Chapter IX

DYNAMICS OF GARHWALI WOMEN’S HEALTH: A DISCUSSION
We return now to the basic issues and questions raised at the outset of the study with a view to provide some answers to issues of women’s status and work in a subsistence economy of a degraded ecosystem where male migration has in general provided only a semblance of economic compensation. We then consider their implications for women’s health. The discussion is organised in five broad sections. The first highlights the character of the transformation in Garhwali subsistence economy under the impact of the macro forces of colonial and nationalist metropolist agendas of exploitation of land, people and forests. It shows how this destruction caused the expulsion of labour power to urban cheap labour markets and produced the phenomenon of migrant labour. The second recapitulates the key changes in the village economy. The third looks at the changing forms of work participation of women and of shifts in gender division of labour. It discusses their implications and meanings for women’s changing position in Garhwali society and culture. The fourth gathers together the multiple insights into women’s health situation drawing links between production and reproduction and their manifestation in problems of women’s health. Finally, in conclusion, explaining women’s work, health and overall position and status, we attempt to decipher the links between macro social transformation and micro-realities of women’s lives.

**Hill Economy: From Subsistence To Migration**

From a subsistence economy based on a close link between ecology and topography of the mountainous terrain on the one hand and peasant economy involving the activities of agricultural cultivation, animal husbandry and reproduction on the other, Garhwal was transformed to a state of economic decline. Our historical structuralist examination conducted in Chapters III and IV, revealed this broad pattern of change characterised by ecological destruction, depeasantisation and male out-migration.

Colonial imperialist exploitation in general but most menacingly the commercial exploitation of forests was responsible for the dramatic alteration of Garhwal society from mid 1911. Forests were central core of the hill economy, as sustainer of crop production, animals and preserver of people’s basic needs of food, shelter and water. In the initial colonial phase, the clearing of land increased farming and forest use. It led to
heightened production and the generation of wealth despite the rise in population. However, the introduction of a dubious policy of scientific forestry and land settlements showed their impact by the early twentieth century. The destruction of natural forests and land ownership rights, had a disastrous effect on the regional ecology and on land, through its overexploitation for production and through soil degradation. In effect all this meant the gradual decimation of the carefully adapted ecology-economy link and the decline of food self-sufficiency which people had hitherto enjoyed. Poor, small and increasingly fragmented landholdings, failure of intensifying crop yields, economic pressures of taxation, shrinking pastures and in the final analysis the limits to land cultivation in the hill region, together made the economy feel the burdens of rising population. People who could earlier be accommodated within its fold were now superfluous. Thus state policies were conducive to the creation of population pressure which could no more be accommodated due to the accompanying ecological disaster. Job opportunities provided by the colonists came to respite of people beleaguered by the mounting problems of survival and livelihood.

Migration was initially adopted as a subsistence strategy by peasant households rendered increasingly unable to sustain themselves. The changing conditions, imposed by forces beyond people's control were primarily responsible for this as they hampered production and distribution of commodities and use value goods. Colonial need for labour in their urban administrative, military, infrastructural and domestic machinery came to the respite of households which were at a loss to achieve a balance between their needs and income and desperately needed palliation. Initially male outmigration took a temporary and seasonal form, which turned into longer duration moves of a more semi-permanent nature. Out-migration was from the outset a caste-linked phenomenon, with higher castes particularly the more educated Brahmins finding place in the higher rungs of British services and the Doms in the lowest.

Ironically, post-independence development policy exacerbated colonial effects. Misplaced emphasis on high value crops and horticulture, gross neglect of traditional subsistence agriculture, the continued commercial ravaging of forests, unchecked growth of tourism and urbanisation, eco-insensitive urban construction, and infrastructural
development, provided the impetus for a highly skewed, distorted and iniquitous pattern of growth which also caused further and irrevocable destruction of natural resources and biodiversity of the environment. A sharp decline in cultivation and agricultural production made the local economies completely unsustainable, declining their capacities for labour absorption. The net result has been an accentuated out-migration. Local villagers have felt real ‘push’ pressures even as they grew increasingly attracted to and ‘pulled’ by urban life. The culture of migration weaned away male youth from hard agricultural labour to seemingly softer options and pleasurable lives of towns and cities. At the same time, the growing need for cash not only for sustenance but for newer expanding needs like education, health, consumer products, payments to wage labour - in short a whole new range of consumption requirements - came to be regarded as a necessity.

Unification of push and pull factors is evident in the trends of consistent circular return and permanent migration. The study of eleven baseline villages confirmed the pattern of productivity decline-related migration in the Yamkeshwar block of the region. Besides it revealed that migration takes place across all caste groups and land holding categories. Migrants are generally educated till middle school and seem to find small / middle level jobs in the unorganised sectors of the urban economy. There has been a distinct change in the trend of migration from regional and near to far away destination such as South and Northeast of the country. Delhi and Mumbai are the favoured destinations. More than half of the migrants take their families with them. The span of migration of our sample of migrants – which ranged from six months to 53 years – reflects that it has been an ongoing phenomenon of a very long duration, in the block. Remittance amounts were more regularly sent by those who had not taken their families than those who had. Amounts sent varied widely, but it is clear that the region does merit description as money order economy a dual economy with remittances playing an important role. Subsistence agriculture however is still under practice. Agriculture remains important and the majority of the population left behind engages in it. This is so increasingly as a result of an absence of alternative and also due to the cultural values of peasantry.
Changing Villages: Migration And New Structure Of Subsistence

Situated in Yamkeshwar block of Pauri Garhwal district of the lesser Himalayas, the two study villages, Bunga and Daurn, lie off the Rishikesh-Dogadda road, with relatively easier access to Rishikesh (in Tehri Garhwal), as compared to the block headquarters and semi-industrial town of Kotdwara at Yamkeshwar.

