

【Research Note】

Mass womb-icide: Why are Maharashtra's female sugarcane labourers paying for expensive hysterectomies?

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Abstract: As the victims of extreme poverty, persistent droughts, failed crop harvests, rising debts and lack of alternative employment opportunities, the sugarcane cutters from the state of Maharashtra are often left with little to no option but to migrate to neighbouring territories for several months every year, in order to work on sugarcane farms. In the last decade alone, many female sugarcane cutters – primarily from Maharashtra's Beed district – have had their wombs surgically removed. The everyday lives of these female labourers is extremely challenging. Long workdays along with inadequate housing and limited access to healthcare facilities, have a negative impact on both their physical and mental wellbeing. Women in this profession also frequently develop multiple infections and serious reproductive issues, as a result of unhygienic sanitation practices. Limited knowledge regarding the main female reproductive organ, along with advice from rogue medical practitioners and little or no opportunity to skip a day of work out of fear of being fined by the *Mukkadams* (labour contractors), post-childbirth Maharashtra's female sugarcane labourers often opt to have their wombs surgically removed.

Keywords: Hysterectomy, Sugarcane Cutters, Maharashtra, Beed District

Introduction

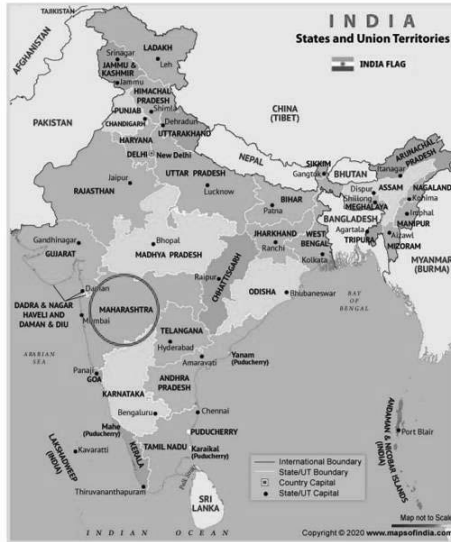
In recent years, certain parts of India have witnessed a growing number of women choosing to pay for expensive and unnecessary hysterectomies. A hysterectomy can be defined as a medical procedure whereby a woman has her uterus removed (Chadha, 2021). According to the NHS (2022), there are four main reasons when a hysterectomy may be recommended to an individual – these reasons are: 1) When a woman experiences heavy periods (usually caused by fibroids), 2) When pelvic pains have been unsuccessfully treated and thus continue to persist, 3) When the uterus becomes displaced and 4) When there is found to be cancer in the womb, ovaries or cervix. This increasing hysterectomy trend is especially prevalent in India's second most populous state of Maharashtra, where according to Eknath Shinde (the state's health minister), from between the years 2016-2019, more than 4,500 women in the Beed District have undergone this extreme procedure (Big Think, 2019; Chadha, 2021 and Chitrajoshi, 2022). It is also important to note that the large majority of these women are employed as sugarcane cutters (Chadha, 2021). The purpose of this paper is to determine the reasons why an increasing number of women in the sugarcane cutting industry are willing to go through with such expensive medical surgeries. Next, this paper will be examining the current interventions and implementations that the government of Maharashtra have undertaken in order to address this situation. Finally, this paper will also be putting forward its own suggestions for improvement.

The Beed District of Maharashtra State

Beed (please refer to **Figure 2**) is an administrative district located in the Aurangabad division of the state of Maharashtra (Please refer to **Figure 1**). The district is situated in the

Marathwada region, which borders Indian's south-central state of Telangana and the south-western state of Karnataka (Chadha, 2021; Maharashtra Tourism, 2021 and Government of Maharashtra, 2022).

Figure 1 – Map of India



(Source: Maps of

India, 2021)

Figure 2 – Map of the State of Maharashtra



(Source: Government of Maharashtra, no date)

According to the India Meteorological Department (in Deshpande, 2019a), the Beed district had a rainfall deficit of around 50% in the 2018 monsoon season. Instead of receiving its annual average rainfall of around 666.36 millimetres, it actually received approximately 334.70 millimetres instead – thereby making it one of the most severe drought-hit districts in the whole country (Deshpande, 2019b and Kurtkoti and Paraste, 2019). In addition to this, of the district's 2.2 million inhabitants, approximately 80% live in rural villages that are dependent on the rainfall for their everyday needs. These everyday needs include things such as bathing, for drinking and also for agriculture – which is often the main source of income for the majority of Maharashtra's rural residents (Deshpande, 2019b).

