**WOMEN'S DAILY CHORES AND IT'S HEALTH IMPACTS:**

A qualitative study in rural tribal areas of Telangana

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**ABSTRACT**

**Introduction:** In rural tribal areas, often remotely located, a woman's unpaid and unrecognized labour runs the livelihoods of a family by working long hours on domestic chores and also joining farm work. Such strenuous work leads to adverse health impacts and this study aims to collect such information on women's daily chores, health impacts, health seeking behaviour and coping strategies.

**Methodology:** A qualitative study in 4 rural tribal villages of Telangana with 45 women through a pre-tested, semi-structured interview schedule.

**Results:** On an average, a woman spends a min. of 15 hours working at home and toiling on fields together. Fetching firewood, domestic chores such as sweeping, washing, cooking are still considered to be a woman's primary responsibilities. Even the farm activities such as sowing, weeding are considered a woman's job which involve numerous hours of bending down and working leading to MSDs such as lower back pain etc. The health seeking behaviour for those affected seemed limited i.e., invest in traditional practices or visit the local medical practitioner. Both the tribal areas reported geogenic water contamination such as iron and fluoride contamination. Ingestion of high fluoride leads to disorders and a case of kidney failure is reported as well. The daily chores and its health impacts on women seemed to be the same across different age groups and in different locations.

**Discussion:** What constitutes a woman's role in rural tribal areas or rather, the norms for woman's role seem very definite and this can only be expanded through education. Despite the burden on their health, women continue to pursue these definite roles as it is almost considered their domain of expertise. To reduce the drudgery on rural tribal women, there is a need to increase accessibility and availability of basic facilities like LPG, household water supply and provide health and nutrition education.

**Key-words:** Women's Health, daily chores, domestic unpaid work

**INTRODUCTION**

*"...Women carrying enormous head loads remain a common sight in large swathes of the country, indicative of our gender insensitivity and skewed priorities.."[1]*

A common person's image of rural India would include pots and pots of water or stacks of firewood, sitting 'gently' on the waist or head of a sari-clad woman, sometimes juggling a child along. This picture, unfortunately romanticized, is a symbol of woman's strenuous daily chores and unaccounted work along with her unrecognized adverse health impacts like lower back pain and/or other MSDs. It is shocking to realize that while countries like India do not even have enough literature on this issue, developed countries warrant medical compensation, preventive measures etc. indicating the significance of investing in women's health.

*"...In developed countries, a lot of work has been done on MSDs from various angles including absenteeism, medical compensation, preventive measures at workplaces, scientific norms to reduce the risk among workers and so on. But when it comes to unpaid and unaccounted domestic work, there are hardly any studies..."[2]*

The major domestic chores typically assigned to women in rural India are fetching firewood, water, and cleaning premises among others. All of them involve significant time and physical energy investment by women. To think that by providing a capital subsidy on LPG, burden of fetching firewood maybe reduced would be a grave mistake as a study points out

*"...In rural India, 76.3% households use wood fuel as the principal source of energy ufor cooking. Further, the proportion of rural households in India dependent on wood fuel shrank by just two percentage points in the 17-year period (NSSO 2012)..."[3]*

While the women continue to carry heavy head weights to meet the domestic requirements of fuel and water, their health burden silently increases and this direct correlation is understudied and underreported. The excessive burden of MSDs appears to be due to harsh domestic working conditions.[2] Head loading is a major contributing factor in musculoskeletal disease burden in low income countries and Geere et al[4] found that participants reported multiple areas of pain and that pain areas were correlated. This data also hints a connection to the gynecological problems frequented by women. Gynaecological problems constitute 92 per cent of the unmet needs of rural women. “They account for nine out of every 10 medical cases. Our studies in Gadchiroli show that barely 8 per cent of women seek professional help for these problems.” [5]

In light of the above, this cross-sectional study aims to understand what constitutes a rural tribal woman's domestic work and her health complaints and to draw inferences on possible relationships. The study also aims to gather preliminary data to support further research.

**METHODOLOGY**

This study is part of VAFs cross-sectional study on 'Daily Chores and Women's Health' across tribal areas.

The is a exploratory qualitative study and 4 villages across 2 districts have been chosen through purposive sampling technique. The two districts are Mahabubabad and Nalgonda of Telangana State are selected because of its significant tribal setting. The two villages of Mahabubabad district are Nelavancha which is a remote habitation with 80 HHs and Kongarigidda is a habitation with road connectivity and 100 HHs. The two villages of Nalgonda are Gudapur with 220 HHs and Jamastanpalli with 120 HHs. Data has been collected through a pre-tested semi-structures interview schedule in the local language and by staying in the villages. Women were identified by approaching HHs in all directions of the village covering the maximum lanes. Among the 45 participants, 15 were from Nelavancha and 10 each from the remaining villages.