The villages stand at an elevation of 1300 to 2000 m along the degraded ridge of the Hiul river valley. The area represents the drier-agro-ecological zone with miniscule irrigated land, poor forests and sometimes almost sparsely covered slopes.

The villages are relatively close to each other and they together constitute the Bunga Gram Sabha. Both are multi-caste Hindu villages having Rajput, Brahmin and Dom households. However Bunga is predominantly Brahmin while Daurn is a predominantly Rajput village. Bunga and Daurn revealed themselves as microcosms of the larger region in terms of migration propensity, environmental and agricultural decline. Old villagers narratives revealed that through agriculture, livestock and petty commodity production, people produced and exchanged enough to sustain themselves. As elsewhere all this changed with the coming of the British. Declining agriculture, depletion of grazing, water and forest resources and market penetration marked the imbalance between production and consumption. Village peasant migration began with jobs in military, lower services, manual labour and petty business. Overall cultivation has perceptibly declined. Today it is evident in the vast stretches of banjar land on the village peripheries. Male outmigration has steadily aggravated this trend. Majority of cultivating households now claim lesser amounts of land and smaller plots are being cultivated. Both migrant and non-migrant households cultivate similar amounts of land, but larger proportions of non-migrants cultivate larger plots of five acres and above.

Male out-migration exists as a key strategy adopted by peasant households to cope with changing circumstances. It is today not merely a survival strategy but a viable and preferred occupational option of large numbers of households. Though migration is a preferred option, not all men are able to fruitfully migrate for the occupations, incomes and durations that they may desire. Migrant’s remittances are unreliable and generally
unstable basis for meeting livelihood needs of households. Thus, the question of migrant incomes providing any investment for enhancing rural production does not arise for the large majority. Migration is perceived as essential but is actually an insecure and unstable option for most men except a privileged and lucky few.

One must take cognisance of the village economic and household differentiation that urban migration has caused. The remittance economy has brought relative prosperity to only a handful of households in the villages. Currently nine percent of the households receive remittances between Rs.5,000/- to Rs.10,000/- annually. The families of the better off current and return migrants have acquired modern comforts and facilities and have provided family members with access to cash and access to larger number of big animals which are used for income generation. By and large, these are Brahmins and Rajput households and only a minuscule number are Doms. As we have seen majority of the migrants earn wages which are not family wages, enabling only meagre amounts to be sent back to assist family subsistence. Thus the villages exhibit a pattern urban migration that provides supplementary cash.

The present reality of village economy is thus that of a combination of subsistence, remittance and wage work. Both labour migrancy and subsistence production are critical to the strategy of people’s livelihood. In fact it is increasingly evident to the villagers that there is further need to diversify. Today’s larger reality is that of inadequate incomes and productions which necessitate diversified livelihoods which combine farming with wage labour, exchange of services, producing commodities for sale and setting up petty businesses. The survival strategy of poor Doms combines marginal agriculture, caste-based wage labour and caste labour and most live under conditions of deeper deprivation.

This has been the micro-economic impact of the macro-economic processes that have affected this region. Furthermore this impact has led to the feminisation of peasant economy whereby women’s role as unpaid workers has been expanded and intensified. Gender inequality is manifested in out-migration being an exclusively male and most definitely not a female option. Female migration occurs only in the capacity of a migrating wife. Women left behind in the villages are overwhelmingly restricted to and
located in the forest-based agriculture-animal husbandry economy. Though this production system was always women dominated, it is now moving towards even greater feminisation, since women are required to engage in subsistence. The specific and multi-faceted adverse impact of this feminisation process is dealt with in the following section.

**Shifting Gender Divisions Of Labour And Women’s Work**

Our integrated view of gender and the political economy of work highlights the fact that migration and ecological degradation have left an indelible impact on the nature, quantum and conditions of women’s work patterns in both the spheres of production and reproduction. There have been marked redefinitions of gender roles and deleterious shifts in the gender division of labour.

Both migrant and non-migrant households, report agriculture as the main occupation indicating its enormous socio-cultural, if lesser economic, significance. Of course for non-migrant households, agriculture and animal husbandry are of considerable economic importance too. Rajputs households continue to maintain the traditional pattern of rural production and local sale and exchange of produce as the basis of livelihood. Dom non-migrant households sustain themselves on a combination of agriculture, wage labour and caste labour. Production of use values in agriculture, animal husbandry and domestic domain is in great demand as it is essential to all households.

Women in both migrant and non-migrant families continue to hold the major responsibility for the traditionally female activities. Our findings corroborate those of studies reviewed in Chapter I, which describe hill women’s agricultural and animal husbandry tasks as very laborious and time consuming. We find furthermore that the multiple and different types of work and tasks that are assigned to women involve physical movements and positions which cause great physical strain and fatigue to women. The experiences are particularly harsh during the peak agricultural seasons, the rains and winters.

Most importantly it has come to light that the so-called typical male tasks were never performed exclusively by men. Women have always provided considerable, highly
laborious and heavy "assistance" to men as they ploughed, sowed, threshed and terraced. As men ploughed, women followed breaking mud clods, levelling and clearing the soil. In sowing, separation of saplings and transplanting are women's tasks. Women prepare threshing floors and also carry heavy repairing material like boulders and stones for repairing *guls* and terraces. This labour has never been officially accounted or socially recognised though it adds quantitatively and qualitatively to women's work burdens.