Chadha (2021), goes further to suggest that the prolonged scarcity of rainfall, coupled together with an increase in failed harvests, rising debts and a lack of alternative employment opportunities, have pushed many farmers in the Marathwada region of Maharashtra to end their own lives. Following on from this, **Table 1** depicts the total number of farmer suicides in the Marathwada region from between 2010 and 2017. This figure clearly indicates that among the eight districts in the region, Beed has continuously had the highest number of farmer suicides per year (Venkateswarlu et al., 2019 and Talule, 2020). These statistics are even more worrying when compared to the total population size in each region. Beginning in 1872, India has conducted a population census every ten years (Census India, 2021). The results of the latest population census, which was conducted in 2011, is shown below in **Table 2**. Behind Aurangabad and Nanded, Beed has the third largest population in all of the Marathwada region. However despite this, the farmer suicide rate in Beed in 2011, was greater than that of the two most populous districts in the region combined.

Table 1 – The Total Number of Farmer Suicides in the Marathwada Region (2010 – 2017)

	District								
Year	Aurangabad	Beed	Hingoli	Jalna	Latur	Nanded	Osmanabad	Parbhani	Total
2010	02	79	02	04	04	55	23	22	191
2011	00	73	05	06	04	33	25	23	169
2012	02	91	03	06	00	39	22	35	198
2013	04	98	02	08	03	46	29	17	207
2014	56	152	31	32	44	118	71	70	574
2015	144	301	41	83	106	190	164	104	1133
2016	151	222	49	76	116	180	161	98	1053
2017	139	207	56	91	94	153	126	125	991
Total	498	1223	189	306	371	814	621	494	4516

(Source: Divisional Commission rate Office, Aurangabad, in Venkateswarlu et al., 2019, p.299)

Table 2 – The Total Population Per District in the Marathwada Region (2011)

District	Population
Aurangabad	3,695,928
Nanded	3,356,566
Beed	2,585,962
Latur	2,455,543
Jalna	1,958,483
Parbhani	1,835,982
Osmanabad	1,660,311
Hingoli	1,178,973
Total	18,727,748

(Source: India Growing,

2011)

2011 and Census of India,

Such difficult and arid conditions force farmers and labourers from certain parts of the Marathwada region – primarily Beed, which is considered to be a hub for hiring workers – to migrate to the sugar belt growing areas of western Maharashtra, Karnataka, Andhra Pradesh and Telangana (Wavhal, 2019). It is here where these farmers and labourers are employed as sugarcane cutters on sugarcane farms during the harvesting season, which usually runs from October until the following May (Bremar, 1978; Chadha, 2021 and Jamwal, 2022). On these sugarcane farms, these temporary workers are tasked with cutting the sugarcane and tying them together in bundles. They are then responsible for physically lifting these bundles and loading them onto waiting trucks, where they are then transported to factories in order to be processed into edible granulated sugar (Varadarajan, 2021). Topped only by Uttar Pradesh, Maharashtra is the second largest sugar producing state in all of India (Directorate of Economics and Statistics, 2019). In addition to this, according to a report conducted by Oxfam India (2020), approximately half a million farmers and labourers migrate from the Beed district alone to work as sugarcane cutters in other parts of the country.

The Working Life of Sugarcane Cutters

“Sugarcane cutters are hired in pairs and are called as *Jodi*. A *Jodi* is hired for 6 months where they can earn anywhere between Rs.50,000 to 1 lakh by working a shift of 12-18 hours per day.”

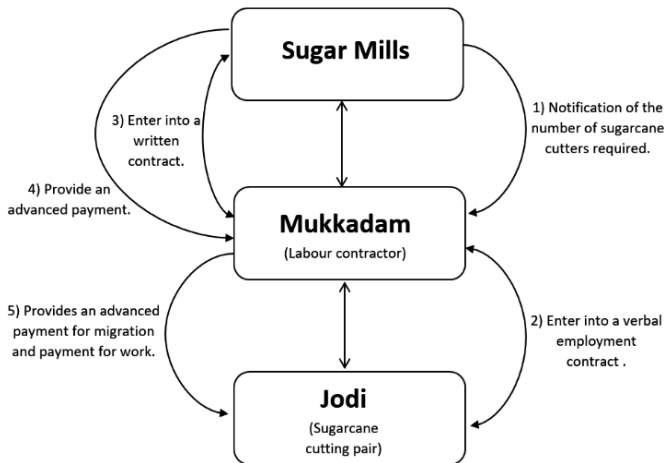
Yogesh Pande, a member of the Swabhimani Shetkari Sanghatana (in Wavhal, 2019)

