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Determinants of Current Attitudes to Reproductive Health Among Female Labour Migrants: A Study of Katunayake Export Processing Zone

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Introduction

Multiple transitions (Zelinsky, 1971; Hugo, 1981; Caldwell, 1982; Oshima, 1987; Jones,1990) occurring in Sri Lanka and in other Asian countries, have caused important changes in traditional concepts and attitudes of the society, particularly in the sphere of reproductive health and behaviour of younger generations. The younger population, adolescents and largely the females, were the most affected, by such conceptual and attitudinal changes. Accumulation of negative attitudinal changes to reproductive health, among these groups, eroded the protection tended by the traditional conventional value systems.

The Population and Reproductive Health Policy of Sri Lanka in 1998 addressed the crucial emerging population and reproductive health issues. Among such issues, safe motherhood, sub-fertility, induced abortion, reproductive tract infections, sexually transmitted diseases, promotion of responsible adolescent and youth behaviour and promotion of economic benefits of migration and urbanization are important (Ministry of Health and Indigenous Medicine, 1998). Research on issues related to youth population is particularly important to reduce the adverse reproductive health risks that originate in the transitional society.

Theoretical Considerations

The educational, transition that preceded the demographic transition in Sri Lanka (Caldwell, 1982; Hugo, 1981; Jones 1990) was a forerunner of the conceptual and attitudinal changes and value systems in the prevailing traditional society. Due to such changes, the country experienced irreversible declining trends in fertility and mortality levels, in-spite of a low level of economic development in the country (Caldwell 1982; Dissanayake1996; Sanderatne 1998). Zelinskey (1971) theorized that such attitudinal changes in Asian societies would lead to a transition in internal and international mobility, parallel to different phases of the demographic transition. Oshima (1971) argued that parallel to the demographic transition, an economic transition was occurring in Asian countries that are subjected to monsoon seasonality. Expansion of the industrial and service sector labour force was identified as a main feature of such economic development.

Collapse of the traditional value systems and assertion of independence of the individual were the major outcomes of these multiple transitions. Nevertheless there

were negative outcomes in this changing process. The erosion of traditional value systems and migration of females for employment purposes distanced them from the traditional protective atmosphere of the family. The newly asserted economic independence made them more prone to experiment with new life styles making them vulnerable to reproductive health risks and other health hazards. This article is aimed at addressing the vacuum of research in this area. It investigates the determinants of current attitudinal changes to reproductive health of female labour migrants of the Export Processing Zones (EPZs).

A Brief Review of Other Studies on Female Labour of EPZs

Among the studies concerned with labour in export processing zones or free trade zones of Sri Lanka, Hettiarachchi's, (1994) investigation of the socio-economic dimensions of female labour such as, the "Social impact of the coping behaviour patterns", is important, in surfacing some social and economic aspects of the livelihood of FTZ workers. In 1999, characteristics of the workforce and reasons for moving to EPZs were investigated by Wellawatta (1999). Trials & tribulations of women FTZ workers were examined by Dent Kelly (2000). Abeysuriya and Mayer (2000) examined the problems of youth in the industrial sector. A psychological study of blue collar female workers in the industrial sector including FTZ, was done by Samarasinghe, and Ismile, (2000). Gender roles and relations of women in EPZs was examined by Jayaweera and Sanmugam (2001). The risk of pregnancy and the consequences of such pregnancies among young unmarried women working in the FTZ in Sri Lanka was investigated by Hettiarachchi (2001). None of the studies examined the determinants of current attitudes to reproductive health of female labour migrants in demographic, social, and physiological perspectives.