A marked difference exists in the gender division of labour between migrant and non-migrant households. In the non-migrant households, men continued to perform all traditional male tasks and women performed their tasks under male supervision. Thus in both kinds of households, patriarchal control over female labour persists. In migrant households, however, women's labour is intensified. We encounter conspicuous shifts in the gender division of labour. The performance of all male tasks with the exception of ploughing has to be taken over by women. Terracing, irrigation, threshing, guarding of fields, repairing "guls" and tools are the new hard tasks that are added to women's old laborious ones. Women have to do them alone or in a combination of help from hired, reciprocal or family labour.

Hired labour, for ploughing however, is not an unqualified blessing. It causes several negative repercussions for women and paradoxically even accentuates their work. Hence apart from expanding their labour inputs towards performing the various other tasks of men that they are allowed to perform, they have to further intensify their labour in exchange for male assistance for ploughing or pay substantial amounts to hired labour. Women's labour expansion occurs through tasks such as finding and organising hired labour, cooking for the labour, arranging for fodder for their ploughing oxen. These are the additional tasks thrust upon women by the constraints of the peasant culture.

Moreover, the cultural principle of male domination operates to blur the distinction between the hired and the hirer. Hired men, whether of high or low caste, are difficult workers and harass women in several ways. Women are compelled into subservience because they are totally dependent on them. Moreover like they assist their own men, women have to assist the hired workers too. Since they are ultimately responsible for
household agricultural production on which their family survival at least partially depends, women have no option but to put up with male harassment.

Reciprocal labour arrangements in agriculture are repaid by women’s labour in the event of inability to pay cash. Old, single, widowed women and poor migrant wives find themselves particularly under the strain of such compulsions.

Customary agricultural practices which were collective responsibilities of the males, have become individualised and women have to do the tasks. Systems such as “vadu” and “goath” related to guarding and manuring respectively have virtually disappeared. The group system of ‘padiyal’ which was a method of women working in groups has also now broken down. The breakdown of the local jajamani khalkiya-gusai system and the breakdown of caste labour in general where Dom men served as ploughmen has also increased the labour of upper caste women.

As the discussion has made clear, women of migrant households are indeed central, but also highly overburdened and exploited actors in the agricultural production processes. Centrality and equality in work participation is a euphemism for the slavery of women, which they are powerless to resist.

Ecological degradation has historically had a severe impact on women’s animal husbandry work. In our study villages, male migration has increased women’s burden with respect to this domain also. Migrant households may invest some cash in purchasing animals for petty business including a number of livestock in migrant households. A most marked shift in gender division of labour has occurred in the task of grazing and a lesser shift in the task of small animal care. All other animal husbandry tasks whether in the migrant or non-migrant households are the exclusive domain of women.

Environmental degradation has made these tasks more laborious due to shortage of fodder. The decline of the goath system and increased requirement of stall-feeding has considerably added to workload. Collecting and carrying fodder for present and future use takes on an average three hours per day and the weight carried by women is 20 to 30 kilos on each trip. Stall-feeding requires the preparation of huge quantities of special
cattle feed for bullocks and buffaloes. This is another major impact of migration on women’s workload. Larger cattle head owning families are migrant families. Since the big animals, especially buffaloes cannot be taken for grazing on steep slopes, their enormous food and water needs are met by women. Girls are assigned the cumbersome task of cleaning and smoking the cowshed and providing the bedding. Most significantly, only when it comes to the sale of cattle or milk and earning of cash, men take charge. Thus the unfair division of labour in animal husbandry also results in an unfair distribution of rewards. However, women at times meet cash requirements through the sale of small animals.

Reciprocal or whatever other form of labour re-organisation that is required for labour sharing in animal husbandry takes place among women themselves. Women in difficulties seek and find reciprocal labour only from other women. The male task of grazing or tending animals is taken up by younger or older women. Middle-aged women are already burdened with the direct responsibility of fulfilling all major household work and needs.

Market-related activities like selling and buying household items, grocery etc. have traditionally been men’s task and in families where men or boys are present, they continue to do them. Women themselves look upon these tasks as “men’s work” and find themselves uncomfortable in market places. However with education, growing awareness and increased spatial mobility, women in general and younger women in particular have begun to take on this responsibility too.

Along with gender, work organisation in the new evolving production and labour systems are being re-organised by age and hierarchical position within the households. Given the relatively large size but highly skewed sex composition of migrant households, girl children and older men along with women have to bear the brunt of the additional load. As compared to this, the primary worker in non-migrant households is generally a young or middle-aged adult, male and female.

In large migrant households, work gets distributed between women, with the heaviest burden falling on the youngest woman. In nuclear or smaller households, there are fewer
women and only women with young, unmarried daughters are in a position to share work. In fact a most significant finding is that in contrast to young girls, young boys are proving to be increasingly redundant for any subsistence task. The combined impact of male migration, schooling, and cash income has been such that the younger male generation of both migrant and non-migrant households is getting increasingly averse and apathetic to agricultural or animal work. This disinclination is reflected in the data on gender division of labour and increased dependence on outside male labour where it is essential. The younger male mindset is attracted to urban out-migration.

