

Community Health Learning Programme

A Report on the Community Health Learning Experience

**A Study on the determinants of women agricultural labourers' access to food & nutrition, and how do they impact on health and well-being**



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## **Experience at CHLP**

The report is divided into two sections. The first section talks about the experience as a learner from the Community Health Learning Programme fellowship. The second part of the report focuses on the research project report on the women agricultural labourers.

I am Pendyala Pavani from Telangana State. I have finished my 12th standard from Social Welfare Residential School, and an undergraduate degree from the Azim Premji University in Bsc. Biology, and Pursuing Masters in Development. I like painting, passionate about teaching, spending time with children, listening to music, and exploring new things. Since my childhood, I was very interested in visiting anganwadi centers and panchayat institutions. I used to help in data collection for Asha's and anganwadi teachers. At that moment, I had the infrastructure and food students were eating, ANC pregnant women got it very poorly. I had personally seen children suffering from stunting and sometimes which also led to abortions. At that time, I have decided I have to do some course in health where I can directly interact with the community and work for them. But, there was no one to guide me about the courses available such as Nutrition, or Public Health. As my Undergraduate with the help of Prof. Stefi, I did a few projects related to Malnutrition in India. The major reason to join the M.A. Development is to do public health as I found electives were interesting. During the 1st year of my Master's, I received an email about this programme. I thought this would be a great opportunity for me to learn more about health and its various perspectives. Fortunately, I got into it and the experience was amazing.

As I was more interested in women and child health and mental health. The CHLP programme not only gave me an understanding about the interested areas but also on various modules such as community health, Globalization of health, Environmental health, and so on. The experience of learning from the group was enriching, especially more interesting is that we start with the discussion of the particular topic but we end up having long conversations about the other social topics as well. I felt it was really interesting to learn from each fellow and from their experiences. I personally, felt a lot of times inspired by listening to the facilitators, Ravi Narayan, Thelma, Dr, Dennis, and Radhika's stories in the live sessions. Mostly, live sessions used to end in 3hrs and sometimes even more but I never felt bored rather I felt more motivated and had the feeling of positive hope. Especially, when Thelma used to say "Our India is in good hands" that motivated even work more harder not only in CHLP but also in my personal life like being more empathetic and patient in listening to the people stories. In addition, the community health module taught me how health is a fundamental right where everyone needs to have access to the primary health care, Prasanna module about the politics which was a major learning for me. Earlier, I was not interested to read political news because of the corruption, and tired of listening to the government fake promises. But after listening to Prasanna's module I understand the importance of politics to make justice to the people. As I was pursuing my master's some of the time I found it difficult to complete the readings and videos but the CHLP team was very kind and supported me throughout. Especially, Radhika, Abu, and group fellows supported me to manage the schedule, and though I am the youngest person I never felt uncomfortable or hesitant to feel in the live sessions. Fellowmates, facilitators, and the CHLP team were so comforting so I was able to share my opinions and experiences.

Mentorship played an important role in finishing the project. Mr. Chander was my mentor he not only taught me how to finish the project but also helped me to figure out my other interest areas. He was so understanding and provided mental support which was very important for me when I had a family emergency and college stress. We used to have two meetings in a month which were via zoom and a few meetings were in-person. In the future, I would like to work in the Health sector with the communities where I can directly contribute to the betterment of the community's lives

## 1. Executive Summary

Telangana is the state in the southern part of India where its main economy depends on agriculture. Many of the rural population depend on agriculture for their livelihood. Harshaguda is a panchayat which is in Maheshwaram Mandal, Ranga reddy district 90% of the population are agricultural labourers, sanitation workers, Bricklin work and the rest of them have their own lands they do agriculture on their own lands. During the peak harvest season, women tend to intake food irregularly. Women play an important role in the agricultural sector such as “*crop selection, land preparation, handling, marketing, planting, weeding, cutting, pest control, harvesting, crop storage, and processing*”. Though they do hard labour and a large number of women involved are considered as the “invisible workers’ . This report explores more on the determinants of their food and nutrition and its effects on the women agricultural labourers. The methodology used in this study is qualitative through purposive and snowball sampling. The study included participants in three different age groups (20 -30 ) age of 05 young women, (30- 40) age of 05 women, and (50-60) age of 05 old women. There are also other participants, adults who are currently studying for graduation or completed graduation who are aged between (20 -25) who are 05, 1 Gram Panchayat Secretary, 01 Asha and Anganwadi teacher, and 1 Public Distribution System (PDS). After a 6 weeks of study by conducting interviews and a Focus group discussions identified few findings such as there is a gender disparity whereas women always eat last while men preferred to eat first and in the wages though women do many activities as men still they receive less wages. Women agricultural labourers' access to food and nutrition also depends on the availability of work which means when they have work they eat better than they lack of work. Due to lack of primary health care and inefficiency of functioning of public institutions such as MGNREGA which does not provide wages on time and PDS blocked the ration cards of the people and did not provide rations to the people. Hence, strong local governance, policies on women agricultural labourers and employment initiatives at the village level collaborating with various departments such as Agriculture, Health, Education, and Labour will be helpful for the betterment of the women agricultural labourers life.

