

Women's Work, Labour, and Reproductive Health: An Ethnographic Overview

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Abstract

Women's work, labour and health status are interdependently linked with each other. While health status determines individual's caliber to work and labour, the latter two inevitably influence the first one too. There is need to re-look into the matters when these concepts are perceived and defined differently by rural women's themselves. This paper is based on primary-first hand data aiming to provide an ethnographic exercise on understanding poor women's health and work domain in a socio-cultural context.

Key Words: Domestic Work, Gender, Labour and Reproductive Health, Rural Women

*'Husband and father in-law are main breadwinners in my family. My younger brother in-law also assists them in farming and labour work within the village. I never engaged in work outside my hearth. I stay at home and engage in **chauka-basan** (cooking and washing pots and utensils) and **goru-chauwwa** (domesticating and caring of animal and gathering fodder). I just help them for farming, and doing **jhaarpachhor** (cleaning-up rice and wheat). (Susheela, 32 years old)*

Like *Susheela* all women out of 112 were interviewed, whether they are seasonal agricultural daily wage labourer, responded that they do not work and perceived that they do not contribute to family income. Only their spouse and or other male family members (often young son, brother in laws, father in-law) were bread earners in their family. These perceptions were common to all rural women as these observations are supported by empirical data. Here, it is a matter of concern how these perceptions are articulated in speech and acts of rural women.

Methodology and Data Collection

Primarily this is primary field data based study for which were gathered directly from the field opting 'ethnography' as respective anthropological technique. Hence, in the present work we admired ethnographic approach to throw light on

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interdependency of women's work, labour and reproductive health status among the Chamar women of an Ambedkar village of district Ambedkar Nagar in Uttar Pradesh, India

Introduction

In traditional rural societies, women's work in the domestic domain is never defined as 'work' due to its non-earning and unpaid nature. They are not considered the bread winner of family; rather they are placed as passive consumers, despite their round the clock engagement in domestic work, rearing and caring of the family. Rural women are typical labourers, both in sense of social as well as biological reproduction. They produce use value, and children (domestic labour force) but do not possess exchange value/ownership of their products. On one hand, the delineation of work and labour perpetuate women's dependency and subordination in family and therefore in society, and on other hand the workload that a woman has to bear has adverse impact on her reproductive career and health. Women's capability to labour for social reproduction and power of labour to reproduce child, together causes their subordination in patriarchal setting of family and society [1]. A woman's labour of reproduction, on the basis of which division of labour is made, generally is not justified as a division of labour. Though, it is glorified as the power to create the universe in all society, yet, it is not taken (especially in rural household) as an attribute of work and a contribution to household economy and earning. Performing her duty of producing, rearing and caring the child and family, a woman, shares her part of labour, and becomes side actor to be engaged in work; earning activity. Landlessness is a common feature among scheduled caste population, and if not, it is in hands of male counterparts; as women do not inherit property. This unique construct of labour dimension in rural society with virtually no property rights, women are not recognized as workers or bread winners. This resultantly, takes her in the state of being oppressed and deprived in all fields in her life course. The above dimensions of women's unacknowledged contribution form a uniform common reality in socio-cultural milieu of rural India.

Indeed, much of other literatures on domestic work, reproduction, and subsistence production have been developed that provide the basis for the argument that any conceptualisation of economic activity should include the production of use values as well as of exchange values, and that active labour should be defined in relation to its contribution to the production of goods and services for the satisfaction of human needs. Non-commodity production is also part of the realm of economics, and must be analyzed and valued accordingly. Resultantly, women's work and labour

has redefined and visible in economic system and public domain at statistical and policy level. But we are still so far from the equity and equality level as women's work could not get recognition and valued at the level of perceptions. This could be seen in many patriarchal structured societies especially in rural societies. Because of work- health-relations, this happening becomes harsh and jeopardizes women's lives in rural areas where majority of women belong to marginalized, poor and agriculture labourer class in general and scheduled caste in particular.

Since 1970s, a wide range of scholarly writings have envisaged much of dimensions of women's work and status but less attention have been paid on what are rural women's perception about their role and status in household economy? What and how they perceive their work dimensions and its health consequences and vice-versa?

Rural women perform exhausting round of duties and responsibilities of domestic drudgery and still are considered passive participants of household economy. As a matter of fact, their role and labour in producing child, influence their potentiality and opportunity to labour in economic production. Consequently, women become marginalized in economic production and work due to their low earning power, and turn invisible in work participation as employee. While much attention and emphasis have been given to this aspect of women's labour and its relation to reproductive labour that is one of the determining factors of control over women's sexuality and reproduction, less attention has been given towards the women's health-work-gender relations. A very few literatures including Senturia (1997), Kabeer (1994), Soman (2006) and Bisht (2012), focusing on this point, explore the association between women's heavy workload, inadequate nutrition, gender-relation and ill-being.