A comparative perspective across generations shows how quantums and the nature of women’s work burden has drastically altered over generations. From old women’s narratives, the sheer volume of agricultural, domestic and animal husbandry labour seems to have been enormous in their times. Comparing the situations of mothers-in-law and their daughters-in-law, the historical picture that emerges is that quantum of agricultural work in terms of agricultural operation and heavy domestic work (of grinding, pounding, churning, storing) have certainly reduced. The sheer quantum of older women's traditional work was large and they were carried out under oppressive conditions of surveillance, nutritional deprivation, lack of care and violence a situation which eased and changed only as they grew older. Today's women have comparatively lower burdens deriving out of smaller land cultivated size, and smaller families and an overall reduction in patriarchal pressures. However quantums do not tell the whole story. Women’s work today has intensified because they have to undertake male work, multiple new activities and responsibilities and considerable mental burden of family survival, children’s well-being and their future. They are left behind to independently maintain traditional food system but they also have a double dependency on men: for cash and other men for labour. Women's work has become so physically and mentally consuming that they have little time or energy to build on the freedom from direct patriarchal control and the woman has little more than informal power. Remittances have changed economic status of households, but given the small earnings of most migrants, with little direct benefit to most women. Rather women have got involved in status conflicts and conflicts over control of the paltry amounts sent. Moreover, despite their contributions, women's
Economic value is low. For most women, the work-reward balance is thus inequitable and unjust.

Further, domestic tasks continue to be culturally allocated to women alone and involve multiple duties of nourishment, maintenance and caring of family members. Culturally, men have refrained from carrying heavy loads of water, cleaning vessels, redunging the floors and childcare. They participate only minimally if required by circumstances. It is important to emphasise the great laboriousness of domestic work in the hills, particularly firewood and water collection tasks, which have become all the more exacting due to water shortage and deforestation. Cooking and feeding the family consists of several tasks of firewood collection, processing, pounding and grinding. However, actual meals cooked are on the whole very simple in keeping with the conditions of scarcity.

Domestic labour is managed by all women of the household together - the older women being in-charge of cooking, sewing, childcare and the younger women of the heavy household tasks such as washing clothes, fetching water, washing utensils. Migrant and non-migrant households do not show any variation, but size of family does change the quantum of work. But larger families also involve an intra-gender distribution of tasks. In the harvesting season, mothers-in-law may take over some tasks from daughters-in-law to release them for the agricultural labour in peak season.

Firewood collection is also mostly women’s responsibility. Men may attend to this task, only in winter months, when wood requirements increase or when large quantities are required for repairing implements and the house. However, the availability and use of LPG and kerosene have reduced this work for households who can afford their use. These are mostly migrant households and women have gained this concrete benefit. Use of torchwood has declined, reducing another strenuous and cumbersome women’s task. Growing seasonal vegetables - an important task for household nutritional availability - is a task in which women expend more energies. Women though take the greater responsibility along with drying and storing vegetables for lean periods.

In sum, it is very clear that the household re-organisation of labour means a gendered re-organisation with an increased burden on adult women and girls.
Given the cultural glorification of women's work, the extra work generated by male absence is rarely considered to be putting an unfair or untenable burden on women. In a few households one daughter at least is kept out of school usually after completion of primary or junior high school to enable the mother to cope with work.

In Garhwali society, young girls thus are educated but are equally well socialised into the practice of hard work. In contrast, boys are increasingly set free from work and men tend to shirk their allotted tasks. Migrant men in particular, are privileged to exercise their options for leisure and impose their interests within the household.

Boys education is emphasised in emulation of male migrants for urban employment. If girls are encouraged for education as they are in contemporary Garhwali society, it is with the prime motive of finding migrant husbands so that they may escape the drudgery of village life. However, the general trend which is also substantiated by our data, is that most educated women whether married to migrants or not, are unable to make this escape.

Women are also subjected to newer forms of economic control by men. Old gender ideology continues to operate in the work domain and in the new and changing shapes gender relations within household relations of production. Both migrant husbands and non-migrant ones use the old ideology to confine women to use value production and the new ideology to redefine themselves as primary breadwinners and deny women material control.

Despite some weakening of patriarchal control and the penetration of education, cash and modern cultural influences generated by both communication systems and media, women have not been able to transcend the traditional gender division of labour. They continue to be restricted to the field of hard, manual labour. Thus one can concur with the conclusion of Leacock and Safa (1986) that modernisation is not a neutral process but one that obeys the dictates of capitalist accumulation, The system generates and intensifies inequality, uses gender hierarchies and places women in subordinate position at each level of interaction between caste, class and gender.
Under traditional systems, as shown in Chapter III, bride price prevailed due to the high economic value of women as workers. However women were valued as slaves and not as producers and hence even as workers their cultural value was low. In today’s context the intense participation seems to be a function of a new gender division of labour based on a situation of agricultural food production and poverty.

As Sharma’s study has shown (1978) more work devolves upon women but rewards are not commensurate. Land cash and other assets are all largely under male control. However for few migrant and nuclear families, women have gained limited measures of independence and control. But in this labour intensive economy, women have little time or energy to build upon their freedom, control and autonomy. They continue to partake in all tasks needed for household reproduction.

Yet they gain a limited measure of independence or freedom through their work. Even in their absence they remain subject to their husband’s rules. They may have little time or energy to build upon their freedom from the direct control of their in-laws. Overall no section of women has benefited in an unqualified way. In any case detailing the changes that have taken place in the tasks women do and the social relationships within which they work should not obscure crucial continuities.

Women’s work is portrayed by men as light and unimportant and women tend to be unwilling to reject this view publicly, despite its importance.

