# Synthesis paper: Headload of rural women and health impact

**By- Abhijeet Jadhav, VAF**

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**Introduction-**

From the times, when we were hunters and gatherers, women have been given domestic responsibilities probably because those were relatively safe at the time. But with a change in human life and modernization, work and physical activities in the domestic domain kept on increasing. With agricultural development, more grain came into the kitchen for processing. With the increase in life expectancy number of people in a family also increased. With increasing family size water, food and other needs increased; dependency on fire and firewood increased. Ability to domesticate animals also increased domestic work towards that. Women were also got sucked in the seasonal labor-work in agriculture due to the sudden need to mass food production. Today, even though life has become modern this primitive society exists with minimal change since ages, especially in villages. In urban areas, modernization reduced the domestic workload on women as various appliances and amenities entered many households. This saved women’s time and energy, and their representation in other social roles started increasing. But a section of society, especially the rural women, is still devoid of such solutions or amenities and remained burdened with huge workload towards their domestic responsibilities. This drudgery not only consumes time and energy but also affects the health of these women. For years if they are working hard daily there might be the cumulative stress and higher wear and tear. This is super-imposed by mal-nutrition and various deficiencies like iron in the diet, especially in rural India. [1- 6] This is also true for adolescent girls. [7] In rural India the birth order is also higher [8] and the health care delivery system is not that good. There is likely to be some effect of all of these factors cumulatively on the health of rural women.

The existing literature exists mainly in the following three perspectives when it comes to women and work.

* First is around occupational hazards in formal and informal set-up, at times with a special focus on pregnant women. These studies have implications of regulations related to working places and compensation in case of injuries, disease or death.
* Second is the wage disparities and less representation of women at a higher position. These studies are from human rights’ point of view and have implication on related legislations.
* The third is around training, support, safety, and welfare activities at the employment as well as a pre-employment phase for women empowerment. These studies are mostly from the feministic point of view and push for making society a better place for women.

More scientific and objective studies are from high-income countries and there are no such studies in the Indian context. Unfortunately, there is a gap in the literature regarding the domestic domain and work done by women. This is mainly due to the following reasons.

* Generalized apathy and neglect towards women’s health and suffering. This is typically superadded with social norms which inhibit women to be vocal about these excessive responsibilities.
* No economic consideration of domestic work or work towards familial responsibility. It is difficult to have a cost tag for various activities in a house and hence the value of these tasks is undermined. At many times this happens even if these activities are monetary activities like taking care of animal husbandry to sell the milk. [11]
* Very diverse nature of domestic work- as it is affected by geography, location, culture, religion, caste, class etc. One cannot make any generalized statement when it comes to rural domestic work across India. Hence, it is not easy to have a deductive comprehensive picture.
* Difficulty in defining and measuring domestic work in a technical sense - This will be a complex application of ergonomics to the numerous and diverse physical activities and the applications of such study results will have to be customizable to different background typologies.
* Zero opportunity cost to domestic work- There is a complete lack of employment in rural areas for women and hence as there is nothing other than this work in villages for women. This is further aggravated by lack of access to education for rural women. [11]
* Lastly, it is very difficult to assign the responsibility towards adverse health effects due to familial responsibility and the worst outcomes due to that work. [12]

It is very difficult to attribute the causation of certain health problem towards the domestic work due to multiple and overlapping causalities. For example, the prevalence of low back pain (LBP) is very high [9, 10] and women take a higher burden of this health problem, especially in the age group of 40 to 80 years. [10] But how much of LBP is contributed by family responsibilities and malnutrition, lack of exercise, improper postural habits, individual biological issues or informal job hardship is difficult to measure. To answer this, there is a need for large epidemiological studies. So, in what manner the small researcher centre or individual researcher contribute to fill the literature gap was the central question. This synthesis paper will try to capture the contributions of the researchers presenting at this conference and will examine how they are trying to deal with this gap from very different angles.

There are three research papers and two reports from companies which will be discussed in the related parallel session of this conference.

1. A qualitative research from Telangana by Ms. Spurthi Kolipaka
2. A descriptive cross-sectional study from West Bengal by Ms. Soma Mujumdar
3. A quantitative cross-sectional study from Rajasthan by Dr. Abhijeet Jadhav
4. A report from a Bio-gas making company- Bio-Systema engaged in rural Gujrat
5. A report from a plastics appliances company – Nilkamal Plastics

The first paper is qualitative in mature and tries to capture the opinions perceptions of women about their daily work, health status, reasons to continue hardship, health complaints etc. It had 45 participants from four villages- two from each of the two districts are Mahabubabad and Nalgonda of Telangana. This paper describes the hardship of women through their own narratives and also tries to generate the complete picture in which women from these villages have to work. It confirms that the lives of rural women is full of drudgery and has a considerable burden of various related diseases. [12] It also informs how women continue to suffer and work towards domestic chore and cope with health problems.

Next cross-sectional study by Ms. Mujumdar, is with 100 women participants from the unique terrain of Sundarbans four villages of Gosaba block of South 24 Parganas district, West Bengal. Long back British established a scheduled caste population in this region which was internally displaced due to some conflict. Inhospitable jungle areas and complete absence of development and basic facilities like electricity or roads, these islands offer a very laborious and risky lifestyle. This study gives insights into the women’s lives and gives numbers related to their drudgery. Simple descriptive information related to availability and access gives the idea about lives in deficiencies. Information about livelihoods indicates the dearth of employment options and very high male migration. This creates multiple vulnerabilities for these women. Information related to their health complains gives a fair idea of their health status.