Senturia (1997) analyzed the linkage of women's work and pregnancy outcome. She explored that women's pregnancy and its outcome are seriously affected by work pattern and activities they engage during work. Certain activities like standing long, working in hot environment, bent with heavy goods etc. are associated with prenatal death, and low birth weight, spontaneous abortion and preterm delivery. **Kabeer (1994)** found that gender discrimination in distribution of 'welfare resources', and work burden and energy expenditure by women have bearing maximum during their reproductive years. She observed that household dynamics becomes a major determinant in permitting leisure and relief to working women and hence influencing the state of their health or ill-health. **Soman (2006)** has identified that 'work' as the

household dynamics have the most powerful influences on women's health and existence. The nature, terms and conditions of work in various economic categories determined the amounts of time and labour spent by women and the level of independence women enjoyed after long hours of work. This included not only leisure time but also whether they were able to think of themselves. She states, since people's health is an outcome of their social existence, women's poor reproductive health is strictly conditioned by gender politics of labour within the household.

It is restless to observe that interlinking between women's work dimensions and reproductive health did not get appropriate attention and has not been written on this from women's perspective (sufferers' perspective) in the Chamar community. Exemplifying the interrelation between women's labour for production, reproduction and reproductive health, in this paper, with the theoretical premise that women's work dimensions and their reproductive health aspects impact on each other and determine their health and social status in family and society as well, we tried to give an ethnographic account on the relationship between women's labour, their multilayered oppression, deprivation, and health among the Chamar of the study village. In the whole discussion, we first focused on women's work and their status in the Chamar household, and then delved to study the relation between work dimensions and women's reproductive health aspects.

Production and Reproduction

Production and reproduction constructs the basic structure and function of family institution in any society wherein, men and women play their roles based on gender division of labour. It is a general belief that a woman's primary role is that of a housewife. Her first and foremost responsibility is supposed to be the provision to her family of all the non-marketed goods and services which come under the general category of house-work. Any other productive work she does is assigned a secondary role and is supposed to be interspaced between her various household duties (Banerjee, 1985, p.165). Women's secondary status in family is attributed by redefined work participation; wherein, women are placed as non-earning member. Therefore, they are considered as unproductive. This concept seems ambiguous in the case of rural women in general and dalit women in particular as they come from labourer class and are work as active participants in both on-field and off-field. It is, by now, well known that almost all rural women do much arduous work given the nature of lifestyles in Indian villages even if they are not counted as worker (Kalpagam and Arunachalam, 2008) while, playing their parts, they reproduce

household economy by their participations in both, labour for producing child to continue family line and generation; *biological reproduction*, and labour for producing work force through bearing responsibility of domestic chores, rearing child, care elders and cattle of family; *social reproduction* as well.

While men play their role as producer women have to play both their roles of labourer in productions and reproduction as well [2]. Despite the fact, they are not considered, basically in rural lower class and caste families, as bread winner in the family and producer in household economy. Women, working at home, are often placed only in category of consumer because they do not sell their work in market and do not earn money. In this way, they remain dependent forever on their male counterparts in family. This state of economic dependence decides and defines the social relations and process wherein women are further situated in a state of multiple oppression and subordination.

Women's lives, as the field data reveals, in a lower class and caste community circles around the relations of work, labour and social status. An unmarried 'good' daughter is defined by having ability to work hard and bearing the responsibility of caring of the family. This is also the criteria and requirement for marriage that is, in fact, a shift of labour from *naihhar* (maternal home) to *sasural* (in-law's home)'. A 'good' woman is defined by rendering completion means having ability to produce children especially male child, and bearing responsibility to care and rear of family, and also work on field. In both parts of their lives; in *naihhar* and in *sasurar*, they are not seen in role of producer; they are seen only in the role of consumer. Answers of all women respondents to question on breadwinner of family, are similar to *Shusheela* as -

*'I don't work ever. I stay at home and engage in **chauka-basan** (cooking and washing pots and utensils) and **goru-chauwwa** (domesticating and caring of animal and gathering fodder). I just help them in farming, and doing **jhaar-pachhor** (cleaning up rice and wheat).'*

Indeed, women have full and exhausting round of duties, but a feature of their subordination is that these are rarely credited as work. Women are central in reproduction, dealing with consumption and the daily and intergenerational reproduction of labour force. When these activities are added to women's productive work, women are more clearly seen as the workers they undoubtedly are (Jeffery et al., 1989).

