CHAPTER-VI

IMPLIEDATIONS OF LIVING AND WORKING CONDITIONS OF AGRICULTURAL LABOURERS FOR THEIR HEALTH
From understanding the qualitative dimensions of social and economic constraints of the lives of agricultural labourers in the previous chapter, we now move on to look at the implications that these constraints have for their health. We have no intention of quantifying or assessing health or illness status of the study population. Our purpose is to look at the links between basic socio-economic conditions and their potential hazardous implications for health. These links operate through unavailability of food, inability to create economic security, a lack of access to the health services, their immense vulnerability during the period of crisis, the perpetual danger of their slide down to an abysmal living condition, their inability to maintain good housing and clothing for themselves and for their families, and the influence of hard labour as in stone or earth work where the older labourers face the threat of being discarded. In this chapter we examine in detail these and other linkages in the lives of agricultural labourers of both the villages--Bankipada of the backward block and RRpur of the advanced block.
BASIC NECESSITIES OF LIFE:

In the previous chapter we have discussed the per capita household annual income of agricultural labourers in the above two study villages. To recapitulate: a majority of such households in both the villages are similar in terms of their quality of life. The income of the agricultural labourers being so meagre, it is the necessity to subsist that guides their expenditure and there is hardly any problem of preference as regards goods and services on which money should be spent. From the meagre income it becomes very hard to meet the bare necessities of life, i.e., food, clothing and shelter.

Food: To begin with, we find in both the study villages (Bankipada of the backward block and RRpur of the advanced block) that a major portion of their income is spent on food. As the composition of diets is usually related to cropping patterns, the staple food of agricultural labourers (as of everyone else in our study villages) is rice. Further, their food hardly include any additional items of dal, vegetables, meat etc. For these poor agricultural labourers, availability of food means availability of rice. This is clear from a very common statement given by almost all the agricultural labourers in both the villages--"...if
there is adequate rice in the house all round the year, there is nothing to worry about the food."

Hence, at this point the question of quality of their diet or its nutritional aspect is to some extent a secondary one. The primary concern is the question of adequacy of diet: Do the agricultural labourers get enough to eat all the year round. Those who are able to have enough grain throughout the year, even during the lean agricultural season, constitute a very small proportion lying at the upper income group (3.6% and 7% of total agricultural labour households in RRpur of the advanced block and Bankipada of the backward block respectively). Ironically, majority of agricultural labourers do not even get enough rice to eat for some part of the year.

"...it never happened in my life that we could get sufficient food for the whole year round," says Rabi Jena of RRpur (of the advanced block). Rabi, 36, is a daily agricultural labourer. He works hard, and earns twenty rupees a day. His family consists of six members including three children and his old mother. Rabi continues, 

"...it is difficult to feed so many mouths. I have no land of my own. But, for last few years I have been doing some tenant farming. There is only one bullock,
and therefore, I have an arrangement with someone to use his bullock and farming equipment. To make ends meet I regularly go for work whenever available. I even do some earth-moving. It gets me good money. But I'm unable to save. What can I do? I have other necessities too. Everything is so expensive! Things are getting dearer, we are always in difficulty. The rice I get as my share lasts for less than two months. The rest I have to buy. Now a kilo of rice costs nearly six rupees and that for ordinary rice, full of sandstone. Doesn't smell good. However, we need at least three kilos of rice a day to fill our stomachs properly. During monsoon it becomes very difficult. From the middle of Bhadraba to Kartika (September to middle of November), there is virtually no work. We cannot avoid debt. Occasionally we manage to purchase on deferred payment from the shopkeeper. Most of the time we depend upon the mahajans (who lend money and grains i.e. paddy).

On top of it, the price of rice hikes up during this period. How much debt can we make and feed ourselves! We have to repay with interest too. So the only way is to manage with less quantity. You can't imagine sometimes it becomes difficult to arrange even a kilo of rice for a day!” Parvati, Rabi's wife adds, "...how long we
can go without food! The children must eat something. They cannot starve. My mother-in-law is so used to going without food that she has lost all appetite, and food has no meaning for her any more.... When the one (Rabi) who goes for strenuous labour, does not get adequate to eat, how can I think of me?"

The observations recorded from Rabi Jena and his wife in fact reveals how there is always a deficit in the food intake of agricultural labourers when the situation is otherwise normal or in other words, when there is at least no crisis in the household. The situation is similar in both the villages--RRpur (of the advanced block) and Bankipada (of the backward block). We have already discussed in the previous chapter that there is a large variation in the number of days of employment for agricultural labourers, over a year, or even within one season. As a result such households generally resort to cutting down their food consumption, particularly, during the lean period. For these people, less work means less food. Sometimes situations compel these people to go without food.

