Reproductive health care of the transnational women migrant *bharias*[1] (Head porters) in Darjeeling hill town

Introduction

Migration has always been viewed through a gendered lens, predominantly focussing and giving priority to the mobility of men over women. 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 or someone who would stay back. Pedraza rightly highlights that despite the overwhelming presence of women in migration flows, the role of women in migration had been totally neglected (1991:303). Women are rarely seen as agents in the process of migration. However, in the last few decades there has come a major shift where it can be found that there has been a feminization of itinerant labourers. This has been possible because of the involvement of the dependent members of the household in the process. These dependent members, in the first instance, happen to be the women of the household.

Migrant workers are the most vulnerable and precarious section of the society subject to exploitation, abuse, health risks, and poverty in numerous situations (Jha and Vyas, 2021:3). Despite the vital contributions that migrants workers make to the economies of the host and home countries, they are among the most excluded from even basic social protection coverage (Hennebry 2014: 371, cited in Jha & Vyas, 2021: 3). There is an apparent indifferences or limited engagements of the state in the case of the migrants (Jha & Vyas, 2021:12).

According to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Committee "…female migration should be studied from the perspective of gender inequality, traditional female roles, a gendered labour market, the universal prevalence of gender-based violence and the worldwide feminization of poverty and labour migration. The integration of a gender perspective is, therefore, essential to the analysis of the position of female migrants and the development of policies to counter discrimination, exploitation and abuse."[i]

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[1] *Bharia* is a Nepali term for head-porter. The term *bharia* literally means someone who carries *bhari* i.e. luggage or goods.

Migrant women's accessibility of reproductive health care and barriers to the care and protection needs much analysis. These women, those especially the transnational migrants seem to be left out by the State. They do not stay at their home country for a longer duration where they are eligible of getting access to the benefits. Neither do they have full access to the benefits in the destination country. It makes their situation even more precarious.

Sexual and reproductive health and rights (SRHRs) are fundamental human rights, which lies with the right of individuals and couples to freely decide the number, timing, and spacing of children and have adequate information to make those decisions, and the right to attain the highest standard of sexual and reproductive health (Loganathan. T, et al 2020).

According to a report on the sexual and reproductive health of women in India (2022) as of 2019, about half (52%) of India's 353 million women of reproductive age want to avoid pregnancy. Out of 183 million women, 49 million (27%) do not use a contraceptive method and are thus considered to have an unmet need for modern contraception (Saraswati et.al. 2015).

Some questions that I encountered while reading these reports which heightened my inquisitiveness about the access to health benefits by the transnational migrant labourers are: Who are these 'women' that the reports keep mentioning? Is the term 'women' inclusive? Do these reports also consider the transnational migrants who are usually at the periphery? Do the *bharias* come under the 353 million women under study? Who is then responsible to provide health care to marginalised workers like them?

With these questions in mind the paper focuses on a small section of undocumented migrant women who labours in the hill town of Darjeeling. The paper attempts to investigate the accessibility of reproductive health care and child care by the marginalized migrant *bharias* in the hill town of Darjeeling since getting access to reproductive health care and child care is one of the crucial issues for several of the migrant working women even today.

Labour Migration from Nepal to India: A historical overview

It is very true that mobility provides new opportunities to escape from the social and economic vulnerabilities back home and to support those who are left behind. However, it exposes them to further innumerable vulnerabilities via exploitative working conditions, exposure to health risks etc.

Migration from Nepal to India is not a new phenomenon. Deeming the Darjeeling tract 'almost uninhabited' when the British arrived, Campbell turned to neighbouring Sikkim, Bhutan and Nepal to secure the needed labourers (Middleton 2018: 34). The plantation enterprise, recruitment in the British army along with the establishment of numerous other industries were instrumental in attracting different ethnic groups, primarily from eastern Nepal, who were fleeing indebtedness and economic suppression under the neighbouring Gorkha monarchy (Chettri 2013: 2). Once people knew about the possibility of wage work in Darjeeling hills, the flow of labourers started rising. Hutt (1998) points out that Nepali peasants, enslaved, or landless, or over- taxed or indebted long sought better prospects in 'Mugalan' (meaning India, literally, land of Mughals) (cited in Sharma 2018: 86). Campbell, the then Superintendent of Darjeeling was successful in encouraging labourers to migrate from Sikkim, Nepal and Bhutan throughout the 1840s and 1850s. During this time, tea industry started making its way into the land and there was a huge demand for labourers. Nepal emerged as a primary source for the supply of labour in the newly formed tea industry of Darjeeling. Another reason for out-migration from Nepal according to Subba was the direct as well as indirect pressure of state taxation upon the common masses. With the rise of the Ranas, revenue was required for the upkeep of the unproductive elite classes, as evident in the massive palaces dotting the Kathmandu valley to this day (2002:122).

