Alleviating Loneliness Among Female Migrant Garment Workers in India

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Sector(s): Gender

Sample: 2,000 women

Target group: Women and girls Migrants Workers

Outcome of interest: Employment Gender attitudes and norms Mental health Productivity

Intervention type: Coaching and mentoring Soft skills Empowerment training Norms change Intergroup/social contact Psychosocial support

AEA RCT registration number: AEARCTR-0008235

Partner organization(s): Good Business Lab, Shahi Exports

Although urban regions in India afford higher wages relative to their rural counterparts, very few young women migrate from their home villages towards places providing more abundant economic opportunities. Researchers are launching a randomized evaluation to explore the impact of interventions that foster friendships and enhance problem-solving skills on the mental health and labor market outcomes of young women working in a garment factory.

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Women are vastly underrepresented in the Indian labor force. At 27 percent, female labor force participation in India was roughly half of the global average in 2018 and continues to decline. Further, much of the workforce is employed in the informal economy in villages where earnings are unstable and opportunities for advancement are limited. Despite many Indian cities experiencing formal sector growth, rural to urban migration rates and the duration of migration spells remain lower and shorter. Young female workers are likely to face particularly high social costs when migrating from a close-knit rural community to an urban center at a time of life when social connection is paramount. For instance, after women migrate, they might face mobility restrictions that limit friendship formation. The social isolation resulting from migration can negatively affect women's mental health and, in return, diminish their productivity at work. Can programs that encourage social network formation and mentorship improve both mental health and labor market outcomes for young migrant women working in a ready-made garment factory in India?

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Low-tech manufacturing, such as garments and food products, is concentrated in low- and middle-income countries like India. Factories in the manufacturing sector in low-and middle-income countries typically face high turnover rates with 75 percent or more of their workforce leaving the firm every year.

Researchers are partnering with Shahi Exports, a large Indian manufacturer that employs 120,000 workers, to conduct this evaluation. Young women working in ready-made garment production lines at the Shahi Exports' factories in Bangalore will

participate in the program. These young women typically move to Bangalore from at least 100 kilometers away and live in the factory hostels. All participants will be young women between the ages of 18 and 30 years old, typically entering the formal economy for the first time. Loneliness levels among this category of factory workers are exceptionally high, and comparable to those found among older adults (age 32 to 47) and chronically ill individuals.



Three women in colorful sarees gather around a sewing machine in India, smiling as one of them works on a piece of fabric.

Photo credit: Shutterstock.com

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Researchers will enroll 1,000 “juniors” or women who have recently migrated to work at the factories in the program. Researchers will match these individuals with 1,000 “seniors,” or more established workers who can act as their mentors.

The study will enroll a total of 2,000 participants, which will be divided into three groups:

1. *Comparison Group:* Participants in this group will not receive any intervention.
2. *Program groups:* Researchers will match two randomly selected groups of “juniors” with a senior living in the same hostel and speaking the same language. The senior mentor will meet with the junior twice per week for eight weeks and provide the following types of support:
    1. *Social support from a senior member:* In the first group, the senior-junior pair will participate in weekly activities intended to foster friendships among them. Researchers will guide them to discuss practical topics (i.e., where to buy medicine), and ask each other questions intended to build closer bonds (i.e., what would be a perfect day for you and why?).

2. *The WHO Program Management Plus (PM+) intervention:* Juniors and seniors in the second group will receive the WHO PM+ intervention. The PM+ intervention is based on cognitive behavioral therapy (CBT) and consists of training recipients in low-resource settings to assist others with adversity. Cognitive behavioral therapy (CBT) is an evidence-based methodology to address a variety of mental health conditions, including loneliness. Researchers will tailor the PM+ intervention to the local context and train seniors to hold weekly CBT-based sessions with juniors. Upon completing weekly sessions, the mentor will ask participants to complete short homework assignments. For instance, a homework assignment could involve encouraging juniors to talk with two people that they have not met before during their lunch break.

Researchers will evaluate the effectiveness of these interventions on: a) loneliness and other aspects of mental health, b) labor market outcomes, c) women's empowerment, and d) social network formation.

Participants in the program, regardless of whether they benefit from the intervention or not, will complete surveys at the beginning of the program as well as during (weeks two, four, six, and eight), as well as three and six months after the program ends.

In addition to the primary intervention, researchers will enroll 6,000 workers who are socially connected to study participants at the start of the intervention. Researchers will survey these workers to assess the extent to which the effects of the program spill over within participants' social networks. These surveys can also help determine to what extent mental health contributes to the formation of social networks in the first place.

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Research ongoing; results forthcoming.