## **2. Introduction:**

Telangana is a state in the southern part of India. Telangana was separated from Andhra Pradesh and became a new 29th state of India on 2nd June 2014. After the partition, Hyderabad which is the city became the capital of Telangana. Agriculture is the main economy of Telangana (Ministry of Labour and Employment Labour Bureau Chandigarh, 2014). Agriculture is the main backbone of the country. The majority of the country's livelihood depends on agriculture. For more than a decade Our country had a wide and old setting of agriculture. India stands in second place in agriculture production. It includes field crops, fruit crops, plantation crops, forestry, fishery, etc. As it is a huge industry that includes various crops it holds 52% of overall human power in India(Mun Ghosh et al., 2014) The paper talks about food consumption, access to food by women agricultural labour, and its effects on their health.

The reason I chose this topic is that in my childhood when I was in the 11th standard I saw malnourished children in the Anganwadi and many pregnant women were anemic. There my idea has started to know more about nutrition in women and children. I did a small project on a comparative study on nutrition between Karnataka and Telangana. While doing this project I have understood that there is not much awareness about women's nutrition in Telangana among Anganwadi teachers, pregnant women, and individuals who are studying. Additionally, I see in my village where many women who are agricultural labourers, especially during the harvesting season go to the field early in the morning without eating breakfast and come back very late in the evening and again do their house chores but still they don't have any recognition for their work. This interest drove me to understand the accessibility of food and nutrition by women in agricultural labour and their health impacts.

## **3. Research Question:**

What are To understand the various factors that determine women agricultural labourers' access to food and nutrition and how do they impact their health and well-being in Telangana?

## **4. Research objectives:**

- To understand women agricultural labourers' access to work and wages.
- To examine food availability and consumption patterns that have changed over generations.
- To inquire how the public services such as gram Panchayats and ICDS centers function with regards to provisioning work, food, and nutrition.
- To understand the impact of food and nutrition access factors on the health and well-being of women.

## **5. Literature review:**

Eradicating World Hunger and ensuring food security worldwide is a major public health priority. The United Nations World Food Programme (WFP) estimates that 795 million people globally, or 1 person in 9 are considered food insecure (WFP,2015). According to the World Health Organisation(WHO) defines food security which includes the availability of food, its use and exists when populations have access to sufficient, safe, nutritious food to lead a healthy and active life(FAO, IFAD, UNICEF, WFP, and WHO, 2020). The South -Asian story is called the ‘ South Asian enigma’ which is characterized by the paradoxical co-existence of economic growth and persistent under-nutrition and food insecurity. Another major factor for food insecurity is the gender gap whereas women who experience food insecurity were at 34.2 % in South Asia in 2017 and 2019 compared to 29.8 % among men. The gender gap in the poverty rate is statistically higher in South Asia. The global average is 104 women for every 100 men in poor households, whereas in South Asia the ratio is 109 women for every 100 men. The gender gap in poverty ratio is also very high in working places and the population in South and Southwest- Asia is at 30.9 % for females whereas 25.4% for males are the highest in Asia -the Pacific region(Manjula, M., 2021)

The employment trends in South Asia show that women are increasingly excluded from the labour markets across South Asian Countries. This has evidently shown in low female labour force participation rate and the persistent gender gap in female and male employment rates. Especially for women in the labour force, the quality of employment and provision of wages is very poor. A high proportion of women are involved in informal and casual labour (Manjula, M., 2021)

### ***5.1 Agriculture and women in India***

The agriculture sector has developed both with the combination of science and technology but there is still persisting ignorance of women's labour though they are an integral part of this industry. In developing countries such as India, the agriculture sector employs female labour but it fails to give the recognition as hired labour and equal wages. About 38% of women are in the agricultural labour force in developing countries. It is also estimated that about 45.3 % of the agricultural labour force consists of women but a larger number of the women remained as “invisible workers”. There has been a lot of gap between women's actual economic participation and people's perception, of the wage difference between males and females(Mun Ghosh et al., 2014)

In South Asia, the agricultural sector is the single largest employer for women whereas 69% of the women in the region are engaged in the agricultural sector with different proportions across countries. Following the liberalization measures in the 1980s and '90s, South Asia has a surge in out-migration-where many men leave their rural homes for the towns and cities. In Nepal, one in every four households has at least one member who has out migrated and 88% of them are male members of the family whereas in India 29.9 % which is 8% given the size of India's population it is in absolute numbers. As men leave the home, women take on a huge role in agriculture. This phenomenon is called “feminisation of agriculture” India and Nepal report the highest.

