Women Workers in Agriculture: Gender discrimination, working conditions, and health status

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Introduction

More than two-thirds of the population of India is dependent on agriculture. Though Green Revolution technologies enhanced agricultural productivity, they also widened economic disparities and deepened gender discrimination in community life. The introduction of capital-intensive technologies in the agricultural sector has had differential impact on men and women and women have been adversely affected due to lack of access to technology (Boserup, 1970).

Gender discrimination in the employment sector is enduring, an overwhelming majority of women working within the boundaries of informal sectors. Despite all the developmental efforts, 96 percent of the women workers in the country are reportedly employed in the unorganised sector (Deshpande and Deshpande,1999) characterised by low wages, high levels of insecurity of employment and appallingly poor conditions of work. Developmental efforts of the post- World War II period have had differential impacts on women and men of the developing economies. Implementation of structural adjustment programmes and restructuring of economies which commenced during the mid-1980s lay emphasis on encouragement of private capital. Retreat of the state especially from the welfare sectors and cutbacks in public sector expenditure accentuated the vulnerability of the poor particularly women, in many of the developing countries. (Gosh, 1994). Several studies have questioned

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C. U. Thresia is

the argument that in the process of development, the benefits would "trickle down" to all sections of society irrespective of gender, class, and community

Historically, Kerala economy is agro-based and a major proportion of women in the labour force work in agriculture and traditional industries like cashew, coir, and handloom. A significant proportion of the labour force in the agricultural sector comprises women. Men were able to opt out from agriculture and seek new employment avenues elsewhere when they encountered low prospects in agriculture. Women have remained, however, in the agricultural sector, accepting the traditional practice of paying wages to women at half the rates for men. In Kerala, Kuttanad and Palakkad are the two rice belt regions. Introduction of mechanisation caused high levels of underemployment and casualisation in the agricultural sector; women in Kuttanad even talk of the 'hours' available for work rather than days of work (Mencher and D'Amico, 1986). Increasing casualisation of work, falling incomes, and increasing insecurity of employment are real threats endangering the interests of women in the agricultural sector. These developments have had disturbing implications for their health as health is closely linked to a variety of socio-economic, cultural, political, and ecological dimensions.

Given the fact that, gender inequalities operate within the large matrix of structural inequalities such as class, caste, race, and ethnicity, the implications of such unequal power relations on various aspects of women's life need to be highlighted in the analysis of women's work and health. Gender inequality is reflected in the unequal sharing of benefits and adversities between man and woman. It reflects itself in women's differential access to employment, education, health care, resources, and welfare measures. And it distorts social justice and development. Thus, contrary to the traditional epidemiological methods of identifying the disease and exploring its causes, we should begin by identifying the major areas and activities of women's lives and then move on to examining their impacts on women's health and well being.

Despite the fact that Kerala has achieved remarkable development in mass education and civic consciousness, there is growing evidence of disparities across gender, communities, and social classes within the State. The need for exploration of the lives of women especially women belonging to the lowest sections of the society, is therefore obvious. The present study is focused on the lives of women agricultural workers. The study is organised into six sections. The first section gives a brief review of studies focused on women's health status and women in agriculture. In the second section the methodology of the study is discussed in some detail. The socio-economic and demographic profiles of the women workers in the sample are presented in section three. The fourth section deals with the gender inequities perpetuated at home and in society. The perceived health status and the health problems of the women and the ways they adopt to cope with such problems are dealt within section five. The conclusions of the study are drawn in the final section.

1. Review of Literature

Even though a number of studies are available on gender inequalities in development planning, and its adverse impact on women, only very few studies focus on how gender discrimination and other social inequalities are detrimental to the health of women. The critique on non-inclusion of gender as a parameter in the analysis of women's health has a history of only few decades, while the overemphasis on biomedicine as the key to improve health status has been questioned by various scholars during the 19th century itself. Engel's work on the conditions of working class in England and Virchow's contributions to the understanding of social determinants of health were some of the important contributions to the broadening of the concept of health and the notion of multiple causality in the analysis of health and disease. In India, this view was accepted by the National Movements, and the Bhore Committee (1946) found that the low state of public health and the resultant high mortality and morbidity, especially among mothers and children, was preventable. According to the report, the low health status was mainly due to the absence of environmental hygiene, adequate nutrition, and provision of preventive and curative services, with co-operation from the people. However, beyond the recognition that health and diseases are the outcome of the interaction of various socio-economic, political, ecological and cultural factors, the actual interventions remained more techno-centric.

Apart from this, various studies have amply recorded the associations of poor health and various social constraints such as poverty, hierarchical caste structure, inefficient health care services and other inequities (Banerji, 1982; Qadeer, 1985; Zurbrigg, 1985). In a highly stratified society, those who are at the bottom of the social order, who do not have adequate access to and control over the resources and public facilities are deprived of the basic needs including education, employment, housing, sanitation, and health. When we look into women's health/ ill health, the issues are more complex as the social roots of it are inextricably interlinked with the iniquitous power relations between men and women in different spaces including home, work place, and society.

Women and health

Despite the fact that women's mortality and life expectancy rates give us an idea regarding the macro-level picture of their health, the strength of any analysis of women's health and welfare would lie in recognition of enormously varying socio-economic, cultural, and geo-political context of their life. Redefining women's health, Doyal (1995) argues that, contrary to traditional epidemiological methods of identifying the disease and exploring its causes, we should begin by identifying the major arenas and activities that constitute women's lives and their impacts on women's health and well-being.

In India, until the late '80s, the female mortality rate was higher than the male mortality rate. Though this trend has reversed subsequently, the sex differentials in child mortality indicate an unfavourable situation for the girl child during 1996, the female child death per 100 male child death was 163.1 (WHO, 2000). According to the census 2001, though Kerala has a

better female sex ratio (1058), the sex ratio of female children in the age group of 0-6 years had considerably declined when compared to that of the male children of the same age group. The proportion of male children in the total population in this age group constitutes 12.04 percent; the decline in the proportion of female children was apparent as it was only10.95 percent. In a cultural setting characterised by high values for men and strong preference for male children, the gender discriminatory practices are not uncommon. Consequently, it leads to adversities on women. This is often reflected in adverse health outcomes including diseases as well as high female mortality and low female sex ratio. According to Sen (2001), "the mortality disadvantage of women works mainly through a widespread neglect of health, nutrition and other interests of women that influence survival".

We have enough evidences to show that, in India, malnutrition among girls and women is higher than boys and men of same age group and the lower nutritional status is due to inadequate dietary intake by females in quantity as well quality (Chaterjee, 1989). In a study on women and cooking energy, Batliwala (1983) argues that since women's average daily energy expenditure on various activities is higher than men, the dietary low intake and compromises affect women's nutritional status. And the lower intake by women and the reduced access to food is often due to the gender iniquities that prevail in the intra-household relations (Agarwal, 1984; Harris, 1995).

In an effort to understand the gravity of the occupation-related health problems of women in the country, the National Commission on Self-employed Women and Women in the informal Sector (1988) explored a variety of illnesses found amongst women workers in various unorganised production sectors. They found a high incidence of a variety of illnesses including postural problems, problems of contacts with hazardous materials, heavy work, lack of safety measures, lack of rest, and deplorable work environment. In the agricultural sector, it was found that the women suffer from a variety of ailments such as generalised body ache, cough, respiratory allergies, injuries, toxicity, etc.

Given the patriarchal nature of medicine, until the recent past, crucial health issues of women were perceived fertility and its consequences, to wit, health in relation with population issues. Hence, in India, studies on women's health highlighting aspects other than maternity and nutrition do not have a long history. Even the WHO's initiatives on women's health which has a history of more than three decades, began with a focus on maternal health and family planning. However, over time, with new knowledge and understanding of the deeper issues in women's health, the vision has widened to relocate women's health in wider social context with a perspective of gender mainstreaming (WHO, 2000).

Over the '90s there has been an increasing focus on reproductive health problems and its consequences (Ravindran, 1995; World Bank, 1993). A few of the available studies on women and health emphasise the biological vulnerability of women at various points in the life cycle of women with a particular focus on reproductive health problems to ensure particular care at all stages of life (Dasgupta and Chen, 1995). Few other studies locate women's health in a wider public health perspective and argue that even for a better reproductive health care, we need to locate women's health in a public health perspective (Qadeer, 1998).

Mental health, violence

Women's psychological health is a much neglected area and we find very few references regarding this in the literature where mental health is largely defined as mental disease. Yet, mental diseases form only a part of it. However, mental health/ ill health are closely linked with interpersonal interactions at many levels. The multilevel interactions often reveal that the unequal power relations between man and women induce a range of violence, which is detrimental to mental health.

Psychological stress arising out of a variety of factors including over burden of work, physical violence, lack of economic and emotional support and other pressures and denials have devastating effect on the mental as well as physical health of women. According to Davar (1995), the psycho-social-distress which is more associated with family discord, violence, and harassment is high among women rather than diseases associated with biological origin and in the case of depressive disorders, women predominate in all countries and in all times. According to Kakkar (1982), women's rage against her feelings of powerlessness is often reflected as hysterical problems. The World Development Report 1993 reveal that rape and domestic violence together contributed about 5 percent of the total disease burden of the women aged 15-44 years in developing countries and 19 percent in developed countries. In India, crimes against women in 1996 show an increase of 5.9 percent and 7.9 percent over the years 1995 and 1994 respectively (National Profile on Women – health and development in – India, 2000). In Kerala, the statistics show an alarming phase of increase in crimes against women (Economics and Statistics Department, 2000). Indeed, the dehumanising and oppressive relations have negative implications on the mental health of women.

Similarly, studies on dowry harassments among married women indicate the wide range of physical and psychological oppression including abuse, threats and slaps, demand of more money and gifts, which had devastating effect on mental as well as physical health of women (Kumari, 1989; Sugunar, 1995). The pain, anguish, oppression, and desertion experienced by women in their marital relations shatter their dreams and often women tend to be silent due to patriarchal notions of the privacy of family.

Identifying physical and psychological health, as basic human needs of man and woman, in a study analysing the socio-economic, cultural and, political constraints which limits women from meeting their health needs, Doyal (1995) argues that gender-specific inequities of unequal burdens of domestic labour, relative powerlessness even in determining women's own sexuality, unequal distribution of household resources, discrimination in wage work, political constraints and violence are barriers, which hinder the well-being of women.

