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CONSTRUCTING THE FEMALE LABOURING BODY: A CASE STUDY OF BEED DISTRICT OF MAHARASHTRA

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DISCUSSION PAPER

TABLE OF CONTENTS

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ABSTRACT

This paper explores the rise in hysterectomies (a medical procedure to remove a woman's uterus) among sugarcane labourers in the Beed district of Maharashtra. Employing an intersectional lens, the paper examines how bodies of female labourers in the region are imbued in a complex set of relations shaped by the agrarian crisis, migration patterns and labour relations. The paper also highlights the structural interventions undertaken by the Maharashtra State Government to address the situation and puts forward suggestions for effective policy implementation.

INTRODUCTION - AGRARIAN DISTRESS AND SEASONAL MIGRATION IN BEED

Beed, an administrative district in the Aurangabad division of Maharashtra, lies in the Marathwada region bordering Karnataka and Telangana. On October 31, 2018, the government of Maharashtra declared Beed as one of the most severe drought-hit districts in the country based on indicators such as rainfall deficit, low soil quality and decline in groundwater index (Kurtkoti and Paraste 2019).

Beed, a drought-prone area, in Marathwada. (Credits: Devyani Nighoskar)

Due to prolonged drought conditions, an unprecedented rise in crop failure, debt accumulation among farmers, an increase in input costs of farming alongside declining output cost of crop produce and the lack of alternative employment opportunities, a large number of farmers in the region are pushed to the verge of suicide (Table 1).

Table 1 - Number of farmers suicides in Marathwada region

YEAR	2010	2011	2012	2013	2014	2015	2016	2017	TOTAL
AURANGABAD	02	00	02	04	56	144	151	139	498
LATUR	04	04	00	03	44	106	116	94	371
BEED	**79**	**73**	**91**	**98**	**152**	**301**	**222**	**207**	**1223**
PARBHANI	22	23	35	17	70	104	98	125	494
JALNA	04	06	06	08	32	83	76	91	306
HINGOLI	02	05	03	02	31	41	49	56	189
OSMANABAD	23	25	22	29	71	164	161	126	621
NANDED	55	33	39	46	118	190	180	153	814
TOTAL	191	169	198	207	574	1133	1053	991	4516

(Source: Divisional Commission rate Office, Aurangabad)

In such conditions, labourers and farmers are forced to migrate from several districts of Marathwada, primarily Beed, to the sugar belt regions of Western Maharashtra and Karnataka to work on sugarcane farms during the harvesting season (October till May). Sugarcane farming is considered to be relatively more economically profitable as state-sponsored sugar cooperatives buy produce directly from farmers at a price fixed by the government, thus guaranteeing a local market (Jaleel and Chattopadhyay 2019). However, sugarcane harvesting is an arduous and a labour-intensive task, involving physically strenuous tasks such as tying, loading, unloading and transportation of cane to factories (Shukla and Kulkarni 2019:11).

Labourers often work in pairs; a husband and a wife are recruited and supervised by the *mukadams* (jobbers-cum-foremen), acting as links between the factory and the cane cutting teams (Breman 1978). A typical working day is 12 to 13 hours long, with women devoting additional time performing unpaid domestic labour such as cooking, fetching clean water and childcare. Each migrant couple is paid an *uchal*, or an advance of Rs 50,000 and Rs 1,00,000 (Rs 250-300 for a day), with a fine, or *khada*, ranging from Rs 500 to Rs 1000 for each day of missed work (Jadhav 2019).

Since migration takes place for a temporary period of 7 to 8 months, labourers working as cane-cutters reside in small makeshift huts, or cane fields or sugar mills. Since these are temporary shelters, there is a lack of toilets, clean drinking water and proper sanitation facilities. Such poor living conditions adversely impact the health of these labourers, especially women who are forced to practice unsafe menstrual hygiene practices that lead to rashes and infections, causing severe reproductive health-related problems (Shukla and Kulkarni 2019).

FEMALE SUGARCANE LABOURERS AND RISING HYSTERECTOMIES

In April 2019, a local Indian newspaper reported a staggering increase in hysterectomies in the Beed district of Maharashtra (Jadhav 2019). The report began with a baffling question - 'Why many women in Maharashtra's Beed have no wombs?'. It was reported that the cane cutting contractors are unwilling to hire female menstruating labourers. The belief that menstruation and pregnancy are roadblocks in the everyday labour process, and hinder the physical capacity of female labourers to carry out daily wage work, drives this unwillingness.