Although Indo-Nepal Treaty of Peace and Friendship (1950) at present allows free movement of people and goods between these two countries but people frequently migrated between these spaces for various socio-economic reasons even before the hard borders came into place. Thousands of people cross the border in search of employment as no work permit is required to move across the border and above all it is because of the inexpensive travel cost in comparison to the exorbitant travel cost that is required to migrate to other international countries.

Bharias in the eastern Himalayan towns

The *bharias* have been carrying humans as well as goods in the Eastern Himalayan spaces[ii] from a very long time and the dependency of the locals and non-locals cannot be over looked. The use of humans to transport cargo dates back to the ancient world, prior to domesticating animals and development of the wheels.[iii] On steep Darjeeling streets, everyday conveyance of everything from people to goods depended on subaltern human bodies, in the virtual absence of wheeled and animal transport. European women and children, and sometimes

men, rode in a type of sedan chair called a *dandee* (Sharma 2018: 81). Over the time, this practice of carrying humans on a *dandee* has diminished considerably but it is still prevalent in places where modern form of mechanical conveyance is rare or rather impractical. The Himalayan towns though being well connected with roadways and railway has places inside the urban space where vehicles cannot reach easily. In such cases, the *bharias* are the only way out for transporting goods. It has been estimated that more than 90% of the *bharias* are migrants from Nepal[iv] working in Darjeeling town.

Study Area

Darjeeling district falls within the Indian state of West Bengal. Darjeeling lies in the Lesser Himalayas at an elevation of 2000 metres (6560 ft.) For the present study, I have selected Darjeeling Municipality town. There is no official data on the total number of migrant *bharias* working in these towns including other towns of the Eastern Himalayas as they are unregistered migrants.

Pattern of migration

There is no certainty of the time period of work for the seasonal migrants. On an average they work for over six months. After months of working in Darjeeling they return to Nepal during the month of *Ashadh.*[v] Crops are planted during this month for which they go back and work in the agricultural fields. These seasonal migrants who are always the male member of the family rarely move with other family members. The men leave their family in Nepal and visit them once or twice in a year. Gill (2003) highlights the phenomenon of seasonal migration in rural Nepal. The migration is majorly male centric migration, with most of the men and older boys leaving the village after planting the crops and not returning until immediately before the harvest (2003:1). The other category of migrants are the ones those who usually migrate along with their family members (usually their spouse and children). These are the long term migrants. They do not visit Nepal at regular intervals. They do so only in times of emergency like if they have to attend death or marriage ceremonies in the family and close relatives.

In case of *bharia* mobility economic factor proves to be a crucial push factors. Rate of indebtedness among the *bharias* is exorbitant. These rural poor seek loan from the usurers of their village to apply for visa, to pay the agencies to migrate to international countries with a hope to earn money and to live a decent life. They wish to escape from the trap of poverty and unemployment. Sometimes the unfortunate ones are not able to repay their debts and fall into the vicious cycle of indebtedness. Debt from these loan sharks, usurers was found to be one of the main reasons that forced many of them to move to Darjeeling and work as *bharias* to clear off the debt.

The women taken into consideration for study are all married women whose spouses are employed in the same work. The initial migration journey by these women is done with their husbands not necessarily to look after the husband in a distant land but to earn a living and be an active participant in the economy of the family. After some years they are able to travel from Nepal to Darjeeling on their own, once they know the route ‘properly’. There are women who have now separated with their husband and some were widows who live with their children in Darjeeling and work as *bharia* for their children’s future.

Head Porterage and Gender Stereotyping

The *bharias* have been migrating from Nepal to Darjeeling since decades. These labourers are the migrant *bharias* who earns a living in the hill towns of eastern Himalayas by undertaking the work of head porterage.

Along with a gendered view of migration, there is a prevalence of a stereotypical equation of women and labour. Women are considered to be weaker, less competitive, and less adaptable to harsh environments outside one's home. They are considered to be better in raising children and undertaking the household chores. Negating the stereotyping of women being physically weaker than the men, many migrant women are involved in the head porterage in the area under study.

Increasing rate of migration of women is also having an impact on the social structures. In context of Nepal, restrictions on women's migration were often in place to "protect their dignity."[vi] While analysing migration of women from Nepal to other countries, Kharel (2016) points out that 'Nepali women are often barred from going on abroad through discriminatory state policies, and the women engaging in foreign employment are generally perceived as "loose" women in Nepalese society. The female migrant workers are also represented as lacking "agency...' However, relaxation of these 'restrictions' contributed to the gradual increase in female labour migration.
Nepal Labour Migration Report 2020 states that labour migration from Nepal is a predominantly male phenomenon with the share of female migrant workers accounting for a little above 5 per cent in the last decade. The domestic work sector, comprising of a high share of female workers, has been regulated in an effort to reduce vulnerabilities such as long working hours, physical abuse and economic exploitation, which could be one of the factors behind the low volume of female outmigration (2020:12). Seasonal migration in Nepal is widely regarded as a purely male phenomenon.[vii] Gartaula states that "…general social expectation from men in Nepal is to manage resources and make available a livelihood while women are expected to maintain the family and households by allocating resources for the benefits of members (2009:50)." Adding to the debate it is important to highlight what Tristan Brusle writes while describing the changed lives of the migrants "…Migration, is described as a habit, a tradition, something that was done only by fathers (sometimes fore fathers) but which is done by uncles, cousins and fellow villagers…(2007:175). The understanding of migration shows the sheer absence of visibility of women migrants, as if

women have never undergone the process of mobility, as if women only trailed men and because of it women remained hidden from the history and discourses of migration. There is a need to understand and discuss mobility in a way where women finds their place as active agents in transnational movement.