Furthermore, the budget of the agricultural labourers does not allow to tackle any crisis/ceremony, such as death, illness and marriage; particularly, illness of the bread-
earner. Any such crisis requires money and makes the life of such people more precarious. As it is observed in both the study villages, under such circumstances, agricultural labourers are forced to eat less or quite often go without it. One cannot predict the occurrence of such crisis in a household in a given period of time. But it is very clear that the usual food intake of the agricultural labourers will reduce further under such circumstances as that is the only expense they have and can cut.

When these people do not get sufficient rice to eat all round the year, it is not difficult to imagine the quality of their diet. However it needs to be clarified that for these labourers in our study villages, eating rice is not something luxurious. They eat rice simply because they are used to it. Sometimes ata (flour) may be cheaper than rice, but this does not induce the agricultural labourers to eat ata, in place of rice except on few occasions when he is either sick or observing a religious fast. When I enquired about this in both Bankipada and RRpur, the reasons were common. When they eat rooti (bread made of flour), they feel they have not eaten a proper meal, only a snack; and feel hungry again after sometime. Moreover they need even more quantity of flour than that of rice. So ultimately for
them flour is not at all economic. In addition to these, paddy loan is easily available as compared to cash loan in our study villages.

However, what is more important here is the fact that the rice which fills their stomach is of poor quality and often foul smelling. This rice in one form or the other is eaten at every meal. At the morning meal these labourers in both the villages invariably take pakhala bhata i.e. cold fermented cooked rice in water. For them, a mere handful of rice and a bowl of turani (fermented water) can appease their hunger. Most of the time they eat it with some salt, green chillies, a little bit of tamarind or ambula (dried green salted mango) and/or a piece of onion. Otherwise, green leaves like spinach or sajana (eatable green from a tree which is available in plenty in these areas) that are grown without much difficulty, or may be collected from here and there, are eaten along with pakhala. These people are happy when they are able to add to it a roasted potato or a small brinjal, or may be a dried fish. Harvest time ushers in a period of relative prosperity in terms of the quality of their diet.

Hot rice is supplemented by some watery dish. This is usually a vegetable curry which is mainly 'Potato';
otherwise, vegetables which are cheap and seasonally available. Fish is often taken in place of vegetables. Small fish and tiny crabs are caught from the ponds, and from drains and fields during the rainy season. What we found in the two villages is that most of these agricultural labourers buy sea fish in small quantity at a price of 5 to 10 rupees a kilo, of an inferior quality. Agricultural labourers who are Scheduled Tribes, eat shellfish like snails, oyster or mussel from others' ponds and inundated fields. Nevertheless, they are often not allowed to collect these.

The side-dishes are usually cooked with almost no spices other than turmeric and chillies. Very little amount of cooking oil is used. Hiking price of cooking oil has affected the consumption level to the extent that in majority of such households the daily consumption of cooking oil is as low as 25 gms.

The consumption of pulses is really negligible. Even in village RRpur, where mung is widely grown, the agricultural labourers cannot afford taking dali (pulses). Some of the households in the two villages reported regular consumption of dali. Nevertheless, the dali they take is so diluted that one can hardly get even the flavour. This became more evident when I saw a mother sending her child to the shop to
get some dali for one rupee. Moreover, dali is served as a substitute for other side dishes. It is worth noting that there are only a few occasions when 'dali' is cooked in the house--either when it is a local festival or when a relative visits.

Keeping chicken is a common activity among these people. Some households rear one or several goats, or perhaps a milch cow. One would expect, at this point, the presence of eggs, chicken, mutton or a glass of milk in the diet of the agricultural labourers. In fact, not surprisingly a chicken or a goat or milk from a cow is not for their own consumption, but to supplement their income. Hardly, once in a year can they afford to have some goat meat or poultry. The question of milk doesn't come into the scene.

The possibility of balanced diet never occurs in their life. This does not, however, imply by any means that they are not aware of the importance of balanced diet. Obviously it is not the question of awareness but their lack of affordability that dictates the quality of food.

Clothing: The agricultural labourers' growing inability to maintain themselves and their families with their meagre earnings, is of a degree that even clothing for themselves or for their families sometimes becomes an impossible task.
Dukhu Hansda, an agricultural labourer of RRpur observes:

"...the price of clothes is really soaring. Earlier, three or four days' wage were adequate to get clothes for the entire family—a man, his wife and his child. Now you go with fifteen days' wage and it would still fall short...."