The gendered yield gap in agricultural productivity is estimated to be in the range of 20-30 %. This difference depends on the resource use between men and women. The gender gap can be solved if men and women use the same resources and women have ownership over the land and the determinants of the gender gap (Manjula, M., 2021).

A study by (Chittedi, et. al, 2010) explains that Traditionally, women have always played a vital role in agriculture such as farmers, co-farmers, family labour, wage labourers, and managers of farms. Women were not only active in crop cultivation but also in agricultural allied areas such as horticulture, livestock, and fisheries. Both in developed and developing countries women constitute nearly half of the population. Additionally, women are actively involved in all aspects of agriculture such as “*crop selection, land preparation, handling, marketing, planting, weeding, cutting, pest control, harvesting, crop storage, and processing*”. Agriculture is the largest industry which contributes 25 % of GDP and is increasingly becoming a female activity. The agriculture sector employs 4/5th of all economically active women in the country. In India 48% of self-employed women are farmers. There are 75 million included in dairying whereas 15 million men, and 20 million women in animal husbandry compared to 1.5 million men. Women are not only restricted to the above work more than in agriculture, they also have a deeper knowledge of the usage of medicinal plants, and plant products that can be used as food and animal feed. Women are very central to the selection, breeding, cultivation, preparation, and harvest of food crops (Chittedi, et. al, 2010).

## ***5.2 Food insecurity- is a serious issue.***

Despite increased agricultural production in several countries due to the green revolution during the past two decades, the problem of malnutrition remains the same. Studies have shown that this might be due to the poor implementation of proper agriculture, food and nutrition policies and also that an increase in income due to an increase in agricultural growth does not necessarily mean that there is an increase in consumption of nutrients. Especially, in rural households, though they prepare adequate food due to an increase in production, due to poor intra-household distribution among the family members has been one of the major contributing factors to malnutrition. There is also the existence of gender bias in nutrient intake which is expressed as the ratio of nutrient intake of females to that of males for a particular household. Similarly, gender bias in the household intake of energy and protein varies. Inequality in nutrient intake is more visible than the intake of energy. This is due to the high quantities intake of cereals and rice and low quantities intake of pulses and legumes. This bias in nutrition is more in females who are in agricultural labourer's households than in other non-agricultural households. Especially in households that depend on agriculture, gender bias is worse during poor crop yields but in non-agricultural households, gender bias remains almost constant with the changes in the yields. The gender bias has worsened in households that are market-oriented agriculture than the subsistence agriculture households (Babu et al., 1993).

In a study conducted in Rajasthan on food security by (Payne. et al, 2016), Food security remains a significant problem in India, especially among women and children. This study included pregnant women and women who have children and belong to self-help groups which showed that various factors are associated with food insecurity such as increasing “*poverty, low dietary diversity, belonging to a tribe, and failing to save money to cover food expenses*”.



Especially, for a married woman using more coping strategies and having a husband who made decisions about how much money the woman earned and how it is needed to be spent was also associated with food insecurity whereas in children not receiving food from the Integrated Child Development Service Center was associated with food insecurity. Hence, there needs to be improving food security which may include facilitating saving for food needs, improving decision-making power among women, and increasing relationships with organizations that help in taking care of the child development needs(Payne et al.,2016).

South Asian countries face different challenges in nutrition despite the strong economic growth and reduction in poverty. For instance, Sub-Saharan Africa recorded the worst rates of under-nutrition which is doing better than South Asia. About 255 million people in South Asia are undernourished. The region has the highest acute malnutrition among children of which 14.9% will be wasted in 2019 compared to 6.9 % in Sub-Saharan Africa. About 33.2 % has the highest proportion of children with stunted and suffering chronic under-nutrition. South Asia has the highest prevalence of low-birth-weight children. In addition, a key factor in the high incidence of stunting in children in South Asia is the poor nutritional status of mothers before and after pregnancy, the highest prevalence of anemia among women of reproductive age where it reports the child mortality rate is at 4.1 remained at worrying levels. The Food Insecurity Experience Scale (FIES) shows that about 386.8 million people in South Asia experience severe food insecurity and 849.8 million people experience moderate to severe food insecurity. This shows that 82% of people are severely experiencing severe food insecurity and 71% of those suffering moderate to severe food insecurity in Asia. (Manjula, M., 2021 )

