

CRUSHED HOPES

THE PLIGHT OF WOMEN CANE
CUTTERS IN MAHARASHTRA



Introduction

Maharashtra is one of the leading sugar-producing states in India. The state has about 36% of the total sugar factories as per the [Economic Survey of Maharashtra \(2019-20\)](#). While the majority of the sugar factories in Maharashtra are in the cooperative sector, the number of private factories is increasing rapidly in the last few years. As per the data on the Sugar Commission's website out of the total 188 operating sugar factories in the state, 101 are in the cooperative sector and 87 are in the private sector.

The backbone of this sugar industry is the sugarcane growers and the harvesters or cane cutters as they are known. About 6% of the cultivated area is under sugarcane according to the [Economic Survey of Maharashtra 2019-20](#). The earlier reporting for the number of cane cutters that appeared in the media and based on some reports from the sugar commission, it is estimated that there are 10-15 lakh cane cutters in the state. However, the data for 2016 as stated by the [sugar commission Maharashtra](#) shows 25,56,000 or 25 lakh cane harvester members. It is not clear which categories are included under the cane harvester members.

However, there is a lot of ambiguity about the exact numbers of cane cutters in the state. The cane cutters mainly come from the eight districts of Marathwada but also from Northern and some drought-prone talukas of western Maharashtra. It is reported that Beed district has among the highest number of cane cutters in the state.

Like other rural workers, cane cutters are engaged in diverse occupations and work as agriculture labourers, construction workers, cultivators, artisans etc when they are not migrating for cane cutting. This is also one of the reasons for the ambiguity of numbers.

Gopinath Munde an ex-deputy Chief Minister of Maharashtra and a former MP had a strong base among the cane cutters who predominantly belonged to the Vanjari community (Nomadic tribes). He had thus proposed several reforms for the cane cutters and transporters. The left parties too had organized the cane cutters into unions raising issues of vulnerability and exploitation. However, till date, there has been no systematic accounting of the cane cutters in Maharashtra who are therefore not registered as unorganized sector workers under the social security act of 2008.



The plight of women cane cutters

A couple is known as the Koyta (sickle) - usually, the husband and wife are expected to perform all the tasks together- such as harvesting, loading, unloading and transporting to the factory. The contractor or the mukadam engages the cane cutters for a few months and pays the wages as an advance (Rs. 50,000-60,000 per season) thereby making it attractive for the vulnerable labourers to opt for this work over NREGA or other work if available locally. Persistent drought, deepening agrarian crisis has meant non-availability of work forcing people to migrate in search of work.

[Sugarcane cutting](#) involves heavy work and the workday is usually about 12-14 hours with no weekly offs. Women have to additionally work for 4-5 hours to fetch water, cooking, cleaning and taking care of the children often at the cost of their health. The timings are usually dictated by the sugar factories and the contractors. Missing a day usually means a loss of Rs. 500-1000/- hence workers usually work through their illness. Women are seen to work until the last stages of pregnancy. Single women workers face even worse conditions, often suffering sexual harassment at the workplace and having to carry their young children around during work.

The pressure on the koyta to harvest two tonnes of cane every day so that the couple earns at least Rs. 300-400 per day is enormous and often takes a toll on their health, especially for women. The work conditions are poor, with no proper housing and sanitation facilities. Children have to leave school and are exposed to a range of vulnerabilities at the worksite.

In April 2019 the [Hindu business line](#) reported the story of hysterectomies among sugarcane cutters. This story caught the attention of media, civil society and the government. Several actions were taken following the reporting.

A broad-based coalition of women's organisations and health activists including Maharashtra Mahila Arogya Hakk Parishad (MMAHP), Mahila Kisan Adhikar Manch (MAKAAM), Jan Arogya Abhiyan (JAA), Ekal Mahila Sanghatana (EMS) and Bharatiya Mahila Federation (NFIW) have challenged the Maharashtra government to effectively tackle the diverse root causes underlying this complex issue.

Following a meeting of various organisations and women affected by the issue organised in Beed on 20th May 2019, these networks convened a state-level consultation and press conference on 12th June 2019 at Mumbai during which three women legislators, health officials and experts, women's groups and health activists participated. Several women sugarcane cutting workers who themselves have undergone hysterectomy spoke, [highlighting](#) some of the concerns they face. The coalition of civil society networks involved in this issue had submitted a range of demands and suggestions to this committee, with the expectation that the state may finally be prodded into some action.

As a result of this event, a discussion was held in the State Legislative Assembly followed by the appointment of a seven-member committee. The committee chaired by Dr Neelam Gorhe the then deputy Chairperson of State legislative council held various consultations with different organisations and the women cane cutters themselves. A report was submitted to the government, however, it is still not clear whether the report was tabled in the legislative council and approved. However, there is no knowledge in the public domain as to whether any punitive action was taken against the erring doctors and whether any clinical audits were conducted. The coalition of civil society networks involved in this issue had submitted a range of demands and suggestions to this committee, with the expectation that the state may finally be prodded into some action.



