



## Reproductive Health Problems faced by the Female Sugarcane Cutters

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### ABSTRACT

This research paper investigated the reproductive health issues faced by female sugarcane cutters randomly selected from ten villages of five talukas of Beed District of Maharashtra. An exploratory study was conducted, which included interviews of 80 female sugarcane cutters who had undergone hysterectomy and who had not undergone hysterectomy (40 each). The data were collected on the basis of the structured open ended interview schedule and by using the socio-economic status scale. Large strata of female sugarcane cutters were undergoing hysterectomy in between 22-38 yrs age range, which are very critical and sensitive years of life influencing their overall health at higher risk. Almost all of them reported that the major health issues because of which they went for hysterectomy were resolved but with this, they started with new problems regarding physical and emotional issues. In view of these concerns, a digital mobile app was developed to create awareness among these respondents to reduce the chances of hysterectomy. It can be concluded that the developed digital technology application helped in enhancing the reproductive health awareness and well being of female sugarcane cutters. By providing accessible information, this digital technology application Aarogyadnyan contributed to empowering these female sugarcane cutters with knowledge essential for making informed decisions about their reproductive health.

**Key Words:** Awareness, Female, Sugarcane, Mobile digital application, Reproductive health.

### INTRODUCTION

Sugarcane harvesting work is extremely intensive, skillful and risky too which includes cutting, binding the bundles, their loading and transporting it to the factories via bullock carts, truck and tractors. It is the most laborious farm work where the laborers have to bend for hours, pick up very heavy cane bundles and mount them at risky heights even during the night time (Chaudhari and Jaggi, 2020). Almost 50% of the migrant sugarcane workers are women who migrate with their children. Majority of these workers came from schedule castes, scheduled tribes, minority section, poor sections from OBC, who work in sugarcane harvesting and transport workers (Jadhav, 2016).

Living area, living condition of the tanda where the sugarcane cutters live are horrible. They live in a very poor and insufficient shelter named khopi. Basic facilities like drinking water, bathroom, toilet, hygiene and sanitation, firewood,

electricity are not available to them. Women lose their most of the energy in bringing the water and collecting the firewood. The women and children have to face different kinds of diseases due to lack of nutritional food and proper sanitation. Their living tents are surrounded by mosquitoes, flies, different types of insects and also by poisonous snakes. They have no time for rest at least at moment. So the women face different diseases/problems like malaria, typhoid, hyper tension, mental stress. No medical service is made available to them, so they ignore their diseases/condition and engage in work (Khadse, 2016).

The sugarcane cutter migrants cut the sugarcane to make a sugar but at the same time they themselves face the number of the problems. (Mane and Tadakhe, 2013). These women are found hardly with wombs in these villages. These are villages of womb less women. Women in vanjarwadi, where the 50% of the women have had hysterectomies, it is the norm in the villages to remove the uterus after having 2-3 children. Can

## Reproductive Health Problems faced by the Female Sugarcane Cutters

**Table 1 Reproductive health problems encountered by female sugarcane cutters before undergoing hysterectomy**

Reproductive health problems	Frequency of female sugarcane cutters		Z value
	Not undergone hysterectomy (n=40)	Undergone hysterectomy (n=40)	
Severe abdominal pain	25(62.50)	38(95.00)	3.99**
Vaginal discharge			
Unbearable pain during menstruation	10(25.00) 17(43.00)	23(58.00) 27(68.00)	3.17** 2.32*
Excessive and longer bleeding during menstruation	14(35.00)	30(75.00)	3.92**
Urinary tract infection			
Swelling on uterus	3(7.50)	5(12.50)	6.52**
Fibroid/cyst in uterus	4(10.00)	15(38.00)	3.10**
Pelvic infection	3(7.50)	10(28.00)	4.14**
Prolapse uterus	2(5.00)	3(8.00)	2.96**
Symptoms of chances cancer of	1(2.50)	2(5.00)	2.96**
ovary/uterus/cervix	2(5.00)	4(2.50)	4.33**