Women agricultural workers

The invisibility of women's work and its undervaluation in the development discourses has been discussed widely. The low value and the social status given to women's manifold activities such as domestic labour, child care, and other remunerated employment including agriculture reflects the reinforcement of gender inequities at ideological and practical levels as well. The debate on role of women's domestic labour and its value has initiated serious

discussions in and outside feminist and academic circles. It has been estimated that, the house work is equivalent in value about a third of the total production per year in a modern economy (Gidens, 1989).

The recent trends in women's employment participation both in the NSS and census data shows a marginal increase, compared to previous decades, while the important feature of this trend is the increasing casualisation and informalisation of women's work (Vaisaria, 1999; Unni, 1999). The introduction of capital-intensive technologies in the agricultural sector has had differential impact on different sections of people and women are negatively affected due to women's lack of access to technology (Boserup, 1970). Though Boserup has been critiqued for acceptance of modernisation theory and lack of class analysis, her argument challenged the very base of the modernisation efforts that the benefits of the development will trickle down to all sections of people. According to various scholars, the green revolution technologies have enhanced class polarisation and deepened gender inequities in many ways (Agarwal, 1984; Bardhan, 1985; Mncher, 1982). Agarwal (1982) points out that, 'following the introduction of new technologies in agriculture, casualisation of work is increased for both men and women. While it is more enhanced in the operations such as transplanting weeding and harvesting where female labour is primarily employed'.

In a study of the conditions of life of agricultural workers in Kerala, Mencher (1980) points out that because of underemployment women either have to borrow or go hungry and the better health indicators in the State are not necessarily indicative of reduction of poverty. Focusing on the impact of mechanisation, Mencher and D' Amico (1986) argue that the increasing use of new technological devices resulted in an inevitable decline in employment opportunities for women. According to Eapen (1994), the accelerated shift towards the cash crops associated with the commercialisation process in the agricultural sector resulted in reduced employment opportunities for women.

Another study among the agricultural labourers in six villages, two each from Kerala, Tamil Nadu, and West Bengal, found that despite the problems of underemployment, women's economic contribution to the household is more than half of the household income and displacement of women without offering adequate other employment opportunities will enhance the pauperisation and marginalisation of poor working families (Mencher and Saradamony, 1982). Saradamony (1982), in another study on changing agrarian relations and its impact on women in Palakkad district argues that despite the fact that socio-political changes which coincided with the agrarian struggles favoured legislation for the underprivileged sections in the society, the advantages of justice did not reach all, especially women.

As regards the wages, there are evidences to show that, the increase in real wages of the 1980s was not sustained in the 1990s either in agriculture or non-agricultural sectors for both men and women (Unni, 1999). After the 1987-'88, rise in female wages relative to male wages also ceased and the stagnation in the agricultural sector was unfavourable to the conditions of employment of women (ibid). According to Vaidyanathan (1994), the adoption of green revolution technologies did not enhance the employment opportunities in the same proportion as the output, though the dependence on wage labour was increased.

It is pertinent to note, while contextualising the present study in Kerala's development scenario

that Kerala has made unique achievements in the field of health and demographic transition. Some of the significant parameters of Kerala's development are the lower levels of fertility and higher levels of primary education and politicisation among the women. Various studies have shown that its social development indicators are more akin to the developed nations, compared to its counterparts in many developing and under-developed economies. The reasons for such development, according to different scholars, vary from better distributed health services, education especially among females, diffusion of reproductive technologies (especially in relation with fertility decline), to social intermediations like health infrastructure, education and attention on maternal and child health (CDS, 1975; Panikar and Soman, 1984; Bhat & Rajan, 1990; Krishnan, 1991; Kabir and Krishnan, 1996). While moving away from the unileniar causes like education and the techno-centric intervention programmes like immunisation, reproductive technologies, many others feel that combination of various socio-political factors contributed to the development (Ratcliff, 1978), despite lacking the epidemiological linkages between these social processes and health status. According to Zurbrigg (1984), the improvement in health status of people in Kerala is more related with the political consciousness and organisation than the specific medical and technological inputs.

A significant set of studies have already shown the limitations of the 'Kerala model' and the inherent contradictions at various levels including the inter-regional disparities, class polarities, caste hierarchies, and gender inequities (Mencher, 1980; Saradamony, 1994; Ramankutty, et al,1993; Jeffry, 1993; Ramachandran, 1996; Jagadeesan,1997; Frank and Chasin, 1999; Kurien, 1999). This articulates the need for comprehensive studies at micro-level to explore the differentials in quality of life of people at various levels. Hence, we locate the present study on social determinants of perceived health and health problems among one of the socially deprived sections of society, the agricultural women workers.

2. Objectives and Methods

Availability of adequate nourishment, shelter, access to education, productive employment and control over resources, positive interpersonal relations and availability and accessibility of health care services form the fundamental requirements for attaining health. Studies on the health status of communities should be based on the relevant socio-economic, political, cultural, and environmental context to make the discussions meaningful.

Such an enquiry concerning women workers would unravel the gender relations that prevail and their implications for women's health and well-being. The lack of access to technical education and productive employment, low wages, curtailment of freedom, denial of public space, and intra-household inequities including lack of control over resources have been identified in several studies as some of the overt forms of discrimination practised against women.

However, despite the under-valuation of women's productive and reproductive contributions, often woman becomes a substantial provider of the family. An in-depth understanding of the intra-household relations (including access to food, education, control over economic earnings, and role in the decision-making process) would unravel the dynamics of women's health and its linkages to social relations. Women's own perceptions of themselves, their children and their health, and the mental stress and strains associated with the intricacies of women's life are relatively unexplored areas of research.

Serious doubts have already been raised about the quality of politicisation of women in the State since they are most often relegated to the status of docile participants in processions and *dharnas* organised by political parties. Thus, it is imperative to examine the role of women workers in political organisations and its influence on their health status and development of self-esteem.

Another area which needs exploration is the workers' socio-economic background and the gender constraints on their access to resources.

Objectives

The major objective of the study, therefore, is to understand the linkages between gender relations on the one hand and work and health status of women in the agricultural sector on the other. It seeks to achieve this objective through:

1. understanding the socio-economic background of women workers;
2. identifying the perceived health problems of the workers and the services available to them for health care; and
3. examining how gender inequities affect women's lives.

Operational definitions of the concepts used

Women agricultural labourers: Women who conduct agricultural operations as hired wage labour and whose main source of livelihood is wage labour in agriculture.

Household: The members of a family who stay together in the same house and partake of the food prepared in the same kitchen. The terms household and family are used synonymously.

The landless: Those who do not own or possess any land.

Design of the study

Locale of the study

For the study we have chosen Palakkad district, one of the two rice belt regions in Kerala. Palakkad district accounts for more than one-third of the total area of rice cultivation in Kerala during 200-2001. The sample consisted of households selected from two wards (3&4) of one of the village *panchayats* of the district namely, Kodumba. According to the Development Report (1996) of the *panchayat*, more than 65 percent of the population of the *panchayat* depends on agriculture for their livelihood. The total population of the *panchayat*, according to the 1991 census, was 18034 persons of which women constituted 9137 persons. The *panchayat* has an area of 25.42 km. Though the *panchayat* has two villages namely, Kodumba and Kannadi II, the major portion of the area is in Kodumba village. Of the 11 wards in the *panchayat*, 9 wards are in Kodumba village. According to the *panchayat* register, there were more than 5300 houses in the *panchayat* during June 2000.

The data obtained from the agricultural office show that, 5471 agricultural labourers and 1423 cultivators existed in the *panchayat* as on 24 October 1997. Based on more recent statistics of trade union sources, the *panchayat* has in early 2001, nearly 3500 agricultural labourers in which a major proportion (73 percent) is women. The number of agricultural labour households comes to more than 2000. Discussions with trade union leaders and the president and other functionaries of the *panchayat* revealed that, ward nos. 3 and 4 have a significant proportion of the agricultural labour households of the *panchayat*. Thus, we conducted the baseline survey in ward nos. 3&4 to identify the agricultural labour households as well as the key issues to be explored in the in-depth study. It was found that of the total 972 households in these wards, 356 (36.6 percent) were agricultural labour households.

Kodumba is a multi-caste village where more than 70 percent of the population is Hindu, the vast majority of them belonging to the Ezhava caste. Caste Hindus constituted only about 6 percent of the population while more than 20 percent was accounted for by Scheduled Castes. Though predominantly agricultural, some industrial ventures, small scale and large scale including a unit of BPL also exist. For health care services, the *panchayat* has very few institutions either in the public or in the private sector. The public sector institutions include one primary health centre, three sub-centres, and an Ayurveda dispensary. Educational institutions appeared in the *panchayat* from as early as 1913; at present there are seven educational institutions including two lower primary and two upper primary schools, a high school, a vocational higher secondary school, and a polytechnic. Since the *panchayat* is only

five km away from the district headquarters, it has fairly well-developed transportation facilities.

The sample

In order to understand the distribution of agricultural labour households, we conducted a baseline survey in ward nos. 3 and 4 of the Kodumba village in which a large proportion of the agricultural labourers in the *panchayat* are concentrated. Based on the information provided by the baseline survey, random sample of 50 percent of the households (178) was selected for an in-depth survey. However, only 170 households could be traced, the others having left the village or ceased to be worker households. These 170 households had 179 workers in them.

Data collection

Apart from collecting in-depth information from the agricultural women workers using pre-tested interview schedule, we held discussions with men workers, health personnel, *panchayat* officials, elected representatives, trade union office-bearers, and some key informants from the *panchayat*.

Secondary level data were collected from various official sources such as *panchayat* office, office of the Agricultural Workers Welfare Fund, *Krishi Bhavan*, District *Panchayat* Office, Primary Health Centre and Sub Centre, and Trade Union offices.

3. Socio-economic and Demographic Profile of Agricultural Labourers

Historically, the agricultural labour force was constituted by the lowest sections of the social order who lived in great penury and deprivation. Conditions of life of the agricultural labour of Kodumbu *panchayat* do not seem to have changed much. The majority of them even today live in appallingly poor conditions with high levels of illiteracy, indebtedness, and enforced idleness.

Caste and landholdings

More than 60 percent of the households belong to Ezhavas, Other Backward Castes (OBC), and the rest to Scheduled Castes (Table 3.1). Scheduled Castes largely comprise Cherumans. Other Scheduled Castes like Kanakkan, Thandan, Panan, and Kavara also are present in small numbers. In the study area of the *panchayat* (ward nos. 3 and 4), Muslim population is negligible.