Women's labour is considered as family labour, it is unremunerated, underestimated, and undervalued labour, but is actually crucial for men's migration as it helps sustain their households at least partially.

In the final analysis, the larger process of capitalist transformation have taken advantage of, built upon and negatively changed the character of historically existing traditional gender division of labour. The above analysis of our data reveals that outside capitalism has built upon and reinforced sexual inequalities of traditional patriarchy. It helps us to argue that female labour in subsistence economy has undergone an expansion and intensification in order to provide cheap male wage labour. Women are now more
responsible for family survival. Since remittance is less, women have to intensify their work in subsistence agriculture to sustain their households and themselves.

The Production – Reproduction Link In Women’s Health

Our enquiry into women’s health a complex of physical, reproductive and emotional and mental well being- through understanding of women’s experiences of ill health revealed that the health and illness of women, both from migrant and non-migrant households is intermittently linked to their social and economic roles. Their health status is always secondary to their demands of work.

Throughout their life course, women are afflicted by a series of “choti and badi bimari”, however the cultural ideology of gender subordination sanctions their neglect. Moreover, the cultural construction of women’s bodies as always capable of executing hard labour does not see any need for special consideration or provisions to make them strong or fit enough to bear their multiple responsibilities.

Women’s descriptions of the relationship between body and social context brought out the complex interrelationship between the quantum and multiplicity of work activity and its incessant nature. Given the specificity of bodily movements in the jobs they have little room for manoeuvre in the deployment of their bodies in relation to work. Women’s narrations brought out the inextricable relationship between “pain-morbidity” and the context of hard labour, combining the experience of not being able to stop work and of having to stretch the body beyond its limits. Women protested and complained explicitly about the kinds of intolerable conditions of work in which they were obliged to operate. Most women experience the impact in terms of a severe bodily weakness and a continuing sense of fatigue. Work combines with nutritional deprivation to cause this state of ill-health. The syndrome begins early in childhood and is aggravated by early marriage.

Girls' socialisation into all types of work is also accompanied by socialisation into eating less than their brothers. Though no sharp gender discrimination was observed, boys tended to eat more times and more quantities of food and special foods. In the poorer and
in Dom households, there was generally less food for both girls and boys. Within each economic category however, there was gender discrimination in the quantity of food consumed. Clearly, the foundation of the work-nutrition imbalance is laid in childhood itself. Menstruation generally begins late for girls due to this imbalance.

As daughters-in-law a few year later, girls experience a much sharper gender discrimination in food intake in their conjugal homes. Patriarchal values create conditions that daughters-in-law may not be looked after in terms of food and care. Most older and middle-aged group women had experienced such discrimination and vouched that this was indeed the treatment they had received. Work was demanded but young 'buaris' were not entitled to required quantity of a basic necessity such as food. As women grew older, especially in better-off families, they had better control over food resources and were more likely to get a better diet. Low castes are generally poverty stricken despite reciprocal exchange. Their situation of low caste women contrasts sharply with upper caste women and it does not improve with ageing.

Women, who are currently part of smaller households, exercise some control over work as well as food. They have independent access to food grains and supplies. However it bears emphasis that women’s gradual freedom from control by in-laws is taking place alongside the processes of economic decline. A manifestation of this has been declining food output and purchasing power which results in shortage of home-grown grain, animal product or market goods. The apparently newly acquired freedom from in-laws is more to compensate for the declining resources rather than to permit enhancement in consumption. Given the cultural practices of women eating last and left-overs, it is very evident that the food shortage affects women the most. Today the situation is that there is huge imbalance between food and work irrespective of caste and migrant status. As pointed out earlier, migration has provided a better deal to a few women only, in particular Brahmin and Rajput, and even fewer Dom women. They have some cash to purchase additional supplies.

Body pain including bai seemed to strike women from early ages. Each part of the body seems to be affected. Women clearly link it to reproductive and productive work - the
kind of squatting and bending positions they adopt in agriculture, the long and arduous ascending and descending treks, the lifting and carrying of weights and the cycle of pregnancies and deliveries marked by complication and distress. We identified work-related patterns of symptomology such as “bai knee”, “bai elbow”, “bai-hand” terms which are often used by women to describe the effect of varying types of work upon muscles and joints. Backs are also greatly afflicted by pain. Explanations of these pains were mostly linked to work related postures, lifting, carrying weights, bending etc. The causal relationship between bai and labour is summed up by women as ‘wear and tear’ (jad ghis jate hain, haddi ghis jati hain). The elaboration of the concept of ‘wear and tear’ often drew women into more detailed reflections of how their bodies were ‘constrained’ by their working lives. Women’s under-nutrition scarcely equips their bodies for the overwork and overexertion to which they are subjected.

Older women suffer from a condition commonly called shawas ki bimari (breathlessness). “Shawas” is clearly a part of the complex chain of cause and effect connecting the women's bodies to their circumstances. The conditions may be related to the fatigue and strain involved in load carrying in the vertical terrain or due to cooking on ‘chulhas’ in closed poorly ventilated kitchens etc.

Over and above their physical illnesses, women are exposed in the course of their daily work to environmental risks. They face very real risks and threat of bodily injury and even death. Accident hazards are high, when women work atop trees and walk with head loads over treacherous steep paths, or risk themselves to attacks by wild animals and snake bites. Environment-caused health hazards also exist in polluted water sources and unhygienic sanitary conditions as a result of which women routinely suffer from a whole range of infections and ailments, which are possibly water-borne in nature.