### ***5.3 A prominent power imbalance***

The gender gap is a prominent issue that still exists in the current society. The gender gap in land ownership and control is a critical determinant of the gender gap in women's status and their agency in agriculture. In Bangladesh joint tilting of the husband and wife is promoted by the Khas Land management, In Nepal, the government issues joint land ownership certificates. In India the joint ownership of land is about 2%; in Nepal 0.4 %; in Pakistan, 1.8% and 2.19% is in Bangladesh. In India, legal rights to inheritance and ownership of land and property by women are preserved in the constitution. The Ninth Five-Year Plan(1997-2--2) set out for the removal of gender discrimination in property ownership and suggested changes to bring in gender inclusiveness in land-related issues(Manjula, M., 2021).

Since many of the women do not have land ownership they are not recognized officially as farmers. In rural areas of South Asia, the land is not just a productive resource but a symbol of status and a source of security. As women do not own the land they are classified as ‘cultivators’ and deprived of decision-making authority and reinforcing gender roles and relations in agriculture. The various obstacles that limit rights over land for women are intra-household discrimination and patriarchal social norms. In many South Asian countries, families prefer sons who are expected to be the future breadwinner of the family, and caretakers of the elderly parents; this is the main reason for limiting women’s land rights(Manjula, M., 2021).

Women and girls in South Asia spend more time on unpaid care and domestic work compared to men and boys. For instance, in Pakistan, girls and women spend 11 times more hours in domestic chores such as fetching water and fuel than men in their families. There is also gender disparity in access to finance, 32% of women have bank accounts compared to 42.8% of men. Women in South Asia have poor access to other productive resources like land and inputs. Hence, it shows that though it has a high economic growth rate uncertainly doing the worst performer on gender equality indicators such as gender discrimination in developmental outcomes. This has implications for food and nutrition for women as they are the key to breaking intergenerational malnutrition. Food and nutritional outcomes are operated by social determinants such as gender roles, access to resources, voice, and agency. Countries ranking high on the Global Hunger Index(GHI) are those with poor track records of addressing gender inequality. It is evident in nutritional outcomes in South Asia. As a complementary and mutually reinforcing nature of Sustainable development goals (SDGs) to this goal 2 Zero Hunger and goal 5 Gender Equality which strengthens the women’s agency through increased participation in the economy(Manjula, M.,2021). The above studies focused on challenges faced by women in agricultural labour such as lack of land ownership, the gender gap in the labour, and discrimination at the household level. This study mainly focuses on the access to food and nutrition by the women agricultural labourers and in detail explains due to lack of access to food and nutrition, how it impacts well-being. The above literature talks about food and labour, and wage disparities in different places. Telangana is a new state, this study involves close interaction with women agricultural labourers and what all factors are involved in access to food and nutrition after the Telangana formation. It helps in understanding as a new state what all the different measures Telangana is taking for improving food access and providing labour to women agricultural labourers. This study further helps in bringing change at the panchayat level and taking various initiatives for the better life of the women agricultural labourers.

## **6. Methodology**

### ***6.1 Field Site***

The field site for my research is in Harshaguda Panchayat which covers Harshaguda village and Jandamari hamlet which is part of Maheshwaram Mandal, Ranga Reddy district, in Telangana State. The reason I went to these villages is that they have a high number of women agricultural labourers and also it gives a better understanding of the women agricultural labourers of my own Panchayat. I belong to the same panchayat. It will also be helpful for me to interact with the participants better. According to NFHS-5 data in Ranga Reddy district there are 852 households in which 935 are women and 104 are men. Harshaguda village population is 4800 including Jandamari hamlet. The majority of the population's occupation is wage labour, sanitation work, Bricklin workers and agriculture labourers. In this most of the women go either for agricultural labour, MGNREGA and sanitation work on the highways, whereas men go for Bricklin work and daily wage labour on trucks. Harshaguda has one primary school and an Anganwadi center. If people have any illness they need to travel 7kms to Maheshwaram to get treatment in a government hospital but the majority of the people especially, old people face a lot of travel problems as there is no transportation facility.