According to a study commissioned by the Maharashtra State Commission for Women in 2018, 36% of female sugarcane labourers in the State had undergone a hysterectomy (Shukla and Kulkarni 2019). In June 2019, the Health Minister of Maharashtra, Eknath Shinde, stated in the Maharashtra Legislative Assembly that, in the last three years, 4,605 female sugarcane farmers underwent hysterectomies. This claim is further substantiated with the figures presented by the National Family Health Survey 4. The Survey notes that, while the rate of hysterectomies among women aged between 15-49 years at the all India level is 3.2%, the hysterectomy rate in the state of Maharashtra is 2.6%.

Most women in the villages in Beed district undergo a hysterectomy after having children, owing to multiple reasons. (Credits: Devyani Nighoskar)

The *mukadams* claim that they have a strict time frame to achieve production targets laid down by the sugarcane factory owners, which become difficult to achieve if and when female labourers skip work due to menstruation and/or pregnancy. Since these labourers are unorganized, their work day is regulated and controlled by the *mukadams* and the factory thatowners. For instance, prompt delivery of freshly harvested sugarcane to the factory is highly profitable for the factory owners, for which female labourers are reportedly woken up at 3 am to load the trucks (Shukla and Kulkarni 2019).

However, an important question arises: Do *mukadams* coerce the female farmers to get hysterectomies?

The *mukadams* do not directly coerce women to get their uteruses removed. However, it is the fear of mukadams extracting hefty fines in the form of *khada*, along with constant precarity surrounding their jobs, which pushes these women to get their *pishvi*(uterus) removed - since menstruation, illness and pregnancy might require them to skip labour intensive work.

Most female sugarcane labourers in Beed are married at a young age, and they start harvesting sugarcane as young as 16. The decision to migrate is taken by the head of the household, usually the fathers, fathers-in-law and husbands. Despite the precarity of work and burden of vulnerable living conditions, women have very little to no autonomy in making decisions about the household.

22-year-old Manisha Vitthal got married at the age of 16 and was sterilized after having two children. She claims getting sterilized has made her body weak and she experiences painful periods. A hysterectomy may be on the cards. (Credits: Devyani Nighoskar)

Most women during the months of February to May when there's not much to do on the farms, cook together while socializing. (Credits: Devyani Nighoskar)

After experiencing some pain and white discharge, Rukhmini from Vajrantwadi was told by the doctors to get a hysterectomy to avoid cancer. (Credits: Devyani Nighoskar)

The female farmers find it difficult to spend money on buying sanitary napkins and therefore resort to using cloth during menstruation. Lack of sanitation facilities leading to improper disinfection of the menstrual cloths further increases the chance of reproductive diseases. Additionally, the increase in hysterectomies is also driven by a deeply rooted belief that the womb of a woman is futile once she has produced children, who are seen as a form of surplus labour force. Thus, the removal of *pishvi* is not an outcome of coercion. Instead, it is an attempt towards creating conditions for boosting everyday productivity, at a gruesome cost- putting their bodies at irreparable physiological and psychological risk.

Pushpa Rajendra Kute, from Vajrantwadi village, has a Master's degree in Political Science and works as an Anganwadi worker. Having had a hysterectomy, after suffering from heavy bleeding and cysts, she blames the harsh weather along with tough living conditions in Beed for women suffering from uterine issues in the area. (Credits: Devyani Nighoskar)

The everyday lives of female sugarcane labourers are embedded in a concatenation of circumstances - poor living conditions, prolonged working hours, and minimal access to public health services. These deficits have an adverse impact on their reproductive health. Lack of affordable sanitary napkins, no toilets, unhygienic sanitation practices and open defecation often leads to multiple infections and grave reproductive problems for women, with little or no scope of skipping a day's work due to the fear of being fined (or *khada*) by the *mukadams*. Amidst an increasing state of exploitative labour-worker relationships, along with adverse effects on reproductive health, working as seasonal migrants emerges as the only survival strategy for the distressed female labour force.

Are female labourers more productive in fields after hysterectomies?