The COVID-19 context

According to official figures around 130,000 sugarcane cutters were stranded in 38 factories across Maharashtra and several others outside of the state as well in March-April 2020 after the announcement of the lockdown. These cane cutters are also small and marginal farmers who were longing to return home in time for the harvest of produce. The pandemic and the lockdown that followed compelled them to remain at their worksites in deplorable conditions.

As a result of the tireless efforts of the sugarcane cutters and transport workers union under the leadership of D L Karad on 17 April 2020 Government of Maharashtra issued a notice allowing for the safe transportation of the intrastate sugarcane workers and the responsibility was put on the sugar factories with due diligence to be followed regarding health protocols.

The COVID-19 pandemic and the crisis that resulted due to the subsequent lockdown has exposed the weak public policies and programmes of the State. While the health

infrastructure cannot cope with the growing pandemic the State's food and employment programmes too have failed to provide any relief to lakhs of poor and migrants stranded in various parts of the country. Universalisation of health care and the PDS have been long-standing demands of various social organisations. Proper implementation of NREGS would have assured local employment to a large number of people, especially the women and prevented the large-scale distress migration that we are witnessing today. Infusing resources in agriculture which is in a crisis would have saved many of the rural poor from migrating to cane cutting, or brick kiln work outside of their villages.

Today as we present this report on the plight of sugarcane cutters and more specifically on women cane cutters our demands include registration of workers, providing local employment through NREGS, investing in their small farms, making shifts to ecological agriculture and providing secure markets gain even more significance.



About the study

[MAKAAM](#) continued its engagement on this issue and launched a study that would help in advocacy and action. It was evident that the issues of cane cutters extended beyond the question of health and forced hysterectomies. As workers and as women, especially belonging to Dalit, denotified and OBC communities', women's exploitation was at various levels. It was also evident that the issue was not limited to Beed alone but also

extended to other districts of Marathwada and northern Maharashtra and a few districts in western Maharashtra.

To understand this scope and nature of the concerns of women cane cutters, MAKAAM launched a study in September and October of 2019 in eight districts of Marathwada. The key findings and the recommendations based on those are discussed in the following sections.

Scope of the survey

The survey was conducted with 1042 sugarcane cutter women from 8 districts of Maharashtra namely Beed, Hingoli, Jalna, Latur, Nanded, Osmanabad, Parbhani and Solapur. The survey included questions related

to sugarcane cutter women's livelihood, nature of sugarcane cutting work, amenities available at their workplace, children's education and health. The findings of this survey are presented in this summary report.

Profile of respondents

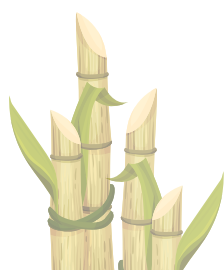
During sample selection, women from various caste categories were included in the survey. Among the women majority, i.e. 40% belonged to the scheduled caste, 19% to nomadic tribes which is the second-highest caste in our study. Out of the sample, 84% families go for sugarcane cutting as toli which is a group of ten couples or koyta while 16% work as gadivan which is one couple with their vehicle

taking contract of sugarcane cutting. The sample comprises of 7% single women who work in the toli as half koyta. In the sample, 44% of the women are non-literate and 57% of the women got engaged in sugarcane cutting soon after their marriage. Last year, 85% of women had migrated for sugarcane cutting within Maharashtra while 15% outside of Maharashtra to nearby states.

Limited options for livelihoods

Table 1: Reasons for continuing cane cutting work (N=1042)

Reason	Number of respondents	Percentage
Not enough work in the village	825	79
One time cash income	501	48
Need of advance to pay previous dues	477	46
Landlessness	476	46
Has to pay back the previous advance	361	35
Rainfed agriculture	326	31
Traditional occupation	31	3



Among the sample 63% of the women are landless. Of those who have land, 85% have rainfed land. Therefore, these households are dependent on labour work for their livelihood. 59% of women reported that apart from cane cutting work, they only get up to 2 months' labour work in the rest of the year.

Most of those engaged in cane cutting belong

to landless or small and marginal households. Most of their agriculture is rainfed and with little availability of work locally they are forced to migrate in search of work. Their livelihoods depend on borrowings from local money lenders or similar informal sources. Cane cutting offers them an advance which is adjusted against their work in a season. Often they continue to stay with the contractors as they are caught in a spiral of debt.

Complete failure of MNREGA

MNREGA could have played an important role in this context, but it turns out that the programme has completely failed these women. Only 24% of women have job cards. Only 16 (1.5%) women reported that they

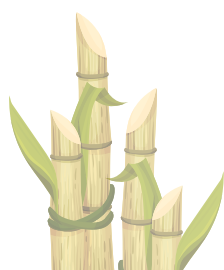
received work during last year on NREGA. Not having opportunities in their village; forces these people to migrate. Creating local employment will be necessary to stop this forced migration.