Karunakar Biswal of Bankipada puts it more vividly:

"...eight to ten years back the price of a sari was twenty to twenty-five rupees. Now the same sari would cost you not less than hundred rupees!"

Though these figures may not vary from one family to another, they consistently throw some light on the price hike and their growing inability to procure adequate clothes. For the majority, clothing means a loin cloth for the men and a sari for the women. Children in such households often roam around half naked. In case of men, to remain bare-chested, bare foot is not an unusual sight. The only clothing for many is their lungi or gamuchha (types of wraps used by men) tied up short. Sometimes, while going for work, some of them wear a torn shirt or a vest. In fact, during the study in both Bankipada and RRpur, I notice that these people take off their shirts, even the torn one,
before starting work in the field.

Woman wraps herself in a sari, no blouse, no petticoat, nothing else. While at home most of them wear an old and torn sari. Those who go out for work it becomes very difficult to manage with even two sets. This is specially so, during monsoon, at the time of transplantation and weeding. On the one hand they have to work in knee-deep water and on the other sari cannot be tied up short. It gets wet time and again even if there is no rain. They have to work, and they cannot afford changing clothes twice. Sometimes during rainy days it so happens that a woman goes out for work wearing an already drenched sari. Saraswati Raja, an agricultural labourer narrates her experience during the monsoon in the following way:

"...what can I do? Clothes get wet. It does not dry up quickly. Once I had to wear the old one which I used to wear at home, and went out for work. While working it got torn from the backside (posterior). You just cannot imagine the situation. There were many others in the field. I felt very awkward. Came back home. That day I lost the wage.... These days the quality of the clothes have degraded. You see the one I'm wearing is recently bought. It shrank in the first
wash, and falls short. Where can I get a blouse or a petticoat to wear! I have one more sari. It has a tear on one side. I wrap it from the other side so that it falls upon my back... this is the way we manage...."

Apart from a torn shirt, they manage to get a thin chadar (used as shawl) which hardly protects against cold. The children of such people do not get enough to cover their body even in the winter. The entire family sleep on a mat and cover with a kantha (used as quilt) which is made by sewing up tattered rags. In the evening or in an early morning one would often see them sitting close to the smouldering fire. Due to their inability to provide adequate clothes to their children sometimes they make sacrifice. Once I came across Budhia Patra, an agricultural labourer who was in the master's threshing floor on a very early winter morning. Budhia had worn a torn shirt and nothing else. When I enquired, he said,

"...no, I have a chadar. That is the only chadar we have in the family. My children have nothing much to wear. Last night my youngest son had worn that. In the morning I felt very guilty to take out that. He was sleeping very happily. Being a father how could I
take out the chadar from my own child...."

Sprayer operators do not wear any protective clothes, but wear the same clothes as other workers—they are bare-chested and barefoot.

**Housing and Other Amenities:** As far as housing is concerned, as almost every one else in the study villages, the labourers also live in houses made of mud with thatched roof. However, there exists a noticeable difference in the physical appearance between the houses belonging to the labour class who form the poorer section and that of the landowning community. On the whole most of the houses belonging to the agricultural labourers in the study villages are easily distinguished from the rest by an almost fragile, dilapidated, unventilated usually small thatched hut needing immediate repair with virtually no furniture. They usually sleep on the floor. In some households the children sleep on the cot if at all it is available. The rest of the members manage on floor covered with mats.

Nonetheless, there are some agricultural labour households owning bigger houses. But it may be noted that those houses were built by their fathers whose economic position was certainly better as they also owned some land. Over
time their economic condition worsened and they joined the
chunk of agricultural labour force and in the present state
of affairs these houses have become a liability as they
cannot afford regular repairing. Similarly, there are cases
where an agricultural labour has constructed a house with
the help of the loan extended by the government under dif-
ferent schemes. But here too, repair of the houses is
almost beyond the affordability of the households.

The houses of these agricultural labourers generally
lack proper ventilation as the windows are too small to let
adequate sunlight to come. Thus even during the day time
the rooms are completely dark. Moreover, the windows lack
panes. As a result, during winter, cold breeze put them in
severe hardship. In many cases the houses lack proper door
which further adds to their woes during winter. As almost
the entire family sleeps on the floor, they are always at
the risk of insect bites (like snakes, scorpions etc.).
Even in the newly built house one could see the absence of
proper doors or window panes.