Table 3.1 Community-wise distribution of the agricultural labour households

Community	No. of households	Percent
Scheduled Caste	140	39.3
Ezhavas (Other Backward Castes)	214	60.1
Muslim	2	0. 6
Total	356	100

More than three-fourths of the households own only less than 20 cents of land (Table 3.2). Among them, 62 percent own only less than 10 cents, inclusive of their homesteads. About five percent of the households were landless. Only about one-eighth of the households own wetlands which are used for rice cultivation. All households having more than 50 cents of land have paddy fields. According to our respondents, cultivation of rice in small fields is un-remunerative.

The proportion of Scheduled Caste families (81 percent) in the category of 1-20cents of land is higher than that of the OBC families (75 percent). In terms of landlessness, the proportions are approximately the same for both, about five percent (Table 3.3). In the categories of more than 20 cents of land, the proportions of Scheduled Castes are, in general, lower than of OBCs.

Housing conditions

Most of the houses of the sample households are semi-*pucca*, 86 percent of them have small tiled houses. Only the rest are thatched hutments. There is one house with concrete roof and two houses have tin sheet for roof. The proportion of electrified houses comes to nearly two-
thirds. In contrast the corresponding proportion of houses with latrine facilities is only one-third (Table 3.4). Among the households which have latrine, the large majority use borehole

Table 3.2 Distribution of Households according to Land Ownership Pattern among Agricultural Worker Households

Total Land	No. of households			Percent
	Only dry land	Wetland and dry land	Total	
Landless	0	0	19	5.3
1-20	270	5	275	77.2
21- 40	19	15	34	9.6
41- 60	4	8	12	3.4
61- 100	0	10	10	2.8
Above 100	0	6	6	1.7
Total	293	44	356	100

Table 3.3 Community-wise Distribution of Agricultural Worker Households according to Land Ownership

Land	Community			Total
	Scheduled Caste	Other Backward Caste	Muslims	
Landless	7(5)	12(5.6)		19(5.3)
1-20	113(80.7)	160(74.8)	2(100)	275(77.2)
21-40	11(7.9)	23(10.7)		34(9.6)
41-60	5(3.6)	7(3.3)		12(3.4)
61-100	3(2.1)	7(3.3)		10(2.8)
Above 100	1(0.7)	5(2.3)		6(1.7)
Total	140(100)	214(100)	2(100)	356(100)

Figures in parentheses indicate percentages

latrine. Non-availability of adequate latrine facilities for a vast majority of the sample households is indicative of their poor socio-economic background. Yet, it has to be seen also in the context of lack of access to adequate water supply facilities and other measures for their proper upkeep. Compared to the other parts of Kerala, Palakkad district has an acute problem of water scarcity and the area under study is plagued with acute water shortage especially during summer.

Table 3.4 Availability of Electricity and Latrine in Agricultural Worker Households

Electricity	No. of households	Percent
Yes	229	64.3
No	127	35.7
Total	356	100
Latrine		
Open ground	241	**67.7**
Septic tank	13	3.7
Borehole	102	28.6
Total	356	100

Table 3.5 Community-wise Distribution of Agricultural Worker Households with Latrine

Latrine	Community			Total
	SC	OBC	Muslims	
Borehole	50(35.7)	51(23.8)	1(50)	102(28.6)
Septic tank	3(2.1)	10(4.7)		13(3.7)
Open ground	87(62.1)	153(71.5)	1(50)	241(67.7)
Total	140(100)	214(100)	2(100)	356(100)

Figures in parentheses indicate percentages

Table 3.6 Community-wise Distribution of Agricultural Worker Households with Electricity

Electricity	Community			Total
	SC	OBC	Muslim	
Yes	92(65.7)	135(63.1)	2(100)	
No	48(34.3)	79(36.9)		
Total	140(100)	214(100)	2(100)	

Figures in parentheses indicate percentages

The caste-wise distribution of households according to availability of electricity and latrine shows that the proportion of OBC households without these facilities is higher than the SCs (Table 3.5 and Table 3.6). The proportion of households, which do not have latrine facility, was 71.5 percent among OBCs compared to 62.1 percent among SCs. Yet, the proportion of households, which use borehole latrines, was much higher among SCs (35.7 percent) than among OBCs (23.8 percent). In the case of electricity, 36.9 percent of OBCs households and 34.3 percent SC households did not have the facility. The difference in the proportions is marginal.

More than 57 percent of the sample households rely on public water sources of the *panchayat* and nearly 36 percent depend on neighbours' well for drinking water (Table 3.7). Only a negligible proportion, 5.6 percent and 1.1 percent have their own wells and tap connections respectively. The majority of the workers who use the panchayat sources reported that water comes erratically for short spells and that often they have to wait for hours to get one or two pots of water. Interestingly, in order to ensure justice in the distribution of water, each family takes only two pots of water at a time. The major responsibility of fetching water is on women. However, since the proportion of SC households depending on panchayat sources is higher among Scheduled Castes (63.6 percent) than among OBCs (54.2 percent), the SC women have a great burden than OBC women. None of the SC households owns water taps at home.

Household appliances including furniture such as chair, table and cot, are very few in agricultural labour households. More than 52 percent of the households do not have facilities such as radio, fan, TV, refrigerator, and cooking gas (Table 3.8). However, nearly 20 percent of the households own television sets. Likewise, nearly 2 percent of the families use cooking gas, but no SC household has this facility.

Table 3.7 Availability of Drinking Water in Households of Agricultural Worker Households according to Community

Water source	Community			Total
	SC	OBC	Muslim	
Own well	6(4.3)	13(6.1)	1(50)	20(5.6)
Neighbours' well	45(32.1)	81(37.8)	1(50)	127(35.7)
Own tap		4(1.9)		4(1.1)
Panchayat well/tap	89(63.6)	116(54.2)		205(57.6)
Total	140(100)	214(100)	2(100)	356(100)

Figures in parentheses indicate percentages

Table 3.8 Community-wise Distribution of Households according to Possession of Home Appliances

Items	Community			Total
	SC	OBC	Muslim	
Radio	47(33.6)	46(21.5)		93(26.1)
Fan	1(0.7)			1(0.2)
Television(TV)	7(5)	23(10.7)	1(50)	31(8.7)
Others(bicycle)	2(1.4)	1(0.5)		3(0.8)
Radio &Fan		5(2.3)		5(1.4)
Radio & TV	6(4.3)	14(6.5)		20(5.6)
Fan & TV		3(1.4)	1(50)	4(1.1)
TV & cooking gas		2(1)		2(0.6)
Radio, Fan&TV	1(0.7)	3(1.4)		4(1.1)
Radio, Fan&cooking gas		2(1)		2(0.6)
Radio, TV&cooking gas		3(1.4)		3(0.8)
Radio, Fan, TV& cooking gas		3(1.4)		3(0.8)
Fridge				
None of the above	76(54.3)	109(50.9)		185(52.0
Total	140(100)	214(100)	2(100)	356(100)

Figures in parentheses indicate percentages

Though livestock is characteristic of an agrarian economy, three-fourths of the sample households do not keep any cattle or poultry (Table 3.9). The small size of the landholdings, lack of common grazing lands, shortage of water, fodder and other difficulties in providing adequate care make dairy or poultry farming nearly impossible for poor agricultural labour households.

Table 3.9 Distribution of Livestock among Agricultural Labour Households

Livestock	No. of households	Percent
Fowl	22	6.2
Goat	21	5.8
Buffalo	6	1.7
Cow	29	8.1
Pig	1	0.3
Chicken & goat	2	0.6
Chicken & cow	2	0.6
Chicken & buffalo	3	0.8
Goat & cow	1	0.3
Nil	269	75.6
Total	356	100

Age-composition and education

Age composition of the women workers reveal that more than one third of the total labourers under study belongs to the younger generation (below 34 years, Table 3.10) workers which is indicative of the fact that, by and large, the young women in the agricultural worker families could not opt out for better employment. Likewise, more than 16 percent of the workers have crossed the retirement age as per the official norms. Even though allowances were made concerning the reliability of accurate age especially in the case of older women, the higher proportion of old women points to the fact that deprivation in the worker families pressurises these poor women to work for subsistence.

The distribution of women of different age groups among the different castes shows that the percentage of young women in the age group of 15-24 years is higher among the SCs (15 percent) than the OBCs (10.7 percent), while with regard to the workers aged 65 and above, the difference is only nominal. Perhaps, this reflects the fact that the relatively better social status of the OBCs enables the younger women in the OBC families to opt for some other alternatives apart from agriculture.

Education is an important tool for vertical mobility in the social life. The higher levels of literacy especially among women are an important parameter in Kerala's development paradigm. Nevertheless, among the agricultural workers under study, an overwhelming proportion is illiterate (66 percent) and had not attended school. Majority of the remaining workers have primary level education, but often this is not necessarily indicative of higher levels of literacy as many of the workers in this category did not know to read and write**.** Hence, the levels of illiteracy among the agricultural workers under study would be even higher**.** For instance, as regards the query on the reading habits among the 179 women workers in the in-depth exploration, nearly 90 percent of them reported that they do not know to read and write. Indeed, irrespective of having received schooling for one or two years, a significant proportion of them do not get the benefit of education in their life, at least to read and write few words.

Table 3.10 Community-wise Classification of Sample Workers according to Age Composition

Age	Community			Total
	SC	OBC	Muslim	
15-24	24(15)	26(10.7)		50(12.3)
25-34	32(20)	59(24.3)		91(22.5)
35- 44	52(32.5)	58(23.9)	1(50)	111(27.4)
45-54	28(17.5)	60(24.7)		88(21.7)
55-64	22(13.8)	36(14.8)	1(50)	59(14.6)
Above 65	2(1.2)	4(1.6)		6(1.5)
Total	160(100)	243(100)	2(100)	405(100)

Figures in parentheses indicate percentages

Table 3.11 Community-wise Classification of Sample Workers according to Education

Education	Community			Total
	SC	OBC	Muslim	
Illiterate	102(63.7)	153(63)	1(50)	266(65.6)
L.primary	19(11.9)	32(13.2)	1(50)	46(11.4)
U.primary	21(13.1)	39(16)		53(13.1)
High school	18(11.3)	19(7.8)		40(9.9)
Total	160(100)	243(100)	2(100)	405(100)

Figures in parentheses indicate percentages

The proportion of illiterates among all the three communities, Scheduled Castes, Other Backward Communities and Muslims, between one-half and two-thirds (Table3.11). Literacy is lower among the younger age groups. Yet, it is observed to be around 22 percent even among the younger age group of 15-24 years (Table 3.12).

