

(Tentative Title and Abstract)

Reproductive health of the transnational women migrant *bharias* (Head porters) in Darjeeling hill town

Ambika Rai

Abstract

The use of humans to carry load dates back to the ancient world i.e. prior to domesticating animals and development of the wheels. Over the time this practice has diminished to a very great extent, however, it still exists in places where modern form of mechanical conveyance is rare or impractical. The use of porters to carry goods can still be found in parts of some mountainous terrain, places that has non motor-able roads or in places relatively difficult for the vehicles to reach. Darjeeling town though being well connected with roadway and railway has places inside its urban space where vehicles cannot reach easily because of its existing topography.

Bharias (head porters) are one of the most important working class in the hill towns of eastern Himalayas. Though necessary for the functioning of the hill towns, they have rarely been the focus of migration studies. They have always remained at the fringes of the society, ever present but still invisible. It is estimated that more than 90% of these *bharias* have come from the rural spaces of Nepal to the urban spaces of Darjeeling hills.

Gender is a very relevant dimension in all of the migration flows. Migration has always been studied through a much gendered lens, predominantly focussing on the migration of men than women in the eastern Himalayas. Women were only considered as someone who would travel with their husband at the place of destination, where she would cook and take care of the husband and children. However, in the last few decades there has been a major shift in the labour migration where it can be found that there has been feminization of migrant labourers. The scale of female migration has outnumbered dramatically in the last two decades. This has been possible because of the involvement of the dependent members of the household in the labour process. These dependent members, in the first instance, happen to be the women of the household.

Getting access to reproductive health care and child care is one of the crucial issues for several of the migrant working women. For women without residence status, or whose residence status is precarious or uncertain, the insecurity of their situation and legal barriers to obtaining health services are themselves drivers of poorer health outcomes. There is a practical barrier in getting access to health care, limited access to contraception and pregnancy termination (Smith, Alyn C. et.al, 18). Darjeeling town is one amongst the other eastern Himalayan towns where the visibility of female *bharias* is high in comparison to any other hill towns of the eastern Himalayas. Therefore the present paper is a humble attempt to understand the accessibility of reproductive health care and child care by the marginalized migrant *bharias* in the hill town of Darjeeling. The paper further attempts to understand the barriers to access health care by the migrant women.