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HEALTH HAZARDS AND SOCIAL VULNERABILITY OF SUGARCANE CUTTER WOMEN MIGRANTS OF MAHARASHTRA STATE

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Abstract

According to the Maharashtra Economic Survey Report 2018-19, about 36% of the country's sugar factories are in Maharashtra. Every year thousands of women from the asset poor regions migrate to the sugar belt of Maharashtra and Karnataka to cut cane with their husband in the form of Koyata owing to the practice of hiring couples. Migrant cane cutters especially women are most vulnerable and continue to suffer from a number of health and security risks. The vulnerable working conditions and demand of hard labour work affects the health of women. The study will throw a spotlight to reveal a range of health hazards and social vulnerability in migrants' life. It will aid for a better inclusion of sugarcane cutter women migrants in India. It will help society to rethink about this underprivileged group and insist government and policymakers to recognize this population as a priority group for ensuring rights and entitlements. It will present coping strategies to reduce occupational health hazards and social vulnerability of women migrants.

Keywords: Sugarcane Cutter Workers, Women Migrants, Women migrant Vulnerability, Health hazards



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1. Introduction:

Sugarcane cutting is a strenuous job where docile, obedient and hardworking seasonal migrants play crucial role in sugarcane harvesting. Every year thousands of women from the asset poor regions migrate to the sugar belt of Maharashtra and Karnataka to cut cane with their husband in the form of *Koyata* owing to the practice of hiring couples. Migrants are working hard from the month of October to April. Women workers contribute equally with their men partner by means of tying of the cane bundles weighing 40 to 45 Kgs and loading

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them in the carts, trucks or trolleys. This loading is exhausting as women have to climb the stairs set against the trolleys. Wages are paid to a pair in the hands of husband hence women are not getting their wages separately and thereby diminishing her control over finances and also reducing women's agency as a worker. The situation becomes worse when the partner is an alcoholic. Alcoholism and multiple sexual partners for men is also common adding to family conflict and violence. Domestic violence, verbal, physical, and sexual abuse is also common. Overworked, poorly paid and deprived of any rights, migrant cane cutters especially women are most vulnerable and continue to suffer from a number of health and security risks. The vulnerable working conditions and demand of hard labour work affects the health of women. Workers deal with multiple health risk situations, predominantly to the risks of occurrence of respiratory, musculoskeletal and psychological problems, suffering an accident, cut injury, being bitten by snake and work-related accidents. During menstrual cycles it is hard for women due to the inability to maintain menstrual hygiene and use sanitary pads because of toilets and water. Poor menstrual hygiene and lack of care causes fungal and bacterial infections leading to pelvic inflammatory diseases, vaginitis and uterine infections and may lead to cervical cancer. The vulnerability of women migrants to discrimination, exploitation and abuse is very high. The exploitation by meddlers like contractor, vehicle owner, and ultimately sugar factories is prevalent. They usually face abuse and rape by landlords and middlemen who enslave them through debt bondage. Women are often forced by their families to undergo hysterectomy so they do not get pregnant from the repeated abuse and can work without a break of every month's 4 days natural break. Caste, age, origin and family status are also key facets of their unfortunate life. The study will throw a spotlight to reveal a range of health hazards and social vulnerability in migrants' life. It will aid for a better inclusion of sugarcane cutter women migrants in India. It will help society to rethink about this underprivileged group and insist government and policymakers to recognize this population as a priority group for ensuring rights and entitlements. It will present coping strategies to reduce occupational health hazards and social vulnerability of women migrants.

1.1 Statement of the Problem:

Migrant labour plays key role in sustaining and building India's economy, but his contribution remains unrecognized because of lack of data. Seasonal and temporary migrants are inadequately captured in macro datasets such as the Census and National

Sample Survey Organisation. Exclusion of migrants in terms of legal rights, public services and social protection occurred due to regulations and administrative procedures and hence they are often treated as second class citizens. Migrants constitute a 'floating' and invisible population, alternating between source and destination and remaining on the periphery of society. In a continuous state of drift, migrants are left out of the scope of state provisions at both ends - the "source" and the "destination". Social Vulnerability of women lies in her gender dynamics, caste, poverty, social exclusion, dependence, societal culture and responsibilities. Recently the Hindu Business Line report revealed harsh reality in the cane-cutting industry. According to the report, half the seasonal women labour migrants in Beed district of Marathwada region don't have a womb. After giving birth to two or three children, circumstances force her to get uterus removed in order to be able to find work. The labour contractor who enslave them say that menstruation slows them down, and hence insists them to get their ovaries removed so that they can work non-stop for six months.