Table 3.12 Education of Workers: Age- group-wise

Age group	Illiterate	LP	UP	HS	Total
15-24	11(22)	8(16)	15(30)	16(32)	50(100)
25-34	49(53.8)	11(12.1)	18(19.8)	13(14.3)	91(100)
35-44	66(59.5)	19(17.1)	16(14.4)	10(9)	111(100)
45-54	78(88.6)	6(6.8)	3(3.4)	1(1.1)	88(100)
55-64	56(94.9)	2(3.4)	1(1.6)		59(100)
Above 65	6(100)				6(100)
Total	266(65.6)	46(11.4)	53(13.1)	40(9.9)	405(100)

Figures in parentheses indicate percentages

Low levels of education in a situation of extremely limited employment opportunities are major constraints on securing employment in non-agricultural activities, particularly for

women. Agricultural work remains largely the major occupation for the Scheduled Caste women, irrespective of their educational levels and age. In this matter, SCs are the greater sufferers than OBCs.

Family size and type of family

In Kerala, the joint family system has been virtually disappeared. However, more than 43 percent of the sample households are found to live as joint families, indicating the fact these families remain far behind the rest of the society in terms of social and cultural progress. About seven percent of these families have more than nine members each. Nearly half the families have five to eight members (Table 3.13). Compared to the SC households, the family size of the OBC households is larger in all the categories, except in the group of 1 to 4 members.

Table 3.13 Community-wise Distribution of Households according to Size

Size	Community			Total
	SC	OBC	Muslim	
1-4	66(47.1)	91(42.5)	2(100)	159(44.6)
5-8	68(48.6)	105(49.1)		173(48.6)
9-12	6(4.3)	16(7.5)		22(6.2)
Above 12		2(0.9)		2(0.6)
Total	140(100)	214(100)		356(100)

Figures in parentheses indicate percentages

Employment and gender bias

Agriculture used to be the major source of employment for both men and women in the village. But, the proportion of male labour in the agricultural sector has declined over time. Men began to move out for better employment and higher wages. In our sample were women workers whose work experience ranged as short as one to two years. In the study area double cropping rice cultivation is prevalent. Each crop has duration of nearly five to five and half months. The first season commences in mid-May and the second season in late October. Inter-cropping in between the two seasons with vegetables and pulses is on the decline. Employment opportunities in the agricultural sector are diminishing quite rapidly due to changes in land use and cropping patterns associated with commercialisation of agriculture. There is a distinct gender division of labour within the agricultural sector in the study area and gender discriminatory practices are evident not only in allocation of types of work and rates of wages but in timings of work as well. Introduction of Green Revolution technologies deepened such divisions with men increasingly confining themselves to mechanical operations like using tractor or spraying insecticides. Tedious manual activities such as transplanting of seedling, weeding, harvesting, transporting harvest, threshing, drying of hay, etc are wholly or mainly done by women. Other than the mechanical operations, men's work includes the making of field boundaries and setting up of barriers in the field. Also, some of the men work in the drying of hay. Only very few men, and that too from the Scheduled Castes, participate in activities such as manual harvesting.

The levels of underemployment in the agricultural sector are extremely high. Nearly two-thirds of the women workers had only one to two months of work during the previous year. Indeed, there would be a problem of reliability due to memory lapse with regard to the number of available workdays over a year. The rest had work for three to four months. Of course, a minuscule proportion reported having worked for about six months during the previous years. On an average, a woman gets three-and-half months of work in a year, indicating a state of severe under-employment in the agriculture sector. Their annual income from work comes to only Rs 5250 with which a five-member family with two school going children could barely meet the expenditure requirements.

Similarly, the number of full workdays available, according to the women of our sample, during the previous crop season ranged from 10 to 100, 73 percent reporting only 10 to 40 work days, and 13 percent reporting 41 to 80 days. More than 11 percent of the women workers did not get even a single day's full-time work during the previous season. The remaining few workers got an opportunity to earn for 80 to 100 days. In the case of availability of half day work, 51 percent of the total workers attended half day work and the number of half days ranged from 1 to 20. Yet, more than 50 percent of the sample worked only for 1-10 half days. Nearly 10 percent of the workers could not attend any work days during the previous season. The average number of work days availed by them during the previous crop season was only 57 full days and 12.5 half days. At the same time, many of the landowners opined that, there exists a problem of labour shortage in the village for agricultural work. One of the reasons could be the high demand for labour during the peak days of agricultural operations. In addition, unlike the older generation of workers, the younger generation of several agricultural labour families opts out of agricultural operations and seeks work opportunities elsewhere. However, during the previous crop, on an average, the available work days had enabled them to earn an income of only Rs 3175.

Apart from reasons like shift in cultivation pattern and fragmentation of paddy fields into small plots, droughts and infestation by insects which lead to crop damage add to the levels of under-employment. In the *panchayat*, the majority of the cultivating landowners have plots of less than three acres for which the labour requirement is small. According to more than three-fourth of the sample workers, during the previous year, their employers had cultivated rice twice. But nearly three-fifth of the cultivators suffered from a variety of problems such as water scarcity, insect infestation, and unfavourable weather conditions affected the work availability. Though the *panchayat* has measures for irrigation from waters of Malampuzha, Chitoor, and Valayar streams, scarcity of water persists and leads to failure of crops which in turn exacerbates the lack of job opportunities in the area.

Besides the non-availability of adequate work days, many of the workers are incapable of attending all the available workdays due to a variety of reasons. One of the major reasons attributed by nearly two-thirds of the women respondents were ill-health, lack of support for child care, health problems of kids and members of the family, care of elders, household duties and child birth. This is thus a process of cumulative causation. On the one hand, high levels of under-employment prevailing in the agricultural sector enhance the deprivation of women while on the other hand the inability to avail themselves of the available work days intensifies their deprivation further.

Importantly, many of them do not have supportive mechanisms for child care or care of the older members of the family. Community-level institutions and *anganwadis* (though available) have not developed into the status of agencies which would take care of young children of employed mothers. The hassles of working women having young children, often limit their working days as well as income opportunities. Conversely, the negative consequences of loss of income, child care and education of children. For instance, the 9-year old Smitha has to look after the 4-year old Rakesh and 1 ½ year old Ramesh when her mother goes for work. Her father too is a worker. Both could not afford to lose even a day of work, as wages are their sole source of subsistence. Instead, they chose to drop the schooling of little Smitha. At the age of eight, when she was a student of standard I in a nearby school she was forced to drop out of school to take over the responsibility of taking care of her younger siblings. Though anaemic and frail, the responsible and jovial Smitha expressed hopes of rejoining school and said: "amma (mother) has agreed to send me to school when her work (in the construction sector) is over". Thus, the excessive burden of women in their productive and reproductive roles often has deleterious impact on the proper upbringing and development of their children.

Because of under-employment problems in agriculture, women have to seek alternative employment opportunities for subsistence for a major part of the year. Yet, 70 percent of the women reported that they did not have any other means of income than agriculture. Among the remaining workers, a few depended on work at construction site while others took up casual labour such as tile making, firewood lifting, fence making, and milking. Preparation and sale of edible items and bangles was resorted to by a few others. However, those who reported other income-earning activities revealed that they get such work only for short periods. The erratic nature of such work made it more difficult for them to remember the number of work days; yet, it seems that most of them had only15 to 30 days in a year and there were some who worked for 50 to 100 days.

In addition to lack of access to adequate number of working days, gender discrimination in wage rates makes women's position more vulnerable. Women get only half the wage rate of men.

The men earn an income of Rs 80 to 100 per day while women get only Rs 40 to 50 per day. Half-day wages of a woman is Rs 25 per day. The majority of the workers reported that they get their wages daily at the end of the work. The wage rates and modes of payment vary according to operation. Thus, for weeding women get cash (Rs 40 per day) while for harvest they earn wages in kind. In the sharing of rice, women get it in a ratio of 1:6. That is, when the worker gets one measure (*para*) of rice, the cultivator gets six measures. For most of the men's work they get Rs 100 per day. The sex-wise division of labour provides the rationale for gender-based wage differentials as men and women perform different tasks. The same is reinforced by the technological development such as use of tractors which ensures high wages for men where socio-cultural constraints limit women's access to the use of mechanical devices.

It is important to note that, in Palakkad, wage rates are lower than in other parts of Kerala. According to Kannan (1988), despite increases in wage rates during 1969-'80, Palakkad is

one of the lowest wage areas in Kerala. Lack of work opportunities coupled with low wage rates enhanced migration of workers to the neighbouring Thrissur district in search of agricultural and other work.

Besides wages and type of work, there is gender discrimination in the attitude of landowners (employers) towards workers. Women have to start work by 8 am and work till about 5 pm. Men are, however, allowed to take some respite during working hours and their working day ends by 3.30 in the afternoon. About the employer-worker relations, about 90 percent of responded that they were not badly treated by employers; a small proportion reported, however, that often their employers abuse them on paltry issues of coming late for work by a few minutes or taking off for a few minutes during working hours. As an old woman put it, "they (landowners) dare not to do this to men." The majority of the women (95 percent) reported that they get one hour lunch break, rather, tea break as most of them take only tea during lunch time. The remaining five percent revealed they are permitted lunch interval of only half an hour.

Usually, none of the landowners provide food for workers. Yet, two workers in the sample reported that they get food during the days of harvest. According to a land owner, 'if the women eat a proper lunch they wouldn't be able to work in the field in the afternoon". Historically, agricultural workers had been treated as agrestic slaves; they had been denied proper wages and food despite heavy work under inhuman conditions. Conditions have improved vastly. Yet, women workers complained of the quality of food served by the employers. The landowners prefer women for agricultural work as 'women work for longer hours than men'. Often they employ women for hard labour which is usually done by men, but for lower wages.

The workers regularly pay a monetary contribution of about Rs 25 towards their welfare fund. All of them reported that they know about *kshemanidhi* (welfare fund). None of the cultivators are interested in keeping permanent labour as it necessitates payment towards welfare schemes for labour. According to an owner, "keeping a permanent worker necessitates payment for welfare funds and undertaking of other statutory obligations; none of us goes for permanent employees".