### ***6.2 Type of study***

The type of study I used is qualitative. A qualitative study is best suited for the subject matter because qualitative data helped me in understanding and to gather deeper insights and can be interpreted and analyzed in more ways than one. The open-ended responses also helped to uncover novel problems and which will be used for my further research. The topic guide and FGd guide which I used helped me to gather information on various themes and understand the problems from the ground level

### ***6.3 Sampling Method***

The participants of the study are women agricultural labourers whereas their main income depends on agricultural labour such as either taking land for lease, working on other lands and owning 1 acre of land. These women are divided into three different age groups (20 -30 ) age of 05 young women, (30-40) age of 05 women, and (50- 60) age of 05 old women. There are also other participants, adults who are currently studying graduation or completed graduation who are aged between (20 -25) are 05, 1 Gram Panchayat Secretary, 01 Asha and Anganwadi teacher, 1 Public Distribution System (PDS) person who all are residents of the Harshaguda Panchayat which is in Ranga Reddy district, Telangana state. The purposive sampling method which I used for the above participants helped me very well as I know the place and I selected my subjects based on the topic. But for the old woman, I used snowball sampling where I contacted her mother and grandma and they gave me the leads for the other participants to interview. which helped me to gather the information, Hence, both the purposive and snowball samplings helped me to gather the information better.

#### ***6.4 Location of interviews conducted***

The location and time of the interview varied based on the participants. However, for the agricultural women labourers, I visited the fields in the early morning for the focus group discussion as they were available in the group as well. I got very good feedback and information from them but sometimes they were not willing to answer a few questions. The in-depth interviews I conducted were few in the mornings and a few at night as the majority of the participants were free at night to talk. I interviewed the Panchayat secretary during his office hours at 10. Am and Aasha worker I interviewed in the evening. I have followed the time which was best suited for each participant's comfort.

#### ***6.5 Methods of data collection***

The method of data collection I used was primarily through in-depth interviews and focus group discussions as this is a qualitative study. I used in-depth interview and focus group discussion because it offers the scope both for the researcher and participant to have a free flow conversation with the individual participant as well as in the group discussions. I used the topic guide and FGD guide which had questions that helped me in having a conversation with the participants. Initially, before entering the field I sent both the FGD guide and topic guide to my friends for feedback and asked a few of the participants to fill them. Later, based on the feedback, I made a new topic guide and FGD guide for the interviews. The main aim of the study is to understand the determinants of access to food and nutrition in women agricultural labourers in Telangana. Hence, the method of in-depth interviews and focus group discussion was well suited for my project.

#### ***6.6 Type of data collected***

The data that was collected is about understanding the various food consumption patterns by the women agricultural labourers, the level of awareness about nutrition and its awareness among the adults and the women agricultural labourers. Additionally, to understand the Mahatma Gandhi National Rural Employment Guarantee Act,(MGNREGA) schemes contributed to the access to food agricultural women labour intake and various initiatives have taken place by the Asha's, Anganwadi teachers, PDS and ICDS officers and the type of food provided to them during pregnancy. The data I collected through the note-taking process. Later, I have written each interview separately. This process of note-taking helped me in identifying the themes. I did coding to identify different themes which I have divided into primary, secondary and tertiary.

#### **7. Limitations of Time**

The size of the land owned is likely to impact the time constraints for women. For instance, for women who are landless or have a small acre/ marginal land most women responded that spending time in agriculture is not our choice. *“If we do not go for work we do not get wages which affect our food”*. This scenario is different for women who belong to families that own large acres of land because they can hire labour. Additionally, women also spend time fulfilling other responsibilities such as domestic chores, childcare, and food preparation. In some cases, women who have children spend most of their time in unpaid work and less time in wage work than women who do not have children. Hence, it indicates that lifecycle factors influence the labour availability and usage of the time.

## **8. Gender disparity**

### **8.1 Inadequate wages**

Employment in Agriculture is available a few months a year which led men to migrate for better pay. Women have taken the responsibility for agricultural work. They are forced to go to work even in bad conditions such as ill-health, rainy season, and winter season to earn wages that help them to buy food. Especially, during the peak periods of sowing and harvesting women depend a lot on agricultural work. Women participate in various kinds of work equal to men such as digging the soil, harvesting the soil, cutting the grass, plucking vegetables, sowing, weeding and carrying the weed grass on their heads, selling vegetables, taking care of cattle, and as well as domestic work. Though they participate in various activities they get paid fewer wages than men whereas men get 300 rs per day and women get either 150 or 200 rs. It is because men's work is considered hard labour and women's work is considered easy labour though it is not in real life. *“ Men are physically stronger than us, they can lift the heavyweight (rocks) but we cannot”*

### **8.2 Intra-household discrimination**

Women not only face discrimination at the workplace but also inside the home as well. Out of 15 women, 10 women stated that they consume food after the head of the family or men in the family eat food. Though they have to go to work they tend to eat after men eat. Most of the time either they eat whatever is leftover without curries and sometimes they go without eating food itself. The reason behind this is due to the social and cultural practices of the family.