Rarely. The cost of one hysterectomy is INR 35,000 - almost equivalent to the total amount of money which a labouring couple earns in one whole year (Nighoskar 2019). This cost is seen as a one time investment to boost the everyday productivity to carry out labour-intensive work. However, it has been reported that the reasons for which a pishvi is removed are not very clear. The most common response which these women get from private doctors when they consult them for any gynaecological problem is that the 'womb has gone bad' or there is white discharge (Shukla and Kulkarni 2019: 10). In most of these cases, there is a subsequent lack of post-operative care and counselling which poses severe challenges to the health of these women. Many women who get their

pishvis removed in their 20s and 30s complain of backache and abdominal pain. This also increases the chances of serious psychological problems, further hindering their ability to carry out their day-to-day work. (Shukla and Kulkarni 2019: 11).

The lack of adequate public health facilities in Beed facilitates the ongoing epidemiology of hysterectomies among the female sugarcane farmers. According to data from the Municipal Council of Beed,as opposed to 63 private hospitals, there is only one government hospital in Beed which further increases the dependency of women on the completely unregulated private medical sector. The inadequate medical facilities for carrying out gynaecological operations, counselling facilities and post-operative care in the public medical health sector has transformed the bodies of female sugarcane farmers into 'hunting grounds' for the private medical sector (Shukla and Kulkarni 2019).

Table 2

S. No.	Particulars	Number
1	Government Hospitals	01
2	BMC Dispensaries	03
3	BMC Hospitals	04
4	Private Hospitals	63
5	Private Nursing Homes	28
6	Homeopathy	11
7	Ayurvedic	17
8	Charitable Hospitals	02

(Source: Muncipal Council, Beed)

Usha is an ASHA sister in Vajrantwadi village. She thinks that contractors encourage women to get hysterectomy for better productivity. However, she also thinks a lot of uterine diseases are caused due to lack of awareness. (Credits: Devyani Nighoskar)

INTERVENTIONS BY THE MAHARASHTRA GOVERNMENT

After wide media coverage about the sporadic rise in hysterectomies in Beed, the National Commission for Women issued a notice to the Chief Secretary, UPS Madan, expressing its concern about the 'pathetic and miserable condition' of women in Beed.

Thereafter, a seven-member investigation committee, headed by the Shiv Sena's Neelam Gorhe, Deputy Chairman in the state legislative council, was set up by the Maharashtra Health Department to probe into the rising number of hysterectomies in Beed. The Committee also consisted of gynaecologists, social health workers, as well as female politicians. The Committee was responsible for looking into the total number of hysterectomies and unauthorised hysterectomies that took place in Beed in the past three years. The Health Department of Maharashtra issued an official order under which all private hospitals in Beed were to be inspected, and it also proposed *'guptpane dekhrekh'*, or secret monitoring of these hospitals (Shukla and Kulkarni 2019).

The District Collector of Beed issued an order stating that all private hospitals carrying out hysterectomies in Beed need to submit the necessary documents and medical reports of the patient to specific government health officials, only after which official permission to operate will be granted. The Health Department also stated that hysterectomies are to be conducted on only one day of the week, with prior permission from the concerned health officials, without which the hospitals will face serious legal action, including cancellation of registration.

POLICY RESPONSES AND THE WAY FORWARD

1. Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA)

MNREGA is a social security act that aims to provide livelihood security through wage labour in rural areas. However, in the face of grave agrarian stress due to a persistent drought in Beed, the failure of MNREGA becomes evident. Due to lack of employment opportunities within Beed, workers are forced to migrate to nearby areas. However, these workers are employed only during the harvesting season. During the months of April to May, the prolonged drought in Beed deepens the plight of these workers. The proper implementation of MNREGA should aim towards creating alternative and sustainable employment opportunities for seasonal migrants within Beed by making it self sufficient especially in terms of water resources.

2. Implementation of Employees Provident Fund (EPF)

In 2014, the Maharashtra state government announced setting up of a welfare board for sugarcane farmers - to improve the working conditions of sugarcane cutters by providing them with social and financial security (Shukla and Kulkarni 2019) However, this move faced a strong opposition from the owners of sugar factories as they felt that such a scheme would increase their financial burden. In 2018, the Maharashtra State Government proposed a scheme to extend the benefits of EPF to sugarcane labourers, with an office in Beed. Despite this scheme being announced in 2018, it is yet to be implemented. There is a strong need to establish a welfare board for sugarcane workers in order to enable access to social security benefits and improved working conditions.