Women and Agricultural Labour

‘My husband is rickshaw puller in Sonipat. As we don’t have cultivatable land we run family by dihari/wage labour. Since Pradhan has given a small piece of land to us under the scheme of patta, we are owner of 2 biswa land on which we cultivate for subsistence. But for other expenses we have to depend on wage labour. We get dihari on thakur sahib’s land. There, we are paid 50 rupees per day. After crop cutting and during off-season we work at his home. There also we are paid something either in cash or kind (paddy or wheat). In any emergency, we borrow money from him. In case we fail to pay back the borrowed amount, we could return it in form of labour for him without wage. (Lalli, 37 years old)

Mostly women do labour on others’ farms on the basis of daily wage. They get payment for their labour either in form of cash or kind. Generally, they work in farms seasonally (from July to August, October to November and March to April) but in the off- season they do other domestic work. Chamar women keep in touch with land holders throughout the whole year. For their off-field services they are paid kind like some parts of cultivated crops and other things what they need. Being in this relation for their work and services women get social security in adverse situations of financial trouble. This type of work pattern makes them dependent on upper caste and class land lords. In this way, many times they have to tolerate landlord’s coercive behaviour, harassments and exploitation. Even though, the Chamar in the village are numerically predominant caste, their dependence on upper caste land holder prevails because of vicious circle of debt and unemployment. In this way, women have to suffer unfair relations and harassment (as social relation depends on economic and class relation).

Working on large size land holders’ field, some women identified it as a social security through their reciprocal social relation with landlords and their families while other women are reluctant to do labour on others field, and have negative opinion.

‘Earlier I took dihari on Thakur sahib’s land but now I don’t do it. In need a conditioned person has to tolerate other’s unhappy/bitter words. We have to do ‘begari’ (work without wage) too along with dihari. They are rich and upper caste, class people; in case of any discomfort and unhappy situation each and every decision goes in favors of them. So it is better not to work and to be satisfied in less’. (Syama Devi, 41 years old)

Some other women also opined the same. It reflects that to make up a good relation with their moneylenders and upper caste landlords, and to secure their job and labour, the Chamar women have to suffer bitter words and unhappy behaviour by landlords. Women have to work without wage and even contribute to upper caste women's work also. As exchange of labour they can get sometime in kind rather than cash payment. Women labourers in the village are not able to bargain for better wages due to agricultural labour surplus situation in the village in absence of other work opportunity for rural women unlike men who look for work in town or migrate in cities for work/jobs for better wage and more earning leaving behind their women and families in village. Further, the rest of family members could do only agricultural labour at a low cost and marginal wages (due to mechanisation of agricultural work/labour) that is one of the main livelihood resources of the Chamar community.

The Chamar women are most sufferers of agrarian social relation; land-power equation since, social relation and process depends on the material relation, and is defined and decided by economic structure [3]. In this way, the Chamar women labourer, working on upper caste landlords' farms, likely suffer unhappy agrarian social relation in context of labour and work that entrench women in negative condition of wage and sexual exploitation, dissimilar work-hours etc.

In this community, almost all Chamar families, with exception to a few households are from lower classes [4], do not have more than two *biswa* cultivating land. However, Upper class [5], Chamar families own large size (more than one *beegha*) cultivatable land and work for surplus production. These families also own cattle in large numbers and shops in the town. Their women within households shoulder domestic responsibilities along with agricultural tasks and cattle rearing and caring. Though, class differences determine labour and work patterns among women reflecting their status in a particular economic position. In the present study no difference as such has been reported among the chamar community from the study field. While, among upper caste communities class differences are apparent. Women from upper caste (*Kshatriya*) and class families in this village do not assist in agricultural tasks. Even their domestic work is also not of heavy and hard nature as such works are also assisted by labourer women of their courtyard. Much of their domestic chores are done by lower caste and class women. In their family, generally, younger women engage in cooking and care work and older women do managerial work. They supervise the labourers for crop processing in their courtyard. Majority of poor Chamar women like *Lalli*, along with her young daughters help them with agricultural tasks and domestic chores. *Lalli* has been working at a *thakur*'s home

since years. She performs all tasks from keeping the house clean, rearing animals, washing clothes and other such work.

Women, belonging to lower caste and class, have to bear heavy workload as *Lalli* does. They, themselves have to work round a clock in their house. In addition to their hectic and heavy responsibility of domestic chores and household work, the additional work in other's houses add to their overloaded. This is further aggravated with work on-field and off-field as agricultural labourer. Almost all Chamar women from lower and middle class engage in both earning (agricultural labour work) and non-earning (their domestic chores) activities.

Women's Perception on Work and Well-being

In the Chamar community, adult and older women and young girls perform a wide range of tasks while their male family members do not do the same, they perform only earning work outside the home and keep themselves free from any domestic chores. Women, routinely engage in three types of work. These, as they identified, are *bhahire kai kam* (outside-work as marketing, collecting fodder, arranging fuel sticks etc.), *khet-bari* (agricultural work), and *chaoka-basan* (domestic-work). In their local term, these works are subsumed under two categories; *dihari jana* (daily wage-agricultural labour work) and *ghar ka kam* (house-work). House-work comprises *chaoka-basan* and *bhahire kai kam*. The whole life of a woman, unlike a man, from her childhood is spent in at least one of these categories of work. Women do "nothing", if she does not earn money and not a regular wage labourer, is a common belief among the village community. They were questioned 'who is breadwinner of your family? And what do you do?' all women who did house-work only, replied that they do 'nothing'. All women, even if some of them were seasonal agricultural wage labourer identified only their husbands and other male members of family are bread winner.