While responses of chronic illnesses/ problems are most prevalent and uniformly distributed across most women, it is the older who suffer more acutely. In the context of the women’s lives, we found that several of these chronic health problems set in early, becoming extremely severe and debilitating as life progresses. Younger women from economically poorer households, especially the Dom, suffer more frequently and acutely
than their upper caste counterparts. However, no significant difference in health conditions of migrant and non-migrant women is visible as both are subject to economic hardship, work pressures and gender discrimination with only marginal variation. It is only among the better off migrant households that younger women claim to be better cared for and healthy.

Women's experiences of illness are thus embedded in everyday life. Their illnesses derive out of the various components of their daily life, and also have consequences for their lives. Other than revealing how the vicious circle of overwork – poor nutrition – ill health actually operates, women's narratives also revealed how health itself constitutes a debilitating condition of women's work. Women's labouring bodies are sick bodies marked by a range of morbidities which are themselves derived out of productive and reproductive work. Women recognise this as a major problem but are unable to break out. Their strong identification with their work is reflected in the fact that bimari troubled them primarily as a “deterrent and obstacle” to work. For example chronic pain is not considered a “threatening state”, but is experienced as a nagging hurdle, which renders extremely difficult the performance of daily tasks and responsibilities. At the centre of women's explanatory framework were the constraints of their work. Yet doing work well is a key dimension of their definition of health, since work itself is integral to their identity.

The conceptual link between production – reproduction extends easily to reproductive ill-health of the women. Women are socially defined as producers, but in context of a patriarchal society, they are also crucially defined as reproducers. As old women’s narratives have borne out, women were given no respite from work during their childbearing periods. Women experienced scarcity of food and poor diet even during pregnancy and lactation. Bodily stress and breast-feeding worsened their conditions of weakness.

Women's labouring bodies are bodies marked by ill health. The ill health derives out of both their productive and reproductive work. Women's experience of childbearing roles must thus be placed against the context of poor condition of their general physical health.
The cultural construction and experience of women's bodies as always capable of executing hard labour does not see any need for special consideration or provisions to make them strong or fit enough to bear other responsibilities.

Positive changes related to women's reproductive health are the rise in the age at marriage for women and decline in the number of conceptions. However, familial pressure to conceive early remains. The first medical treatment for women in their conjugal home continues to be sought for infertility. Reflecting perhaps the changing times or the impact of family planning programme or the discourse and influence of modernisation, an awareness about limiting families has reached the hill villages. There is a distinct trend towards later marriages as a result of changing values and growing levels of girl's education. What doesn't change is the still continuing pressure for early conception. Women continue to dread infertility; pujas continue to be held for the favour of early and male conceptions, and son preference is marked. Pregnancies and deliveries dominate the reproductive span, but gender pressures continue to play on women's mind till the required numbers of children of the desired, usually male sex are born. The use of family planning methods is very limited as reported by the women themselves. In general, gender ideology and control remain strong as far as reproduction is concerned.

Reproductive work even today does not give exemption from productive work. Patriarchal control over women's labour gains precedence over cultural prescriptions favouring work relaxation. As we have seen the huge quantums of work have been traditionally determined by levels of gender oppression and sizes of land and of families. Women are wholly dependent for a reduction in work on individual relationships of amicability with in-laws or the presence of grown-up daughters. Work as we have suggested is life cycle related but pregnancy rarely calls for lessening the burden of work unless there is an emergency or the woman is very sick. Though cultural norms around pregnancy to ensure rest and diet were talked about, the women denied any practices that brought relief. Patriarchal ideology controls the labour and its rewards of younger married women. Under these circumstances women face reproductive and general health problems throughout the childbearing process.
Pregnancy worsens the work-nutrition imbalance. Low cultural valuation of women as reproducers is evident. Women are starved of basic food nutrition, and generally underfed and undernourished. Various cultural pregnancy related food intake taboos, compound the situation of nutrition deficiency.

Pregnant women suffer multiple health problems which are perceived to arise from their twin condition of their overwork and mal-nourishment. Due to mild symptoms and the severe ones, women are afflicted by great physical discomfort. Anaemia, reproductive tract infections, gynaecological problems, night blindness and allergies seem to afflict them. Apart from these, general weakness, physical ill-health and body pains continue. Culturally, pregnancy related ailments are not looked upon as sickness but as “thori thori pareshani”. Thus medical attention is out of question.

Work continues till onset of labour and labour pains often begin in the fields. Women organise for their own delivery and continue to attend to household chores for as long as they can. Deliveries largely take place at home and are conducted by older experienced kinswomen who have experiential knowledge and techniques that are essential to assist labour and delivery. Women with many children even conduct their own deliveries in unhygienic conditions.

Dangers and risk associated with delivery have not disappeared despite the fact that majority of women pass through it safely. Most importantly, prolonged and obstructed labour continues to pose a threat to the lives of delivering women and infants. Incidents of maternal mortality are firmly etched in the collective memory and consciousness of the village women. The recurrent references made to them suggest that women are greatly affected by them at the subconscious level.

The tradition of dai has not existed in the villages, perhaps due to lack of support. Villagers mostly resort to “dai” during emergencies. PHC services however remain unavailed. They are inconveniently located and there is uncertainty about the treatment. The gravity of the situation is evident from the fact that none of the women have availed of any pregnancy related services at any rural health service.
Women's post partum experiences show that their difficulties and troubles not only continue but also intensify. Delivery does not signal the end of reproductive health problems. New ones surface such as uterine pain, bleeding etc and very discomforting symptoms like dizziness. Again very little is done about them. So thorough is women's internalisation of suffering, that they consider as 'normal' even the most unpleasant and severe problems like bleeding and excessive vaginal discharges. Such long durations of post partum bleeding must surely deplete women's energies and make them weak. However women get back to work immediately after delivery. Even women weak with blood loss cannot escape heavy laborious work. Women's later year reproductive health histories are strewn with gynaecological problems of various types and intensities – painful menstruation to uterine prolapse. Again though they produce pain and discomfort they are dismissed off as choti bimari. The deleterious link between health and work is thus reflected in a range of sufferings that have long term implications.