A Definition for Reproductive Health

Reproductive health is defined in the Programme of Action of the International Conference on Population and Development as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (United Nations, 1998). The basic elements of Reproductive Health include responsible sexual behaviour, family planning, mental care, and safe motherhood, infant and child health, abortion, Reproductive Track Infections (RTI) including Sexually Transmitted Diseases (STDs/HIV/AIDS), infertility, and reproductive organ malignancies (Cancer of breast/ cervix/uterus etc.) (Attanayake,1998). As in most of the other developed and developing countries, in Sri Lanka too, the reproductive health of the population is now considered as an important issue to be addressed under the changing demographic and socio-economic scenarios of the country.

Objectives of the Study

The main objective of this paper is to investigate some determinants of current attitudes towards reproductive health of female migrant workers in the Export Processing Zone Katunayake. The demographic characteristics of female workers are identified to examine, how such characteristics would influence their attitudes to reproductive health. Social determinants such as the level of academic achievement, sex education, knowledge and attitudes to contraceptives and sexually transmitted diseases are investigated to establish the current attitudes towards reproductive health. Some aspects of physical and mental health situation of these workers, is also explored to surface how such factors affected the attitudes of young female workers.

Female Labour Migration to EPZs

The industrial development policies of Sri Lanka since 1977, favoured the development of the non-agricultural economy comprising mainly manufacturing and service sectors (Central Bank of Sri Lanka, 1998). Under the economic policy reforms in 1977, Sri Lanka's traditional dual economy underwent a dramatic change due to the changes in the industrial policy, in which, production for import substitution changed to production for export promotion. The private sector was expected to give leadership to such an industrialization process. The objective of the policy was to create an open economy, in which one of the pre- requisites of commercial development was liberalized trade. Some of the expected outcomes of this policy were globalization of development, accelerated and rapid economic development and creation of adequate employment opportunities, particularly for young unemployed females who comprised a large majority of the unemployed population.

Creation of the Export Processing Zones operating under, a Board of Investment (BOI), was an outcome of the aforementioned industrial policy. The first Export Processing Zone (EPZ or Free Trade Zone) was established in June 1978 in Katunayake for the production of export oriented industrial products including apparels and textiles. The second EPZ was established at Biyagama and it came into operation in 1986 and the third was established at Koggala in 1991. Since 1980s, apparels and textiles became the principle export products and replaced the traditional sources of foreign exchange earnings.

Direct employment opportunities created by the BOI enterprises in 1996 accounted for 4.4 per cent of the total employment opportunities in the country comprising approximately 31.2 per cent of the total employment in the manufacturing sector (Central Bank of Sri Lanka, 1998). Such employment opportunities were created in EPZs as well as in Industrial Parks and other BOI enterprises. Approximately 80 per cent of the EPZ workers were females (Wellawatta, 1999; Jayaweera and

Sanmugam, 2001). The EPZs became one of the main sources of employment creation for educated, skilled as well as unskilled, young, rural, unemployed females in the country. Of the females who are working in the EPZs, about 95 per cent are migrants from rural areas (Wellawatta. 1999; Ukwatta & De Silva, 2000).

Changing Socio - Economic Arena and Attitudinal Change

Promotion of employment opportunities for unemployed female youth in EPZs created a dramatic improvement in the income status among young women. Consequent to the migration to EPZs for employment, social and behavioural changes among the young females have been observed. Such changes occurred due to the changes of attitudes to socio cultural values, which traditionally established socially acceptable norms of behaviour. At the point of origin, prior to their migration, these females had been looked after by their parents in the villages and behavioural patterns, for example sexual activity, would have been guided by various social and cultural values that prevailed in the village society. Away from their parental authority and exposure to an independent urban life style, seems to have paved way for attitudinal changes to pre-marital sex among young female migrant workers in EPZs. Such changes could be a negative factor towards normal and healthy sexual behaviour. Thus, attitudinal changes due to exposure to changing socio-economic arena have made females who migrated for employment to EPZ more vulnerable to reproductive and other health risks when compared to other village damsels. (Hettiarachchy,1991; Hettiarachchy, 2001; De Silva, 2000; Ukwatta & De Silva 2000).