Bharia women and their reproductive health care

According to the National Reproductive Health strategy, Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity. It is further defined as a constellation of methods, techniques, and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems (1998: 1). In Nepal, more than 90% of women nationwide do not receive any obstetric care during pregnancy (Baker, J. 1994).

There are several myths among the *bharia* women around the idea of using contraceptions. The women are very skeptic and not open to the idea of their husbands undergoing male sterilization. According to a report[viii] vasectomy acceptance has been declining in India during the past 20 years. There is a drastic fall in the prevalence and acceptance of vasectomy in India from 74.2% in 1970 to 4.2% in 1992. The major reason for dropping of in the percentage is due to the barriers in the organizational structure and poor access to services. Vasectomy is considered to be a painless procedure compared to its female equivalent. Tubectomies on the other hand is a lengthier process, requires the female to get admitted in the hospital for a longer duration and it is more likely to cause considerable amount of pain.[ix]

The *bharia* women whose husband also are engaged in the same work do not opt for using any kind of contraception on the basis of a heresy that it if a male undergoes surgery (vasectomy) then he will not be able to carry heavy loads. The women said that the surgery might have a negative impact on the health of the men. So, they are left with few choices. One is to have more children because of which the women have to stop work during pregnancy and even after giving birth to the child. Second, the women have to go through a very painful procedure that stops women from conceiving for 5 years. But the women have to pay a huge price for that, not exactly in an economic sense but rather in more of health aspect. I would like to present a small instance where I interviewed a woman who underwent this procedure (the name is yet unknown) which I would like to describe as nothing less than a brutal way of controlling child birth.

Yunisha Thami (24) a mother of 2 children says, '…They (nurse) inserted a needle inside my arm. The needle is filled with some kind of medicine and was inserted inside the arm muscles. It will stay inside my body for 5 years. I was scared but I had to do this procedure as I have two children and I do not want to have more. The whole procedure was very painful. My husband noticed that I looked weak after that procedure and suggested going to the clinic and taking that needle out but I am scared to go through that painful procedure again.'

The interview with Yunisha was conducted in March 2022 almost a year after her going through a very tough procedure for controlling child birth. The procedure was done in Pashupatinagar, which is a market on Nepal-India border. The procedure was done in a health centre after paying a sum of Rs.10. The person is given anesthesia while inserting the needle but no anesthesia is given while taking out the same which makes it even more painful. This procedure is done only in Nepal so they have to cross the border for it. Her menstruation cycle stopped for the first 9 months. It was followed by a very irregular and painful menstruation for few months. Whenever she carries heavy load then she bleeds severely. Even though the bharias work in India they go to Nepal to do this procedure.

There are many others like Yunisha who have been through this extremely painful procedure to control child birth. Prior to that, she had also availed Antara injection for 9 months i.e. 1 injections at an interval of every 3 months to prevent monthly ovulation. Antara injection, an injectable contraception is an effective method of contraception that can be injected subcutaneously or in the muscles. Women between the age of 15-45 years of age can avail this free of cost in the government run health centre and hospitals.

A very simple reason that the women gave regarding the Antara injection is the very fact that they do to want to visit the hospital every 3 months. It is hectic and time consuming. So instead they prefer to cross the border once and take up a much painful path to avoid that hassle for 5 years straight.

Looking Forward: Informal labour and the barriers of care/Bharia women and child care, Social protection and Welfare approach.

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[i] Gender and Safe mobility: Promising Global and Regional practices. *International Organization for Migration.Oct* . 2014. p.10.

[ii] One can also look into the history of '*Kaalo Bhaari'* a forced labour during the era of Namgyal Dynasty of Sikkim. See, Upadhyay (2015).

[iii] https://en.m.wikipedia.org

[iv] Report published in 'The Statesmen' on 5.5.2015.

[v] It is the third month in the Bikram Samvat, Nepali calendar. This month coincides with June 15 to July 16 of the western calendar. It is the month of planting crops in the fields. (Paper presented by author during CESLAM Migration Conference, 2022)

[vi] Ibid. p. 10.

[vii] Ibid. p. 14.

[viii] Health consequences of vasectomy in India. S.P. Tripathy et.al. Bull world health organ. 1994. Report by Indian Council of Medical Research(pubmed.ncbi.nlm.nih.gov)

[ix] Why More Indian Men Don't Get Vasectomies, Anubhuti Matta. Jan 17, 2019. The Swaddle.