Overall the non-existence of antenatal and postnatal care aggravates women's health situation during pregnancy and childbearing. Women are controlled and valued for their childbearing capacity but their needs associated with that role are given little weight. Decisions about the seriousness of their own or their child's illness, about antenatal care, T.T. injections, strengthening food or rest are rarely made by the woman alone. Nor do her views carry most weight with those in her 'suras' who might act on her behalf. Few direct changes have improved the conditions of childbearing, indeed most changes pertain only to reducing its frequency.

Home births continue to be the preferred cultural option. Money is an important constraining factor to hospital delivery. Women cannot be spared from agricultural work, hence hospital births are not generally encouraged. Further, there is no one to take charge of domestic responsibilities or look after children. Since women set out to work almost immediately upon delivery, it is in everyone's interest that they deliver at home. Thus most women undergo home deliveries even when their condition is serious and may result in maternal or infant death.
It appears that with later marriages the problem of prolonged labour has reduced. Besides the scale of ill health has gone down because of later and “better” marriages for some women. Again, the affluent migrant wives group stand as a small and privileged minority. They have greater autonomy to rest and seek medical attention.

Besides childbirth, the multiple burdens of peasant work, gender discrimination in food and care, economic deterioration and poor physical health have a cumulative effect to take a tremendous toll on women’s mental and emotional states. Women express their health problems in very general terms relating to pain (*dukh-dard* / *dukh pira*), discomfort (*pareshani*) to convey a sense of physical ill-being that also encompasses their psychological / mental state and pain. In the course of their narratives older and middle aged group of women particularly gave vent to the mental stresses and strains inflicted by husbands and in-laws. Though today the severity seems to have declined with early break-up of families and the mixed effects of male migration, women's mental states must be understood in linkage with their social and emotional life in the context of marriage. Furthermore, women’s lives are beset by several new worries and tensions. Numerous contemporary social effects in the form of shortage of food, children’s uncertain economic future in a declining economy disrupted social networks, multiple types and levels of responsibility, domestic isolation and loneliness, sicknesses of children are problems that cause great anxiety and mental stress. For many women deaths of young children have left deep emotional scars.

Women’s narratives about their work and the new division of labour are full of the new kinds of stresses that they have to undergo. Overwork caused by new agricultural tasks including the tiresome management of hired male field labour, physical strains arising out of growing workloads, pressures of time and lack of resources etc. Moreover social pressures to conceive and bear male progeny, the stigma attached to infertility, wife abuse, domestic violence, chronic poor health and dwindling capacities have an impact that is mentally stultifying. The harassment of an infertile woman reveals yet another patriarchal character of Garhwal society. So severe is their ill-treatment that women’s natal families step in to perform the required religious rites for conception. Poorer and low caste women are further plagued by family hunger, insecurity of wage labour and
income and about feeding the children. The struggle is physically and emotionally exhausting.

Women’s consciousness seems pervaded by incapacity and helplessness to change their situation. This is highlighted by statements such as “we are nobody”, “nothing is in our hands”, “there is no one to share our trouble”, “we have to bear all responsibility alone”. They reflect self-perceptions of women's low value in the society and ‘unequal worth’ in the family.

Patterns Of Health Care Services

In consonance with the multiple notions and beliefs about illness causation, a wide variety of healing systems and health practitioners have existed in the vicinity of Bunga and Daurn. These specialists like the bakkis, jagris, tantrics, toonaiotakas, jharphunck, taal dama, vaids, baman greatly differed in terms of their methods of treatment and explanatory models have provided cures for different types of ailments. Furthermore in the decades of the sixties and the seventies, a new group of practitioner popularly called “doctor” also made an entry into the existing plural medical system at the village level. With the development of motorable road links, and the starting of bus services, private practitioners in Rishikesh, Kotdwara and other nearby towns could now be more easily accessed. The integration of these villages to cities hastened the emergence of this new circuit of practitioners, through whom western medicine entered isolated villages such as Bunga and Daurn. These generally untrained doctors have set up private practices medicine in nearby villages for short durations. The Primary Health Centres (PHC), its dispensaries and sub-centres were also set up by the government to provide access to “free” modern medicine. Thus over time a trend towards new (allopathic) treatment systems set in. This trend is also reflected in the way women defined health and illness. The distinction between bimari and dosh showed that even today some illnesses are still interpreted as caused by the supernatural. At the same time notion of cause as germ or environmental factors was also evident in cases where medical intervention was sought.

Today both government and private medical facilities are available to the people of Bunga and Daurn at the town centre of Rishikesh or further at Dehradun. However none
of these are within easy and regular access to the women. The closest is the government Satellite Allopathic Dispensary (SAD) at Duili but that too entails several hours of walk for women from both villages. Even the traditional access to midwives ("dai") has been limited in this mountainous region. In fact private service more than the government rural health care facilities, provide direct biomedical treatment.