Data

The data for this article is provided by a sample survey of female migrant workers in the EPZ-Katunayake, conducted in September 2002. The sample consisted of 400 migrant females randomly selected from the Katunayake EPZ, which is the largest and the first EPZ to be established in Sri Lanka. By the mid of 2002, Katunayake EPZ provided employment for 54,137 local people, out of which approximately 80 per cent were females and more than 95 per cent of them had migrated from rural areas.

Data for this paper is based on demographic and social characteristics of female migrant workers, collected in the aforementioned survey. Data pertaining to attitudes towards marriage, sexual activity and reproductive health of these workers is based on in-depth information, collected in the survey, using open-ended questions. The female respondents were interviewed using an interviewer-administered questionnaire.

Demographic Characteristics

Age Patterns of Respondents

Investigation of demographic characteristics such as age, marital status and perceptions towards marriage is important, in establishing initial determinants of current attitudes towards reproductive health of female workers. The ages of the 400 female migrant workers interviewed in the survey, ranged from 17 to 43 years, with a mean age of 23 years. All females in the sample were in the reproductive age group. Table 1 shows that a three quarter of the sample was in the age group of 17-24 years, which is the highest risk group for reproductive activity and they are passing a period of risk and vulnerability.

Table1: Female Migrant Workers by Age

Age Group	Frequency	Percent
17-24	296	74.0
25-32	98	24.5
33-43	6	1.5
Total	400	100.0

Adolescence which is the threshold to young adulthood is a time of transition from childhood to adulthood during which physical changes associated with puberty are well established (De Silva, 2000). Commencement of reproductive capability generally occurs with puberty or menarche. In a number of societies, menarche signifies maturity and the readiness to marry or commence sexual activity (Riley, Samuelson and Huffman, 1993). The migrant females in this study had experienced puberty at younger ages. The estimated average age at menarche of the female workers, based on survey data was 13.7 years; which is a little earlier than the figure of 14.0 years in 1993 for South Asian region (Becker, 1993).

Even though age at menarche implies the potential to reproduce in general, in the national scenario, such a tendency is offset by other demographic and socio-economic factors. One such factor is the observed increases in the age at first marriage of Sri Lankan females during the last two and half decades. In Sri Lanka, the average age at first marriage of females had been established as 24.6 years (Department of Census & Statistics, 2000). The prevailing social norms of good behaviour, as well as the general economic instability of young people would also dampen any intention to settle down in married life or reproduce at an early age.

Marital composition

As shown in Table 2, marital composition of female migrant workers showed that a large proportion of Katunayake EPZ females were young and single. Out of the total of 400 respondents, approximately 87 per cent of migrant females were single, 13 per cent of them were married.

Table2: Female Migrant Workers by Age Group and Marital Status

Marital status	Age group					
	17-24		25-32		33-43	
	Frequency	Per cent	Frequency	Per cent	Frequency	Per cent
Single	265	89.5	78	79.6	3	50.0
Currently Married	31	10.5	20	20.4	3	50.0
Total	296	100.0	98	100.0	6	100.0

Table 2, further shows that a large majority of young women in the FTZ were in the primarily reproductive age group and therefore at risk of being exposed to reproductive ill health through unhealthy experimentation. Approximately 90 percent of the women in the age groups of 17-24 and 80 per cent of 25-32 were single. The majority of female workers had delayed their marriage until they acquired economic stability and other traditional requirements such as dowry for marriage of daughters. Thus a bio social gap is created in the case of these females, between the biological need of reproduction at a young age and the social set back of poverty to achieve this need. The hypothesized contention is that this bio-social gap motivates women to change their attitudes and practices regarding pre-marital sex. Those attitudes and practices will lead to a rise in reproductive health risks. Seemingly even married women had postponed achieved fertility till they achieved a stable economic background. At least 10 per cent of 17-24 age group, 20 per cent of 25-32 group and 50 percent of 33 + age group in the sample were married. Of the 54 married women only 7 women had children.