Similarly, women are not provided with any facilities at the work place, even drinking water or lavatory facilities.

Under-employment compounded with the gender discriminatory practices in employment including wage differentials, results in low earnings of women. Further, the virtual absence of any programme for capacity-building of women agricultural workers adds to their misery and powerlessness.

Income earnings of households

The employment of the majority of the women in our sample in the low-paid work in the informal sector is seen to be the outcome of their low levels of education. It was very difficult to explore the details of their earnings since their employment was not regular and their wage rates uniform for different types of work. Memory lapse was an additional problem.

We have already seen that, on an average, a woman gets three-and-half months of work in a year which provides her with an annual income of only Rs 5250, barely enough for a month's expenses. In most of the families, other earning members of the household too are found to be engaged in irregular and casual employment.

As a consequence, 50 percent of worker households earn less than Rs1000 per month (Table 3.14). The proportion of households with monthly incomes of more than Rs 3000 is significantly low. Only three families who have public sector employees have incomes above Rs 5000 per month, the minimum amount essential for subsistence of a small family in the days of high prices and costs.

The average number of earning members per household is higher in Scheduled Caste families (2.25 members per family) than in OBC families (1.94 members per family). However, the proportion of SC families with less than RS 1000 per month is higher (56 percent) than the proportion of OBC families in this category (46 percent). [Table 3.15 and Table 3.16]

Table 3.15 Community-wise Income Distribution of Worker Households

Income	SC	OBC	Muslims	Total
<1000-	78(55.7)	98(45.8)		176(49.5)
1001-2000	43(30.7)	80(37.5)	2(100)	125(35.1)
2001-3000	12(8.6)	23(10.7)		35(9.9)
3001-4000	5(3.6)	9(4.2)		14(3.9)
4001-5000	1(0.7)	2(0.9)		3(0.8)
>5000	1(0.7)	2(0.9)		3(0.8)
Total	140(100)	214(100)	2(100)	356(100)

Figures in parentheses indicate percentages

Table 3.16 No. of Earning Members in the Sample Households according to Community

No. of earning members	SC	OBC	Muslims	Total
1	20(14.3)	23(10.7)		43(12.1)
2	79(56.4)	106(49.5)	1(50)	186(52.2)
3	29(20.7)	65(46.4)	1(50)	95(26.7)
4	9(6.4)	16(11.4)		25(7.0)
5	3(2.1)	2(0.9)		5(1.4)
6		2(0.9)		2(0.56)
Total	140(100)	214(1000	2(1000	356(100)

Figures in parentheses indicate percentages

Food consumption pattern

The majority of sample households consume less than adequate amounts of food. More than 25 percent of them cook only once a day, mostly in the evening, after work. The remaining

families cook twice a day, most of which have school-going children. Agricultural worker households have for breakfast, the previous day's left-over rice with green chilly or chutney. Similarly, for lunch and dinner they eat rice with a vegetable curry or chutney. Some of the households prepare tea while many of them get it from nearby teashops. Women do not eat regular rice meal for lunch, on working days; instead, they take tea and snacks. The frequency of eating is related with availability of work and to income. Many of them do not eat vegetables on days on which they do not have work. When they have work their food intake will be better than during periods of idleness.

These families cannot afford on a daily basis nourishing food items like fish, meat, eggs, milk and curd, even though most of the household members undertake hard labour. Except six vegetarian (not eating fish and meat) families, all of them are non-vegetarians. Lack of purchasing power limits the food intake of both. More than 30 percent of the families are not able to buy and use milk while those who do not buy eggs account for more than 50 percent (Table 3.17). Likewise, nearly 50 percent of the workers get meat only on festive occasions (once or twice in a year) like *Puthussery Vedi.*

Table 3.17 Purchase of Food Articles among the Households

Duration	**Fish**	**Meat**	**Milk (ml)** *250, ** 500	**Egg**
Daily	-	-	*47(25.8) **43 (27.5)	
Weekly	46(25.8)			
Weekly twice	12(6.7)			
biweekly	16(8.9)			
monthly	38(21.2)	22(11.3)		
bimonthly	4(2.2)	9(4.8)		
Once in a while	57(31.8)	45(24.3)	22(10.7)	92(49.5)
For guest			10(5.4)	
Festivals		88(47.3)		
vegetarian	6(3.2)	6(3.2)		
nil		9(9.1)	57(30.6)	87(50.5)
Total	179(100)	179(100)	179(100)	179(100)

Group discussions with the women reveal that according to the socio-cultural practices in vogue, women have to provide a major portion of the available food in the household to men (and male children) and are to be served first. In many households, women go without food or subsist on rice water. General deprivation combined with the gender inequities endangers women's health.

Expenditure and men's share

It was difficult to gather information from all the respondents on household expenditure on

food, education, personal expenses, and health care classified according to sex. Focus group discussions suggest that in more than 90 percent of the households, the men's share of expenditure on food items is quite small. A good proportion of men's earnings are spent on consumption of alcohol, outside eating, cinema, and travel. According to many women respondents, men give at the most Rs 20-25 for household expenses when they get Rs 100 a day. What the men usually spend at the household level, according to women, subscription for chit funds and occasionally for health care and education of children. In all, they spend a maximum of Rs 40 to 55 from their income of Rs 100. The rest of the money goes for personal consumption. Women spend very little on their personal needs. In fact, during the work days they spend Rs 6-7 for tea during lunch time and Rs 1 for betel leaves among those who chew (the number is very few). That is, when the woman spends almost her entire earning on household needs, men spend only 40 to 55 percent of theirs. This points to the fact that despite the wages of men being higher than of women, when it comes to the household expenditure, it is women's contribution that becomes the substantial part. The woman's role as the substantial provider of the family subsistence, however, calls into question the long-standing notion that it is the man who is the major breadwinner of the family.

According to the women respondents, on an average, each household needs at least Rs 40 to 50 per day, an amount which for most of them remains beyond their reach. The limited income of women and men's indifference towards economic support of the household expenditure often compel women to cut down on items such as vegetables and fruits. Some households even seek economic support from their school-going children.

In order to meet the food requirement, often the women borrow in cash and in kind from friends and relatives or even from money lenders (from Tamil Nadu) who frequent the area. Owing to women's poor creditworthiness, the shop owners in the area are reluctant to give them their wares on credit.

Unexpected expenditure on medical treatment, ceremonies and festivals and similar occasions often put the household economy in jeopardy.

Major ailments and cases like abortion force them to borrow large amounts, often from money lenders at exorbitant rates of interest. Expenditure on medical treatment has been increasing exponentially in recent years, due to increase in drug prices as well as in other costs associated with treatment.

Huge expenses are incurred for ceremonies and rituals associated with birth, puberty (especially of girls), death etc. The expenditure pattern among the worker households shows that, the major part of the women's income earnings gets exhausted on food articles and for meeting such items of expenditure they have to resort to borrowing.

Indebtedness

Eighty percent of the sample households are seen to be in debt. The debts are in the range of Rs 5000 to RS 15000 (Table 3.18). More than seven percent of them had debts exceeding Rs 45,000.

Table 3.18 Indebtedness among Workers

Amount	No. of workers	Percent
Up to 5000	63	35.2
>5001- 15000	38	21.2
>15000- 25000	16	8.9
>25000- 35000	8	4.5
>35000- 45000	3	1.7
>45000-55000	6	3.4
>55000	7	3.9
Total	141	78.8
Nil	38	21.2
Total no. of workers	179	100

It is significant to note that three-fifths of them borrow money from moneylenders rather than from public and co-operative sector financial institutions; of course, a few of them do rely on both the sources. Pledging gold ornaments and jewellery for raising loans is also common. Paucity of knowledge of these poor workers, and bureaucratic hurdles of getting loans from other financial institutions, enable money lenders to exploit them by imposing usurious interest rates. Failure to repay interest in time accentuates the debt burden. They often borrow to repay loans. Their debt trap becomes increasingly strong in the process. Indebtedness and poverty act in a vicious circle each feeding on the other. In short, basic household requirements, expenses on medical treatment and special expenditure on marriages, funerals and festivals together lead the worker families into the depths of indebtedness and impoverishment.

These worker households are thus deprived of proper education, land, housing facilities, employment, income and consumption. Only a few families among them are slightly better off in terms of ownership of land (more than one acre) and employment. Women workers, despite often being the substantial providers and sustainers of the family, are all the more deprived due to low wage rates and limited access to food, arising out of the unequal power relations in the family and the society. SC households are more impoverished than the others in many aspects including land ownership, income, and household facilities. And even the younger generation in the SC families does not make much headway. Most of the young workers among SCs work in the agricultural sector under conditions of job insecurity and income uncertainty.

4. Gender Inequities in the Household and the Society

Gender discrimination against women manifests itself in intra-household relations and in the social space. Within the household, women and men are differently positioned in relation to the allocation of responsibilities, processes of decision-making, and access to and control over resources.

Intra-household relations

Sharing of domestic responsibility

Irrespective of the differentials in socio-cultural dimensions across communities and classes, women shoulder the responsibility of domestic labour. Among the agricultural worker households too the case is not different; women perform an overwhelming proportion of the various items of unremunerated domestic work; in addition they attend to paid work in the farms. During work days, woman wake up at around 4.30-5 am to finish cooking, cleaning and feeding of children before going to work by 7.30-7.45 am; they get back to bed only by 10-10.30 pm.

Nearly 70 percent of the women reported they do not get any help from their men in the discharge of domestic responsibilities such as cooking, fetching water, washing clothes, cleaning floors or caring of children. There is no difference in this regard even in the better off families among them. The few women who get support get it either in fetching water or in the care of children. The gendered relations have created an environment at home which does not allow women to put their feet up even after long hours of tedious, backbreaking work such as transplanting, weeding or harvesting. After collecting wages, these women rush to the nearby shops for buying food articles and then to their kitchen for preparing dinner. Usually, women do errands and fetch food articles and other household items, in addition to the work in the kitchen. Obviously, most of these works are invisible and not reckoned as work at all. They are considered women's responsibility. It will not, however, be entirely correct to believe that all women internalise such gender roles uncritically. It is largely the social pressures that impose such burdens on them.