The burden of work on women

Cane cutting is a tough job that requires hard labour. 72% of women said that they work between 13 to 18 hours per day (on average 15 hours) during cane cutting. 98% of women said that work hours are not fixed, and they will have to start at the crack of the dawn or continue until midnight when required. They don't get weekly offs and continue to work

without break for 3 to 4 months. Women hardly take time off during illness, menstruation, pregnancy or delivery, which affects their health.

Women also have to carry out their usual domestic work of fetching water, cooking, cleaning during cane cutting, which adds to the drudgery of their work.



The inefficient public distribution system

83% of women reported having a ration card, but they do not receive rations in the villages where they work. They have to purchase food

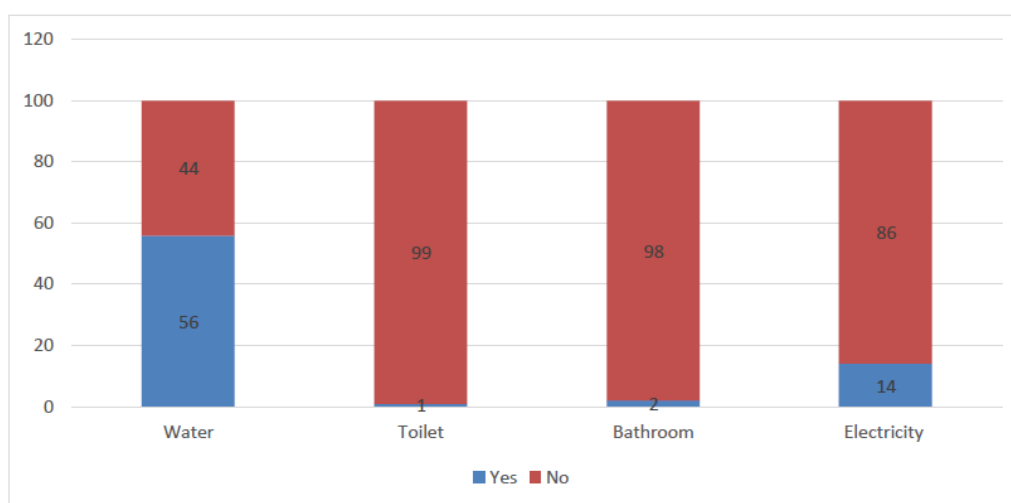
grains from the open market. Many of the families thus carry sufficient food supplies that last them for 3-4 months.

Lack of basic amenities

These women often find themselves not having basic amenities at the workplace. Fetching water from a distance, not having access to toilets and bathroom, not only adds to their daily unpaid workload but also affects their health. Since they don't have enough

water, women often don't change cloth pads during menstruation. This is one of the causes for worsening of their reproductive health issues. With no electricity access, they have to complete their household tasks in dark late at night after finishing their cane cutting work.

Chart 1: Amenities at the workplace (Percentage) (N=1048)



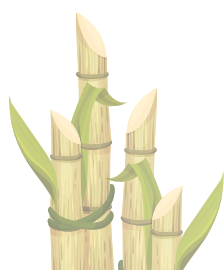
Payment for cane cutting

Typically cane cutters receive an advance for the work at the beginning of the season, but their actual payment depends on the amount of work they do during the season. However, advances are often extended in smaller amounts of 2000-3000 as and when the cane cutters need them before the season.

The toli cuts the cane and piles it up in the tractor which is weighed only at the sugar factory. Wages are based on the quantity of

cane harvested by the toli. Evidence from the ground shows despite the hard labour work, an individual receives less than Rs 100 per day which is much lower than what they would have received under NREGA.

The money they earn during the cane cutting is often less than the advance they have taken. They have to pay these dues next year. Only 19% of women said that they were able to pay off the entire advance they had taken, and have no dues.



Gendered access to income

37% of women said that the couple had received up to Rs 50,000 advance. Most of the times the amount is handed over to the men

and women are unaware of any transactions. 80% of women said that their husbands received the payments.

Neglect of children's education due to sugarcane cutting

The sugarcane cutters migrate for a major part of a year for sugarcane cutting. During this period, if there is no backup for the children in their village, the children also migrate with their parents to the workplace. This affects their education. Once they drop out of school at a small age, the children get married early and this creates health-related problems, especially among young girls.

Out of the total 1042 women in the survey, 802 women have children. There are a total of 1352 children in the school-going age group of 6-18 years. Out of total 1352 children, 6% have never enrolled in school, while 7% have dropped out in between. In both

categories, there are more girls compared to boys.

From among the 1168 children who are taking education presently, 68% of children stay with relatives and 9% at Government hostels during sugarcane cutting season. In 23% of cases, the parents take children with them. Among them, the proportion of girls is more as compared to boys. The parents don't feel secure to keep children either in the villages or in the Government hostels. The educational stability and quality get affected, for the children who migrate for a major part of the year with their parents. This results in a drop out of the children from the educational system.