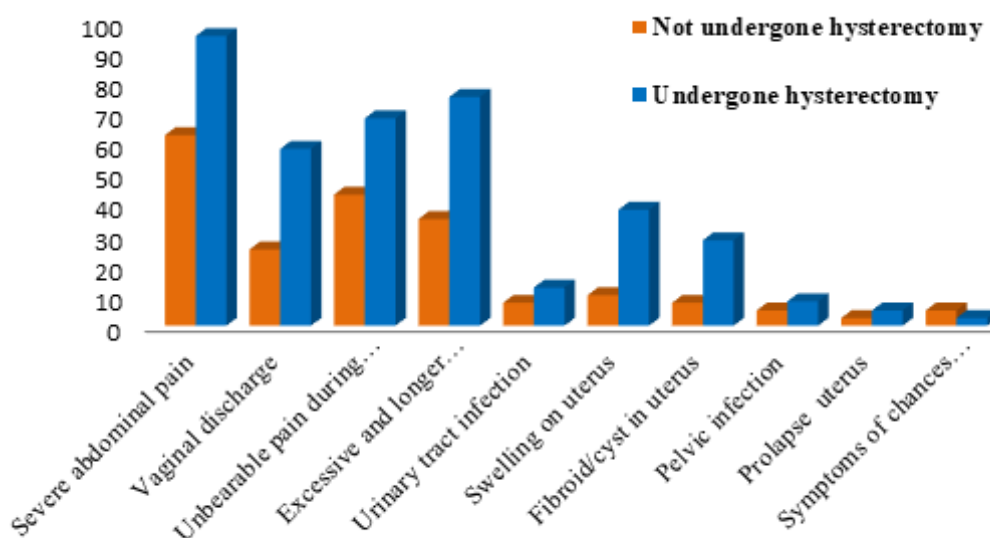
Figures in parenthesis indicate percentages \*P<0.05level \*\*P<0.01level NS –Non -significant

cutting is a vigorous process and if the husband or wife takes a break for a day due to the health reasons, the couples have to pay a fine of Rs. 500 per day to the contractor for every break (Jadhav, 2016). These women are the worst off as they carry large loads and are forced to work even during their menstrual cycles and pregnancies. To avoid these complications of pregnancies and menstrual periods in the field, the women have to undergo hysterectomy.

The female workers find it difficult to spend money on buying sanitary napkins and therefore resort to using the old cloth during menstruation. Lack of sanitary facilities lead to improper disinfection of the menstrual cloth further increases the chances of reproductive diseases. Additionally the increase in hysterectomies is also driven by a deeply rooted belief that the womb of a women is futile one she has produced children, who are seen as a form of surplus labour force (Chadha,2019). Many women, who get their uterus removed in their 20s

and 30s, complain of backache and abdominal pain. This also increases the chances of serious psychological problems, further hindering their ability to carry out their day -to- day work (Shukla and Kulkarni, 2019). To get hysterectomy done, many of them take a loan about Rs 50,000 from the contractor. Surgeries, often performed by quacks, may lead to serious health hazards like abdominal pains, vaginal infections, cervical problems and also cancer at young age.

As per Yasmeen, (2020) the information collected by various organizations on the basis of personal interviews of victims, it was revealed that women can cutters have to undergo hysterectomy due to shocking reasons such as, poverty and non literacy remains the major cause of undergoing hysterectomies, menstrual periods hinder work as women may miss a day or two of working due to their periods, and if it happens they have to pay fines, menstruation is still considered as a taboo, cane cutting contractors are unwilling to hire women who menstruate, as they have target of



**Fig Reproductive health problems encountered by female sugarcane cutters before undergoing hysterectomy**

work to be completed within a time frame so hysterectomies have become the norm, the contractor (mukadam) is keen to have women without wombs in his group of cane cutters, doctors also encourage them to go through hysterectomies whenever they are consulted for health issues.

There is no doubt that the female sugarcane labourers of Maharashtra undertake an extremely challenging form of employment. The tough and arid conditions of their home districts, together with lack of education and difficulty in securing alternative forms of employment, often leave these workers with little to no option but to partake in seasonal occupational migration. Dropping out of the schooling system during their youth, getting married in their teenage years and giving birth to several children before they hit their early twenties, further pushes these women and their families into this never ending cycle poverty (Phull, 2023).