Decision-making and resource control

Decision-making and control of available resources are two important areas where distinct gender inequities prevail in most families. The role of decision-making in the household is decided on the basis of sex and age. The role of women in economic and other important decision-making for the households is insignificant. Nearly three-fifths of our women respondents reported that they do not have any role in decision-making in the household and that it is their father, husband or other male members who take decisions. Nevertheless, in one-sixth of the families, women have an important role in decision-making together with men. In one-eighth of the households, women take decision because they are households with only women, or of widows or separated women without older male members. Although

gender discrimination ascribes to women an inferior status, old women (mother or elder sister) often wield the decision-making power. But the proportion of such households was found to be less than 10 percent.

Gender inequities are often reflected in women's lack of access to and control over resources including their own wages. Since the size of landholdings among the workers is limited (which are mostly homesteads) and so are their alternative array of economic resources. Their labour power is practically the only economic resource they have. Even over women's wages men wield considerable control. Nearly one-half of women in our sample reported that they have little freedom in spending their wage income; they have to hand over their earnings to their husbands. The women, who are 'free' to spend their income, exhaust it entirely on household expenditure. Thus, the 'freedom' they have is to spend it on household consumption mainly on food articles. 'Freedom' in fact becomes fetters – the entire burden of purchasing household consumption items is passed on thereby to the shoulders of the women. Many of the women who conceded that they are forced to hand over their wages to husbands reported that they are not allowed to enquire into the ways their husbands spend the money. Also, for many of them, any reluctance on their part to hand over the money would invite abuse and assault. Men wield control not only over economic resources but on their women's mobility and freedom to work as well. Men and women have more conflicting than co-operative priorities. But the conflicts of interests are camouflaged most of the time under semblance of consensus. Open conflicts affect women adversely.

The women's limited space for assertion of their own selves is further constrained by the neo-classical idea of the household as a unit of congruent interest which shares the benefits of the available resources equitably, without gender bias. But in fact as the data of our study indicate, the priorities of man and woman are more conflictual than co-operative. The prevailing normative nature of the unequal power relations between man and woman often masks such differences.

Marital relations

Born in poverty and oppressed by various social constraints, women often look for solace in married life. But, given the patriarchal structure of the family and the society, a married woman become tends to become victim of ill-treatment, violence, and deprivation. Despite the fact that, marriage is supposed to provide women with a sense of security and status which unmarried women do not have the majority of married women in our sample (which constitute 94 percent) reported that they have not received emotional or economic support from their spouses or the other male members of their households. Entry into political activity has cost many women their marriages and partners. Infidelity on the part of the husband is also found to be a strong reason for break-up of marriages.

Dominance over and control by men of the various other aspects of women's life including her body and sexuality is pervasive. Insecurity drives women into the stresses and strains and even the nervous breakdown. Yet, in most cases, these problems do not lead to divorce or separation. Women often hope against hope and strive to conserve their conjugal bonds.

The power that society has conferred on man to act according to his discretion adds to the powerlessness of woman and her suffering at his hands.

Violence associated with sexual relations was another area of mental stress. Given the fact that, the power relations between men and women are more hegemonic than democratic in nature, it has reflections in sexual relations. Case reports show that often the sexual relations are oppressive and this creates physical and mental stress for women. Stressful relations in the household between husband and wife have their adverse impact on children. In such households, children do not receive love, care, and they remain neglected.

Dowry

The dowry system is another villain. Dowry demands cause enormous stress on the bride's parents and it creates havoc on the bride herself. Dowry payment has become a universal practice in the village only in recent times. Dowry did not used to be the practice in this village, among the Scheduled Castes. In those days more than economic status, it was the willingness of the bride's and the bridegroom's families that decided marriage.

Marriage imposes various covert and overt demands on the bride's family which invariably drown that family in debts. The demands include gold ornaments, money, gifts, dress, kitchen utensils and furniture, the amounts varying according to the economic status of the bride's family.

The majority of women in the sample were against the practice of dowry though a few supported it claiming that dowry constituted women's assets and enhanced her status in her husband's family.

Inability to pay dowry has driven some parents to marry off their daughters to boys willing to marry without dowry, without taking into proper consideration his socio-economic status and family background. Some of the marriages have turned successful; but there are also cases of violence and torment. The mental and physical stress and strains associated with dowry issues create enormous damage to the health of women especially in conditions of poverty, overwork and relative powerlessness.

Socio-political life and meaning of politicisation

Trade unions are important social institutions in promoting social justice, endorsing economic democracy, and protecting the interests of workers. The women workers' socio-political life is closely linked with the trade union movement in the village which has a history of a few decades.

Trade union movement in the *panchayat*

The trade union movement in the agricultural sector of Palakkad district has a history of a few decades from the late 1960s onwards. Unionisation among the agricultural workers was strongly associated with their appallingly poor conditions of work and life. Historically, the

majority of the agricultural workers in the *panchayat* were SCs and OBCs and they were labourers under caste Hindus such as Namboodiris. The major part of the land in the *panchayat* was owned by three or four caste Hindu *manas* (house of Namboodiri) such as Cherpatta *mana*, Kooroor *mana,* and Aloor *mana*. Prior to the commencement of unionisation and collective bargaining, the agricultural workers especially from the Scheduled Castes had been treated by the landlords like slaves.

According to the local office-bearer of Kerala State *Karshaka Thozhilali* Union (KSKTU) and the president of the *panchayat*, the workers used to be forced to work more than 18 hours a day starting from about 4.30 am till as late as 10 pm. They were not given proper food, not even regular wages. The workers were subjected to strict surveillance and even physical assault. The punitive measures taken for absence from work especially during the peak agricultural seasons included beating, retrenchment, and eviction from their huts. The highly exploitative and oppressive system under which the labourers had to live and work was so unbearable that in course of time they began to organise themselves into unions. The organisational efforts soon became widespread throughout the State. Under the leadership of the Communist Party of India (Marxist), the KSKTU was formed in Palakkad in 1968. The organisational efforts and the agitational methods coupled with progressive legislative measures radically changed the situation in a short period. Indeed, the status of the agricultural workers improved significantly and now the majority of them own at least a homestead to dwell.

The 1960's also witnessed the enactment of progressive land reforms in the State by which poor hutment dwellers in the lands of landlords were given ownership rights of their homesteads. Trade unions activities, rising wage rates, and ownership status on homesteads raised the status and the level of social awareness of agricultural workers. They increasingly took part in political activities. In the process they became acquainted with political process and political leadership. Women workers also participate in these activities in large numbers. But the women's contributions went largely unrecognised or were considered supplementary to men's efforts. Women continued to be viewed as subordinate to men rather than as persons capable of leading political processes and setting development goals for the community. Women's absence in leading and decision-making bodies of trade union at the local level is conspicuous.

Meaning of women's politicisation

Today, most of the agricultural women workers are members of KSKTU. According to the trade union sources, during 2001, of the total 3415 agricultural workers in the *panchayat*, 87 percent (2950) were members of KSKTU. Ironically, with regard to their trade union membership, many of the women workers in the sample were unsure. Forty-five percent reported they were not members while 13 percent did not know whether they are members or not. In fact, the majority of them are members of KSKTU as pointed out by the trade union office-bearers who collect the membership fee and remit the amount in the welfare fund of its members. More than four-fifth of the women workers reported that they regularly paid the monetary contribution towards the welfare fund. The usual mode of payment, according to the workers, is through the 'party'. It seems that many of them do not know that they are the members of trade union and because though they are members, it is the

'party' that takes the responsibility of collection and payment of their welfare fund contributions.

The majority of the women workers have developed some degree of indifference in recent years, to trade union activities. They are not informed by union functionaries about meetings and the issues discussed in such meetings. They did not seem to be enthusiastic to know about the details either.

Nor did many of them know much about the functions of the trade union for which they regularly paid membership fee and contributions to welfare fund

The very few who attended such meetings were mostly passive participants, listening to the discussions, but not speaking their minds out on the issues under discussion. They constitute, however, an integral part of all processions (*jathas)* and mass agitations.

Lack of education and awareness and the resultant low self-esteem, the heavy work burden and other social and household pressures, particularly, the control men wield over women are seen to be the major constraints on the active political participation of women. Besides, the unions neglect women's issues and remain indifferent to women participation. It has already been documented that despite the trade unions' avowed commitment to political and economic democracy, they have seldom made mention of gender disparities in wages and demanded equal wages for men and women for the same type of work. Whatever economic benefits have been gained through collective bargaining has benefited men much more than women. Trade unions too legitimise the social injustice perpetrated against women, in diverse subtle ways.

It has been clear from the women's responses that socio-cultural discrimination against women leaves them inexperienced and uninformed for meaningful participation in socio-political life. Trade union functionaries have made little efforts to bring women to the forefront of their action programmes.

Caste discrimination in community life

Caste discrimination in the socio-cultural life in the village is not yet been completely wiped out. The intensity of such discriminatory practices has undoubtedly declined. Even today, caste Hindus and the OBCs would not eat food cooked in SC families. Lower caste people are addressed by their caste names. The lower social status of SCs in terms of land ownership, education, employment, and living standards still continues and acts as barrier to social upward mobility. Most of them still lead lives mired in poverty and illiteracy and poor health.

5. Health Problems and Health Care Services

Perceived health problems

The data on perceived health problems has been collected for a period of two weeks, prior to the date of interview. The morbidity load among the sample women workers reportedly quite high. Nearly three-fourths of them reported that they were suffering from one or more aliments. The higher incidence of chronic skeletal muscular and postural health problems such as joint pain (54.2 percent), back pain (40 percent), and respiratory diseases such as asthma (11.2 percent) were perhaps, indicative of their work-related health hazards (Table 5.1). Usually women work for longer hours than men and stooping in back-breaking positions. Water-borne and seasonal ailments were comparatively low probably due to the fact that the field work was conducted by women mostly during the period between December and May, the months during which the incidence of health problems, except headache, due to the scorching sun is low. Nearly one-fourth of the women reported of general malaise and abdominal pain (which, they are afraid is caused by peptic ulcer, arising from acidity problems created by improper and irregular food habits), which were indicative of under-nourishment and poor health. The incidence of high blood pressure, heart disease, and diabetes was remarkably low. Thus, the general trends in the morbidity pattern reveal that their aliments were related more with poverty and occupation rather than with life style.