Violence at the workplace

Of the 1042 women, 26 (2.4%) said that they experienced sexual harassment at the workplace. Contractors, men from the toli, transport owners and sometimes also the farmers themselves are among those who

harass the women. Some of the women narrated the stories of violence against their daughters and themselves and how because of fear they are unable to make any complaints in the committees

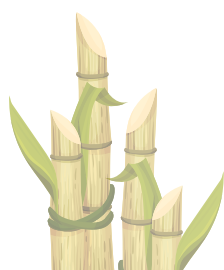
Neglect of sugarcane cutter women's health!

The survey included questions related to the health-related facilities available during sugarcane cutting, the intensity of illnesses, proneness to accidents and proportion of

treatments taken for the same, the issues related to menstrual hygiene among women, the hygiene-related amenities and facilities available at the workplace, abortions during sugarcane cutting season, deliveries etc.

Table 2: Health-related findings from survey

Health-related issues	No. of women (Out of 1042)	Percentage (Out of 1042)
The number of women who got ill during sugarcane cutting	559	53.6
The number of families in which accidents happened during sugarcane cutting	85	8.2
The number of women who have undergone hysterectomy	88	8.4
The number of women who are in their reproductive age	954	91.6
Number of women who were pregnant in the last sugarcane cutting season	106	11.1
Women who delivered babies at sugarcane cutting site	179	17.2
Women who had abortions during sugarcane cutting season	110	10.6



Where do we go when we fall sick!

When asked about the health-related facilities available at sugarcane cutting site, only 28% of women mentioned that they had clinics in the village they migrated to. Only half of them stated the availability of Government hospital in the village. 31.6% of women said that there was a medical store nearby.

In the survey, 54% of the women mentioned that either they or their family members were sick during last year when they went to cut sugarcane. Every day they work for 15-18 hours a day and hence their illnesses included mostly tiredness, weakness, back pain, skin

diseases and minor or major wounds. Illnesses due to impure water and lack of hygiene also added to the above list.

Out of 559 women who suffered some kind of illness during the last sugarcane cutting season (2017-18), only 20% of women took the benefit of Government health services. On the other hand, 433 (78%) women stated that they took treatment in private clinics/hospitals. However, the rest of them endured without showing to any doctors or by taking temporary medicines from the nearby medical store if required without any prescriptions.

In sugarcane cutting work accidents are common but treatments are rare!

During last year sugarcane cutting season (2017-18), 85 (8.2%) women mentioned facing minor-major accidents. The type of accidents included falling while loading the bundle of cane in the vehicle, road accidents, burns, falling from bullock-carts, snake/ scorpion bite etc. Out of the 85 women who reported accidents only in 45 cases, they took treatment in hospitals. Out of them in 22% cases treatment was taken in Government hospitals while in 32% cases treatment was taken in private clinics/ hospitals. Nearly 50% of women relied on household remedies, took medicines from medical stores or due to lack of time and money did not take any treatment.

The koyta or the sickle used for cutting cane is very sharp and often women said they get cuts while harvesting the cane. Mostly these are treated at home. But complications can arise and often they are neglected.

Women cited multiple reasons for not approaching the government hospitals. An important reason for 59% was the distance of the hospital or the inconvenient timings of government hospital (46%). But for many lack of information regarding the location of the government health facilities was the main reason for not availing government facilities for illnesses and accidents.

Age at marriage and its implications

Table 3: Age at marriage

Age at marriage	No.of women	Percentage
Up to 14 years	209	20
15 - 17	497	49
18 - 22	295	29
No response	23	2
Total	1024	100



Of all the married women 69% were married before they were 18 years old and among these 20% were married before they were 14 years old. The drop-out rate of children belonging to cane cutting families is very high due to the seasonal migration of parents. Younger children usually go with their parents to the worksites as they cannot be kept alone at home or because the grandparents are too old to take care of the children. Girls especially are moving with the parents and often due to reasons of safety are married off by the age of 12-13 years. Early marriages among cane cutters are also common because it makes economic sense. Firstly when the women are harvesting the cane their girl children often do

the housework or on many occasions also provide the additional labour required to meet the targets. The other economic reason is forming a koyta from an early age. Thus both boys and girls are married off at early ages for the availability of labour.

Due to early marriage, these girls face early pregnancy, abortions and other reproductive health issues. These are further aggravated due to heavy physical work before and during pregnancy and immediately after delivery. Besides they have inadequate nutrition and rest, the delivery is often at the worksite where adequate hygiene and other facilities are not available.

Menstruation and pregnancy

These women work for 15-18 hours in a day without any weekly offs. Pregnancy, heavy menstrual flow or any other illness cannot be a ground for taking a break either as it is they who would lose out on the incomes. Despite the back pain and feeling of fatigue, women continue to work tirelessly both at home and harvesting on the field.

Out of the 946 women who are in reproductive

age, 83% reported that they use cloth during periods while 17% reported using pads. Among those using cloth, 92% reported reusing the cloth after washing. While 76% of these use it after it is completely dry, the remaining 24% use it when it is wet which is likely to lead to several infections. Only 59% of women mentioned that they have water available at the workplace. Only 54 (6%) women change the cloth while at work.