Even though, work and labour, as a result of scholarly endeavors over the years, has been identified and redefined respectively, yet the terms work, labour, employment and job have general but not an appropriate meaning. Among the Chamar of the study village, men and women mean by these words differently. Towards these, they have certain meaning and perception embedded in their cultural background. For them, work means whatever men do for household survival, and earning. In contrast, women's house-work, and other tasks that contribute to household income too, does not get recognized in family generally, even though it may bear both productive and reproductive significance. Interestingly women

themselves do not assess and appraise their work participation, and do not consider their jobs as ‘work’ as has been reported in *Susheela*’s perception as ‘*Husband and father in-law is main breadwinner in my family. I don’t work ever. I stay at home and engage in chauka-basan*’.

Women’s work in village community is basically house-work respective to composition of *chulha* [7]. In *ek-chulha/sajha-chulha* (joint family) they share less work but experience mental pressure and less freedom. Women together share all household work with respective to their age like doing *chauka-basan*, collecting fodder, makes dung-cake, and takes goats and buffalo in field for grazing. Other women of family share works related to agriculture; crop processing, maintaining granary etc. In *alge-bilge/alag-chulha* (nuclear family) they don’t experience mental pressure often but have to suffer excessive workload. *Lalli* shared with me her ordeal in this context. She says when I was in *sajha-chulha* house-work was endless but not so heavy and hectic. My *sas* (mother in-law), *nanad* (husband’s sister) and *devarani* (younger brother in-law’s wife) also shared these work. Now, in *alge-bilge*, I alone have to manage all these work along with *dihari*. To some extent my daughter helps me in *chaoka-basan*, *bhahire kai kam* and *dihari* too’.

Women’s Work in Alge-Bilge (Nuclear Family)

Family type and size as *sajha-chulha/ek-chulha* (joint family) and *alag-chulha/alge-bilge* (nuclear family) respective to women’s age and status in family (whether she is a small girl, elder *patoh*, mother of a male child, and wage or domestic labourer) affects and determines women’s work, their control over household work and condition, and work collaboration with other family members. For the Chamar women her drudgery begins even before they have even lost their milk teeth. A girl is entrusted to look after their younger siblings, starts working as a child labourer at a tender age of 10-11 years supplemented by the burden of household work. By the time she reaches a couple of more years she is burdened with marriage and its responsibilities like childbirth, rearing of child and care for family, cooking and other chores for the family.

In the community, *chulha*’s composition in households is mostly *alag-chulha* comprising husband, wife and their unmarried children. This household unit is locally called *alge-bilge* (nuclear family). In the study community, only 35 households out of 181 share *sajha-chulha/ek-chulha* and rest of that are *alge-bilge/alag-chulha* (nuclear family).

Chamar women in *Alge-Bilge* generally suffer from hectic and heavy routine work along with labour work. The household size and type affect women's bearing responsibility, work and duties. Following account demonstrates the impact of household pattern on women's work condition and duties.

29 years old *Kalawati* who is suffering from anaemia and mild prolapsed uterus works as domestic labourer at *thakur's* (her village *Gram-Pradhan*) home. She has a big family with five children and husband. They have neither cultivable land nor traditional occupation from where they can earn any income. Her husband is a daily wage labourer, engaged in *dihadi* where he manages to earn only 80-120 rupees per day when he works. But he could not earn more than Rs. 2000 monthly, and could not secure his family's food and other needs. Confronting starvation and livelihood insecurity of her family where she has many mouths to feed and only one earning member *Kalawati* decided to work despite of her poor health status.

At *thakur's* house she has to assist agricultural work along with all domestic chores. For her work she is paid 600 rupees per month. She also gets other helps in the form of goods and food materials. But she gains it at the cost of her health. Work condition for her with health problem is not appropriate. Her problem of prolapsed uterus and anaemia does not allow her to work hard but she had to do. In her words, "I couldn't dare work, every time I feel weakness. My vulnerable physical state doesn't allow doing heavy work. When, I work hard, my uterus gets prolapsed that becomes more problematic and severe. I get bed-ridden. For treatment we have to borrow money from *thakur shahib*. After all, if poor will not work, how would their children survive?"

Women's Work in *Sajha-chulha*/*Ek-chulha* (Joint Family)

After marriage a woman has to live in *sasural* (in-law's home) with her in-laws. *Sasural* is usually an *ek-chulha* (joint family) household. She has to bear a greater responsibility of domestic chores and other house-work due to being a *patoh* (daughter in-law). Gradually, this bearing becomes lighter as soon as *patoh becomes older*. Contrasting with this, work and responsibility gets heavier for both *patoh* and unmarried girls in *alge-bilge* (nuclear family).