Under the circumstances, the majority of women are compelled to seek a combination of healing systems in dealing with their illness. What we observe is that women tend to mix healing systems with a clear preference for modern medicine. Majority of women resort to the entire range of practitioners, depending on the nature and severity of the illness. Treatment is seen as a matter for negotiation and for authoritative pronouncements, either by traditional healers or today increasingly by the 'wonders' of modern medicine.

In earlier days the indigenous healers treated all illnesses and ailments. In today's time, older, middle aged and younger women all have a preference for allopathic medicine and they attempt to get themselves treated through this method. There is a tremendous rush for the travelling doctor who schedules his visits near the village bus stop. This is evidence enough of the tremendous demand for and popularity of modern medicine. Though the overall women's experience is that allopathic medicine provides relief for common symptoms, women are not in a position to avail of modern treatment and medication on a regular basis.

The issue of accessing health care brings up sharp differences between migrant and non-migrant women. Women of migrant households have some recourse to healthcare at varying points in life. Particularly older women whose sons are established in towns and cities are cared for when ill. For wives of migrants the picture is not as favourable. They mostly do not receive such favourable response from husbands. Still they are better off than non-migrant wives in matters of medical treatment.

As traditional ideas and theories related to causation are still catered to or strongly held by some, both men and women regularly consult indigenous healers. Indeed for certain ailments such as stomachaches, swellings, boils and fevers, they feel that indigenous healing is superior and more beneficial. On the whole however, a wide gap remains
between availability and demand for effective healthcare. Thus the medical pluralism that still exists in the villages is partly because some people are not willing to change but primarily because of denial of access to an effective health care system which creates positive experiences and thus induces shifts in health seeking behaviour.

Whatever may be the desires and aspirations of women as far as their treatment is concerned there is a palpable gender discrimination in belief, practice and access. Though we were not able to probe into this aspect in much detail, the traditional belief system apparently devalues and rationalises women’s afflictions. Older women recounted that they were socialised into believing that death is an inevitable outcome of illness for women and children. Today, the outside modernising ideational influences have made inroads through developmental interventions. Communications with the outside world, education, process of nuclearisation and increasing education level of women seem to have combined to bring about an awareness that health problems can and must be ameliorated. With migrant men responding to mothers and to a lesser extent to wives and daughters, women have become more aware and more wanting of medical attention. The compulsions of work and gender socialisation and absence of nearby health facilities however preclude the desired much needed and deserved care. Though a sizeable portion of income, especially of migrant households is spent on sicknesses it was very clear that it is largely spent on men. The well-off migrant wives are advantaged in this respect also.

Our research findings on women’s health bear out many of the theoretical formulations made by the political economists of health some of whom are also feminists. It emerges as characteristic of capitalist economies that women are more affected by negative mechanisms. In the process of labour exploitation and appropriation of wealth, a host of processes enhance ill-health. These seem to have a gender bias against women as capitalism firmly retains patriarchal relations and transfers the burden of development to the poorest (especially of the backward regions) and to the weakest (working class women). Gender differences in morbidity seem pronounced despite the relatively higher sex ratio of the Garhwal region. Women report suffering of more ill health and availability of less healthcare than men. Doyal’s contention that ill-health cannot be made
sense of, outside the mode of production seems applicable in this context (Doyal, 1978; 1995)

Structural obstacles to food production rather than denial of 'consumption needs' - ultimately underlie inability to provide adequate food and nutrition to women. Yet the differential intakes due to patriarchal structure of the families cannot be ignored. Production and purchasing power both are both undermined for most households and implication of this are greater for women due to scarcity and patriarchal gender values. Garhwal has become a subsistence economy that is unable to provide full subsistence and women bear the brunt of this under-development. Their invisible contribution to capitalist accumulation merits them no health care facilities and at the same time the conditions that cause ill health are obscured by the projection of an egalitarian hill culture where women work with men and have a higher educational levels. The Garhwal situation of destroyed economy and women's labour process clearly shows that causes of ill health are more closely related to socio-economic factors that are a result of the development process.

As we have emphasised at the outset, in hill society, irrespective of their castes, woman's patriarchal subordination did not exclude her from hard labour. The context is of long-term participation and overload and the significant shifts in gender division of labour and in the content and organisation of domestic labour. The period of a woman's life spent in pregnancy has been reduced, but work responsibilities have increased manifold. Gender ideology continues to emphasise reproduction and condemns infertility. Real health problems are not defined as such even by women and the society continues to expose them to high health risks and dangers and holds no responsibility for diagnosis or treatment.

We have seen that the health differentials are vitally linked to biological, social and economic production. Gender division of labour and the cultural sanction to it have had severe repercussions for women's health. Both economic factors and patriarchal ideology affect female morbidity and reproductive ill-health. Thus together the patriarchal control
of labour, sexuality and fertility adversely affect women’s health. Thus women’s power, value and status as tested out in the arena of health does not reveal a favourable picture.

Our data thus lends support to the critique that “causes of reproductive ill health lie outside the conventional medical boundaries and even when they severely affect reproductive health, they may not be amenable to cure through reproductive health strategies” (Qadeer, 1988).

It also reinforces the argument that the nature of development is not only responsible for ill health but for lack of services as well. A purely technocentric approach to health planning for women would only have a palliative effect as it does not touch the roots of the problem. In fact as revealed by this study, facilities of an effective modern medical system though desired and needed desperately by women are far from adequate even as a palliative measure. Thus even to provide the basic minimum the nature of development itself has to be tackled. The social sector needs to be strengthened and as the women of the region point out, planning work with dignity and comfort alone can lead to their well being.