### **8.3 Sharing of domestic responsibility**

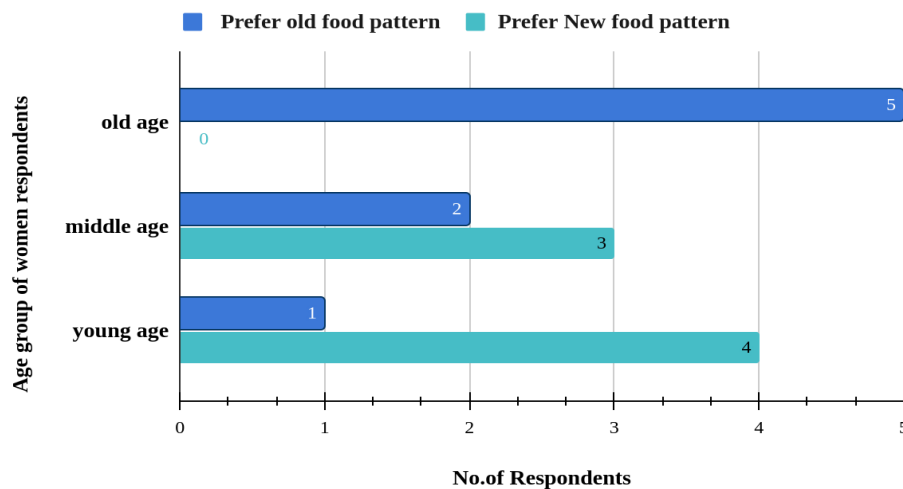
In rural India, irrespective of the socio-cultural dimensions across various communities and classes women have the major responsibility for domestic labour. This happens in agricultural women as well. Women do an overwhelming amount of the various things such as taking care of the household work, child care, children's education and also attend the paid work in agriculture. Women wake up at around 4.30 - 5 am to finish cooking, cleaning and feeding their children before going to work by 7.30 am (especially during the harvesting season, plucking flowers) at 8.30 -9 am in usual work and they get back to sleep at 10. Pm. Out of 15, 12 women stated that they do not get any help from their men in domestic work such as cooking, fetching water, washing clothes, cleaning floors and caring for children. The other women who get the support are either fetching water or caring for children. The gender norms have created an environment at home where they do not get a break from the domestic work even after long hours of tedious, back-breaking work such as transplanting, weeding, sowing and harvesting. When women got their wages they quickly ran to the village market and get food items and then ran to the kitchen to cook. All these activities are “invisible” as they are considered women's responsibilities. Many times women do not want to work but they are forced to work due to societal pressures which increases the burden of work. All old women aged (50-60 years) stated that *“As a woman, it is our responsibility to take care of the household and agricultural work and it is important to learn the multi-tasking skills”*.

Women who are aged (20 - 40 ) stated that *“It is also men's responsibility to take care of the household, if he also takes part in helping us we won't fall sick”*

### **9. Food consumption Pattern**

The majority of sample households had less than adequate amounts of food. Out of 15 women, 10 replied saying that they cook rice only once a day, that too mostly in the evening, after work. The other 5 women cook twice a day as most of them have school-going children. Agricultural women labourers have for breakfast the food which was leftover last night with green chilly or chutney. Similarly, for lunch, they eat vegetable curry or chutney and rice. Old women agricultural labourers(50-60) do not eat rice while they are working, especially on working days they eat tea and snacks or betel leaves. The frequency of eating both in quality and quantity of eating is related to the availability of work and the income they have. Agricultural women's intake of food will be better when they have it than during the absence of work. Out of 15 women, 14 women responded that they cannot afford money for nourishing food items like fish, meat, eggs, milk and curd though they undertake a lot of hard manual labour. Group discussions with the 3 age cohort women revealed that all the old age women preferred old food patterns such as ragi, millets, natural food, raw vegetables, jowar, bajra though they did not consume it 3 times a day. On the other hand, young women, and agricultural labourers(20-30) prefer eating 3 times a day to nutritious food(rice and vegetables rather than millets). This also concludes that there is a trade-off between nutrition and manual labour.

## Preferences for Old and New food patterns



*A trade-off between nutrition and manual labour*

### **10. Quality health care**

It is important to have quality health care to have a healthy and well-being life. In addition, more importantly, having availability and accessibility of health care institutions such as primary health care. In the Harshaguda panchayat, all the 25 participants stated that it is very difficult to access the PHC as it is 7km away from the village. Especially, women agricultural labourers access PHC very rarely which impacts on their health and well-being.