The presence of more than one room is not very uncom-
mon. This, however, does not imply the availability of
adequate space to the members. The rooms are generally very
small which accommodate several members at a time.
Therefore, the number of rooms in a house is not important. What is important is the fact whether adequate space is available or not. Interestingly, the rooms provide shelter to not only the family members but also to hens and goats which are kept inside at night to avoid theft. One can imagine the state of hygienic condition of the rooms they live in. Further, a part of the room being used as store and kitchen is a common sight. Cooking is generally done inside the room during winter and rainy season. Use of husk or fuel-wood produces a thick cloud of smoke which gets locked inside the room due to poor ventilation.

Obviously, a thatched roof needs annual repairing. Straw a byproduct of paddy, is generally used for the thatching of the roofs. The availability of straw is a general problem among these agricultural labour households. The economic condition of their labourers does not permit them to rethatch their roofs regularly. As a recourse, they do this part by part. One year they get one part of the roof rethatched while the rest is left for the following year. Thus the unthatched part experiences seepage of rain water during the monsoon and water dropping is a common sight. These poor people spend their night occupying a corner which is at least partly free from water drops.
An overwhelming majority of houses in the study villages lack their own sources of water. Almost the entire water needed in a household for cooking, drinking, washing and cleaning is obtained from outside source. Bathing in the ponds and rivers even in the case of women folk is a very common sight in the villages. For drinking purposes, they depend on community tubewells, while for cooking purposes water is fetched from the community ponds. As they do not generally possess adequate containers the process of fetching water continues almost throughout the day. Women-folk and children generally specialise in fetching water. As pumping water out of tube wells is not easy for small children they often bring water from the pond in small containers. Water is generally unsafe for drinking purpose particularly during the monsoon. In the village RRpur with a river Subarnarekha flowing nearby, the water level is very high and water is available at very little depth. Rain water with all impurities join underground water and pose serious health hazards to the people.

As most of the works related to cleaning utensils, washing cloth and even bathing is done outside the house, drainage is not a serious problem except during the rainy season. Since most of these houses are located in areas with very poor drainage, life during monsoon becomes hell
for these poor people. Animal excreta further adds to it. As a result the entire area surrounding their houses becomes a breeding ground for mosquitoes.

Very few houses in the villages have latrines of their own. And the few that are available are very poorly maintained ones. These agricultural labourers generally use public places for defecating. In RRpur, land along the bank of river Subarnarekha is used for this. In the rest of the villages, people could be seen defecating in other fields. This sometimes leads to quarrels. The womenfolk generally go for defecating early in the morning when it is still dark thus being vulnerable to snake bite and all. Children defecating in front of the houses or along the roads could be commonly seen in the villages. The situation becomes pathetic during the monsoon when the entire area is water-logged. This creates serious health hazards for these poor people.

SOCIO-ECONOMIC MILIEU AND HEALTH PERCEPTION AND BEHAVIOUR:

The previous sections have focused on agricultural labourers' growing inability to provide for themselves and for their families with adequate food, clothing and other basic necessities of life. It reveals how these people
undergo privation, and how their immense vulnerability during the period of crisis often pushes them down to an abysmal living condition. We now proceed to look at the health problems of the agricultural labourers, and to understand their perception about illness and prioritisation for seeking health care. To put it in other words: What are the ailments these people think they suffer from? What do they think of their experiences of illness? And what do they do about it? It may, however, be noted that we have no intention of quantifying or assessing the health or illhealth status of our study population.

We briefly present the peoples opinions on the range of illnesses they experience and their assessment of these illnesses as an economic problem. All kinds of diseases are quite frequent among agricultural labourers. Communicable diseases probably more often strike these people than they do the majority of the rural population. The situation is similar in both the villages--RRpur (of the advanced block) and Bankipada (of the backward block). These people keep getting ill with common ailments like fever, cold and stomach upset. Besides, many of them, particularly women, always suffer from weakness and dizziness with severe headache which have become part of their normal life. Most of them relate it to the problem of "blood pressure", however, this
is what they perceive. In studies from villages in Bengal similar symptoms have been shown to be associated with anaemia in women (Soman, 1992). Then there is the problem of diseases that can be incapacitating like malaria, filariasis, diarrhoea and dysentery, night blindness, tuberculosis, jaundice, paralysis and tetanus among these people.