Perceptions towards Marriage

When investigating determinants of current attitudes to reproductive health, perceptions of young female workers, towards marriage is an important issue. As majority of the female workers in Katunayake EPZ were young single women, the study examined their perceptions towards marriage. In this venue psychological factors of reproduction were also investigated. Almost 99 per cent of the single females in

the survey had thoughts of being married. Table 3 shows that their attitudes to traditional arranged marriage is pushed to a second place by a preference to love marriage which is held by almost two thirds of the sample population. The preferences for arranged marriage (which has traditionally been the dominant form of marriage in the country) was about 38 per cent while about 60 per cent of single females opted for love marriage rather than arranged marriage.

Table 3: Type of Marriage Preferred

Type of marriage	Frequency	Percent
Love marriage	208	60.1
Arrange marriage	130	37.6
Living together without marriage	8	2.3
Total	346	100.0
Currently married	54	
Grand total	400	

More than 41 per cent of single females in the study had boy friends. Preference for love marriage or practice of "living together" indicates the possibility of young people who are in love to experiment with premarital sex. These females are economically independent as they are employed in the EPZ and they adopt new lifestyles which now are affordable to them. Exposure to peer group culture in the EPZ environment (Dent, 1999), relaxation of direct parental supervision (Hettiarachchi, 1994) and denial of guidance of traditional value system of the family and village due to migratory status, make them more vulnerable to premarital sex situations, especially those related to unsafe sexual activity and related reproductive health outcomes such as risk of unwanted pregnancy (Hettiarachchi, 2000). Such situations present a strong risk factor in reproductive health for unmarried females.

Social factors affecting Attitudinal Change

The study investigated several social determinants of current attitudes to reproductive health, such as level of general education, sexual education, attitudes to pre-marital sex, occurrence of unwanted pregnancies and induced abortion, knowledge of contraception, sexually transmitted diseases and physical and mental health situation of the female workers.

Level of Education

According to Table 4 which indicates the level of general and tertiary education of the respondents, approximately two-thirds of the sample population had sat for

G.C.E. ordinary level of examination. Slightly more than a quarter had GCE A/L or above level of education.

Table 4: Level of Education of Female Migrant Workers

Educational background	Frequency	Percent
1 to 10 years of schooling	42	10.5
GCE (O/L) Sat	247	61.7
GCE (A/L) and above	111	27.8
Total	400	100.0

Kumudhini, (1989) and Wellawatte, (1999) also found that the level of general education of female migrant workers of Katunayke EPZ was high. Nevertheless this study showed an improvement in the level of secondary and tertiary education of female workers when compared to the previous studies. The explanation may be that a higher proportion of educated females, who did not have adequate employment opportunities at their point of origin, came to the EPZs seeking employment.

Sex Education

Sex education is an important determinant of attitudes to reproductive health of female workers. Such an education imparts knowledge about the need and the mechanisms to protect oneself from unwanted pregnancy or other reproductive health hazards. As Table 5 shows, more than one fourth of single females who had boy friends stated that they did not have enough knowledge to protect themselves. Among the married females about 22 per cent accepted that they did not have adequate knowledge of protective mechanisms.

Table 5: Adequacy of Knowledge to Protect from Unwanted Pregnancy or Other Reproductive Health hazards

Adequacy of knowledge to protect	Single				Married	
	Have boy Friends		Don't have boy Friends			
	No.	Percent	No.	Percent	No.	Percent
Yes	105	74.5	158	77.1	42	77.8
No	36	25.5	47	22.9	12	22.2
Total	141	100.0	205	100.0	54	100.0

Even though sex education was introduced as a part of school education curriculum since 1990s, still, a majority of females did not have proper knowledge of implications of sex activity. In this survey, the great majority of women (95%) in the EPZ stated that they had gained knowledge on sexual activity at some stage of their life. Such knowledge had been obtained through school education, media, health awareness programs and counseling programs at the factory, partners or husbands and NGOs. However 24 percent of the study population agreed that they did not have an adequate knowledge on protective mechanisms or risks from spontaneous sexual activity.