Verbal consent has been taken after explaining the purpose of the study.

**RESULTS**

**a. Demographics and Basic Necessities**

The age range of the participants was 20 years to 70 years with a mean age of 39.9 years. 14 women were under 30 years of age, 20 women were in the age group of 35 - 50 years and 11 women were more than 50 years. 25 of them belong to the ST community, 10 belong to SC community and 10 belong to BC community. 32 women have had no formal education, 4 women have had some school experience, 4 women have studied till 10th grade, 2 women have completed 12th grade and three of them have pursued graduation. 34 women were married, 9 widowed and 2 unmarried. While 31 women lived in kuchha houses and semi-pucca houses, 14 of them had pucca houses. All the HHs had access to electricity, only Nelavancha had intermittent power supply due to the remoteness and single-phase current lines.

**b.1 Chore - Daily work**

Except for 2 lactating women, everybody mentioned they wake up by 5 AM and begin their day by sweeping, mopping, tea, fetching water, cooking followed by agricultural work or other work and then back to the cycle of cleaning, cooking. The responses are all like clock work, continuous, regular and gapless. The work could be divided as work in the house and work for livelihoods. The work in the house involved all the domestic work of cleaning, washing, cooking etc and work outside involved any labour work.

*"...I wake up at 6, clean the house, sweep the premises around, fetch water, cook finish my breakfast by by 9am and then will go to farm and have lunch at 1pm. In summer we come back home in the afternoon and take rest for some time and go back to work but in other seasons we stay back in the farms till 6pm. After I reach home the cycle of sweeping, bathing, cooking, eating repeats and have dinner by 9pm and sleep by 10pm..." says a woman from Kongarigidda*

**b.2 Chore - Fetching cooking fuel**

Only 9 women use just the cooking gas as the cooking fuel. Even they have mentioned the use of firewood for hot water for bathing and that is fetched either locally or very little on their way back from work.

13 women had the facility of cooking gas, but have also mentioned the need to fetch firewood. The cooking gas is either costly or takes time to refill or exhausts faster and hence they use firewood. Gas is also preferred when there is a need to cook something urgent.

*"...Use both fire wood and gas. mostly fire wood as gas exhausts faster.So, we use gas only in the morning..." said a woman from Gudapur*

*"...we mostly use gas. But, when gas is over, then firewood. Hence, we end up mostly using firewood only..."*

In Households with more members, the need for firewood increases as the cooking fuel doesnt last long. In few HHs, the members are used to the taste of food cooked on firewood and hence stick to it and the cooking gas is used to make tea etc. Hence, it is observed that despite the facility of gas, women spend considerable time in fetching firewood.

*"...I leave my kids with neighbors and walk upto 1-2 km to bring fire wood, takes about 2 hours to go, fetch and come back. I bring wood sufficient for 7-10days..." says a woman from Gudapur.*

23 women still use only firewood as the cooking fuel. On an average, each woman spends atleast 3 hours, walks atleast 3 kms, carries atleast 20 kgs once every week in this process.

*"...I go to forest for firewood. 1 hr to go and 1 hr to come and 1 hr to pick, tie. It gets very heavy, so it is difficult to carry all the way. I stop wherever there is shade and put them down vertically. if we put them horizontally, it becomes difficult to raise them on head again. I go alone. We have to prepare for rainy season in advance. Have to dry them near stove, more trips..."*

In all, there have been 8 instances where the male member of the family fetches firewood. Mostly, the husband or son and one instance of father-in-law and the firewood is fetched on cycle or bullock cart.

Education level and its connection to use of LPG:

Of the 9 women who use just the LPG, only one woman had some formal education and the remaining 8 of them did not have any kind of formal education. Of the 13 women who switch between LPG and firewood, only 6 of them (46%) had some formal education.

As per analysis, 22 women have access to LPG (48%). And of them only 7 had received formal education i.e., 32%, which means 68% women who have access to LPG did not receive any formal education indicating that the increase in LPG connections did not necessarily evolve from the increase in women's literacy.

Of the 9 educated women i.e., those who have received formal education till 10th grade and above, only one used just LPG, two used only firewood and the remaining 6 switched between LPG and firewood.

This is explained in the study by Nathan et al [1] that just providing initial subsidy or capital subsidy will not bring about the change from firewood to LPG as the women will still have that time in their hands but no agency due to lack of income-generating opportunities.