Table: 4 Physical problems during menstruation

Problems during menstruation	No. of women (Out of 954)	Percentage
Heavy menstrual flow	717	75.2
Itching	475	66.2
Burning	459	64.0
Foul smell	415	57.9
Swelling	307	42.8
No problem	237	24.8

75% of women have problems due to heavy menstrual flow. Other problems like itching (66%), burning (64%), foul smell (58%), swelling (43%) has also been reported by the women in addition to heavy flow during periods.



No treatment in spite of problems

For heavy menstrual flows and problems related to that about 18% of the women did take any kind of treatment. Of this 18%, most (60%) have gone to private hospitals, 17% took medicines from nearby medical stores. Only 24% reached government hospitals for any treatment.

Only 4.7% of women reported that Government nurse/ Asha worker came to their temporary residence during sugarcane cutting.

Women have often deferred consulting doctors for menstruation-related problems until it reaches the severe stage. This is mainly

because cane cutting work does not allow for any respite as reported by 90% of the women. The work is completely unregulated with no working hours and no weekly offs. However, 61% of women also thought that menstrual problems are part of the normal and should not be taken seriously despite the severe pain and infections that they experienced.

Lack of health outreach for migrant workers, the distance of the health centres from their temporary shelters, unregulated timings of work have meant that women neglect their reproductive health.

Exclusion of pregnant sugarcane cutter women from Government health schemes

During the last sugarcane cutting season (2017-18), 106 (11%) women reported being pregnant while at work. Out of these 106 women, 26% reported it as their first pregnancy, 60% as second and for the remaining 15%, this was the fourth pregnancy or more than that.

The Government runs various schemes and programs for pregnant women like prenatal checkups, vaccinations, nutritional meals at Anganwadi, benefits of PMMY Scheme for first time pregnant women, Janani Suraksha Scheme, free referral services during pregnancy and for delivery under Janani Suraksha Yojana etc. To avail these schemes and programs, pregnant women must know about the schemes and do registration on time. It is evident from the survey findings that pregnant women do not get benefits of any Government schemes at sugarcane cutting

site. 91% of women said that they were not registered anywhere for pregnancy. Of the 106 pregnant women at the worksite, only 6 women said that they got any benefits of the government schemes.

Only 13% of pregnant women underwent prenatal checkups, out of which 66% of women did not receive vaccination of tetanus. Less than 25% of women had basic checkups like weight, height, sonography etc. On an average 20% of women reported that they did the tests for diabetes, blood pressure, HIV, Hemoglobin etc.

Among the pregnant women, 87% reported that they were unable to do checkups due to unavailability of any leave from work. 43% of the pregnant women were engaged in sugarcane cutting till the ninth month of pregnancy. While 35% of pregnant women worked till seventh to the eighth month.

Labour and Deliveries in an insecure environment

Last year out of the total 106 pregnant sugarcane cutter women 38 (36%) had their deliveries in their villages while 23 (22%) had their deliveries at the sugarcane cutting site.

Of the total deliveries last year 40 deliveries were done by midwives (dai), while 37 (35%) were at Government hospitals and only 8 deliveries took place at private hospitals.



The women who reported having post-natal health checkups, counselling and checkups of the child were less than 50%. Similar is the situation regarding the registration of children. The 78% of children born at the sugarcane cutting site were not registered and only 14 children were registered at either Government Hospital or Anganwadi. Only three women reported that their newly born children were registered by Asha/nurse. This dismal

situation has a direct impact on vaccination of children. Due to the demanding work of women, poor outreach of government health services at cane cutting sites 60% of women reported that their children were not vaccinated. The remaining children were vaccinated at Government hospitals or by a nurse. Only 44 (9%) women mentioned that their children were given the vaccination at sugarcane cutting site.

Rate of abortions more among sugarcane cutter women below 18 years

Overall, 110 women reported that they had abortions when they started doing sugarcane cutting. 76% of those who underwent abortions reported that they underwent an abortion once while the remaining 24% reported having undergone abortions twice or more times.

Table 5: Age when abortion happened

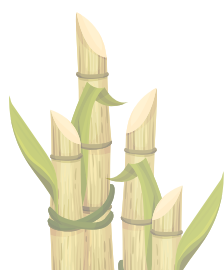
Age at abortion	Total number of women in the age group	No. of women who had abortions	Percentage
Below 18	28	6	21.4
18 to 25	224	33	14.7
25 to 30	244	28	11.5
30 to 35	205	19	9.3
35 to 40	180	13	7.2
40 to 45	129	8	6.2
More than 45	32	3	11.5
Total	1042	110	10.6

The per cent of abortions is maximum (22%) among women below 18 years. Among women in the age group of 18 to 25 years, 15% reported undergoing abortions.

A woman cane cutter from Parbhani district said, "I had an abortion while on sugarcane cutting site because of carrying heavy loads. During my second pregnancy, I delivered in the eighth month. The baby survived till the eighth

day and then died. Due to continuous work and carrying a heavy load, I delivered in the eighth month."