Among the Chamar community, *ek-chulha* or *sajha-chulha* is not a long term arrangement. It sustains up to some years after *Gaona* (bride's first coming to her *sasural* after marriage). When *patoh* come to her *sasural* through *Gaona*, she has to share a *sajha-chulha* usually for a period of 5 to 6 years maximum, since they belong to labourer class and do not carry agriculture land and traditional occupation in

present day scenario. In village societies *ek-chulha/sajha-chulha* composition generally runs due to cultivatable land property and household economy based on agriculture where family members' collaborative labour in agriculture minimizes the labour cost.

In *ek-chulha/sajha-chulha* (joint family), the Chamar women have to suffer workload and endless exhausting round of duties. In their routine work they get up early morning, go to field for defecation. Returning at home they engage in preparing for food, cleaning pots and pans, lit the *chulha* (hearth) for cooking food. In most of the Chamar household, at around 9 to 10 o'clock family members take first meal. Younger *patoh* (daughter in-law) strictly follows a code of conduct regarding food behaviour whereby she does not take meals until all members of family have taken. And generally all women take meals after their husband, and younger male members. In between first meal in morning and next meal in evening they take bath and wash clothes go to collect *koyar* (fodder) and vegetables from field, chop fodder itself, and perform other work like sewing clothes, and knitting sweaters and straw basket if they could manage time between routine works. They also engage in husking rice and the dung work for milch animal during season. These activities have to be religiously performed by a rural woman throughout their life-course even in her ill-health or pregnancy.

Workload during Pregnancy

During the advanced stage of pregnancy, doing house-work becomes very difficult for me. Still I have to do it. There is nobody except me to bear family's responsibility. If I take rest who will work? How would my sasur (father in-law) and children have food? (Rajkumari, 29 years old)

'I find it very difficult to do work during pregnancy while being pregnant is itself fatal for me. I suffer acute weakness, pain in the legs, backache, and swollen face and legs during pregnancy.' Still I cannot just sit and eat. My sas (mother in-law) and jethani (elder brother in-law's wife) taunt me saying 'you are not a unique woman who experiences pregnancy, it's not a suffering. It is normal and common to all pregnant women. No need to avoid work. (Kushalawati Devi, age 32 years)

I cannot visit my 'naihhar' (maternal home) for more than two days. Delivering child at parent's home is looking like a 'day-dream' for me. I am living in alge-bilge, I have to do all work alone, and there is nobody to help me to whom I could hand over my work. Now, I pray to God to not give me any more pregnancy. It's not easy to carry two jobs in one time. (Badama Devi, 33 years old)

The work routine and burden undergoes no change before and after pregnancy. Women's ordeal of this doubly deprived community (belonging to both social and economic bottom most strata) changes only for aggravations of suffering. This is a stable condition for a woman in *alge-bilge* household. While in *ek-chulha/sajha-chulha* she could get exemption from workload obligations. The joint families that possess land property practice joint cultivation on land. They could produce more than subsistence, and carry a better life style. Their women often do not experience nutrition problem, burden of heavy work and hectic routine. In such condition, taking rest during pregnancy is easily manageable for them. *Patoh* (daughter in-law) in that family get advantage of the cultural practice of 'delivering child at *naihar*' (maternal home). All these things are not possible for a woman living separately from her in-laws. She is entrenched in the obligation of hectic routines and exhausting duties. Even though they confront many complaints like weakness, paleness and swelling in body, lack of appetite during pregnancy, etc. yet they have to work hard to fulfill their duties.

More than 70 per cent women of reproductive age in the study community reported suffering from at least one type of anaemia [8]. The most common one is nutritional anaemia that tends to be severe during different stages of pregnancy. It happens because they work in the same manner as they work in pre-pregnancy period, but do not intake adequate and required food and diet. Living in this condition, the Chamar women have to work regular till the day of delivery. They are bound to do house-work especially making meals and washing utensils and with this they have to do *dihari* also. A pregnant woman's work more closely relates to seasonal factors, class position and composition of her *chulha* than to the stage her pregnancy has reached [9]. In this way, a pregnant poor woman living in *alge-bilge* (nuclear family) could not get rest and deny to work at agricultural field during paddy plantation and wheat harvesting season even though, in 6-7 months of pregnancy. If they do not work in these seasons they will have to remain workless and financially deprived throughout whole year.

Women could hope some leeway for rest from work and duties in pregnancy only when they visit their natal village. Within the constraints of economic inevitability, however, there is some way for a woman to get rest from duties. In natal house, a woman's work is lighter and optional. But natal house visit is not so easy task for a woman in *alag-chulha*. Compulsion of inside and outside-work as well as *dihari* does not allow her leaving children and husband alone at home.

