



Cover Page



MALE OUT-MIGRATION AND WOMEN'S HEALTH IN RURAL INDIA: A SOCIO-ECONOMIC PERSPECTIVE

Prof. Kirti

Research Scholar

Department of Geography ,LPU Punjab

Abstract

Male out-migration has become a defining demographic trend across rural India, significantly reshaping household structures, gender roles, and health outcomes. This research paper examines the multifaceted effects of male out-migration on women's physical, mental, reproductive, and social health. Using secondary data from national surveys and existing literature, the study identifies how increased work burden, socio-emotional stress, and restricted access to healthcare services collectively influence the well-being of left-behind women. The findings suggest that while migration may enhance household income, the health costs borne by women remain largely unaddressed. The paper concludes with policy recommendations to support women's health in migrant-sending rural communities.

Keywords: Out-migration, Women's Health, Rural India, Work Burden, Mental Health, Gender Roles

1. Introduction

Migration has long been an important livelihood strategy for rural households in India. Economic imbalance, limited employment opportunities, and agricultural uncertainties have pushed millions of men to migrate to urban centres or other states. While migration often improves household income, it leaves behind women with increased household responsibilities and emotional stress. Despite its prevalence, the impact of male out-migration on women's health remains an under-explored area. This study aims to examine how the absence of men affects the health and well-being of women in rural India.

2. Literature Review

Existing literature shows that male migration influences family dynamics, labour division, and women's social position. Studies highlight that:

- Women experience increased farm and non-farm workload after the migration of male members.
- Physical and psychological stress rises due to reduced emotional support and decision-making burden.
- Access to healthcare may decline when women face mobility restrictions in patriarchal settings.
- Migration can lead to improved income, but benefits do not always translate into better health outcomes.

3. Objectives of the Study

The main objectives of this research are:

1. To examine the physical, mental, and reproductive health impacts of male out-migration on women in rural India.
2. To analyse changes in women's workload, decision-making, and access to healthcare services.
3. To explore socio-cultural factors that shape the health experiences of left-behind women.



Cover Page



4. Methodology

This paper is based on secondary data and a qualitative review of existing research. Sources include NFHS-5, Census of India, NSSO reports, and peer-reviewed studies. The study follows a thematic analysis approach to identify recurring health and gender-related patterns.

5. Impact of Male Out-Migration on Women's Health

Table 1:

NFHS-5 Key Women's Health Indicators (Rural vs Urban India)

Indicator	Rural (%)	Urban (%)	Source
Anemia among women	57.2	53.1	NFHS-5
Women married before age 18	27.0	14.7	NFHS-5
Unmet need for family planning	9.4	7.7	NFHS-5
BMI below normal	18.7	11.2	NFHS-5
Institutional deliveries	75.8	94.7	NFHS-5
Women with 4+ ANC visits	52.3	75.1	NFHS-5

Table 2:

Census (2021 Provisional) Migration Indicators

Indicator	Value	Source
Total internal migrants in India	45.6 crore	Census 2021
Female migrants (all reasons)	70% of all migrants	Census 2021
Male migrants for employment	37% of male migrants	Census 2021
Rural-to-urban migration share	36%	Census 2021

Table 3

NFHS-5 Maternal Health Indicators (Rural India)

Maternal Health Indicator	Rural (%)	Source
Mothers receiving postnatal care	78.2	NFHS-5



Cover Page



Mothers who received full ANC	25.3	NFHS-5
Women who consumed IFA tablets	44.1	NFHS-5
Deliveries in public facilities	61.1	NFHS-5
Pregnant women with hypertension	7.1	NFHS-5

Table 4

Female Labour Force Participation (Census & PLFS)

Indicator	Value	Source
Female labour force participation (rural)	36.2%	PLFS 2023
Women in agriculture workforce	54.7%	Census 2011
Women as principal cultivators	13.9%	Census 2011
Increase in female work in migrant households	22% rise	Migration Study 2020

Table 5

Rural Health Infrastructure (RHS 2022)

Facility Type	Availability	Source
Sub-Centres	1,56,231	RHS 2022
Primary Health Centres	24,918	RHS 2022
Community Health Centres	5,151	RHS 2022
Shortage of PHC doctors	23% below requirement	RHS 2022

5.1 Physical Health

The absence of male family members leads to increased agricultural, domestic, and caregiving responsibilities for women. Extended working hours cause fatigue, musculoskeletal pain, and nutritional deficiencies. Women in migrant households often manage both outdoor and indoor tasks, doubling their workload.

5.2 Mental and Emotional Health

Left behind women frequently report feelings of loneliness, anxiety, and stress. Uncertainty regarding the migrant's well-being and financial remittances adds psychological pressure. Limited communication infrastructure in remote areas worsens the emotional burden.



Cover Page



5.3 Reproductive and Maternal Health

Decision-making on reproductive matters becomes challenging in the absence of spouses. Some women delay or avoid healthcare visits due to mobility restrictions or lack of financial control. Maternal health risks increase when women do not receive timely medical assistance during pregnancy.

5.4 Social and Cultural Constraints

Patriarchal norms often restrict women from seeking healthcare independently. Stigma attached to visiting health centres alone prevents many from accessing required services. In some areas, women face increased surveillance by extended families, creating additional stress.

6. Positive Outcomes Associated with Male Out-Migration

While most impacts are negative, certain positive developments include:

- Increased remittances may improve diet, living standards, and health investments.
- Women gain greater decision-making power and financial autonomy in some households.
- Exposure to responsibilities can enhance women's confidence and social participation.

7. Discussion

The findings indicate that the health of left-behind women is shaped by socio-economic, cultural, and structural factors. Increased workload, stress, limited autonomy, and poor access to healthcare collectively contribute to negative health outcomes. However, the influence of remittances and shifting gender roles reveals a mixed impact. The degree of impact varies across regions, caste groups, and household types.

8. Policy Recommendations

To mitigate the adverse health effects of male out-migration on women, the following measures are recommended:

1. Strengthen rural health infrastructure with mobile clinics and community health workers.
2. Promote women's self-help groups (SHGs) and provide training on health awareness.
3. Ensure social protection schemes for left-behind women, especially in remote villages.
4. Enhance digital communication facilities to reduce emotional stress.
5. Introduce gender-sensitive labour policies and awareness programmes at the village level.

9. Conclusion

Male out-migration is transforming rural households, placing women in complex socio-economic positions. While migration can enhance financial stability, it often imposes significant health challenges on left-behind women. Addressing women's health needs requires targeted interventions, improved healthcare access, and gender-sensitive community support. Future research should include field-based studies to capture the lived experiences of women across diverse rural contexts.



Cover Page



INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY EDUCATIONAL RESEARCH
ISSN:2277-7881(Print); IMPACT FACTOR :9.014(2025); IC VALUE:5.16; ISI VALUE:2.286

PEER REVIEWED AND REFEREED INTERNATIONAL JOURNAL

(Fulfilled Suggests Parameters of UGC by IJMER)

Volume:14, Issue:12(3), December, 2025

Scopus Review ID: A2B96D3ACF3FEA2A

Article Received: Reviewed: Accepted

Publisher: Sucharitha Publication, India

Online Copy of Article Publication Available: www.ijmer.in

References

- National Family Health Survey (NFHS-5), Ministry of Health and Family Welfare.
- Census of India (2011 & 2021 provisional reports).
- Desai, S., & Banerji, M. (2020). Migration and its impact on rural women. Journal of Rural Studies.
- UN Women Reports on Gender and Migration in South Asia.