When we compare the women who have undergone abortions and the hours of their work, it shows that 81% of the women who had abortions reported working for 15 to 18 hours. Considering this, it is evident that there can be no other concrete reason behind these abortions.



The economics behind hysterectomies

Out of the total women in the survey, 88 (8.4%) women had undergone a hysterectomy. The women mentioned that stomach pain (69%), problems during menstruation (46%) and white discharge (39%) were the main reasons for undergoing hysterectomy. Out of them, 18 women reported that they did not know the reason but did the hysterectomy on doctors' advice.

The table below shows the age at which women underwent hysterectomies. The age group of 15-49 years is considered as the

reproductive age group which is used in the NFHS surveys as well.

Of the 88 women who underwent a hysterectomy, 42% were less than 30 years of age when the hysterectomies were done; 51% were between 30-39 years of age and only 6.8% in the age group of 40-49. Usually one would expect hysterectomies to be done around the age of menopause, but the case with cane cutters is very stark and serious as data shows that 93% of the hysterectomies done were before the age of 40 years.

Table 6: Age at hysterectomy (for 88 women)

Women's Age group	Number of women and age at hysterectomy	Percentage*
< 30	37	42.0
30 - 39	45	51.1
40 - 49	6	6.8
Total	88	100

Let us compare this with the data from the most recent [NFHS-4 for Maharashtra \(2015-16\)](#). The NFHS data is not reported for the age at which women underwent a hysterectomy. It provides details for hysterectomies as reported by women in specific age groups. So we would not have a comparative picture for the above table.

The table below from the MAKAAAM survey is presented to enable a comparison with the NFHS data.

Table 7: Age group-wise Hysterectomies (N=1020)

The present age group of women	Total no. of women	No. of Women who have had a hysterectomy	Percentage of women undergone hysterectomy against total women
< 30	385	12	3.1
30 - 39	386	35	9.1
40 - 49	249	41	16.5
Total	1020	88	8.6

The MAKAAAM survey shows that of the total sample, 8.6% cane cutters have undergone hysterectomies. Among those who are less than 30 years of age, 3.1% reported having undergone a hysterectomy; 9.1% in the age group of 30-39 years of age and 16.5% was reported by those in the age group 40-49 years.

If we were to compare this with the NFHS-4 data for Maharashtra it would be as follows



Table 8: NFHS-4 Age 15 to 49, who have undergone hysterectomy

The age group of women	Total no. of women	No. of Women who have had a hysterectomy	Percentage of women undergone hysterectomy against total women
< 30	14798	26	0.2
30 – 39	8080	209	2.6
40 – 49	6582	522	7.9
Total	29460	757	2.6

Source - International Institute for Population Sciences (IIPS) and ICF. 2018. National Family Health Survey (NFHS-4), India, 2015-16: Maharashtra. Mumbai: IIPS.

***This information is for the whole of Maharashtra.**

The data for NFHS-4 is for the whole of Maharashtra for the period 2015-16. The MAKAAAM survey was done in September 2019 in the eight districts of Marathwada among the cane cutters.

A comparison of the NFHS-4 and the MAKAAAM

survey shows that the percentage of hysterectomies among cane cutters in Maharashtra is well beyond the state average for all of the age groups reported in the NFHS-4. As against the state average of 2.6% reported in NFHS-4, MAKAAAM survey shows 8.4% of hysterectomies among cane cutters which is four times the state average.

Private or Government!

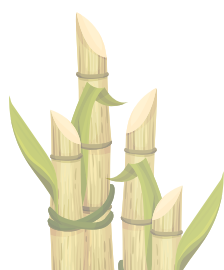
Out of the total women who have undergone hysterectomy, only 10 went to the Government hospital. Remaining 78 women did it in private hospitals. The reported expense for the hysterectomy done at government hospitals on an average was Rs 10,000 or less. However, those who did the operations at the private hospital had to pay on an average Rs. 20000/- to Rs. 50000/-. It is evident from the study that the women prefer Government hospital for delivery and private hospital for a hysterectomy.

The study shows that after hysterectomy, 70%

reported having various problems like the feeling of tiredness and having back and stomach pains etc. Some even reported having white discharge and itching.

Considering the overall dismal situation of women cane cutters health, it is important to have a robust public health system that focuses on women's health and provides them with services, counselling and other facilities.

The state needs to take concrete steps by making various changes from state to the local level to ensure that services reach the women at the sugarcane cutting sites



In conclusion...

This study brings out the severity of the social and economic issues faced by cane cutter women. These women's lives are marked by child marriage, lack of education, the burden of the workload, negligence of health – especially reproductive health, domestic and workplace violence. Women turn towards the government in such a scenario for support, but unfortunately, they don't seem to be benefiting from any government schemes. They have been deprived of any benefits of health, food security, water supply, sanitation, education,

and other social security measures. They are also not getting any work in their village through MNREGA. Their circumstances force them to migrate to support their livelihood.