Use of pesticides was another source of work-related health problems, though women respondents did not consider it important and causing much immediate harm to them. Women are not put to work in fields on the days in which spraying of insecticide was done. They are employed only the next day. But the employers seldom give any information to their women workers about the hazards of insecticides and their health impacts, acute or chronic. Nor are the men (who spray the insecticides) are provided with any security measures by the employers. They are not informed about the health hazards of insecticide use at all. In order to reduce the cost of production, many of the land owners endanger the workers' health as well as the health of the community by neglecting to observe proposed ratios of dilution in the preparation of pesticides. The usual proportion is 100 litres of water for 100 grams of insecticide. While the land owners encourage the workers to mix up only half of the required quantity of water as a lower amount of water needs relatively less spraying time and therefore lower wages. Indeed, higher concentration of pesticides leads to higher proportion of pesticide contents in the food grains. Across the globe, there is ample evidence to prove the ill-effects of pesticide usage. Use of high concentrations of pesticides would definitely have long-term and fatal health implications for the workers concerned.

Reproductive health

Reproductive health (RH) among the women workers constitutes another important area which needs particular attention. Compared to the load of general ailments, the proportion of RH problems of leucorrhoea, irregular bleeding and uterine tumour, among them was small. However, the proportion of reproductive health problems such as abortion, still birth, and premature delivery is relatively high (Table 5.2). More than one-fifth of the ever-married

Table 5.1 Illness Distribution among Women Agricultural Workers

Illness	No. of cases	Percent
Back pain	71	40.0
Joint pain	97	54.2
Hand &leg pain	12	6.7
Rheumatism	7	4.0
Asthma	20	11.2
Allergy	4	2.2
Fever	18	10.1
Headache	24	13.4
Cough	2	1.1
Abdominal pain	14	7.8
General malaise	39	21.8
Chest pain	1	0.5
Typhoid	1	0.5
Diarrhoea	2	1.1
Jaundice	1	1.1
Diabetes	1	1.1
High Blood pressure	1	1.1
Uterine tumour	1	0.6
Leucorrhoea	18	10.1
Yellow vaginal discharge	2	1.1
Lump breast	1	0.6
Irregular bleeding	8	4.5
Total cases	315	
Nil	48	27.0
Total no. of workers	179	100.0

Table 5.2 Reproductive Health Problems among Ever-married Women Agri. Workers

Illness						
Abortion	**No. of abortions**					
	1	2	3	4	**Total**	**Percent**
Spontaneous	21	5	1	2	29	17.5
induced	5				5	3.0
Total no. of women	26	5	1	2	34	20.6
Other problems	**No. of women**	**Percent**				
Still birth	4	2.4				
Premature delivery	10	6.0				
Total(including abortion)	48	29.1				
Total no. of ever-married women	165	100				

women under study had undergone abortion of which more than 85 percent was spontaneous abortions. Likewise premature delivery was reported by 10 women. Even among the young ever-married women in the age group of 25 to 34 years, three women had episodes of premature delivery. However, the percentage of abortion was higher among the older age-groups than the young group.

As regards the women's perception on the reasons for spontaneous abortion more than one-third of those who had abortion episodes reported that the excessive burden of work and the resultant general debility contributed to abortion. A few reported ignorance about the reason. Among the various reasons reported were lack of proper medical attention during fever and bleeding, death of the foetus, abdominal pain, drug-induced (drugs for mental disorder problems), and fever. However, poor socio-economic background, overwork and lack of adequate nourishment, rest and emotional support seems to be the ultimate reasons. As already seen in the previous sections, the relative powerlessness of women in making crucial decisions even in matters concerning their health including reproductive and sexual matters, also might have contributed to the problems.

The reasons for induced abortion, varied from economic hardships, lack of health, lack of spacing between pregnancies, birth control and termination of unwanted pregnancies. Thus it is found that even today, women depend on abortion for controlling their fertility. The issue needs particular attention as frequent abortions (in this context, often through illegal sources including medical shop) especially in conditions of poverty and deprivation endangers the health of women. However, apart from poverty and deprivation, the insensitivity of the health care system too adds to the ill health of women as it forces the women to undergo abortion for birth control instead of giving them other methods through dissemination of knowledge and provision of services in culturally feasible ways.

Abortion to eliminate the girl child was not unknown in the study area. According to a health official, one of the women in the sample had undergone induced abortion during the second pregnancy due to the apprehension regarding the sex of the child. Since they already have a daughter, her husband insisted on an abortion owing to fear of getting another girl child. The women obliged as she realised that reluctance would not do any good to her. Not surprisingly, in order to hide this from neighbours and other household members, the woman was not allowed to take rest and on the same day of abortion she was forced to carry out all the household work including water-fetching and heavy works in the restaurant which her husband runs. There was a second case for the same reasons. There is no doubt that son preference often endangers women's lives and the right of the girl child to be born. This has particular implications in the context of Kerala's declining sex ratio of girl children in the age group of 0-6 as has been revealed by the 2001 census.

Birth control and awareness of contraceptive methods

The major responsibility for practising birth control measures falls on women irrespective of the methods adopted. Among the study population, there were 520 eligible couples. Of this, 47 percent adopted various contraceptive methods. Not surprisingly, men seldom followed

any method of contraception (only four men used condoms). The introduction of non-scalpel vasectomy (NSV) through the RCH programme did not make much difference as none of the men accepted NSV or any other permanent method of contraception. Among the women who adopted contraception, sterilisation accounts for more than 90 percent. Men's role of fatherhood enables them to evade such responsibilities. The recognition of motherhood as the women's role imposes on them the entire responsibility of bearing the burdens of contraception, more or less solely. The cultural construction of sexuality of men and women in the backdrop of unequal power relations reinforces and legitimises such discrimination against women.

Group discussions among the women workers revealed that often the women themselves do not allow their men to undergo sterilisation, as they believed that male sterilisation induces general body weakness and often lethargy in sexual relations. Though the statement is true in the case of many women, a few of them do realise that reproduction is a social rather than a personal phenomenon. But the deeply embedded socio-cultural norms and perceptions regarding the men's and women's sexuality make the position of the former privileged.

Many workers during personal conversations disclosed that even if women implore to men to use contraceptives or undergo sterilisation, their requests often go unheeded. Likewise, women's attempts to practise contraception or to space pregnancy are thwarted by fear of such practices having negative implications for sexual pleasures. Lack of awareness regarding the choice of contraceptive methods, especially temporary methods, often leads to hazardous health outcomes for women. Visualising women as the cause and therefore the potential solution for population issues, all the burden of controlling reproduction is imposed on them, a practice, which has had far reaching implications for their lives and health.

The agricultural women workers in our sample have had higher levels of abortion and more premature deliveries than the average for the area. Women have very limited role in deciding their own sexuality and fertility. On the one hand, they did not have many roles in decision-making regarding the number of children they need or the spacing of deliveries or the use of contraceptives. On the other, the health care system, apart from not disseminating proper knowledge regarding the availability of choice of methods, gives wrong messages by promoting permanent methods of sterilisation even for young mothers often resulting in untoward and irreversible consequences.

Fertility and child mortality experiences

The average number of deliveries per women aged 15 to 49 years in our sample, works out to 3.66, a figure much higher than the total fertility rate (TFR) of 2.07 for the same age group in rural areas, reporting in NFHS 11. The average number of births is significantly higher than the reported TFR in all age groups above 20 years (Table 5.3). Even in the age group of 40 to 49 years the average number of deliveries (3.79) are more than the mean number of children ever born to all women aged 40 to 49 years (3.14) reported by NFHS 11 findings.

Table 5.3 Age-wise Distribution of Average No. of Deliveries among Ever-married Women

Age group	No. of ever-married women	Average births per woman
15-19	1	1
20-24	9	2.15
25-29	11	2.27
30-34	21	2.42
35-39	27	3.10
40-44	22	3.31
45-49	22	4.28
50-54	16	3.60
55-59	24	4.72
60and above	12	6.30
Total	165	3.66

The average age at marriage and average age at first delivery are also lower in the sample than in the NFHS 11 findings. The average age at marriage of the women workers aged 25-49 years (18.8) was lower than the state averages (20.6) according to the NFHS11 data for the same age groups. Similarly, the average age at first delivery among the women aged 25-49 years (20.7) is lower than the State averages 21.9, according to the NFHS 11, for the same age group.

The mortality experience of their children also adds to their ill-health. Twenty-six percent of the ever-married women (165) had lost one or more of their children below the age of five years. Among the ever married women in the age group of 25 to 34 years, 22 percent lost one or more children in the age group of 0-5 years. Among those who are of the age of above 44 years, more than 42 percent had lost their children below the age of 5 years. This is indicative of the fact that higher incidence of average births especially among the younger age group of agricultural workers is perhaps due to the higher mortality rate of their children.

Table 5.4 Age-wise Distribution of Ever-married Women Who Lost Children <0-5 years

Age groups	No. of ever married women	No. of women lost children	Percent	No. of children lost
15-24	10			
25-34	32	7	21.9	11
35-44	49	4	8.2	4
45-54	38	16	42.1	25
55-65	34	15	44.1	30
> 65	2			
Total	165	42	25.5	66

In the case of women who lost their children, the main reason for mortality is seen to have been premature delivery, followed by preventable poverty-borne diseases such as diarrhoea and respiratory problems. Among the seven women in the age group of 25 to 34 years who lost children, three lost them in premature delivery. Repeated pregnancies, premature deliveries, and death of children result in the deterioration of physical as well as mental health of the mothers and their families.

Childbirth in homes is not uncommon in the study area. During 2001-2002, three women in the sample had childbirth in their homes. During the same period, there were 2 still births and 4 abortions in the sub-centre area which includes one more ward than the study area.

Quality of health care provisions

Quality of health care depends, among other things on availability and accessibility of health care institutions, provisions of various facilities including drugs, behaviour of health personnel, etc. In the *panchayat*, the workers were provided with one mini-PHC, three sub-centres and one Ayurveda dispensary in the public sector and a few institutions of various medical systems in the private sector. Nearly 40 percent of workers never used PHC. They do not even know that a health centre is functioning in the village. The overemphasis on birth control programmes in the PHCs leads to misconceptions among the people about its purpose and nature of services. They do not recognise them as institutions for providing basic health care facilities to the rural population.