#### ***10.1 Impact on health and well-being.***

As agricultural women spend most of the day in the fields in the sun. Agricultural women labourers face both mental and physical issues. They wake up early in the morning at 4.30 am and go back to sleep at 10.pm, no one in the family shares the domestic responsibilities leads to mental stress and lack of sleep, exposure to pesticides is one of the risk factors of asthma in few women. In addition to this they do not have access to primary health care centers. Many of the women shared their dissatisfaction regarding the PHC unsuitability time as it coincides with their working hours in agriculture. In addition, to get access to PHC they need to travel 7 km but to travel they do not have access to public transport. Especially, twice in a year they get agricultural work based on the paddy cultivation. For instance, if they earn 500rs. For the treatment they need to spend 700 to 1000 rs for the tests and medicines which is also another barrier which deteriorates the agricultural women's health. Group discussion with the women agricultural labourers brought out the fact that women see these diseases as part of their lives and depend on medical help only when the illness becomes worse and unbearable. A 60 year old woman stated that “*at the age of 11 , I began agricultural work since the aches and pains are there with me*”.

Illness	No.of respondents
Body Pains	14
Asthma	4
Anemia	12
Lower back pain	13
Headache	10
Mental stress	14
Lack of proper sleep	13

### **11.Inefficient functioning of Public Institutions**

Mahatma Gandhi National Rural Employment Guarantee Act, is to provide employment opportunities at the panchayat to the rural people. Women who worked in the MGNREGA expressed their dissatisfaction. Out of 15 women, 13 women stated that though they worked very hard they did not receive their wages of 6 to 7 months. They have tried visiting the panchayat office but they did not receive any help. These wages they spend on the children's education, shopping, and buying vegetables. As they did not receive the wages it did not affect their food intake but also their children's education. In addition, out of 15 women, 10 women families' ration cards have been blocked where they are not able to get any ration from the PDS. Hence, not providing wages on time by the local officials leads to deprivation of the right to work of women.

#### ***11.1 Women's participation in gram sabhas***

It is important to participate for all the registered voters in the gram sabha. But in reality regarding the gram sabhas out of 25 participants, only 3 participants who are students said that they attended the gram sabha meeting once. Later, they were not interested to attend as they did not get any opportunity to participate. Specific to women, out of 15 women, all of them responded saying that they do not go to gram sabhas because either they were not involved or think it is not for women. In the gram sabhas a lot of discussion takes place regarding the implementation of different programmes at the village level and MGNREGA is one of them but this is not the case at Harshaguda Panchayat. It is important to empower women to attend the gram sabha meeting, as the panchayat secretary needs to take the initiatives to involve women in the meetings to maintain transparency, avoid corruption and better implement programmes at the village level. It can be hoped that there will be more gram sabha meetings and more women will come forward to participate in the gram sabhas.



## **12. Conclusion:**

Women agricultural labourers play an important role in agricultural production. They are involved in various activities in the field. Women agricultural labourers' intake of food depends on their availability of work, time, PDS, seasonality and access to MGNREGA. Hence, I strongly believe there needs to be strong local governance, youth need to be involved in the planning and decision making, transportation is really important for the students and all the villagers to get access to hospitals and educational institutions for the students. In addition, there needs to be a kitchen garden to improve women's health and also Panchayats need to take initiatives such as promoting organic farming, starting a dairy farm, teaching tailoring where these initiatives not only benefit the panchayat but it also improves village health and provides employment to the women and others.

## **13. Reflection and Way forward.**

It was really challenging to talk to women initially, as they do not have time because of lack of agricultural work. They go to companies early in the morning and come back very late at night. In addition, the head of the family did not give permission and sometimes women used to feel scared to talk about their work. But I have learnt how to convince them and make them feel comfortable by asking them stories about their childhood to initiate the conversation. I really enjoyed talking to all the women agricultural labourers and I sensed the proud feeling in their eyes and their words when they were telling the work they do in the fields. At the same time there were emotional situations where they shared due to lack of work, PHC, they faced a lot of difficulties and showed dissatisfaction with the local governance and the state government. I learnt a lot while interviewing old women in the agricultural lands about the usage of natural fertilizers and the consumption of food is healthy for humans. This study also gave an exposure to work in the rural areas.