Sugarcane harvesting is an extremely physically demanding and labour-intensive job. In fact, a study conducted by Leite et al. (2018), attempted to describe the various occupational hazards for sugarcane cutters in Brazil (currently the world’s leading producer of sugar). In their findings, the authors noted the following hazards: risk of accidents, physical exhaustion from repetitive movements and postures, lack of regular breaks, mental strain, chemical hazards (e.g., exposure to pesticide residue, toxins, gasses, etc.) and environmental hazards (e.g., from constant exposure to UV rays, hot and humid temperatures, venomous animals, etc.) (Leite et al., 2018).

Prior to the start of each harvesting season, sugar mills across India inform labour contractors, called ‘*Mukkadam*’s, of the number of sugarcane cutters they require. The *Mukkadam*’s then proceed to hire the desired number of sugarcane labourers through

informal, verbal contracts. Sugarcane labourers are usually hired in pairs referred to as a '*Jodi*'. A typical *Jodi* is comprised of a husband and wife team, who are both recruited and supervised by the *Mukkadam* for the duration of their services. Once the *Mukkadam* has gathered the required number of sugarcane *Jodi*'s that was initially requested, he enters into a written contract with the sugar mill, who in turn provide him with an advanced payment. Using some of this advanced payment, the *Mukkadam* pays a lump sum salary of between Rs.50,000 to 1 lakh in advance to each *Jodi*, for a working period of between four to six months. Typically, the *Jodi*'s use some of this advanced payment to initially migrate to the required area to begin working. Throughout the harvesting season, the *Mukkadam* plays a pivotal role. He negotiates pay and medical treatments for the *Jodi*'s, acts as link between the sugar mill factory and the sugarcane cutting *Jodi* and he also earns a commission based on output (Breman, 1978; Shelar, 2019; Oxfam India, 2020 and Chadha, 2021). This sugarcane labour procurement process is shown below in **Figure 3**.

Figure 3 – The Sugarcane Labour Procurement Process



Sugarcane cutters typically work daily shifts that are anywhere between 12-18 hours long, starting at four o'clock in the morning, until the late afternoon (Wavhal, 2019). *Jodi*'s are also subject to financial penalties of around five hundred rupees a day, which must be paid to *Mukkadam*'s if they miss work as a result of illness (Chadha, 2021). Due to the contractual nature of their work, India's Contract Labour Act (1970) should provide sugarcane cutters with job security and prevent them from being exploited by their employers (Mohan, 2014). However, according to Jadhav (2019c), neither the sugarcane factories nor individual state governments attempt to strongly implement this act – much to the detriment of the labourers. Furthermore, in addition to being employed as a sugarcane cutter, the female member of the *Jodi* pair (the wife) usually spends an additional time undertaking unpaid labour. For example, she often does this in the form of childcare, cooking and cleaning.

At the start of the sugarcane cutting season, the *Mukkadam* lets each *Jodi* know the exact date and location where their work for the next few months will commence. The *Jodi*'s then migrate with their families, belongings and in some cases cattle to said location. Upon

reaching their employment destination, the temporary sugarcane cutters set-up small makeshift huts or tents that are usually made of tarpaulin sheets. These temporary accommodations are constructed near the sugar mills or in the sugarcane fields themselves. Following on from this, these temporary accommodations usually lack adequate bathroom and toilet facilities, and individuals sometimes have no option but to defecate openly in the fields (Jadhav, 2019 and Oxfam India, 2020). In addition to this, the makeshift tents do not provide adequate shelter as they are often too small to house an entire family. It is also extremely rare to find accommodations that have an active supply of electricity and water. Women and young girls in particular face additional hardships as they are usually tasked with fetching water for the whole family from a communal well and often have no alternative options but to bathe in the open (Oxfam India, 2020).

The Rise in Female Hysterectomies

In 2019, Maharashtra's drought-stricken Beed district came to the national forefront. It was during this specific time where several local Indian newspapers published articles which stated that the Beed district had been experiencing an extremely high rate of female hysterectomies (Jadhav, 2019a; Menon, 2019; Mulye, 2019; Nighoskar, 2019 and Shelar, 2019). One particular newspaper, The Hindu Business Line (in Jadhav, 2019b), started with a very troubling statement – 'Why many women in Maharashtra's Beed district have no wombs'. Within the article, the author (Jadhav, 2019b) suggests that women who regularly menstruate are less likely to be hired by cane cutting contractors.