An important factor determining the risk of pregnancy is the knowledge of the high risk period of pregnancy in the menstrual cycle. To test the actual level of awareness on reproductive health, the study population was asked the question "Are you aware of the high risk period of menstrual cycle to get pregnant if a woman has sexual relations?" Even though 65 per cent of the sample gave "Yes" as their answer, only about 20 per cent stated the correct period. Seemingly most of the female workers do not have a proper knowledge of the most fertile period of menstrual cycle. There is, therefore a high risk of having unwanted pregnancies.

Attitudes to pre-marital sex, unwanted pregnancies and induced abortion

Conceptualization processes regarding pre-marital sex, unwanted pregnancies and induced abortion are important to understand the attitudes affecting reproductive health. Almost 90 percent of the sample agreed that the pre-marital sexual relationships are common among the migrant females. Most of young women seemed to know a woman who was living with her boy friend. A very small fractions, only 5 per cent of the entire sample approved of pre-marital sex and their attitude was that "there is nothing wrong with pre-marital sex, as long as the two people like each other and felt happy together". Very few wanted to accept that they were living together with men or had engaged in premarital sex. The most common reason for a couple to "live together" out side legal marital union was for security. Some respondents thought that they were too young to marry and wanted to wait until they built some economic stability.

Most of these women expected that they would eventually marry their boy friends. The general experience of most women was that majority of the boy friends did not marry and they usually conducted sexual relationships with multiple partners in the EPZ. As they do not have proper knowledge on reproductive health, there is a high risk of having reproductive health problems specially Sexually Transmitted Diseases.

Peer group influence is important in understanding attitudes to sexual behaviour. Table 6 shows the stated answers to the question of "What do peers normally do if they get pregnant through premarital sex?" It is clear that in the event of a pregnancy through premarital sex, the majority of them tend to have induced abortion. The social backlash that would follow such a situation would lead these people to do illegal abortions rather than a safe clinical abortion which in Sri Lanka is still illegal. Such a situation is associated with a grave reproductive health risk. Maternal mortality and morbidity exist as a result of unsafe abortion.

At least 24 percent choose the option of an attempt at suicide and approximately 13 percent opted to abandon the baby after delivery as they occurred due to unwanted pregnancies. Attempted suicide cases are also quite high among the EPZ females. Sri Lanka was rated the world's highest in suicides in 1995. At the national level, suicides occurred largely among the age group of 15-24 and accounted for more than one fourth of total deaths occurred, due to suicide and self-inflicted injury, in 1996 (Department of Census and Statistics, 2002).

Table 6: Observed Behavioural Patterns in Unwanted Pregnancy Situations

Behavioural options of peers in the event of pregnancy through premarital sex	Frequency	Percent (out of 400)
Induced abortion	291	72.3
Suicide	98	24.4
Bring up child & return to village	57	14.2
Abandon the baby	51	12.7
Marry their boyfriends	31	7.7

Note 1: The frequency column do not add up to 400 because, the respondents selected more than one response. Nevertheless the percentages of each category of response given under column "Behavioural options of peers in the event of pregnancy through pre- `marital sex" are calculated out of 400

Knowledge of Contraception

Knowledge of contraception can be considered as an important determinant of acceptable attitudes towards reproductive health because such knowledge leads to avoidance of unwanted pregnancy. The knowledge of some methods of contraception (pills, injections and condoms) is relatively high among the female workers (Table 7). But their use of such methods is very low. Most sexually active, young migrant women had never used modern contraception or they had started using a contraceptive method only after an unwanted pregnancy or childbirth or in many cases after an abortion. They gave several reasons for not using contraceptives. One of the major reasons was the fear of side-effects after usage of modern methods of contraceptives. Another reason is that sexual activity is unplanned and spontaneous; some had obeyed partners who did not want to use contraception.