**b.3 Chore - Fetching water**

Nelavancha is a small habitation and has two borewells both with high iron content and hence this water is not used for consumption. This village received a water filter through the support of an NGO which was attached to the solar powered pump installed by the Govt. Since this is located centrally, it is accessible by all. The villagers take turns in using the direct pipe and fetch water as and when they need. The farthest a person has to walk to this pump is <150 mtrs. However, this is only for the drinking and cooking purposes and the women still have to make many trips or walk further for washing clothes.

Kongarigidda village also received its water filter plant recently through another NGO and now has access to safe drinking water. Apart from this, the entire village also received GP piped water supply that pumps bore water which is used for washing and cleaning purposes.

The two villages of Gudapur and Jamsthanpalli have groundwater not fit for consumption due to the high F content. While Gudapur seemed to have the understanding of using only surface water for both drinking and cooking, Jamsthanpalli dint seem to have the same awareness. Jamsthanpalli women have all mentioned the use of mineral water supply or surface water supply for drinking, but have resorted to using the GP supplied bore water for cooking. There is also an unwelcome perception towards the use of surface water.

*"...filter water for drinking. tank water for cooking. We dont like sagar water because it is irregular and hence that tank is not cleaned..."*

The duty of fetching water dint seem to be just the woman's job and 35 women (78%) have mentioned their husbands, or sons, or grandchildren fetching water from public tanks.

**b.4 Chore - Domestic animals care**

16 women (36%) mentioned having dogs, hens, sheep, cows, buffaloes or oxen in their households. Though they have mentioned about taking care of them, they did not stress on the activity load. This activity wasn't particularly considered as work.

*"...We have 7 cows and I alone take care of them before going to work...*

29 women (64%) did not have any domestic animals in their house.

**b.5 Chore - Agricultural work/ manual labour work/ other work**

3 women (7%) have responded that they do manual labour work as they do not own any agricultural fields.

35 women (36%) responded saying that they work in their own agricultural fields. Sowing, weeding, harvesting seem to be the majority of their work type in the agriculture fields and only one woman said she ploughs the land as well. Despite women contributing immensely to the agriculture sector, a farmer is more often than not represented as the male person.

During off-season i.e., non-rainy season, women collect minor forest produces. Most of them have rainfed agriculture and hence either make a living out of minor forest produces or working on other's agricultural fields. A significant amount of time goes into walking into the forests and fetching the loads and then more into sorting it and then further more into taking them to the market.

*"...We basically work in agriculture land but when we run out of water we collect stuff from forest and sell it or we go for labor work. Since we live in forest areas, we have many forest produces. The ones i am breaking are called 'ippa' seeds. They are there everywhere in this season. If we sell a bag of these to the merchant in town, he gives either Rs.20/- per bag or he gives us its oil of 1 litre. This oil is used for cooking. Those who don’t prefer its taste, give it to the shopkeeper in return for palmolive oil. Ippa seeds oil is used majorly in lighting lamps. But, these seeds are very heavy, must be 10-15kgs one bag, and i have to collect 2-3 bags for atleast one litre of oil.." said a woman surrounded by 10 other women who were busy breaking the shells of these seeds.*

**c. Perception on most strenuous work**

23 women (51%) have responded saying that the agricultural work causes agony as it requires them to work in a bending position for too long Sowing, weeding, harvesting - all of this work involve them to bend for long hours and hence gives them lower back pain, back pain and leg pains.

Only 6 women (13%) seemed to think that the domestic chores also might add to the work burden. Washing clothes and fetching water were common responses. It is however, interesting to note that despite most women spending huge amounts of time and energy, they have not mentioned the fetching firewood as a tiresome activity. Is it because of the dire necessity still remains a question.

**d. Health complaints**

As observed, most women wake up early in the morning and work late into the evening without any break. Such physically strenuous lifestyle with often accompanied by inadequate nutrition is bound to have health impacts.

84.4% of the participants i.e., 38 women with age group ranging from 20 years to 70 years have complained of health issues. The remaining 15.6% participants i.e., 7 women with age group ranging from 20 years to 43 years have said that they have not faced any health issue so far.

The 38 women have complained of leg pains, back pains, fever, stomach aches, kidney problems, joint pains, body pains, thyroid, lower back pain and frequent cold and cough. While fever has been the most frequent illness, MSDs like leg pain, back pain, joints pain and lower back pain are the most frequent complaints.

