data entry and collation. However, this has been taken care of by highlighting city-specific data where relevant.
- At field level, expertise of local partners to conduct FGDs and collective sensitive personal information was instrumental, without which it would have been difficult completing the process.

Recommendations

Based on the above analysis, the study makes the following recommendations for the project:

- Work brings dignity and respect to humans and this is truer in case of women who are vulnerable in the society. The conditions of low proportion of working population among young urban women and many of them not being ready to work, call for an urgent targeted policy effort to promote and encourage them to work. The fact that they are not working because of family restrictions and lack skills assumes greater significance.
- As majority of the young women are not aware of and working below minimum wage rate, there shall be massive campaign and awareness program on minimum wage law and provision of basic working conditions at the work place of women. Minimum wage law should be strictly implemented for young women.
- Majority of the young women do not prefer to work outside the home because of lack of basic facilities at working place, lack of security and below minimum wage rate. This calls for creating conducive atmosphere and basic facilities for women at working place.
- It is also reported that most young women want to upgrade their skills but not towards high professional jobs. This reveals that there is perception of deficit and lack of confidence about career among young women. There shall be massive skill development effort among young women and support to them to sustain themselves.
- In addition to hard skills, there is a very clear need to focus on developing life skills and soft skills for self-development and building confidence and capacities of the young women to equip themselves to face the challenges at home and the world outside. [Skills like decision-making, assertiveness, negotiation, conflict handling, communication, etc. are critical for this.] For this, self-organising leadership training and lifeskills development programmes may be organised to build personal skills.
- It is found that there is a perception among young women of being inadequate or deficient and lacking confidence and exposure to take decision and plan for their lives. Use of the arts [drawing, theatre, singing, dancing, creative writing, etc.] may help them open up, discover their inherent strengths and express themselves better and also articulate a vision for themselves. Non-formal media like comics and films may also help them express things that they are unable to articulate in words and also take their voice and views to other platforms.
- The low level of access to facilities like computers, transport, child care centers demand measures ensuring easy access of these services by young women, both through public institutional and NGO support.
- Considering most of them are coming into group spaces for the first time, initially, participation in informal groups at their community level, discussing local and personal issues, would help build their confidence and skills and build their leadership to engage with more formal groups and take on leadership positions there.
- It is necessary to first initiate and nurture the participation of women in organised groups since most of them are new members. Over a period of time, linkages with existing groups like labour unions, SHGs, Mahila Mandals, Kishori Samoohs are recommended.
- Health care service centres to be provided with easy access in terms of distance. The health care centre to provide holistic information on sexually transmitted diseases, means of family planning and nutrition, with a specific focus on younger women and adolescent girls.
- Sensitising young men is important in realising community participation of the women.
- The above suggestions may be read in conjunction with the detailed policy recommendations provided in the Policy Analysis document.

ActionAid India (AAI) is part of a global federation and is a full affiliate of ActionAid International that is present in over 40 countries. AAI works to address the root causes of poverty in partnership with grassroots organizations, civil society groups and platforms.

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