It is important to note that within rural Indian communities, menstruation is considered to be a taboo topic (Garg and Anand, 2015). In addition to this, there is a general belief that both menstruation and pregnancy negatively affect a female labourers' physical capacity. Therefore, in the context of sugarcane cutting, both menstruation and pregnancy are usually considered to be a hindrance, which prevent female labourers from working at their full potential (Chadha, 2021).

Regarding matrimony, the majority of female sugarcane cutters in the Beed district are married at a young age – usually between the ages of 12-16 years old (Varadarajan, 2021). After marriage, these women typically end up becoming one half of a *Jodi* pair with their husbands and start to work on harvesting sugarcane (Chadha, 2021). It is also usually the men in the family (the father, husband or father-in-law) who are responsible for making all major decisions (e.g. whether or not to enter into a sugarcane cutting contract with a *Mukkadam*, whether or not to migrate for the harvesting season, etc.) and who also receive payment for work from the *Mukkadam*'s. In this sense, despite the physically demanding work and the vulnerable living conditions, female sugarcane cutters hold relatively little decision-making power (Jadhav, 2019a; Oxfam India, 2020 and Chadha, 2021).

Furthermore, due to the lack of education and the inadequate public health facilities, the general awareness towards menstrual hygiene is virtually non-existent. Female sugarcane cutters tend to use damp and dirty pieces of cloth rather than sanitary pads, thereby increasing the risk of infections (Oxfam India, 2020). In addition to this, sugar mills set *Mukkadam*'s strict time frames and quotas. The *Mukkadam*'s often assert that these become difficult to achieve when female sugarcane cutters miss work because of menstruation or pregnancy (Chadha, 2021).

This therefore poses an extremely important question – To what extent do *Mukkadam*'s influence female sugarcane cutters decisions to get hysterectomies? According to Chadha (2021), whilst *Mukkadam*'s do not directly force female labourers to get their uteruses removed, the constant fear of losing one's job and incurring substantial fines from the

Mukkadam, drives these women to undergo uterus removal surgeries. In fact, in most cases, the *Mukkadam* actually provides money for the surgery in advance – money that he later recovers from the labourers' wages (Oxfam India, 2020 and Chadha, 2021)

Moreover, in many rural parts of India, there is the long-standing belief that after childbirth, a woman's womb (or *pishvi*) ceases to be of any use. Therefore, the removal of the uterus is not due to any external influence. Instead, many women choose to undertake this surgery in an attempt to improve their daily physical productivity (Chadha, 2021). They aim to extract their maximum working hours as they no longer have their menstrual cycles following their surgeries (Varadarajan, 2021).

It is also important to note that predatory medical clinics have also played quite a significant part in this increasing hysterectomy trend (Oxfam India, 2020). Several news outlets have reported that when female sugarcane labourers visit medical facilities and complain of abdominal pain or of white discharge, rogue private doctors often exploit their power and scare patients into believing that their condition is much worse than is actually is. These private doctors usually end up recommending hysterectomies to patients, stating that it is the only way that they will fully be cured (Nighoskar, 2019; Oxfam India, 2020 and Shinoli, 2022).

A study commissioned in 2018 by the Maharashtra State Commission for Women, found that around 36% of female sugarcane cutters from the entire state had undergone a hysterectomy (Shukla and Kulkarni, 2019). In addition to this, from between 2016 and 2019, approximately 4,600 women from Maharashtra's Beed district have undertaken this medical procedure in order to have their wombs removed (Big Think, 2019 and Chitrajoshi, 2022). Due to this increasing trend, the state of Maharashtra is now considered to have one of the highest hysterectomy rates in the whole of the country (Chadha, 2021).