These migrants enter into contracts for better wages and advance amounts from *muqadams* to undertake major expenditure. Usually they fail to repay whole advance amount due to inadequate season and other uncertainties. In this case workers have been gone through incidents of assault, abduction or custody of wife and daughters by contractors and his agents. It is also inquisitive to know the caste dynamics with her social vulnerability.

In this way women migrants in cane cutting face many constraints including lack of political representation; inadequate housing and lack of formal residency rights; low-paid, insecure or hazardous work; health hazards, gross exploitation and abuse that arises due to her social status and social vulnerability. To deal with this social problem the study will throw a spotlight to analyze and reveal a range of health hazards and social vulnerability in their life.

1.2 Definitions

- ❖ Seasonal migration is a move made for a short period of time with the intention of returning to the place of usual residence Keshri and Bhagat 2010)
- ❖ Social vulnerability refers to potential harm to people. It involves a combination of factors that determine the degree to which someone's life and livelihood are put at risk by a discrete and identifiable event in nature or in society. (Blaikie, P., T. Cannon, I. Davis & B

1.3 Objective of the Study

- 1. To explore health hazards of sugarcane cutter women migrants
- 2. To understand social vulnerability of sugarcane cutter women migrants

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1.4 An Outline of Sugarcane Cutters

In Sugarcane harvesting the seasonal migrants plays a crucial role. The cane cutters are hired from the socio economically poor part of Maharashtra through informal, contracts in workpairs called *koyata*, usually comprising of a husband and a wife. 10-15 *koyatas* make a *toli* or cane harvesting team. labour contractors (*Mukadams* or *Thekedars*) negotiate and inform workers about the wage rate and the terms of the work. On the other side a *mukkadam* enters into a written contract with the sugar factory to provide certain number of cane cutters in coming season. Accordingly he receives an advance from the sugar factory. In this practice *mukkadams* earn a commission of 15 to 25 per cent of couple's hiring amount. As stated usually cane cutters are hired as couples or *koyatas* in debt bondage, receiving about 70,000 to 80,000 rupees from *mukkadams* in the month of July and August to confirm their contract of cane cutting in coming season. The migrants are working hard from the month of October to April and struggle to repay the advances taken.

When season starts on the work site, men in a *koyata* cuts through the cane stalk and strips the leaves whereas women look after cleaning, tying of the bundles weighing 40 to 45 kilograms called *moli* and loading of these bundles in the carts, trucks or tractor trolleys. The loading work is extremely exhausting, as women have to climb the stairs set against the transport vehicles. Accidents and injuries and snake bite incidents are common in this activity.

Every year, thousands of women from the asset poor region migrate to the sugar belt to cut cane with their husband in the form of *Koyata* owing to the *jodi* practice of hiring worker couples. Among the seasonally relocating Sugarcane cutters about half of the workers are women and majority of them belong to nomadic tribes, scheduled castes and scheduled tribes. Further poor families of other backward class and even upper class who are asset-poor and face resource and livelihood deficits are also compelled to leave their own place and choose the hard work of cane cutting. Traditionally lower caste women were accompanying their husband to work as a cane cutters but in the new economic order and deep agrarian crisis in recent time higher class caste like Maratha compelled to migrate due to unseasonal rains, drought, unprecedented farming and changed socio economic parameters. Most of them are marginal farmers and after the harvest of the Kharif crops at the end of the rainy season they have no work to do and hence no earnings at village. Hence poverty forces such cane cutters to be a seasonal migrant.