This study also shows the underlying economics of continuing child marriages, despite the law that prohibits child marriages. Although there are laws in place against domestic violence and sexual harassment and violence at the workplace there are few mechanisms to assure the women of any security and safety.

Demands for cane cutter women

Given this background, it is important to consider the long term as well as immediate demands from the perspective of these women. Some of these demands would also apply to cane cutters in general, and some are specific to women cane cutters. Left and other progressive movements have a long history of bringing issues of cane cutters to the forefront and those need to be implemented with immediate effect. However, demands specific to women cane cutters are not raised as much as they need to be. As a network that visibilises the issues of women workers, we present demands that have a definite impact on the women cane cutters.

Formulating long term demands will require a thorough inquiry, as well as wider discussions with researchers, organisations, movements and cane cutter women themselves. We will need to rethink the current development model. Issues of agriculture crisis, large scale

migration, mechanisation and shrinking employment opportunities, environmental degradation, and increasing inequality are interconnected. Along with basic infrastructure, investments need to be made in ecological agriculture and decentralised and dispersed agro-based industry which would be critical for generating local employment and livelihood opportunities. However, caste, patriarchy and other forms of discrimination would continue to persist if enough attention is not paid to the specific issues related to women across diverse groups. This would necessitate robust measures to implement the laws that are in place- The prohibition of child marriage, right to employment, right to food, domestic violence and sexual harassment at the workplace.

Demands charted out here need immediate attention, and focus on women cane cutters' issues.



REDMI NOTE 8
AI QUAD CAMERA

Registration of cane cutters

Registration of cane cutters is our first demand. Currently, they are not registered under any law. The only record of them is the lists maintained by contractors for the sugar factories. Lack of registration prevents us from knowing the exact numbers of active cane cutters in the state for whom policies and programmes need to be designed. It is also an obstacle to recognising them as workers and thereby their rights as workers. The women are further camouflaged as they are only a partner in the cane cutting task.

The social security Act of 2008, howsoever toothless needs to be revived and mechanisms to operationalise the law need to be set up. This registration should be done at the district level by the office of Assistant Labour Commissioner.

The 19 October 2018 GR about implementing Gopinath Munde cane cutters social security scheme, issued by Department of industry, energy and labour directs to set up a special campaign for registering cane cutters. Proper implementation of this GR needs to be done.

The registration should be gender-disaggregated, and single women need to be mentioned separately.

Separate welfare board for cane cutters

Various movements have been asking for a separate welfare board for cane cutters for many years. In September 2019, before the state election, Gopinath Munde cane cutters welfare board was established, and even chairperson was appointed. But since then detailed operational rules and regulations of the board have not been declared. Details of objectives, procedures and rules of this board need to be clarified. Moreover, there has to be a separate programme for women cane cutters that focuses on their rights as workers, equal pay, better working and living conditions and most importantly, health care.

Publication and implementation of the seven-member committee report

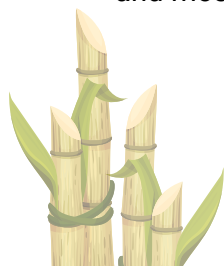
In June 2019 the government had appointed a seven-member committee to enquire the issue of hysterectomies. This committee aimed to make suggestions about whether the hysterectomies performed in Beed are medically required or not, and what measures need to be taken to avoid un-indicated hysterectomies in the future. After it held discussions with cane cutter women, and organisations working with these women, the committee has submitted its recommendations. This report came out just before the state election, and therefore there is no clarity as to whether it was tabled in the State legislative council and approved. A clarification from the present government is in order followed by the implementation of the recommendations.

Basic amenities at cane cutting sites

Lack of basic amenities not only increase the workload of women, but jeopardises their safety, and affects their health. All the basic amenities – shelter, water, toilet and bathroom, electricity – need to be provided on-site. There also should be crèches on site for young children. Providing these amenities should be the responsibility of sugar factories, and the government should monitor if they are providing them.

Effective implementation of MNREGA and EGS

It is important to generate local employment to stop forced migration of cane cutters. Therefore, effective implementation of MNREGA and EGS in the districts where there are a large number of cane cutters is important. As a first step job cards have to be issued to them. Also, labourers won't be ready to accept this work unless problems like late payments, no suitable work for women are rectified.



Increase investments in agriculture for small and marginal farmers

Many cane cutters are also marginal farmers, practising rainfed farming. After the Kharif sowing, they migrate in search of work and several among them go for cane cutting to western Maharashtra or sometimes in other states as well. If the forced migration has to be addressed then local employment needs to be created. Investments in agriculture would have to be made. Small and marginal farmers would need support for inputs, water, markets, credit and importantly handholding to transition towards sustainable farming systems with opportunities for agro-based industrialisation.

Provide benefits as workers

The GR of June 2019 mentioned above indicates that cane cutters should be included as unorganised workers and should get benefits like minimum wage, paid leave, salary slips, overtime payments etc. Proper implementation of this GR needs to be done.