Occurrence of diarrhoea, dysentery and malaria is very frequent in the households. While in RRpur T.B. took a toll of two agricultural labourers during the study period, in Bankipada two persons—one woman agricultural labourer and one child from a similar labour household were reported to be suffering from the disease. In RRpur, four more cases of suspected TB among agricultural labourers were reported during the study. It is important to note that both the villages fall within malaria and filariasis endemic areas, and these two diseases were found to be the major health problems among this section. While many agricultural labourers were reported to be suffering from filariasis in both the villages, in Bankipada, three labourers had to undergo surgery during the study period because of the chronicity of the infection.

As revealed by the male members of these agricultural labour households, the females usually suffer from various
types of gynaecological problems. In addition to these, there are repeated occurrences of various injuries among the agricultural labourers, sustained as a result of work, accident and assault. Children of these households suffer from all kinds of health problems like diarrhoea and dysentery, cough and cold, fever, worm infection, skin diseases, ear problem, bleeding from the nose etc., some of which begins right from their birth.

Furthermore, nature of work in agriculture is not only strenuous but also hazardous for the health of the labourers. There are many symptoms which take long to appear, and it is sometimes difficult to relate some health problems to the occupation. Nevertheless, the health problems related to work, as reported, are swelling and pain in limbs and shoulder, and muscular sprain particularly in the case of men, various forms of injuries, bodyache and lower back pain, water born finger infection, body rashes, etc.

The following case studies further shed light on the health problems and the responses of the agricultural labourers towards these in terms of measures they take for achieving cure.
Kuanria Murmu is an agricultural labourer of RRpur. She is a thin tall woman in her early forties, and looks very old. A severe attack of diarrhoea about six months back has rather disfigured her for life. There is hardly any hair on her head. She says, "...in the morning I had stomach upset and by mid-day had about twelve motions. I took some cherimuli (roots and stems of various kinds of plants and trees having medicinal qualities). Usually we keep these things with us like patalagaruda (root of a local plant) for stomach upset. These things are very effective for the treatment of minor ailments. But my condition became very serious in the middle of the night. My husband went to Banchhababu (a homeopath in the village) and got some medicine. It was of no help. Next day morning I was almost unconscious. They (her husband and sons) took me to our daktarkhana (hospital). There I was given four big bottles of injection (she means saline bottle) and a lot of medicines. I remained for few days on the verandah (of the Primary Health Centre). Nearly twelve hundred rupees was spent and I was cured. Now you see, I don't have much hair on my head. It is because of the medicine. Earlier, my two sons had suffered from diarrhoea, but we didn't have to spend much."
Both Kuanria and her husband, Nimei, continue, "...we usually resort to home remedies first, otherwise, sometimes go to Banchha babu. He charges very little for his treatment. Only for medicine and no other fees. He also visits us whenever called. Moreover, his medicine is very efficacious for children's illness. If not cured, then we visit our daktarkhana. Very few medicines are available there. Do you think we will get cured if we take those one or two tablets? Only prescriptions are given there. We have to buy those. Earlier, there was no chemist. So we used to get some medicines from the daktarkhana. We don't buy all the medicines prescribed at a time. We buy only for a few days. If we don't have money, the chemist allows us to take on a deferred payment." Their eldest son aged twenty seven is having cough for last one month and has yet not visited the health centre (Primary Health Centre). Kuanria and her second daughter-in-law suffer from filariasis. Kuanria says, "...sometimes during full moon or no moon my leg gets swollen. I'm wearing an amulet given by the gunia (a traditional healer who tries to ward off the illness by magico-religious treatment and exorcism, and sometimes dispenses few herbs and/amulets). My second daughter-in-
law is having the same problem. It has recently started. Next time I will take her to the gunia."

Regarding family-planning they say, "...we are scared of operation (sterilization). My children will not undergo operation. If we do, we cannot labour hard. Tell me, are we in a position to take egg and milk? For operation one needs good diet. Besides, if the stitches open up then, would we be able to go to Cuttack (a city in Orissa, having best hospital in the State), so?"