2. Major Findings

2.1 Health Hazards of Woman Migrants

- 1. The vulnerable working conditions and demand of hard labour affects the health of Woman cane cutters badly.
- 2. Workers deal with multiple health risk situations, predominantly to the risks of occurrence of respiratory, musculoskeletal and psychological problems, suffering an accident, cut injury, being bitten by a snake and work-related accidents.
- 3. The hard work calls for the high prevalence of back pain and joint pain. Secondly migrated women and girls face added hardships in childcare family care too.
- 4. Workers usually wake up between 3 to 4 a.m. Women get up earlier to get ready for work before sunrise and to prepare meals for the family before leaving for the work. Adolescent girls have additional duties such as fetching water, and looking after their younger siblings and cattle.
- 5. They live in groups where safe drinking water and improved toilet facilities are not available.
- 6. During menstrual cycles it becomes very hard for women due to the inability to maintain menstrual hygiene and use sanitary pads due to lack of toilets and water.
- 7. They often compelled to use dirty and damp cloth that increases the likelihood of infections. Symptoms of leucorrhoea found common and that affects their regular work.
- 8. Poor menstrual hygiene and care causes fungal and bacterial infections leading to pelvic inflammatory diseases, vaginitis and uterine infections of several forms and may leads to cervical cancer.
- 9. Their health is adversely affected by occupational health hazards, poor living conditions, and poor access to affordable health services at workplace. It is very difficult for these workers to access timely and appropriate medical care due to poor economic status and long working hours.

2.2 Social Vulnerability of Woman Migrants

Social vulnerability refers to potential harm to people. It involves a combination of factors that determine the degree to which someone's life and livelihood are put at risk by a discrete and identifiable event in nature or in society.

2.2.1 Dimensions of Social Vulnerability

- 1. Level of poverty
- 2. Lack of or limited access to resources such as information, knowledge and technology

- 3. Lack of or limited access to political power and representation
- 4. Lack of or limited social capital including social networks and connections
- 5. Inadequate beliefs, customs and attitude in response to risk
- 6. Vulnerable residential
- 7. Frail and physical limited individuals
- 8. Lack of or Limited access to critical services such as communication, transportation, power supply, water supply, sanitation, etc.

With respect to above dimensions being a woman, she has to go through following unpleasant incidences at the field:

- 1. In sugarcane harvesting work conditions are worst and vulnerable especially for the woman workers. It can be highlighted that the vulnerability of women migrants to discrimination, exploitation and abuse is very high.
- 2. The exploitation of sugarcane cutter by the meddlers like *Mukadum*, Contractor, Vehicle owner, and ultimately sugar factories is prevalent.
- 3. They routinely face abuse and rape by landlords and middlemen who enslave them through debt bondage.
- 4. Their living conditions are equally bad. It is terrible to live in temporary tents made of tarpaulin with no access to water, electricity or toilets.
- 5. Women and girls suffer the most due to lack of water and toilets. They have to relieve themselves in the open, or take bath before sunrise or after sunset, when it is dark.
- 6. The wages are paid for one pair (koyata) not individually hence women are not getting their wages separately, money a pair receives will be in the hands of male or husband and thereby diminishing women's control over finances and also reducing women's agency as a worker.
- 7. The situation becomes worse when the partner is an alcoholic. Domestic violence, gender based violence, and verbal, physical, and sexual abuse is also common. Alcoholism and multiple sexual partners for men is also common adding to family conflict and violence. Hence women workers continue to be deprived of benefits.
- 8. Women workers are denied entitlements under Maternity Benefit (Amendment) Act 2017 which leads to pregnant women working for the same number of hours as other women and under the same risky and strenuous conditions.

9. Women workers often undergo childbirth on the farm itself, with little or no medical assistance from anyone except other women workers. The post-partum recovery phase is considered leave without pay which forces new mothers to get back to the cane cutting work along with their new-born child in just seven or eight days due to absence of crèche facilities.

3. Conclusion

women migrants in cane cutting face many constraints including lack of political representation; inadequate housing and lack of formal residency rights; low-paid, insecure or hazardous work; health hazards, gross exploitation and abuse that arises due to her social status and social vulnerability. Their health is adversely affected by occupational health hazards, poor living conditions, and poor access to affordable health services at workplace. It is very difficult for these workers to access timely and appropriate medical care due to poor economic status and long working hours. The problems of this unorganized class will continue to have a direct impact on the health of women workers. Sugarcane harvesting work conditions are worst and vulnerable especially for the woman workers. The vulnerability of women migrants to discrimination, exploitation and abuse is very high.

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