Sharing *sajha-chulha* in *sasural*, for a pregnant *patoh*, getting exemption from work can happen usually after childbirth when she remains in *saur* that is not extended more than seven days, and in post-partum period. During those days *nand* do perform house-work and gives care and service to *jachcha* (birthing mother). In *patoh's saur*, *nand's* role is ritualistic that can be seen as an arrangement providing rest and work leave to *jachcha*. Resting period can be extended up to a month if *sas* and *nand* are cooperative in nature. In case of not having unmarried *nand* it is difficult for a *patoh* to get rest and be free from duties for more than seven or ten days after child delivery. Because married *nand* is also a *patoh* of other's family, she carries all the rules and restriction of *sasural* and cannot visit her natal village for long. So, a married *nand* is not usually called before the child delivery. If she visits her natal village, she may be kept there till *patoh* delivered baby.

Chulha's composition along with other factors such as whether rests of the family women is cooperative or not, determines the work dimension for *patoh* in *sasural*. In *ek-chulha* a pregnant *patoh* could get some leeway of rest due to having other women as *sas*, *nand*, *devrani* (*younger brother in-law's wife*) and *jethani* in family who would manage her work. So that, during 6th -7th month of her pregnancy, a *patoh* could get a chance to visit *naihar* and staying there up to forty-five days after child delivery. In contrast to this, in *alag-chulha* she cannot relinquish her work, and remains deprived of *naihar* visit and the advantages of delivery at parent's village.

Resuming Work after Childbirth

There is no concept of rest for the poor. All days passes in doing work. Child gets delivered while women work, and just after saur we have to return for kitchen duties as soon as possible. (Kalpa Devi, 64 years old dai)

Kalpa Devi, a traditional *dai* in the chamar community discussed how a *jachcha* (birthing mother) managed her work and duties during pregnancy and post-partum period. In rural areas women have to bear duties of house-work, outside-work as well as agricultural work. These tasks keep them engaged round the clock during season, and during off-season, even if they do not experience workload and could get some rest they cannot relinquish their house-work and outside-work. She questioned 'if a man would not work, he would not earn money but if a woman would not work who will cook and feed her family? Without earning family could survive for some period but without food it could not survive for more than a day. That is why woman's hands never stop'. It is only period of *saur* (a period of seven days after childbirth) when a woman does not work and gets rest and care owing to seclusion

practices in regard to safety, and purity-pollution concerns. Excepting this period she has to engage with at least domestic-works for few months following child delivery. After that she comes back to her routine work of on-field and off-field along with domestic chores.

Women were asked ‘how long do you avoid domestic/labour work during post-partum period/or illness?’ How long do/did you return on your routine work after child delivery? Majority of women, except the few who have suffered complicated pregnancy or obstructed labour answered that for the period of fifteen days maximum they could avoid domestic/ labour work during post-partum period. Disease and illness do not matter for them until they become bed-ridden. A woman stated “if you are woman and poor, you will have to perform duties irrespective to your suffering from weakness, body ache, fever and cold.”

After child birth, except a period of seven days to forty five days maximum, a woman being a *jachcha* has to bear a burden of duties. She works regularly without any rest. This condition makes them weaker and susceptible to various diseases and disorder including severe anaemia. She has to care and rear baby first along with domestic chores. Almost all the chamar women breast feed their child many time in 24 hours. Breast feeding requires extra nutrition and care for a *jachcha* so that she could maintain body energy level. But the chamar women could not get any supplementary diet and nutrition within family. Though, she is provided supplementary diet at anganbadi centre yet she does not consume it often due to complaint of quality and inaccessibility to it, and prevailed perception that it is cost free so that it is not good and eatable.

In Hindu society, a *jachcha* is considered impure for 45 days after child delivery up to when she experiences post-partum vaginal bleeding. Therefore, there is a traditional practice to keep a *jachcha* isolated from kitchen and religious activity. This normative practice of a *jachhca*'s isolation brings a leeway of rest and relief from her work. But in the Chamar community, since they do not strictly follow the concept of purity and pollution, women remain unprivileged of any provision of rest and relieve from work and duties. Their social and economic structure does not allow them to follow the normative practices of pregnancy and child birth of the upper castes and classes. Economic imperative and household composition, family types and size compel them to work hard and be entrenched in back-breaking routine and endless work and duties.

Work Dimensions and Reproductive Health

Reproductive period brings more afflictions for a woman. It is a common reality for labour class, rural poor women. Reproductive health condition in relation to work and responsibilities are seen very harsh and difficult. Workload, working condition, nutrition status, family and social environment interrelate with each other and establish work-health relation that determines women's reproductive and mental health status. Work dimension has a bearing on women's health. Among the chamar community women share their experience of work, labour and health that reveals interrelation of work/labour dimensions and women's health mainly reproductive health and mental well-being. Revelation of discussions on reproductive health issues among the chamar women on explanation of illness, its causes and consequences reveals interlink between work, social relation and body. Different health problems have been reported among women respondents of the chamar community respective to their age, employment, and household economic status.