3. The Unorganised Sector Worker's Social Security Act, 2008

The Unorganised Sector Workers' Social Security Act, 2008 aims at providing an effective framework for welfare schemes for workers in the unorganised sector of the Indian economy. According to the Bill, every unorganised worker needs to register themselves with the district administration to avail social security benefits. However, despite the implementation of the Act, there is no change in the working conditions of cane labourers in Beed. Indeed, the Act aims at providing social benefits to the labourers, but it does not delineate any guidelines to improve the working conditions of the labourers in terms of improving living conditions of worksites. There is thus a need to restructure the guidelines of the Social Security Act 2008 along with ensuring the district level registration of sugarcane labourers, especially women so that they can avail maternal health benefits as well as can get access to affordable treatment in government hospitals.

4. The Unorganised Sector Worker's Social Security Act, 2008

According to the official draft of The Maharashtra Clinical Establishments Act, 2014, the registration and regulation of clinical establishments is deemed necessary. The draft proposes to safeguard the rights of patients in order to improve both public as well as private health care facilities in the state of Maharashtra. However, even after five years, this Act is yet to be implemented. There is an immediate need for the implementation of CEA along with effective standard treatment protocols and legal provisions to regulate the quality of care provided by private hospitals in Beed. The implementation of CEA also becomes essential as there is a dearth in government health facilities as opposed to the booming private sector in Beed. There is also a need to equip government and private hospitals with facilities for post-operative care and counselling for patients (Refer to Table 2).

CONCLUSION

The lives of the female sugarcane labourers in Beed are reminiscent of the famous lines by Faiz Ahmad Faiz[1], *'ek bakhiya udheda, ek siya, yun umr basar kab hoti hai*'[1] (unraveling one stitch and putting in place another, how can life be lived in this manner? Yet this is how life is lived). In Beed, hysterectomies do not emerge as weapons of manifest coercion by the mukadams. Instead, the exploitative labour relations, agrarian distress and poor public health facilities take the form of a latent coercive force

Seasonal migration is part of a broader livelihood strategy, especially in rural districts such as Beed, where agriculture is entirely rain-fed. It is essential to point out that the constant mobility and non-permanence of the 'captured pool' of seasonal migrants is highly dependent on building and maintaining networks. These networks serve as effective conduits for conversations about work as well as everyday lives. Often, these discussions revolve around a planted fear of cancer due to unhygienic sanitary practices as well as the 'diagnosis' by the private doctors on one hand and the fear of losing their daily wages for skipping a day's work due to menstruation and pregnancy on the other. The pre-existing ideas about hysterectomy as 'the only cure' often shapes the understanding about any minor reproductive health related disease, whose symptoms could be managed through proper medication. Moreover, in terms of medical and health related practices, it is believed that an expert knows more than the patient. In Beed, asymmetrical information between women and medical practitioners, along with a lack of experiential knowledge transforms health into a credence good[2]. (Das 2015).

The exploitation of unorganised workers in the production sphere and the sporadic commercialisation of the medical sector in the consumption sphere brings to fore the deeply entrenched gender-based oppression among the female sugarcane labourers of Beed (Shukla and Kulkarni 2019). The failure of the State Government in implementing effective state policies stems directly from a lack of connection to the ground reality in Beed - 'Utopias are woven in the form of slogans like "health for all." Meanwhile, the poor live and die as best as they can.'(Das 2015: 209). The increase in hysterectomies in Beed should be seen not as a one-off incident but instead as a consequence of a concatenation of factors - the agrarian crisis, poor living conditions, lack of affordable public health facilities, exploitative labour relations, gender oppression and most importantly, an unfortunate and grim example of government policy failure in addressing the above-mentioned factors.

1 These lines are from Faiz Ahmad Faiz's famous poem, ***Sheeshon ka Maseeha Koi Nahin*** (There is no messiah of crushed glass) and are quoted by Veena Das in her work 'Affliction'.

2 A credence good is a type of good whose qualities cannot be observed by the consumer after purchase, hence making them dependent on the information provided by experts. In this paper, I try to conceptualise health as a credence good.

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