(2) Minati Raja, fifty, an agricultural labourer of Bankipada, is suffering from T.B. which her married daughter says has been cured after treatment at a private hospital in Bhubaneswar. It is hardly few months that she has come back and has started working to make a living. She is a widow and there is no other working member in the household to support her. The problem started last year when she spotted blood in her sputum. Earlier she had chronic cough but she did not take any treatment except tulasi (sacred plant with medicinal properties) leaves and ginger. She could not afford honey to add to it. However, after spotting the blood she went to the health centre (Block Primary Health Centre).
The treatment was for a month. She had to buy all the medicines except few tablets and a bottle of cough syrup which were provided by the health centre. The condition did not improve. Her son-in-law who works as rickshaw puller in Bhubaneswar took her to a private hospital there for her treatment. Her condition improved with the treatment. After taking medicines for six months she discontinued as it became difficult for her to procure medicines any further. Her treatment put together cost her more than four thousand rupees. For this she had to sell a portion of homestead and some goats. The son-in-law also helped. She could not continue borrowing as the children of her family were also getting affected. She felt she was depriving them of their bread, so she came back and started working.

When I first saw her she was boiling the paddy for parboiled rice for her employer. Her pale face, swollen eyes and cough at intervals was a reminder to her being still sick and suffering. She had lost her hearing after the birth of her second daughter some thirty years back. Besides, she has been having problems in her eyes and lower back pain. She has very poor visibility. Her brother-in-law, Kadua, sixty-seven, who is no more working due to old age since five years, is
having severe cold for 4-5 days. They both felt that they can't afford to go to the hospital for everything. So he has been treated with tulasi and ginger. Miniti's four years old grandson had dysentery few days back. Juice of a few varieties of leaves, having some medicinal properties, was given to him for 2-3 days, but did not improve. Thus even for children investing in medicines was not considered wise, and first home remedies were tried. Finally, he was brought to the health centre, and was prescribed a few medicines for 8 days without being told the diagnosis! The entire family look at ill-health as their 'fate' and accepted the fact that medical help was not for them. Their experience of health centre (Block Primary Health Centre) was also not very encouraging as for "good" medicines they always had to pay or buy from outside.

(3) Thirty three years old Gayadhar Raja of Bankipada has undergone surgery of swelling over limbs a few months ago. He had severe infection of filariasis in his right leg. As his wife Lakshmi says, "...he has this problem from before our marriage and it is now more than ten years that we are married. Last November (7-8 months back) he had fever and the leg was swollen. We
expected it to be cured naturally as it does every time but it didn't. For 3-4 days he remained on bed without any medicine. Finally he went to our daktarkhana (hospital).... Gayadhar adds, "...I went to the hospital (he means BPHC) at around 11.30 in the morning and the doctor was not there. I was told by the compounder that the doctor was on leave. The compounder prescribed me some medicines. It cost me eighty four rupees. I could buy only for a few days on credit from the chemist. After two days of taking medicines, the condition actually worsened. Went with the prescription and met the doctor. My leg was too infected and there was no way out other than surgery. It is all because of the scoundrel compounder."

After operation he remained bedridden for another four months. The treatment continued. He had to sell off his small strips of land, about .15 acre, at a very low rate to his own brothers. Thereafter, there was no work in the village as no one was willing to employ him. This forced him to go to Tatanagar to work along with his friends who are already working there. After working for almost a month he returned to his village. His leg was still covered with tattered cloth and there was stain of blood. His five years old son, who is
unable to speak due to deformity in the upper lips since birth, is suffering from cold and running nose. Lakshmi too looked sick. She complained about constant weakness and dizziness she has been suffering from, and apparently there was no question of availing any health care.

Gayadhar Raja realises that compounder cheated him but he cannot do anything about it. Caught in the trap of diseases in the family he dragged him self to Tatanagar but there too could not compete in the labour market and had to come back. His wife who somehow manages to get a handful of grain is starving herself to feed the child who she knows cannot be of much help in improving their lives. At best he will repeat the labour process. 'But for that he must survive'. Given her own health she no more knows how they will survive.