This increasing trend also poses an additional question – Do hysterectomies cause female sugarcane cutters to become more productive? The average hysterectomy in India costs around 35,000 Indian rupees, which is nearly equivalent to the amount of money a *Jodi* pair makes in one whole sugarcane harvesting season (Nighoskar, 2019; The Week, 2019 and Cook, 2022). In addition to this, the removal of one's uterus is considered to be a one-time investment that will boost overall productivity. However, female labourers who have undertaken this surgery have usually reported to have experienced various physical ailments post-operation. Examples of some of these ailments include physical or mental distress, difficulty in sleeping, depression, back pain and aching joints (Shinoli, 2022). Furthermore, Shekhar et al. (2019) conducted a study into female hysterectomy outcomes in India. The authors found that once a hysterectomy had been undertaken, there are many health complications that arise afterwards, such as: "i) early onset of menopause, ii) higher risk of cardiovascular disease, iii) higher risk of stroke, iv) urinary incontinence, v) loss of sexual desire, and vi) other health problems" (Shekhar et al., 2019, p.3).

Public and Government Response

After the quite extensive national (and to a certain extent international) media coverage regarding the rise of hysterectomies in Beed, on the 12th of June 2019, several non-profit organisations such as the Bharatiya Mahila Federation, Akal Mahila Sanghatan and the Mahila Kisan Adhikar Manch, held a press conference. The organisations used this press conference as a platform to put forth several demands to the state government, that would ultimately ensure the safety and security of all female sugarcane cutters within the borders of the state. The demands that these organisations put forth are as follows; 1) For a 'Board of Sugarcane Cutters' to be formed under the 2008 Social Security Act, 2) For an

implementation of a Minimum Wages Act, 3) For the implementation of a Clinical Establishment Act – which would greatly help in regulating private hospitals, and finally 4) For there to be an implementation of sexual harassment laws in the sugarcane cutting workplace (GroundXero, 2019 and Menon, 2019).

During the press conference, these organisations stated that the owners of the sugar mills themselves should bear a certain level of responsibility towards ensuring the safety and security for those employed as sugarcane cutters on their lands. They suggested that the sugar mill owners should be required by law to provide basic facilities such as running water, adequate bathroom facilities and suitable living accommodations for all of their employed labourers. Furthermore, they also argued that the private doctors who conducted the unnecessary hysterectomies should provide patients with compensation in addition to having their medical licences revoked. Finally, these organisations demanded that any information that may have been collected by the government, in the forms of interviews and surveys, should be made public (GroundXero, 2019; The Week, 2019 and Cook, 2022).

As a result of this press conference, the Maharashtra Health Department appointed a seven-member panel to investigate the number of authorised and unauthorised hysterectomies within the borders of the state. The panel was headed by Neelam Gorhe – the deputy leader of the Shiv Sena political party (Phadke, 2019). The rest of the panel was made up of government officials, legislators and other industry experts. In total, this panel conducted approximately eighty-two thousand surveys with women from the region. The findings from these surveys indicated that within the past decade, around thirteen thousand five hundred women admitted to having undergone a hysterectomy (Phadke, 2019). Concerning the Beed district, the findings from the surveys suggested that in order to avoid painful menstruation and infections – which would ultimately mean having to take days off from work – the female sugarcane cutters instead often opted to go through with hysterectomies (Shelar, 2021).

Another important fact is that the large majority of these women who had undergone the womb removal process, were between the ages of thirty-five to forty (Shelar, 2021). In addition to this, the 140-page report that was submitted by the panel found that early marriages, coupled together with having children at a young age, typically led to the misconception that the female uterus was of no further use. Therefore, the report cited this as a major factor as to why women were choosing to have their wombs surgically removed. However, perhaps the most troubling finding from the report was that many rogue private medical practitioners in the state, have been offering hysterectomy surgeries without any proper medical counselling (Phadke, 2019; Chadha, 2021 and Shelar, 2021).

Within the report, the panel also put forth several suggestions and recommendations which they hoped would ultimately improve the current situation. The majority of these suggestions and recommendations focused on providing regular and proper medical treatment for female labourers. For example, the Gorhe led panel firstly recommended that all doctors – both rural and those from private hospitals – must strictly adhere to standard operating protocols when dealing with any female patients who are suffering from sexually transmitted infections or menstruation related problems. If a hysterectomy is found to be the only remaining option, then medical practitioners must ensure that they adhere to the standard operating protocols for this particular surgery. Examples of some of these standard operating protocols include: making certain that the patient fully understands the consequences of the surgery, ensuring that the patient provides their consent for the surgery beforehand, the doctor must make sure that they fill out all of the necessary medical forms prior to the start of the surgery, etc.