*" ...I have become very weak since 3 years. I also have thyroid. Knee pain, back pain is common, we all have it. Full body pains, ask me which part doesn't ache." said a 35 year old woman from Kongarigidda village*

Women in the reproductive age group also have to deal with monthly periods and the disorders it brings along with juggling daily life. While few women almost have painless periods, for others it brings its own troubles of physical pain.

On an average each participant had 1.7 (45/77) health complaints. The Table 1 shows the frequency of health complaints amongst all participants.

Table 1



**e. Coping mechanisms**

Dealing with everyday health issues first begins with acknowledgement of it. Domestic chores are usually considered as a woman's responsibility in most households and assumed the sole proprietor of such work with often nobody else to do the chores in their absence. In such cases, the coping strategy would be to just move on or get on with work and everyday life and not paying needed attention to the health issue. In some cases, applying an ointment or the commercially available zandu balm and tiger balm become the rescue.

*" ...bed rest, then it becomes okay. it is only because of stress so all it needs it rest, why doctor and all..." said a 20 year old woman from Jamasthanpalli village*

The Registered Medical Practitioner (RMP) is usually the first one to be consulted by women for painkillers or any health advice. The RMP usually charges very less according to the women and saves the time, energy and money by not traveling to towns for private hospitals. 10 of the women who complained of health problems swore by their RMPs treatment through tablets or injections.

In one case, it is also noted that the norms to go see a doctor are different for the family members. The woman seeks advice from the local doctor, whereas the children are taken to the bigger hospitals.

It is also revealed that the drinking water has been adding to the problems. While the two villages in Mahabubabad district are found to have high iron ore content in groundwater making it chemically contaminated to consume, the two villages of Nalgonda District have high Fluoride content making the groundwater toxic for consumption. However, all these villages have been receiving safe water supply recently through public, private and NGO partnerships. In Nalgonda, painkillers are sold even in small village shops indicating its demand amongst villagers.

An indigenous technique is also observed as a widely accepted practice. The locally available seed of a deciduous tree called semecarpus anacardium or jeedi ginjalu in Telugu is used to make oil by just pressing the seeds. This is known to reduce the ailments. The seed oil is a dark purple in color and leaves colored marks on the skin where applied indicating the areas of pain on the body.

*".. if high fever, we take injections. and carry on with our lives. For normal pains, as you can see, i have applied this seed oil. It is called jeedi seed, and its oil has healing properties. I have applied it on my stomach, neck and ankles today..." said a 35 year old woman in Mahabubabad*

Ten women have also said they seek doctors help from the big hospitals in the district headquarters.

*"... Even if i go to the hospital, i dont feel any difference. I go or I dont go, it doesnt matter. I have to live like that only. 10 days ago, doctors came from Hyd and gave medicines. They are made of plants it seems. They also asked me to maintain diet, not eat brinjal etc. But, who can trust these medicines? If i use them it will ruin the dose from English medicines. I took the plant medicines anyway but not using them..." said a 60 year old woman from Nelavancha village*

With the advent of telemedicine and telemarketing, there is no saying between what could be an original and real message and what is an advertisement. Towards the end of visit, 4 women in Nelavancha village reveal an interesting story.

*"...We saw the ad on TV and all 4 of us wanted some cure for our unbearable knee pains. We pitched in Rs.4000 for two small boxes of 100 gms each. We shared it amongst us. The company was very nice. They came all the way to our disconnected village to deliver this medicine..." - Nelavancha women*

**f. Hospitalization history**

Dealing with everyday pain can get very exhausting and often goes unnoticed. In the village of Kongarigidda, all the 10 participants have complained of health issues. In such an environment where everyone has one or the other health problem, the issue may often go unnoticed despite its severity. The tipping point to rush to a hospital instead of the daily routine of locally dealing with health issues is reserved for extreme incidents.

In one such case, a 35 year old woman was admitted to a hospital after she lost her complete consciousness leading to her comatose state for 2 years.

*" One day, i was feeling very weak, which usually happens now and then like with everyone. So, i decided to rest. And i dint wake up for a very long time. People rushed me to hospital and they said i have a wound in brain. But they also said i had dengue. They took me to big hospital in mahbubabad. This was 2-3 years back" said a 35 year old woman from Kongarigidda while casually massaging the seed oil onto her body parts.*

Seven women have confirmed being admitted into the hospital for their treatment. However, it is observed that the women seem to know precise information about the reasons why they were admitted, but lack the same precision on precautions to be followed post treatment. Also, in cases they dont find themselves in situations to practice the advice given of taking rest etc.