Ensure payments to women cane cutters

Our data shows that advance payments are made to the men of the family on most occasions. Women are not aware of the amounts and how the money is being used. For the work, they do they should also have access to their share of the wages. This would only be possible if the cane cutting work becomes regulated and organised and wages are paid into the accounts of the women directly.

Provide ration at the cane cutting site

Women have to carry food grains from home to work sites, and then have to purchase them in the open market. Their quota of ration has to be supplied to them at the worksite.

Ensure that no child drops out of school

To stop the migration of cane cutters' children, hostels should be set up at block level. Children of cane cutters should be allowed to attend local ZP school at the site during cane

cutting season. Schools in the area of sugar factories should have a quota for children from cane cutting families.

Ensure a safe and secure environment for women at their workplace

Women and Child Development Department should make all the helpline numbers available to cane cutter women. Temporary habitations of cane cutters should get regular patrolling by police patrol squads. The police department has to make special efforts for that.

Bring in mechanisms for effective implementation of relevant laws

The study points towards flaws in the implementation of many laws: Prohibition of child marriage (2006), Sexual harassment at workplace (2013), MNREGA (2005), National food security act (2013), Social security act (2008). Having laws is not sufficient. A mechanism for proper implementation of these laws needs to be set up.

Monitoring committee

A monitoring committee needs to be set up at the district level under the authority of the collector, and cane cutter women, as well as representatives of organisations, have to be part of it. Also, there has to be a monitoring committee at the state level, and representatives from women's groups and health organisations have to be a part of it.

Bring in a comprehensive health service policy for cane cutter women

Overall outreach of health services to migrant labourers needs to be increased. Mobile health centres need to be arranged by the government and sugar factories for cane cutters. Children of cane cutters should get benefit from Anganwadis on site – ranging from registration to diet.

Local administration should take the responsibility of providing health cards to cane cutters. These cards should include a record of health check-ups and health services provided to women during pregnancy. The government should make it compulsory for



sugar factories and contractors to take out health and accident insurance for cane cutters. Registration of cane cutters is important to provide them with health care services. The government should make sure that the registrations are done.

The study underlines the need for special health policy for cane cutter women. Women's health has a low priority in the public health context. Following demands address this issue.

1. In the light of hysterectomies in Beed district, the issue of regulation and standardisation of the private medical sector through the proposed Maharashtra Clinical Establishment Act (CEA) has come to the forefront. Enforcing this law will prevent unnecessary hysterectomies and other malpractices. This Act should be passed immediately.

2. A mechanism has to be set up where district administration registers pregnant and lactating women cane cutters and children in the 0-6 age group, and informs the administration at the cane cutting sites. Both places need to coordinate to provide health care to cane cutters.

3. Health care services should focus on women's reproductive health. Problems related to uterus, problems during menstruation, abortions, and regular check-ups during pregnancy should be a part of the health care service.

4. Every government hospital at the district and sub-district level should have a gynaecologist. All the vacancies of gynaecologists and anaesthetists have to be filled.

5. Government hospitals should provide treatment to avoid un-indicated hysterectomies, and if not treatable hysterectomies should be done in government hospitals. The government should take efforts to create awareness about this.

6. The government should establish a standard protocol for key gynaecological conditions including indications for hysterectomy. This should not wait until the enactment of CEA.

7. Concrete steps have to be taken so that private hospitals follow the established protocol. A process should start to set up a protocol for clinical audits of hysterectomies on a sample basis, to determine whether the protocol is being followed by the hospitals. Once the CEA is in place, this could be made mandatory.

8. PHCs should provide gynaecological services to all rural women. For cane cutter women this should be available in both places – their village as well as cane cutting site.

9. A participative monitoring system at the district level has to be set up to ensure health service in government hospitals as well as to stop the malpractices by private hospitals. Scope of the current district monitoring and planning committee could be widened to include representatives of people, NGOs, and health care representatives.

Ensure adequate budgetary allocation

To convert these demands into concrete programmes and schemes, a substantial budgetary allocation would be necessary. Also, to begin with, gender-disaggregated registration of cane cutters would be necessary.



List of organisations that participated in the study

1. Anandashray Pratishthan, Nanded
2. Centre for Agriculture and Rural Development (CARD), Jalna
3. Disha Mahila Bahuudeshiya Sanstha, Hingoli
4. Gramin Mahila Vikas Sanstha, Latur
5. Gramin Vikas Sanstha, Nanded
6. HALO Medical Foundation, Osmanabad
7. Jagar Pratishthan, Beed
8. Paryay, Osmanabad
9. Perna Gram Vikas Sanstha, Hingoli
10. Rajalakshmi Sanstha, Parbhani
11. Ramabai Ambedkar Vikas Sanstha, Beed
12. Saad Samajik Sanstha, Parbhani
13. Sahyadri Bahuudeshiya Sanstha, Hingoli
14. Ugam Gramin Vikas Sanstha, Hingoli
15. Utkarsha Shikshan Samajsevi Sanstha, Solapur

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