Next, the committee also recommended that every month private hospitals within the area should be required to submit a report of the number of hysterectomies that they have performed within the month to the district health officer. This district health officer will then in turn carefully inspect these reports. In case the officer finds a case where a patient below the age of thirty-five had their womb removed, they will then be required to conduct a thorough inspection into that specific case. Finally, the committee recommended that prior to migrating for the sugarcane cutting season, all female labourers should be required to undergo a compulsory medical check-up. Upon their return at the end of the season, they should also be required to undergo a second compulsory medical check-up, to deduce whether or not there have been any changes to their physical wellbeing after working in the fields for several months (Menon, 2019; Phadke, 2019; Chadha, 2021 and Shelar, 2021).

In addition to placing an emphasis on the medical care aspect of the female sugarcane cutters, after consulting with both Maharashtra's labour commissioner and Maharashtra's sugar commissioner, the team led by Ms. Gorhe provided recommendations on how to improve the living conditions of all sugarcane cutters during the harvesting season. Examples of some of these recommendations include: providing clean drinking water for the workers, providing labourers with adequate bathroom and toilet facilities, providing all employees with protective gear for their work and providing workers with decent living accommodations. Following on from this, the panel also advised all of the sugar mills within the state to register the personal information (e.g. name, age, address, etc.) of all of their sugarcane labourers with the states labour commissioner. Several other recommendations, such as overtime pay and providing creche services for the labourers' young children were also put forth (Phadke, 2019 and Shelar, 2021).

Additional Suggestions

Despite their substantial findings and their appropriate recommendations towards sugarcane cutters, there is still one specific group that this seven-member panel failed to acknowledge – the children of the sugarcane labourers. According to a report conducted by Oxfam India (2020), approximately two hundred thousand children of sugarcane cutters under the age of fourteen accompany their parents when they migrate during the harvesting season. During the harvesting months, children partake in various unpaid labour tasks. When their parents are at work, older female children are usually tasked with looking after their younger siblings in the temporary accommodations. In addition to this, young adolescent boys are usually responsible for helping their parents in the fields. In fact, they can often be spotted cutting off the top green blades of the sugarcane plant and bundling them together so that they can later be sold on to farmers as food for their cattle (Malik, 2019 and Visaria and Joshi, 2020).

The children of sugarcane cutters are mostly excluded from education. The lifestyle and career paths of their parents, together with seasonal migration is considered to be a major factor as to why these children are alienated from the education system (Oxfam India, 2020). It is also a reason as to why these children then tend to follow in their parents' footsteps and become sugarcane cutters themselves – thereby creating this unending employment cycle. In addition to this, according to Malik (2019) "interventions from the state and central government are quite weak" when it comes to developing adequate school programs for the sugarcane cutters' offspring. There is therefore an urgent need to establish a strong schooling program during the migration season, that ensures that these children can continue their studies and hopefully find alternative employment opportunities in the future, which may ultimately help them to break out of this never-ending cycle of poverty.

Moreover, there are two additional suggestions that the panel failed to take into consideration, that once undertaken may prove to be beneficial to this particular situation. Firstly, there appear to be several misconceptions about the function of the female womb (Pandey, 2019). Therefore, the state could look into providing free sexual health lessons for female sugarcane cutters and their female offspring. Providing these free lessons could greatly help in breaking the common misconception that a woman's uterus becomes useless after childbirth. Additionally, these lessons have the potential to enable labourers to become more knowledgeable towards their intimate health. This in turn could lower their reliance on medical professionals, who may perhaps take advantage of their authority and scare labourers into believing that their physical condition is much worse than it actually is. Secondly, making sanitary towels more affordable and easily accessible to labourers in this profession, may significantly reduce the number of infections and reproductive problems previously mentioned. This in turn may allow women to work more productively, as they would be less likely to take days off from work, thus less likely to pay fines for missing work and finally be less likely to consider having an unnecessary hysterectomy.

Conclusion

There is no doubt that the female sugarcane labourers of Maharashtra state undertake an extremely challenging form of employment. The tough and arid conditions of their home districts, together with a 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 birthing several children before they hit their early twenties, further pushes these women and their families into this never-ending cycle poverty. Furthermore, there is no doubt that the *Mukkadam* plays a key role in female labourers' decisions to get hysterectomies. Whilst he may not directly force the workers to undertake this unnecessary procedure, the fear of having to lose wages and thus be forced to pay a hefty fine, greatly influences their final decision to undertake the womb removal surgery. Additionally, the fact that fully qualified medical professionals are putting profit above their patients' wellbeing is extremely worrying. Although several important suggestions have been put forth by the Neelam Gorhe led panel, only time will tell if any significant changes will be made.

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