Kusum, in her three years of wedding life, had suffered two regular miscarriages and further complications in conception. She reasons this to doing heavy tasks of lifting load and doing all household chores on her own even during pregnancy. She stated as 'my sas and jethani (elder brother in-law's wife) are not cooperative at all. They don't like me because I did not bring many things in 'dahez' (dowry). They even persuade my husband to desert me. They perceive me not fit to reproduce children due to my ill health. But that's not true at all!! I conceived twice but due to overstrain of work I ended up with miscarriages. I am helpless. With hard physical labour and responsibilities both at home and outside in the fields during pregnancy I am apprehensive about my reproductive career that will definitely decide my marital fate.'

Reproductive period is the most vulnerable part of the chamar women's lives that carries many negative health impacts. Health problems during adolescence, pregnancy and post-partum period, complicated and obstructed labour, and other ills of pregnancy [10] have their roots in childhood nutrition and care which is determined by women's work and household's income. Prolonged nutritional and care deficiency of girls since childhood gets reflected in their poor health status throughout their reproductive career and beyond. This becomes even more critical after marriage when a woman conceives. Girls in the chamar community get married and cohabit with husband at very early age of 16 or 17.

Since girls get married and cohabit with husband at very early age, resultantly they conceive their first pregnancy at age of 17 or 18 and produce at least 5 to 6 live children by the end of their reproductive career at an age of 49. In this way, they carry a higher rate of fertility. The average number of children born by a woman is 5 to 6. Respectively, multiple pregnancies in a short time drag women in critical health condition. In addition to multiple pregnancies and poor nutrition level, workload and exhaustive duties in given *chulha* composition affirm women's reproductive ill-health. For instance, majority of women experienced at least one pregnancy miscarriage and massive bleeding during menstruation/post-partum period. These complications emerge as direct or indirect responses to carrying heavy loads, and work position as constant bending over in field transplanting paddy. The chances of these reproductive morbidities aggravate among those pregnant women who are anemic and have poor nutritional intake.

Surviving on a subsistence basis the burden of women's work is doubled compared to their spouses. Apart from their inevitable domestic responsibilities, they are expected to work on fields. Their condition of pregnancy or ill health bears no meaning. With unwelcome economic conditions of starvation and subsistence living, taking rest or take out hours for leisure during pregnancy seems a 'luxurious concept'. Women willfully compromise to maintain work-food-rest equation resulting in serious health repercussions. They work hard beyond their capacity. Work-pattern and type with which women engage, brings suffering for them in general and make pregnancy and other reproductive problems more perilous in particular.

The study area is highly productive and results to high yields of paddy/rice crop. In this belt women actively engage in the physically arduous and tedious tasks of rice transplantation knee deep in stagnant waters. In absence of their male counterparts who migrate to cities in search of better employment and economic benefits, the results of agricultural productivity totally rests on their capacity. Thus, crop productivity vital for their sustenance acts as a more decisive factor, wherein women put their immense physical labour doing strenuous tasks such as weeding, transplanting etc. The issues of consequential impact on health and resultant ill-health and reproductive morbidities get sidelined.

Working on paddy fields in a bent down position for hours in stagnant knee deep waters for a normal woman would be very difficult as it results to severe back ache, pain in knee joints, etc. For a pregnant woman this would be even more difficult and detrimental to reproductive health for a pregnant woman suffering from anaemia.

For example, lifting heavy load and working long in bending position is more critical than continuous working (kitchen work) in-side the home [11]. Almost all women, whom I interviewed, had at least one or other complaint of pin in legs and swelling in body, night blindness, paleness in body during pregnancy and post-partum period, post-partum haemorrhage, and even uterine prolapse.

Work pattern and multiple pregnancies have direct bearing on reproductive health. Heavy work often causes uterine prolapse and risky pregnancy among aged women. Gynecologists opine that the chances of adverse pregnancy outcomes and uterine prolapse amongst anemic labour class women aggravates who had have multiple pregnancies and frequent induced abortions. Normally, due to pregnancy, uterus position changes from upward to downward, and after child delivery it takes uterus three years to return on its position. But, frequent pregnancy, childbirth, and abortion weakens its ligaments making it impossible to resume its normal position. Resultantly, uterus becomes loose and tends to be prolapsed. In this condition, anaemia multiplies to the severity and risk of uterine prolapse among labourer women. Frequent pregnancies also cause joint-pains amongst older women owing to hormonal imbalance. Work dimension such as constant bending over in transplanting rice saplings, uplifting and pulling heavy loads during menstruation and pregnancy especially in first and third trimester results to complicated pregnancy, negative pregnancy outcome, miscarriage, and uterine prolapsed too. Consequently, frequent induced abortion and prolapsed uterus causes gynecological infections resulting to severe reproductive diseases. Working in unhygienic condition during menstruation, and with prolapsed uterus, and multiple induced abortions may be some of the determinants of cervical cancer amongst the rural, and the scheduled caste women [12].