The third study is a quantitative study done in 13 villages from three districts of Rajasthan. It was a cross-sectional study with 565 respondents. Data collected was related to demography, socio-economic details, duration of various physical activities, perceptions about the work, health complaints and health-seeking behavior. Though self-reported the durations of various physical activities with the fairly large sample is a good record and could be generalized to at least rural population in these and nearby villages. This information is helpful to identify and target key areas for intervention to reduce the drudgery due to domestic work. Data is also captured on chronic health complaints and symptoms as well as medication and doctor visit in the last one year. This helps in the understanding the actual burden of various disease categories.

Next two presentations will be related to the systemic representation of two efforts which are trying to address the above-mentioned problem.

One is the innovative biogas technology can give not only biogas for household cooking but also electricity and manure. This clean technology reduces the hard work of bringing firewood and also hazard of smoke. This is truly life changing a thing for rural women and it is also environment friendly.

Next one is a simple yet marvelous intervention to reduce the drudgery related to fetching water. Nilkamal plastic and Wello Wheel have made a product- a plastic wheel with a good water capacity which can be rolled easily by women using the attached handle.

**Inference and Discussion-**

The qualitative study gives the insights of the daily schedule and the hard work of the rural women. This gives us an in-depth understanding of the real situation at the grassroots. The strength of such studies is to give words to the pain and the suffering of participants and to elaborate their perspective. This becomes a crucial set of information if we really want to address their problems. Women’s feelings, constraints, felt needs and opinions to solve the problems can be understood well from this paper. A similar study was done by VAF which got recently published [12] focusing on head-loads among rural women from Osmanabad & Nashik district. The insights from the study pushed the organization to take it further.

Next study done by Ms. Mujumdar was describing with figures about the living conditions of women from interior areas of Sundarbans. This study gives the details of the difficulties of life in the compromised geography and access to all basic amenities. There are riverine islands with marshy land with no reach of development programs. People somehow adopt in this situation and survive and women have the only instrument to meet the ends which is their body. For everything, they depend upon their physical work and abilities.

The quantitative study from Rajasthan maps the actual timings for all the major categories of physical works which helps to identify the most burdensome tasks of 565 women from 13 villages. The study tried to capture all the major self-reported health complaints which can occur due to head-load carrying for long duration and it gives a fairly good idea about the burden due to these diseases. In the sample, 53.45 % of women had some or the other MSD and highest was Low back pain- 29.20%. These findings from the study confirm the excessive burden of certain complaints among these rural women. The study also indicated areas where interventions or policy improvisations are required.

Lastly, there two presentations which are new interventions for improving the lives of rural women. One is a modern, maintenance-free, highly efficient, sustainable bio-gas model which will reduce the drudgery of bringing firewood and also the nuisance due to smoke in the house. Other innovation is a wheel which can carry water and women can operate it very conveniently. Both these innovative technics are economic and made for Indian rural areas which have benefits not only on women’s health but also on economy and ecology in rural areas. There is a huge need for more and more such technologies for rural development.

**Conclusion**-

Women are facing the excessive burden of MSDs. [12, 14-16] Women’s drudgery and specifically headload carrying is shaped by multiple factors and prime ones are the apathy of the society towards hardship of women and discriminatory social norms. Women have been accommodating responsibilities for household needs and functioning to a very great extent. The extent to which they have got burdened is showing very adverse effects on their health. And most importantly they are falling out of the pace of human development. Surprisingly this issue has not been focused much even by feminist studies. Most of the studies restrict the discussion around “Production and Reproduction” roles of women and unfair returns of their work in terms of monetary and otherwise but there is no or very less focus on the aftermath of this drudgery. [13] Unfortunately, women who are pressed by this harsh life are voiceless and this agenda is never on the advocacy list and there are no scientific efforts to reduce the drudgery.

Another factor adding to the drudgery is no reach for various programs of domestic importance like electricity, LPG, water etc. As shown in the study from Rajasthan, three to four hours of hard work per women per day can be reduced by provision of these basic facilities which one takes for granted in urban areas. This will add to the ease and convenience of doing daily work as well. There exists a complex association between difficult geographies like hilly or jungle area which are the hub of underdevelopment leading to high migration and it further leads to a higher burden of various tasks on women who are already burdened by difficult geography. One more important factor which is an integral factor to the drudgery is the unavailability of any employment or earning opportunities for rural women. This forces women to continue the tougher path of domestic work as they don’t have the money nor do they have anything else to do for earning money. [11]

Currently, maternity-related health programs have hijacked all the focus and concern for women’s health and the whole public health system revolves around it. Studies mentioned here are highlighting the issues of MSDs, disability and uterine prolapse which are the direct consequences of their laborious life but are not focused so far. Till today, women’s headload is a crucial driver in every rural household but it’s not necessary at all. The side-effects of this drudgery both, current and future, are unfair and completely avoidable.

**Action points**

**Excessive Physical activities & headload carrying**

**No possibility of developmental activities**

**Excessive suffering, low QOL**

Lack of access to health & education

Social norms

Poverty & lack of employment

Lack of basic facilities

**Lack of energy & time**

**Adverse health impacts**

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