**MATERIALS AND METHODS**

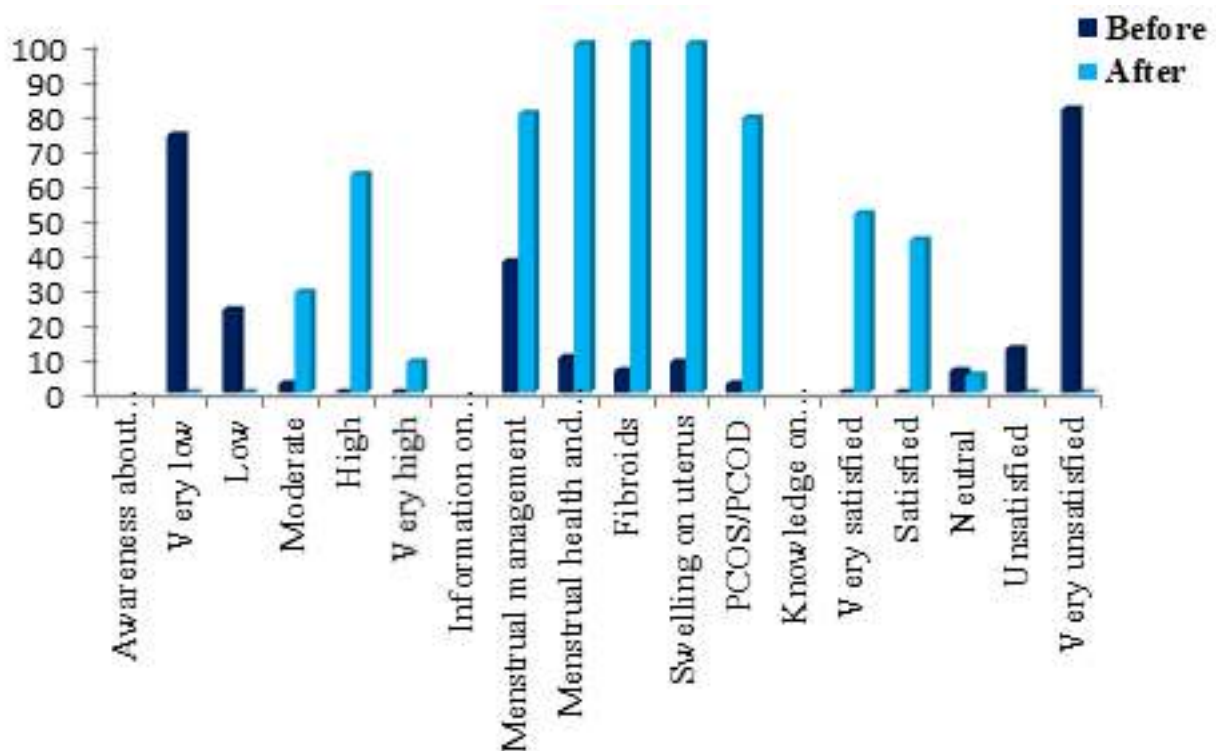
The research study was carried out in randomly selected 10 villages from 5 talukas of Beed district on the basis of percentages of female sugarcane cutters namely parli, Majalgaon, Wadvani, Beed and Georai from Marathwada region of Maharashtra. A study was conducted by

taking in depth interview of 80 female sugarcane cutters (22-45yrs) who had undergone hysterectomy (n=40) and who had not undergone hysterectomy (n=40) with the help of structured interview schedule, informal talks and observations during the sugarcane harvesting season (October to March). Z test was applied to compare percentages of the various responses of the different parameters with regard to the involvement of female sugarcane cutters who had undergone hysterectomy and who had not undergone hysterectomy as per standard procedure given by Sharma (2005).

Table 1 reveals the information on reproductive health problems encountered by female sugarcane cutters before undergoing hysterectomy. The female sugarcane cutters who had not undergone hysterectomy expressed major issues of severe abdominal pain (62%), unbearable pain during menstruation (43%) followed by excessive and longer period bleeding during menstruation (35%) and vaginal discharge (25%).