Table 7: Awareness about Contraceptive Methods

Method	Frequency	Percent (out of 400)
Female sterilization	182	45.3
Male sterilization	131	32.6
Pill 378	378	94.0
IUD (loop)	194	48.3
Norplant	92	22.9
Injections	325	80.9
Condom	304	75.6
Calendar method or Periodic Abstinence	161	40.1
Withdrawal	119	29.6
Any other method have you ever heard	24	6.0

Note 1: The frequency column do not add up to 400 because, the respondents selected more than one response. Nevertheless the percentages of each category of response given under column "Method" are calculated out of 400.

Note 2: Under any other method they stated induced abortion

Many females, both married and unmarried prefer to use traditional methods of contraception such as periodic abstinence (calendar rhythm method) and withdrawal. But their low awareness of such traditional methods results in a high risk of having unwanted pregnancies. Those pregnancies typically ended in induced illegal abortion and sometimes they experience multiple abortions. Six percent of the sample mentioned abortion as a contraceptive method. As induced abortion is illegal in Sri Lanka, usually services provided by unqualified providers such abortions are largely unsafe.

Awareness of Sexually Transmitted Infections

Awareness of sexually transmitted infections among female labour migrants is very high (Table 8). About 90 per cent of female workers were aware of HIV/AIDS, but less than 20 per cent had any knowledge of other sexually transmitted diseases (STDs). Awareness about some SDTs was less than others.

Table 8: Awareness about Sexually Transmitted Infections

Disease/Infection	Frequency	Percent (out of 400)
HIV/AIDS	360	90.0
Gonorrhea	69	17.3
Syphilis	23	5.8
Herpes	15	3.8
Urethritis	20	5.0
Genital warts/sores/ulcers	44	11.0

Note : The frequency column do not add up to 400 because, the respondents selected more than one response. Nevertheless the percentages of each category of response given under column "Disease/ Infection" are calculated out of 400.

Awareness of sexually transmitted infections is an important determinant of healthy attitudes towards reproductive health of female workers, as such diseases can be a serious cause of ill health due to Sexually Transmitted Diseases and a cause of complications related to child bearing. Globally sexual ill health amounted to 20 per cent among young females and 14 percent among young males (Hettiarachchi, 2004).

STDs are recognized as the most common preventable cause of tubal infertility. Many causes of infertility after delivery or abortion can also be due to STDs. If a woman has Gonorrhea or Chlamydial infection during pregnancy, her estimated risk of PID (Pelvic Inflammatory Disease) increases 50 per cent to 100 per cent if she either gives birth or has an abortion It is identified that one of the target population groups for the national programme for preventing STDs is factory workers (Hettiarachchi (2004).

More than 88 per cent female migrant workers think that they are at risk to get disease like HIV/ AIDS /STDs among the FTZ working community. Reasons given by FTZ females for thinking that there is a risk to get the disease are shown in Table 9. Little less than a three quarter of the sample population thought that freedom available for sexual relationships was a major cause in contacting HIV /AIDS. Other important reasons indicated for contacting HIV/AIDS were tourism, ignorance, and through injections.

Table 9: Reasons indicated as Risk Factors to contact HIV/ AIDS /STDs among the EPZ Working Community

Reasons	Frequency	Percent (out of 400)
Freedom for sexual relationships	298	74.1
Tourism	21	5.2
Ignorance	41	10.2
Through injections	31	7.7
Other	15	1.2

Note 1: The frequency column do not add up to 400 because, the respondents selected more than one response. Nevertheless the percentages of each category of response given under column "Reasons" are calculated out of 400.