**g. Women's perception on the causes behind their health issues**

Eight women did not want to connect their daily work to the health struggles. Few of them even jumped to justify the disconnect. The very query seemed almost an offence to them, the mere thought that their daily work and health impacts could be linked.

*"...No. I dont think so. Because working hard is not new for me. It is never due to work. These body pains just come like that. But, wait a second, are you implying it could all be because of my work! I feel the pains since my operation only. Especially mornings, it is extremely difficult to bend and work. Sweeping is a nightmare. and these days even knees are cracking...", said a 60 year old woman from Nelavancha*

Eight women mentioned that they believe the lower back pains and leg pains could be due to the intensive nature of agricultural work they are involved in.

19 women voiced out that their present suffering is because of daily work including both work at home and work for livelihoods. Especially in Kongarigidda where all 10 women complained of health problems 70% of them declared that their agony is solely caused due to the exhaustive and tiring nature of their daily work. A 70 year old woman thought the health issues were because of the use of pesticides and fertilizers. Nine women have also refused to respond to this query.

**h. Family's reaction to health problems**

Six women have shared the harsh responses they have received from their families. While there was apathy in few cases, there was also helplessness and verbal violence. Having no other alternative at home to fend for themselves and the younger ones also adds to the strain

*"...None of my family members come to help. I take medicine and go on with my life..", says a 55 year old woman from Gudapur*

*"...He shouts at me also. But, I also shout back at him...", says a 50 yr old woman from Jamsthanpalli*

*“...My mother taunts me for my frequent illnessess. Even if I’m not feeling well sometimes I do all the daily work, but if it gets too severe I take rest that day...", says a 20 yr old woman from Nelavancha*

Thirty women have mentioned how their families support or help them if they are ever unwell. It is interesting to observe that the word used is 'help' which clearly indicates that the domestic chores are considered a woman's responsibility completely and any work done by a family member on the same is considered as support or help, rather than regular life skill.

*"...Sometimes family helps, other times i only do...", says a 35 yr old woman from Gudapur*

Only two women have mentioned about complete support and care they receive during their days of illness. But, this also seems to apply only to days when the illness is at a peak or the woman in question is unmovable.

*"...if i dont get up at all, they only do all the work...", remarked a woman from Gudapur*

Three women have also mentioned about their families reaction to rush them to hospital immediately indicating concern. But, it is also observed that the doctor they seek advise from differs in cases.

*"...My son works in a company and hence he has good contacts of doctors. He always takes me to them in case of any need...", said an old woman from Nelavancha.*

**DISCUSSIONS**

The study points out the hard labour by women and its adverse health impacts on them which are often not paid much heed unless situation goes beyond control. When almost 85% participants are living in everyday pain, it is not just an individual issue but points out a dire need for systemic intervention. At the outset, there needs to be accelerated efforts towards more research on MSDs prevalence amongst rural women. This needs to be complemented by both hardware and software components. Hardware components such as infrastructure to provide basic necessities such as HH water supply, capital subsidies alongwith income-generation opportunities as pointed by Nathan et al[3] , Health services especially door-step diagnostics and software components such as bringing back the focus on need for Adult Literacy programmes that discuss on Health and Nutrition awareness. Awareness programmes can also be carried under the SHGs (Self Help Groups) mechanism, which is strong in Telangana. Most women continue their daily lives ignoring the pain, which will only bring out higher burden on themselves in the future and hence, the awareness programmes can focus on empowering women to acknowledge their health status including menstrual health and take care accordingly and also empower men to break the patriarchal norms of what constitutes a woman's and a man's HH responsibility.

The irony of the women facing the lack of access to basic necessities such as HH water supply and sufficient cooking fuel and yet having access to telemedicine advertisements and couriers to doorstep supplying high cost ointments must not be missed. The location is the same remote area for both the suppliers i.e., public works and an MNC. Yet, the latter finds its way to reach its audience whereas the former, despite holding responsibility backs away. Also, interesting observation is the evident disparity between working women in urban and rural areas. While, urban women have access to creches and play schools, rural women lack this and hence it leads to the child staying out of school during formative years and contributing to the poverty cycle again.

The burden of daily domestic chores exacerbates gender inequality by keeping women out of using their agency and potential as well. And for a country like India to progress and reach our ideal GDP figures, keeping women out of workforce and ignoring their daily needs and health status is only detrimental to the very ambition. This study supports the need for understanding this phenomenon better through more scientific studies so that interventions can be established to prevent these diseases [2] and advocates for further literature requirement in this area of Women's health for a brighter and equal tomorrow.

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