The corresponding percentages for these problems among female sugarcane cutters who had undergone hysterectomy were 95 %,68%,75%, 58% respectively. A considerable percentage of female sugarcane cutters showed problem of swelling on uterus (38%) and fibroid

## Reproductive Health Problems faced by the Female Sugarcane Cutters



**Fig. 2: Perception utility of developed digital application for female sugarcane cutters regarding reproductive health**

Figures in parenthesis indicate percentages \*P<0.05level \*\*P<0.01level NS –Non -significant

/cyst on or in uterus (28%). The female sugarcane cutters also complained for urinary tract infection (2.57%),

pelvic infection (8%), prolapse of uterus (5%), chances for cervical, uterine or ovarian cancer (10%) before undergoing hysterectomy.

The significant differences were noted for all the enlisted parameters of reproductive health problems among the two groups of female sugarcane cutters.

It was revealed that long working hours, exposure to harsh weather conditions and inadequate breaks contribute to physical stress and fatigue, potentially impacting reproductive health of female sugarcane health cutters. Poor sanitation and hygiene in the workplace increase the risk of reproductive infections and other issues.

Perception utility of developed digital technology application for female sugarcane cutters regarding reproductive health is indicated in Table 2. The majority of the respondents (62%) expressed high level of awareness about reproductive health. All of them gained

information on reproductive health in terms of menstrual management, menstrual hygiene, fibroids, swelling on uterus, PCOS/PCOD (78%). More than half of them (56%) expressed high satisfaction level toward knowledge on reproductive health.

Reproductive health issues were major health issues that noticed in female sugarcane cutters but after use of this digital technology application these women get aware about it. It can be concluded that the developed digital technology application helped in enhancing the reproductive health awareness and well being of female sugarcane cutters. By providing accessible information this digital technology application Aarogyadnyan contribute to empowering these female sugarcane cutters with knowledge essential for making informed decisions about their reproductive health.

The utility of developed digital technology application become a pivotal in fostering positive changes in female sugarcane cutters day to today life.

**Table 2. Perception utility of developed digital application for female sugarcane cutters regarding reproductive health .**

Figures in parenthesis indicate percentages \*P<0.05level \*\*P<0.01level NS –Non -significant

Reproductive health	Frequency of female sugarcane cutters		Z value
	Before (n=80)	After (n=80)	
Awareness about reproductive health			
Very low	59(73.75)	..	..
Low	19(23.75)	..	..
Moderate	2(2.50)	23(28.75)	4.94**
High	..	50(62.50)	..
Very high	..	7(8.75)	..
Gained information on reproductive health			
Menstrual management	30(37.50)	64(80.00)	6.13**
Menstrual health and hygiene	8(10.00)	80(100)	26.8**
Fibroids	5(6.25)	80(100)	35.4**
Swelling on uterus	7(8.75)	80(100)	30.3**
PCOS/PCOD	2(2.50)	63(78.75)	15.5**
Satisfaction level toward knowledge on reproductive health			
Very satisfied	..	41(51.25)	..
Satisfied	..	35(43.75)	..
Neutral	5(6.25)	4(5.00)	0.22*
Unsatisfied	10(12.50)	..	..
Very unsatisfied	65(81.25)	..	..

Figures in parenthesis indicate percentages \*P<0.05level \*\*P<0.01level NS –Non -significant

### CONCLUSION

It was revealed that long working hours, exposure to harsh weather conditions and inadequate breaks contribute to physical stress and fatigue, potentially impacting reproductive health of female sugarcane health cutters. Poor sanitation and hygiene in the workplace increased the risk of reproductive infections and other issues. The utilization of a mobile digital application has proved a promising approach for addressing reproductive health concerns among female sugarcane cutters. By providing accessible and tailored health information, the application

effectively increased awareness, promoted healthy behavior and empowered these women to take control of their reproductive well-being. The study revealed the importance of innovative technological solutions in bridging the gap in healthcare access and education for vulnerable populations, contributing to overall improvement in public health outcomes. Future efforts should focus on scaling up such initiatives and integrating them into broader healthcare strategies to maximize their impact and reach.



## Reproductive Health Problems faced by the Female Sugarcane Cutters

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