(4) "...that ink coloured lotion available from our dak-tarkhana (Hospital) is very effective in curing the waterborn skin diseases (sort of sores) that breaks out on the fingers (in fact the middle portion of two fingers) while working in the field during the rainy season. But many a times the medicine is not available. So we apply some kerosene oil. My body aches.
Sometimes I message with few drops of hot mustard oil with garlic when it becomes unbearable...", says Tuna Marandi, twenty-eight, of RRpur. He associates this skin problem with his work that requires immersing his hands in mud and water. Consequently he seeks no permanent cure only temporary relief for he knows he cannot change in work situation. Tuna has other health problems too as he says, "...for last 5-6 months I have severe pain in my right-hand shoulder-joint. It is difficult to work, but I have to I'm unable to buy medicine. There is no point going to our hospital (he means the Primary Health Centre). They seldom give medicine. Moreover, they give same tablets for all kinds of ailments, it hardly works. See, just two months back I had a boil in my nostril and severe headache. Tried on some home-remedies. It didn't cure. I had to go to our hospital. There I was given few tablets, and was asked to purchase the rest. I had no money so I couldn't. Continued with the hospital medicine but that did not give any relief. Finally, I bought the medicine for few days from the chemist. You can't imagine! for 7-8 days I couldn't go for work because of that minor illness.
...last year (about 9-10 months back), one late evening, I was returning from work. It was raining and the road was dark. Accidentally a big bamboo thorn pierced my foot. To stop bleeding, I immediately put some tobacco mixed with lime. Whenever we have injuries we apply this while at work. Sometimes the juice of the leaves of some plants is available. All these things are very effective to stop bleeding. In case it is very serious I take injection. But this time I couldn't take injection. Next day after applying some mixture of lime and sugar I wrapped it with a torn cloth and went out for work. But later on it got so infected that it had to be operated after giving local anesthesia." According to Tuna, "our life is such that any thing can happen any time as we are doing hard labour and working in difficult conditions. How many times do I run to the doctor? All my earnings will go to him only!" Tuna's wife Jhana has chronic headache and pain in her waist. She frequently suffers from stomach upset and fever. As Tuna says, "...some white substance is discharged in her urine. And because of this all these illnesses. She had this problem before marriage. There, she used to take some traditional medicine given by a kabiraj (a traditional
health practitioner who dispenses herbal medicines). When she takes medicine for 8-10 days, it cures her. But later it again reappears. So, after coming here I took her to the Catholic hospital (a hospital run by Catholic missionaries) at Mahamadnagarpatna which is about 8-10 kms from RRpur. Then we bought some allopathic medicine from a private practitioner from Rajghat (nearby Mahamadnagarpatna). Yet she did not get cured completely. Few days after delivery she complained about waist pain. So I took her to Banchhababu (a homeopath in the village). There was some relief but not much. Again few months back I got her medicine from the village kabiraj. There was some improvement, but I couldn't afford to get her anymore. What can I do? I have already spent a lot of money.

In case of my child's (who is one and half years old) sickness we prefer homeopathy. When there is fever we wait for a day or so, and observe the fluctuation in temperature, if it remains high we take him to Banchhababu. The child is usually not given allopathy. Moreover it is very expensive and most of the time we do not have money with us. Besides, Banchhababu gives me medicines on credit. For the treatment of snake bite we usually go to the gunia (a traditional healer who
tries to ward off the illness by magico-religious treatment and exorcism, and sometimes dispenses few herbs and/amulets). After one more child I'm planning to have the operation (he means vasectomy). It is better to have a small family. Those who have a small family are living a better life. But my father is not in favour of the operation. He talks about its ill-effects. He says that the operation upsets the natural functions of the body, and causes loss of vigour and premature old age."

This case study also shows that it is not happiness but sheer poverty that also pushes people into accepting sterilisations despite the risks under which their children live.

The case studies from the two intensive study villages throw light on the quality of health of agricultural labourers. They also help delineate the processes at work which are detrimental to health and beyond the pale of health services. Their economic and social situation generates conditions which are conducive to ill-health and also hamper access to services. These observations recorded from the agricultural labourers of both the villages in fact reveal the following:
Health Status

Agricultural labour households always have some illness or the other. Members of these households suffer from both general and work related health problems.

Part of their experiences such as, economic constraints, recourse to home remedies, going to the hospital at the last moment etc., are repeated again and again by almost all agricultural labourers in both the villages. These related to some of the ailments--both general and occupational--, their response to the illness, their accessibility to the services, their perception of the illness and their economic constraints.

Response to Illness

These people's response to their illnesses in terms of measures they take for the cure, is associated with the degree of suffering, accessibility to the health services and above all their economic condition.

Agricultural labour households usually do not go to the practitioners or seek assistance from
public sector facilities. When they are unable to perform the physical labour then they are forced to seek help. In terms of treatment in most of the cases, all types of therapies, both traditional and modern bio-medical, are resorted to in a roughly hierarchical order starting from the local traditional healer progressing upwards to the Primary Health Centre/Block Primary Health Centre depending on the seriousness or persistence of an ailment.

Several home remedies continue to be resorted to at the initial stage, starting from juice of leaves, seeds and barks of various kinds of plants and trees to the application of tobacco and lime. For them, homeopathy and traditional systems prove to be very efficacious in particular illnesses. For example - Ayurveda is believed to be effective for long-term results (and not for the symptomatic relief) and homeopathy is mainly believed to be efficacious in chronic ailments and in the cases of children's illness. Besides, they resort to these treatment as the allopathic treatment becomes very expensive for them.
We find that these people continue to work as long as they can during their sickness. They are even found to be working as soon as they get symptomatic relief.