Discussion

The field data bring to light the interesting contradictions between objective reality of women's work participation, suffering and illness and subjective perceptions of the chamar women on their work and health state. On one hand, even though, women bear responsibility of both domestic drudgery and labour work round the clock, they fail to recognize themselves as a contributor to household economy. On the other hand, while, they complained of chronic weakness in combination with at least one type of reproductive problems, they did not consider the problems as a serious issue at all. These situations are rendered by their perceptions regarding both work/labour and

health. And the perceptions attribute underestimation of women's work and health status rendering their lower social status and vice-versa.

Rural women, in general, are confined to do work within family and at farm as well, and remain far away from market and mainstream economic meanings of 'earning activity'. Yet, the chamar women in this case are in better situation because of liberal social norms and freedom to move for work outside their home and village as well but they also suffer from oppression and deprivation attributed by their marginality in all field of their lives. They are marginal in the sense of their lower status in family, market and society.

However, the Chamar women, in study village actively participate in household economy by labour for production and reproduction yet they do not have control and share in whatever they produce (household assets, income, and children). The empirical data collected from rigorous fieldwork reaffirms their subordinate status as the access to land has been largely confined to male members of households. This situation confines their position as labourer partner but not owner of their fields both with regard to production and reproduction. Women's works attribute social reproduction; socialisation of child, production of man power resources and labour forces in family. Even though, this attribution is imperative to work for earning outside the home, and is purchasable yet it is not valued as work within the household. Therefore, they possess a lower status and remain ever subordinate within family.

Thus, the Chamar women are deprived in all fields in their lives. Their economic and social deprivation linking together constructs physical deprivation for them and vice-versa. It is constructed in two ways; first, the work pattern and condition (working longer with bent position, lifting heavy load and transport it longer carrying on head etc.) directly impacts on their reproductive health. Second, work patterns and dimensions affect their childbearing and other reproductive issues (contraception and abortion). Ultimately women have to compromise their health and tend to be sufferers of chronic reproductive morbidity and ailment, in order to sustain labour and work opportunity which is imperative as a survival strategy for their households.

Further, cultural prescriptions against married women's work (caring of cattle, domestic chores, contributing share in occupational labour, and rearing of child than participating in wage labour outside the village) among the Chamar community, confine them (women) in the territory of unpaid house-work, low wage and limited work inside the village. In this regard, they are conditioned to bear both house-work

and labour work in field as well. Performing all the house-work and contributing household income too, women's work does not recognize even of it has significance in both productive and reproductive aspects. But the important thing is that women themselves cannot assess and appraise their work participation, and do not consider it 'work'. Women's share in domestic production and household income in the chamar community is not considered and valued while their labour have great share compared to men.

Conclusion

The whole description and discussion may be summed up as social relations, among household members and among employer and employee, with reference of direct access to income or productive assets such as land, labour, wage, work type and duration in background of caste, class and gender critically influence women's physical well-being in general and their reproductive health in particular. Women work in compulsion as labourers in their own and other's fields as labourers to supplement their family sustenance. This becomes imperative with male migration to cities in search of work options. This situation aggravates their initial vulnerable status of health, health care and treatment. Though, people's health is an outcome of their social existence, women's poor reproductive health strictly conditioned by gender politics of labour within the household.

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End note:

1. Leela Dube (1986) gives an outstanding interpretation of symbolism in biological reproduction that reveals the interrelation between women's subordination and household economic structure. See Dube et al. (1986, pp. 22-53).
 2. In Indian patriarchal society man rather than woman possess ownership of his child due to the cultural consideration that man has greater share in reproduction like a farmer who is owner of cultivated crop for which he provides seeds and work on land and produces crop. For further descriptions, refer to Leela Dube et al. (1986, pp. 22-53).
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3. For a broad explanation of the way social relation and process depends on the material relation refer to Andre Beteille (1971).
4. By lower class among the Chamar, I mean households that do not have more than ten *beegha* land holding.
5. By upper class among the Chamar, I mean households that have large size (more than ten *beegha*) land holding.
6. '*Chulha*' especially in rural areas refers to the household unit where *ek-chulha/sajha chulha* indicates the joint family and *alag chulha/alge-bilge* denotes nuclear family.
7. NFHS-3 (2005-06) shows that prevalence of anaemia ranked the highest among the scheduled caste women at national level (IIPS, 2007).
8. Jeffery et al. (1989) have presented a very deep and clear cut description on women's work dimensions in a given class position and composition of *chulha in village society*. For full discussion refer to Patricia Jeffery et al. (1989).
9. Ills of pregnancy include the problems related to conception, ante-natal, childbirth, post-partum and post-natal period. These are as haemorrhage, miscarriage, complicated and obstructed labour, low birth weight, post-partum haemorrhage, prolapsed uterus, and other gynecological morbidities.
10. In contrast to this, many of literatures and reports like NFHS-2 analyzed women's health status and work with reference to living standard. Given the classification of women's work in the report NFHS-2 however, the association of women's health appears to be stronger with the living standard of family than nature of work that women perform (IIPS, 2002).
11. These arguments are based on interview with a gynecologist at district hospital in Ambedkar Nagar.

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