Initially, I was really confused to choose which methodology to follow, what kind of methods to use, type of questionnaire but with the help of a mentor and group discussion with the mentor helped me to understand the process better. This study has really helped me and built the confidence in me to study further studies in the future. During the research, I observed that old women prefer old food patterns and do not want to include technology in agriculture as it pollutes the food which means they are ready to do the hardcore manual labour for nutritious food. On the other hand, young women prefer modern food and technology in agriculture. I would like to explore further on the trade-off between nutrition/technology. I would also like to identify existing and future policy implications on the women agricultural labourers health and also ergonomic tools which will help women in comforting during the work. In addition, I would like to work with the local governance and women to promote kitchen gardening.

## ***14 .Appendix:***

### Questionnaire

- To determine women agricultural labourer's access to work and wages.
1. Caste: Age: Gender:
  2. Marital status?
  3. How much land do you have?
  4. What is the highest class you studied?
  5. What alternative work that you may be involved with and what are the reasons for it?
  6. What kind of work were you involved in the past? How did the work affect positively and negatively?
  7. Can you explain what are the various expenditures your income is distributed to and what proportion?
  8. What activities do you do in the agricultural field? How are the wages paid for doing different kinds of work?
  9. Are there different wages for different work?
  10. On a normal day. How many days in a week do you get employment?
  11. How many hours do you spend on agriculture work?
  12. What does your daily routine look like?
  13. How do you feel about wages and working conditions?
  14. What are the challenges you face in your daily life related to work and in the fields?
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15. How do you compare the wages of 10- 30 years ago to the present, what changes do you see and why?
  16. For how many years have you been doing agricultural labour work?
  17. How can the working conditions for women be improved?
  18. What are the challenges you faced in managing your home, and children's education and if covid related if any?
  19. Who all in your family has a bank account?
  20. What kind of work do you do in the other seasons? How many wages do you get from doing other work?
    - To describe food availability and consumption patterns that have changed over generations.
1. How many people live in your family?
  2. What kind of food do you eat in a week?
  3. How often do you consume non-veg, food? and what food do you consume?
  4. What changes in your food consumption have taken place over the years? And what are the reasons for the changes?
  5. How does your work determine the kind of food you eat.?
  6. How do you decide what kind of vegetables you need to buy?
  7. How often do you get the vegetables?
  8. What type of food do you prefer to buy?

9. What is your normal day's food? How many times a day do you all normally eat? When do you eat special food if any and what do you cook as special food ?Fried food, wheat products, leafy vegetables?
10. What do you usually eat for your main meal?
11. What are your daily eating patterns now? And then in the 30 -60 years ago.
12. What type of food do you prefer to buy? And Why?
13. What are your eating habits?
14. What were your concerns about your food of the past, and what are the concerns for the present and future?
15. What are some of the challenges you have in purchasing the food you desired to have, what food you desire and what challenges?
16. What food were you forced to eat even though it was not desirable to you and why?
17. Can you comment on the quantity of food available to all, when do you normally have adequate quantities and when you did not have it? Why
18. Did you or any household members go to sleep at night hungry due to a lack of enough food?
19. When did you have adequate food for yourself and your family and when you did not have, Why, How did hunger affect you?
20. How often do you go shopping?

- To assess the role of some of the government systems such as GPs, ICDS in addressing issues related to work and food and nutrition

1. How many households live in this village?
2. Since when has MGNREGA operated in your villages?
3. Who gets benefited from MNREGA, how Who doesn't get it its benefit why?
4. How does MNREGA contribute to the income of the family?
5. What kind of employment do Panchayats provide?
6. How does panchayat support labour-related issues?
7. What are the steps that the panchayat takes to provide work to the labourers?
8. What steps does the panchayat take to ensure labourers receive their wages?
9. What kind of food do you provide to the women during pregnancy and after pregnancy?
10. What are the most cases you get women suffering from?

- To assess the impact of food and nutrition access factors on the health and well-being of women.

1. How far is the PHC in your village, who uses its services and who don't, What services are provided by PHC?
2. For what do you visit? What is good about the PHC and what is not good
3. How can a woman remain in good health?
4. What aspect of your work brings joy to you and why and what aspects are stressful and why?

5. What kind of care do you provide to pregnant women and Why?
6. What kind of care is needed and what are the challenges in providing them?
7. How do you educate women about their health in general and during pregnancy?
8. What kind of activities do you include to educate women and their families to have good health of a woman?
9. Who is a healthy woman and who is not? Why?
10. What contributes to women's ill health and good health?
11. What kind of change would you like to see to improve women's health?
12. Is there a link between the work they do and its impacts on their health? If yes, How?
13. Are there any specific common health challenges or trends in certain diseases/ailments observe specifically in women /pregnant women? Do you think this could be linked to the consumption of food/work they do?

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