All of them, as reported, are unable to procure medicine as prescribed by the doctors for the required period. They do not purchase all the medicines at once. Rather, they purchase medicines for a few days and most of the time on deferred payment. Once they get symptomatic relief they generally stop taking the medicines because of their inability to continue paying over a long period of time. The link between health and economic status is obvious. As they invest incrementally, their cure is also never complete. The diseases linger and become a part of their life.

Once a heavy investment is made, other protective inputs such as food, clothing and housing get neglected, increasing the risk for all other members.

Reasons for delay in visiting the health centre tend to vary. The most common reason is that medicines are usually not available in the health
centre. Whatever is available, except a few like mercurochrome, are of no use as these drugs hardly cure their illnesses. As a result they buy all the medicines from the chemist which they cannot afford. Besides, the timing of health centre does not suit them as it clashes with the timings of their work. They are often charged money when they visit off-time, even in the health centre. Moreover, whenever they visit the health centre, most of the time the doctor is on leave, or is off on some official work.

Perception of Causation

Perceptions of causal factors regarding illnesses are manifold. However an important finding was that the people were very much aware of the links between their ill-health and poverty.

They firmly believe that 'poor food' leads to ill-health. This gets reflected in a very common statement--"How long can one survive with that sour pakhala bhata?"

All agricultural labourers ascribe their poor health, particularly frequent suffering from fever to the long hours of hard work they put in under
the hot sun and hours of rain falling in torrents, apart from insufficient food.

As reported, ploughing which requires heavy force particularly from the wrist and shoulder, leads to frequent occurrence of muscular sprain and the resultant swelling and pain in the wrists and shoulder.

They also realise that working in the slushy fields and knee deep water causes them some sort of fungal infection on the fingers of both the limbs. Besides, there are complaints of severe body rashes in some cases.

There is still another problem associated with working in water--injuries caused by snail bite. Apart from that, manual reaping with sickle exposes them to frequent injuries of the fingers and palm leading, sometimes, to severe bleeding or infected wounds.

Both the methods of manual threshing, as reported, cause health problems--when paddy is separated by beating the paddy sheaves against a wooden log on the threshing floor it requires heavy force, and as reported, leads to shoulder sprain and pain. In the second method where the labourer revolves
round a wooden pillar along with the bullocks for several hours at a stretch without any rest or break, he often feels dizziness and headache. Further, any break in the rhythm can result in the stepping of bullocks on the foot of the labourers, causing severe injuries or a fall.

Perception of the Illness

The categorisation of illness in terms of major and minor as practised in medical literature remains irrelevant for agricultural labourers. What matters to them is the length of the period during which a labourer is prevented from going to work owing to illness, and the money spent on the treatment. It does not however imply that they are unaware of minor problems.

Illness like mild fever of 2-3 days or cold and cough, skin rashes are treated as part of their daily routine which everyone must learn to 'adjust'. These problems are perceived not as 'illnesses' but as minor hazards of their lives.

What is perceived as illness, therefore, is prolonged debility. Among these, many of them group Kustharogo (Leprosy) and Jakhma (Tuberculosis) as major roga (Disease). Some are even aware of the
incurable cancer as a deadly disease. Some relate it to an incurable wound in the stomach.

According to them, a disease becomes major when it keeps them from wage labour and causes economic burden. For instance, filariasis, which does not immediately prevent them from going to work, does not draw their attention at once. It is only when a person is unable to go to work at a much later stage that they perceive it to be a serious problem.

They are aware of the fact that malaria is caused by mosquito bite but they do not know the cause of filariasis. In fact, the poor spread of knowledge through government machinery was very obvious. Cyclic increase and decrease in the magnitude of the problem said to be related to the position of the moon generates belief about its link with some supernatural power as well. Often people suffering from filariasis resort to magico-religious treatment and hope for relief.

To summarise, our data shows that the popular understanding that the 'poor illiterates' do not understand the causes of disease is highly questionable. We find from our
study that people are very conscious of the impact of working and living conditions on health. On the other hand, despite facing perpetual illness, they conceptualise illness as only that which hampers work. Thus, for them, the implications of serious and prolonged illness is much more crucial than implications of work on health. The central focus being survival for which ability to work is central and not one's physical well being.