Among those who use PHC, nearly 60 percent of the workers expressed their dissatisfaction with its functioning. The resentment of the workers stems from lack of availability of adequate drugs, poor investigation facilities, unsuitable timings, and callous behaviour of the health personnel. Many of the workers reported that the unsuitable timings of the health centre make it impossible to get treatment from the PHC as the working time of PHC coincides with their working hours in agriculture.

Another aspect that affects the quality of the services was the behaviour of health personnel including doctors. A wide gap exists in communication between the health care providers and the workers. The insensitivity of the health care providers regarding the socio-cultural gap between them and the care seekers makes it even more difficult for the poor women to have access to health care. One of their important complaints was about underhand payment to doctors and other health personnel.

People's discontent and distrust of the public health care system, arising out of their bitter experiences of the inefficient care deter them from seeking care from it. But among those who depend on the private sector, the situation is even more precarious since there is no quality assurance and it also deepens the workers' indebtedness and stress. It was apparent from the experiences of women who depended on the private sector. For instance, in the case of abdominal pain, one of the women had to spend Rs 800 towards the expenses of treatment from a private institution and she had to borrow money for the treatment. When it comes to dependence on private sector for major ailments that need specialised treatment,

the burdens are inconceivable as in the case of a woman who had undergone surgery for a tumour in uterus. This had cost her Rs 13000. Indeed, she procured the money by borrowing from many sources including money lenders.

With regard to the quality of services at the sub-centre, almost all the women were dissatisfied. They would not go to the sub-centre when they fall sick. About the services of ANMs, they hold a good opinion. However they complained ANM visited only the houses which had pregnant women in them or children who needed immunisation. Nearly all workers reported that male health workers never visit worker's houses. Likewise, regarding the question as to what services the male health workers render to the community, all the women expressed their ignorance, as they never felt the presence of a male health worker in their locality.

Utilisation of medical care

An examination of illnesses among the workers who sought medical help during the recall period of two weeks revealed that the morbidity levels as well as the levels of utilisation of medical care services were high among the agricultural workers. About three-fifths of them had been under one or more illnesses and had sought medical help during the period of two weeks prior to the date of interview (Table 5.5). The major chunk of morbidity 'during the time of the interview' was related to chronic skeletal, muscular diseases. Nevertheless, when we look at the utilisation of medical care, we find that during the recall period, it was the acute, water-borne and seasonal illnesses that were treated more than chronic diseases. The proportion of chronic skeletal muscular illnesses treated was low except for acute exacerbations. This indicates that, by and large, there was a tendency to ignore the chronic diseases, except for acute exacerbation. Discussions brought out the fact that women see these diseases as part of their lives and rely on medical help only when the ailment becomes unbearable. A 65-year old woman lamented: "at the age of 13, I began agricultural work and the aches and pains have been with me ever since".

The utilisation pattern of different types of medical care institutions in the public and the private sectors revealed that despite differences in the quality in medical care, about 70 percent of them depend on the public sector (Table 5.6). The women in the sample and their household members depend on medical shops for treatment of small ailments. The high degree of dependence on the public health care system might be due to the poor economic status of these women and the proximity of the village to the district head quarters. The district hospital is only about five km away from the village. Many of the workers depend on the district hospital for medical treatment. The availability of transport facilities such as frequent bus services also serves to enhance utilisation of the health care services of the district hospital.

As expected, with regard to the utilisation of different systems of medicine, about four-fifths of the workers depend on the allopathic system. Nearly one-half of them rely only on government sector institutions while about one-third depend both on public and private sector

institutions on occasions in which the entire family falls ill (Table 5.7). Only 18 percent of the workers reported exclusive dependence on the private sector.

Table 5.5 Distribution of Illnesses for which Medical Help was sought During the Last 2 Weeks of Interview

Illness	No. of cases	Percent
Back pain	4	2.2
Joint pain	20	11.2
Hand & leg pain	30	16.8
Rheumatism	5	2.8
Asthma	6	3.4
General malaise	12	6.7
Fever	7	3.9
Headache	10	5.6
Cough	3	1.7
Abdominal pain	12	6.7
Diabetes	1	0.6
Lukorrohoea	5	2.8
Body swelling	2	1.1
Lump breast	1	0.6
Chest pain	7	3.9
High blood pressure	1	0.6
Eye pain	4	2.2
Allergy	1	0.5
Mental problem	1	0.6
Typhoid	1	0.6
Diarrhoea	2	1.1
Jaundice	1	0.6
Total cases	136	
No. of workers who reported ailments	105	58.7
Total number of workers	179	

Table 5.6 Distribution of different institutions in which workers sought medical help

Institution	No. of workers	Percent*
Public sector	**74**	**70.5**
Allopathy	63	60.0
Ayurveda	4	3.8
Homoeopathy	7	6.7
Private sector	**31**	**29.5**
Pvt. Alopathy	21	20.0
Pvt. Homoeo	3	2.9
Pvt. Aurveda	7	6.6
Total	**105**	**100**

* Percent to the total number of 105 workers who reported ailments.

Table 5.7 Utilisation pattern of health services when the family members of workers get sick

Institutions	No. of workers	Percent
Public sector	**89**	**49.7**
Allopathy	82	45.8
Allopathy &Ayurveda	5	2.8
Allopathy &Homoeo	2	1.1
Private sector	**33**	**18.4**
Allopathy	27	15.1
Ayurveda	1	0.5
Allopathy&Homeo	5	2.8
Public & Private	**57**	**31.9**
Allopathy	49	27.4
Allopathy &Ayurvda	8	4.5
Total	**179**	**100**

Thus, the data clearly demonstrates that despite allegations of inefficiency and mal-practices in the government system, the majority of workers and the members of their families depend on the public health care system. The workers who depend on the private health care system point out that they depended on it primarily due to inefficiency and lack of quality of the public sector health care institutions.

6. Conclusion

The study points out some of the poignant issues in the life of women agricultural workers. There was a high load of morbidity among them. A major proportion of the significantly high levels of perceived health problems among them are constituted by chronic skeletal muscular problems. The lives of these women are plagued by high levels of occupational and often poverty-induced diseases, reproductive health problems. Abortions, premature delivery, and still birth are outcomes of their deprived socio-economic, cultural, and political conditions and gender inequities. The socio-cultural norms and practices that endanger the women's health are reflected in their low age at marriage and low age at first childbirth. Also, the high mortality of children below the age of five years even among women of younger age groups explains the high levels of fertility among this group of women.

The high rate of utilisation of public sector medical care institutions by these workers and their households is explained mainly by the low socio-economic status of these workers. Also, the proximity of the *panchayat* to the district headquarters and better transport facilities have contributed for their higher degree of dependence on the public sector health care facilities. The higher dependence does not, however, necessary imply that the public sector health care is of good quality.

Importantly, despite Kerala's achievements in education and female literacy, the level of illiteracy among the sample households is observed to be high. Gender and social injustice in the access to education is rampant among these women.

The worker households' backwardness was reflected in low levels of housing facilities. More than one-third of them live in un-electrified houses. Two-thirds of the households do not have latrine facilities. Household facilities including furniture and appliances are scanty. The low status of the SC households (more than the OBC workers) is reflected in landlessness and lack of housing facilities and caste discrimination. Also, the high degree of dependence of SC youngsters – even the well-educated among them – in the agricultural sector reflects their social backwardness and inability to find proper job opportunities or achieve placements. Underemployment in the agricultural sector is a major problem confronting the women workers. Underemployment, low wage rates, and gender discrimination in the wages make the income of the households very low.

Other than underemployment, illiteracy and inadequate facilities for life, women's access to livelihood is rendered increasingly difficult by men's lack of economic and emotional support and violence against women. Men's share in the sustenance of the family is found to be relatively much less than that of women in the sample households.

Further, it seems that despite shouldering the double burden of work – within home and outside home – and stretching themselves beyond their physical capabilities to procure adequate economic security for their families, nearly four-fifths of the households are not able to have two square meals a day round the year. Indeed, women bear the brunt of the deprivation due to the gender inequities. The low nourishment and the resultant general under-nourishment

lead to illnesses, which prevent them from translating their labour endowments into economic resources. In short, the poverty of the women agricultural workers encompasses a wide rage of unmet needs and gender-specific inequities including lack of adequate access to education, employment, resources as well a range of violence, relative powerlessness, feelings of hurt, low self-esteem and denial of identity.

Born in poverty and oppressed by social and gender injustice, women often see trade union as a source to expand their knowledge base, self-esteem, and worldview. Unfortunately, the trade unions in Kerala have legitimised the social injustice meted out towards women in subtle ways. The initiatives of the union functionaries to incorporate women into its fold as creative and politically acquainted beings have not been adequate. The lack of opportunities in social life coupled with virtual absence of any role in leading the decision-making bodies of trade unions make the women workers vulnerable in the political and all other fronts. Such constraints often limit the potential of women's agency and make them less capable of asserting their rights at home as well as in the social space, a state of helplessness, which has serious implications on the health and well-being of women.

The fact that Kerala has taken, in general, great strides in the field of health and demographic transition does not necessarily mean that the lives of all sections of the population have improved. Micro level realities reflect disparities and polarities across regions, economic groups, gender, and castes.

The study has implications for welfare policies. Despite inadequacies and inefficiency of the public sector health care institutions in meeting the felt needs of the women and the community, there has been a heavy reliance on them by the women agricultural workers of Kodumba. The retreat of the state from the welfare sectors and slashing of the public sector expenditure especially in social sectors such as education and public health would have adverse consequences on the lives of poor people, particularly poor women.

Visualising women as the causes and therefore the potential solutions for population issues, health care services at the primary level have focused on family welfare services, though in reality these services did not have much of welfare components except birth control and related programmes. Apart from negligence of general health problems and public health issues, even attempts to redefine reproductive health care services did not contribute much to be cultural empowerment of women. The lack of knowledge regarding the choice of contraceptive methods, the prevalence of high levels of abortion including abortion for unwanted pregnancies, and high levels of fertility and premature deliveries are key indicators of the prevailing poor reproductive health status of the women workers in the sample. The women's experiences underscore the need for strengthening the public health care system and improving the reproductive health care services in appropriate and culturally feasible ways with the active participation of women and the community in general. In the context of Kerala's decentralised administration in which the health sector has been under the purview of local self-government institutions, an inter-sectoral approach in health planning and implementation will be appropriate in fulfilling health needs. The public health policies should realise the gender concerns as well as concerns of the weaker sections in the community, rather than limiting them to biomedical discourses.

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