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Article

Cross-border ties and the reproductive health of India's internal migrant women

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ABSTRACT

The literature on how social ties influence sexual and reproductive health is well established; however, one significant limitation of this research is the influence of social ties to hometowns among migrant women. Drawing from cross-border social ties literature, the objective of this study is to assess how cross-border social ties influence use of family planning and institutional deliveries among internal migrant women in India. Cross-sectional data come from 711 migrant women living in slums in Uttar Pradesh, India. Multivariable logistic regression was used to assess odds of modern use of family planning and odds of institutional deliveries with cross-border tie indicators. Results suggest that higher cross-border ties were associated with 2.35 times higher odds of family planning use ($p < 0.1$) and 2.73 times higher odds of institutional delivery ($p < 0.05$). This study suggests that social ties to hometowns may serve as a protective factor, possibly through increased social support, to migrants in regards to reproductive decision-making and use of reproductive health services. Future studies should explore potential mechanisms for these findings.

Introduction

Recent literature suggests the importance of cross-border ties on health and well-being (Acevedo-Garcia, Sanchez-Vaznaugh, Viruell-Fuentes, & Almeida, 2012), and that there is growing recognition that migrants are affected by both cultures at the destination and ties to sending communities (Olwig, 2006). Cross-border ties have been defined as the process of maintaining relationships across borders through various means (Mouw, Chavez, Edelblute, & Verdery, 2014). The impact of cross-border ties and health is mixed, suggesting that it may have both protective and adverse health effects for migrants (Torres, 2013). It can provide a type of social protection across borders that may have an effect on the health behaviors of migrants (Faist, Bilecen, Barglowski, & Sienkiewicz, 2015), including how healthcare services are accessed, where migrants seek health-related advice, and how they obtain medication (Heyman, Nunez, & Talavera, 2009; Menjivar, 2006; Wang & Kwak, 2015). One study of Korean immigrants to Canada found that migrants often return to their hometowns for health examinations, import their medications, and seek advice from people back home by phone or online platforms (Wang & Kwak, 2015). Therefore, ties to hometowns take on many forms with potentially wide-ranging consequences and effects.

Cross-border ties have been conceptualized primarily from the sociological literature in the context of international migration, with the concept of "border" pertaining to a nation-state boundary (Waldinger, 2015, 2013); however, there have been recent calls to better understand how international migration concepts, including cross-border ties, can translate to within-country migration streams (Ellis, 2012; King & Skeldon, 2010). In India, for example, rural-to-urban migrants frequently visited and sent remittances to their hometowns, with approximately 75% and 67% of participants, respectively, participating in these activities (Banerjee, 1981). Therefore, social ties to hometowns and remittance sending is also relevant for internal migrants, yet there is little known about how these activities may influence health. In fact, the majority of migrants globally move within national borders. According to a report from the United Nations, 740 million of the world's migrants were internal while 214 million crossed international borders (UNDP, 2009). Cross-border ties in the context of internal migration are especially of interest in India, where nearly 30% (309 million) of the nation's population is made up of internal migrants (Faetanini & Tankha, 2013). Researchers encouraging integration of international and internal migration concepts and approaches suggest that migration is a process that should not be confined to national borders (King & Skeldon, 2010). In the internal migration context, therefore, cross-border ties may refer to social ties with

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hometowns that cross geographic boundaries such as block-levels, villages or sub-districts, districts, and states in India. The objective of this study is to understand how cross-border social ties influence internal migrant behaviors with respect to two reproductive health outcomes.

Cross-border social ties and the influence on internal migration: the role of social ties to hometowns and utilization of reproductive health services

Theories on how social ties may influence health suggest two potential mechanisms: social support and social influence, including peer pressure and social norms (Berkman, Glass, Brissette, & Seeman, 2000). It is known that social ties, social norms, and social support are important determinants of sexual behaviors and reproductive decision-making. According to *social norms theory*, perceptions of peer behaviors have an effect on the individual's own behavior (Maxwell, 2002; Unger & Molina, 1998). Adolescents are more likely to initiate sex if their friends have had sex (Sieving, Eisenberg, Pettingell, & Skay, 2006), or even if they perceive that their friends have initiated sex (Kinsman, Romer, Furstenberg, & Schwarz, 1998; Whitaker & Miller, 2000). This relationship is also true of online social networks with peers (Young & Jordan, 2013). Social support, including emotional (i.e., care and support), informational (i.e., advice), and instrumental support (i.e., money, aid) is protective of adolescent risk behaviors (Ennett, Bailey, & Federman, 1999; Mazzaferro et al., 2006; McNeely & Falci, 2004). One critical gap in the social ties literature is the lack of attention on the ties that migrants continue to maintain in their hometowns, referred to in this paper as cross-border social ties. Social support and social norms potentially mediate the social ties to hometowns and health outcomes.