General Health Situation

A focus on the general health situation is also important, to have a proper understanding of the determinants of the attitudes to reproductive health. In general, the health situation of the female, single or married migrant workers in EPZ is not good at all (Table 10). The type of ailment associated with these workers, as indicated in Table 10, shows that the health situation of the EPZ'S workers was largely environmental related. The proportion of those who have genital sores/ulcers was

fairly high among the married females and those who had boyfriends. These results imply that a potential reproductive health risk is associated with both married and unmarried female workers.

Table 10: Health Problems of EPZ Workers after coming to EPZ

Kind of health problems experienced after coming to EPZ	Single				Married		Total	
	Have Boyfriends		Don't have boyfriends					
	No.	%	No.	%	No.	%	No.	%
Physical ailments	27	19.1	31	15.1	8	14.8	66	16.5
Genital sores/ulcers	6	4.3	6	2.9	5	9.3	17	4.3
Phlegm	12	8.5	23	11.2	3	5.5	38	9.5
Irregularity of menstrual cycle	1	0.7	4	2.0	-	-	5	1.3
Gastritis	9	6.4	18	8.8	4	7.4	31	7.7
No any health problems	86	61.0	123	60.0	34	63.0	243	60.7
Total	141	100.0	205	100.0	54	100.0	400	100.0

These workers were also affected by the unhealthy living and work environment (Hettiarachchi, 2001). A majority of them lived in congested areas, comprising of factory buildings, boarding houses, family homes, markets, shops etc (Hewamanne and Brow, 1999; Hettiarachchi, 2001). Poor ventilation of the boarding houses have also been noted in previous studies.

Polluted environment due to air, water, noise pollution and overcrowding can be observed as some leading causes for creating health problems among female migrants, which would eventually affect their reproductive health. Sixty two percent of the sample stated that they had sanitation problems in their boarding house area. The level of nutrition of these females was low, as the majority of them do not partake an adequate and qualitative meal. More than 60 percent of them thought that they did not take a balanced diet.

The migrants had experienced most of these ailments after coming to EPZ. The data revealed in this survey by probing about the health problems before and after coming to the EPZ indicate that a small proportion of them (9.7%) had health problems *before* coming to the EPZ. But the proportion has increased to 39.3% *after* coming to the EPZ. These results imply that there is a general health risk associated with these married and unmarried females and that can be affected to increase their negative attitudes to reproductive health.

Conclusion

Export Processing Zones play a key role in economic development and local employment creation for younger segment of the population, particularly the females in Sri Lanka. FTZ centered industrial policy facilitated industrial development through foreign direct investment and established linkages with the global economy to facilitate development. The study found that the workers could achieve their overall economic well-being by being employed in EPZs. Nevertheless a large proportion of the female EPZ workers have health related problems with regard to their physical, mental and social well-being. Unmarried young female labour migrants face a much higher reproductive health risk than others. Attitudinal changes that occurred particularly among younger generations particularly young females, largely caused by their exposure to changed economic, social and behavioural environment at the point of destination, made them more vulnerable to these reproductive health risks.

Investigation of demographic characteristics showed that a large proportion of labour migrants to Katunayake EPZ were young and single. The attitudes of a majority of single females to marriage show a preference for love marriage. Exposure to peer group culture particularly in the EPZ environment, make them more at risk of facing, health hazards associated with reproductive health. Presence of a bio-social gap amongst the younger female community working in the FTZs motivate them to change the traditional attitudes and healthy practices that they had regarding pre-marital sex prior to migration, causing a serious sexual ill health situation.

Even though the level of general education among female labour migrants was high, a large proportion of them did not have a proper knowledge of sex education and implications of spontaneous sex activity. Low use of contraception and low awareness about STDs leads to negative implications such as pre-marital sex and unwanted pregnancies. In the event of a pregnancy through pre-marital sex, the majority in the sample investigated tended to have illegal unsafe induced abortions which are associated with a grave reproductive health risk. Further more unhealthy living conditions and stressful work environment also affect the physical and mental well being of the labour migrants.

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