First, there is evidence that while social networks in destination communities provide instrumental support, cross-border social ties in hometown communities are often critical in offering emotional support and maintaining a sense of belonging (Viruell-Fuentes & Schulz, 2009). A study in New York found that Caribbean migrants who traveled back to sending communities reported higher levels of social support, while other studies find that perceived social support may reduce adverse physical and psychological health outcomes (Kawachi & Berkman, 2001; Murphy & Mahalingam, 2004). While studies have identified a possible benefit of cross-border social ties on migrant health overall, there remains a limited literature on how such ties might benefit specific health outcomes that are most relevant to women including sexual, reproductive, and maternal health outcomes. The few studies that exist are mixed in terms of how social ties to hometown may impact migrant women during and after pregnancy. For example, one study found that Pakistani women in the United States experienced difficulties during pregnancy and birth due to their lack of kin support in destination communities. Some women reported maintaining transnational ties with family in Pakistan which resulted in emotional support and guidance during pregnancy and postpartum (Qureshi & Pacquiao, 2013). On the other hand, a study of migrant women and mammogram service uptake in Denmark found that women felt too busy working to provide financial assistance for family in sending communities and consequently did not seek preventative services for themselves (Kessing, Norredam, Kvernrod, Mygind, & Kristiansen, 2013). This led to greater morbidity among migrant women with strong cross-border ties. In India, extended family, friends, and neighbors play a significant part in care during and after childbirth (Choudry, 1997a). Therefore, cross-border social ties could be particularly important for reproductive decision-making.

Second, social ties to family and peers in hometowns may serve as an alternative source of influence for sexual attitudes and norms. Leading researchers suggest that cross-border social ties and communication between migrants and sending communities can lead to sharing of ideas and information (Faist, Fauser, & Reisenauer, 2013), ultimately shaping attitudes and behaviors of migrants.

Past studies have found that migrants are influenced by exposure to hometown and destination sexual ideologies, and this results in transformations of sexual identities and behaviors after migration (Carrillo, 2004). More research is needed, however, on how social support and social norms from hometowns may influence reproductive health among migrant women.

Systematic reviews have identified various spheres of life where cross-border ties may make an impact; including familial, socio-cultural, economic, and political experiences and ideals (Faist et al., 2015). In the internal migration context, past studies suggest that the sexual attitudes and norms of hometowns may influence reproductive decision-making (Sudhinaraset, Mmari, Go, & Blum, 2012). Cross-border social ties to hometowns may include physically returning to one's sending community and remitting money. Contemporary migrants maintain such ties to their sending communities through various forms of communication including making phone calls and online communication (Faist et al., 2015; Torres, 2013). Researchers argue that these indicators may not impact a migrant to the same degree across his or her whole life but may differ by time since migration (Amelina & Faist, 2012; Faist et al., 2015). Furthermore, migrants cannot be simply labeled as having cross-border ties or not. Instead, these ties have been identified as existing on a continuum, where migrants vary in the degree to which they are connected to their sending communities and how these ties impact them (Amelina & Faist, 2012). How social ties to hometowns influence family planning and institutional deliveries have not been explored.

Current sexual, reproductive, and maternal health of internal migrant women in India

Sexual and reproductive health behaviors, particularly family planning use and institutional deliveries, are an area of concern for migrant women who generally lack access to contraception, sexually-transmitted disease information, and related health education and treatment services (Usher, 2005). Past studies have found disparities in reproductive health practices among migrants and non-migrants. For example, a study in Delhi based in an urban hospital that primarily served internal migrants found that only 52% of migrant women were using some form of contraception (Kumar et al., 2011). This percentage was found to be more comparable to rural levels of contraception use (48%) than of the non-migrant, urban population (81%) suggesting a low contraception use trend among migrant women (Kumar et al., 2011; Takkar, Goel, Saha, & Dua, 2005). Potential mechanisms for these differences include the lower educational attainment of migrant women, adherence to traditional health practices, and challenges with accessing services and health information associated with the migrant experience (Borhade, 2011; Kumar et al., 2011; Stephenson & Matthews, 2004).

Furthermore, studies have reported lower levels of maternal healthcare utilization by internal migrants compared to non-migrants, putting migrants at risk for worse maternal health outcomes (Shaokang, Zhenwei, & Blas, 2002). Stephenson and Matthews suggest migrant women are less likely to use maternal healthcare services if they lack social networks and found that only 20% of migrant women have an institutional delivery as opposed to 60% of non-migrants in the same urban setting (Stephenson & Matthews, 2004). Studies have found that the urban poor are subject to higher rates of birth abnormalities and delivery complications, including the proportion of low weight births (27% vs. 18% among non-slum women), although data differentiating between migrant and non-migrant slum women are lacking (Borhade, 2011; Kapadia-Kundu & Kanitkar, 2002). Adverse maternal health outcomes are further