

Social security of women farmers from suicide affected households: A situational analysis

Now, we will fight for our right to social security!



**Report of a study conducted by
Mahila Kisan Adhikaar Manch (MAKAAM) in Marathwada and Vidarbha**

November 21, 2018



**मकांम
Makaam**

महिला किसान अधिकार मंच

MAHILA KISAN ADHIKAAR MANCH



Mahila Kisan Adhikaar Manch (MAKAAM)

The Mahila Kisan Adhikaar Manch (MAKAAM) is a network that has been working on the issues of women farmers from 2014 on a national level. Various networks, campaigns, movements, organizations, researchers, and farmers are a part of this network across the country. MAKAAM has a presence in 24 states of the country, working towards ensuring that women be recognized as farmers in their own right, along with recognizing their rights to land and other natural resources. MAKAAM has been active in Maharashtra from 2016.

In this study about women farmers from suicide affected households, the following organisations affiliated to MAKAAM carried out the survey in their respective districts:

- | | |
|---|---|
| 1. Prakriti, Akola | 10. Anandashray Pratishthan, Nanded |
| 2. Swarajya Mitra, Amravati | 11. Halo Medical Foundation, Osmanabad |
| 3. Apeksha Homeo Society, Amravati | 12. Paryay, Osmanabad |
| 4. Action Aid, Aurangabad | 13. Saad, Parbhani |
| 5. Ugam Gramin Vikas Sanstha, Hingoli | 14. Urja Foundation, Wardha |
| 6. Sahyadri Bahuddeshiya Sanstha, Hingoli | 15. Rasikashray, Yavatmal |
| 7. Prerna, Hingoli | 16. Mahatma Phule Social Work College, Yavatmal |
| 8. Gramin Mahila Vikas Sanstha, Latur | 17. Prerna Gramvikas Sanstha, Yavatmal |
| 9. Gramin Vikas Sanstha, Nanded | 18. Ekal Mahila Sanghatan, Marathwada |

In addition to this, the process of planning and data analysis was done by Dr. Nitin Jadhav, Bhausahab Aher, Deepali Sudhindra, and representatives of SOPPECOM.

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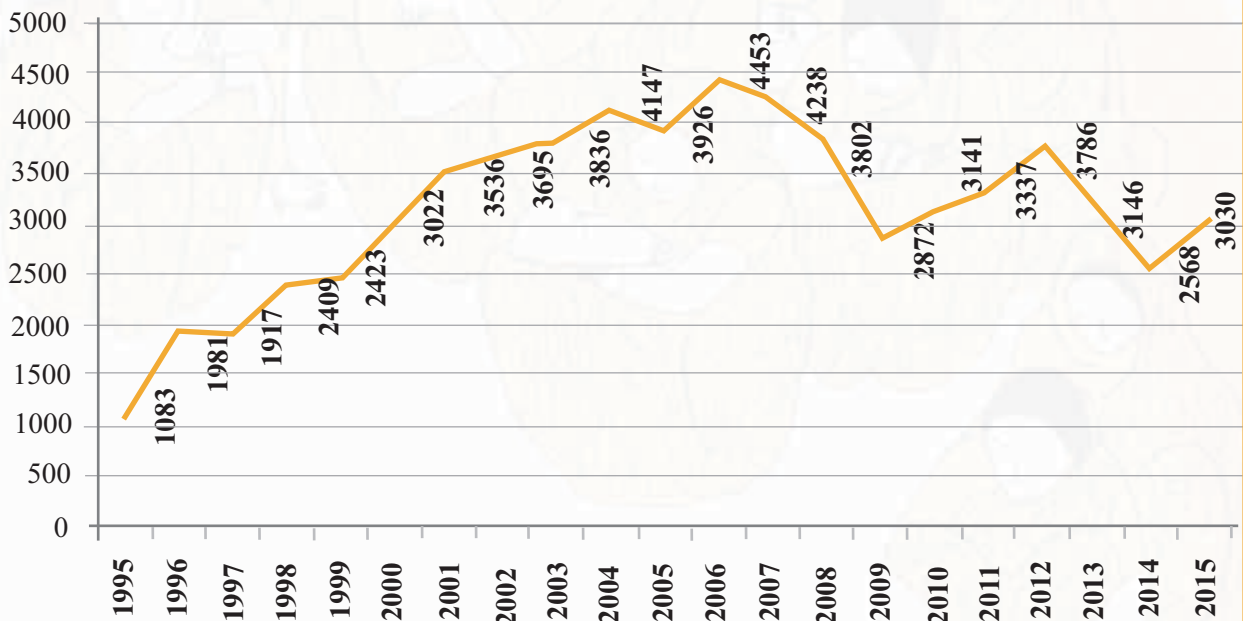


What does the suicide data tell us?

Maharashtra is counted amongst the states with the largest number of farmer suicides in the country. Fourteen districts from Vidarbha and Marathwada have been declared as suicide afflicted districts. As per the statistical data from the National Crime Records Bureau (NCRB), about 65,000 farmers killed themselves in

Maharashtra between 1995 and 2015. Around 20% of the total farmer suicides in the country took place in Maharashtra. About 90% of the farmers who committed suicide were male. This shows us the increasing number of women farmers from suicide affected households in Maharashtra.

**Graph 1: Number of Farmer Suicides in Maharashtra,
From 1995 to 2015, NCRB Statistics**



After the death of her husband, the wife faces problems at three levels. Getting over the trauma of her husband's death, repaying the debt, and taking over the responsibility of single handedly running her household, along with the stigma of widowhood due to which she faces

discrimination at family, societal and cultural levels. Although there is some attention to farmers' suicide at the policy level, the questions of women farmers from suicide affected households however, have not been given much attention.



The main findings from the report on the status of government schemes

The highest number of suicides of women farmers took place in the years 2015 and 2016! 29% of these women were from the 18-35 age group. Their main source of income was farming and the only other income source available to them is agricultural labour.

■ Pension

Only 26% women actually submitted an application, while only 34% of those applications were accepted. From January 2018 to August 2018, only 47 women got full pension amount for 8 months, whereas 17 women did not get pension for even a month in the past eight months.

■ Problems in accessing pension

Not getting information, delays in administrative procedures, delays in payment, not getting information about deposit, not being able to submit documents.

■ Independent Ration cards

52% of the women possessed independent ration cards in their name. 34% women had their name in their family's (natal/marital) ration card, while 7% women simply don't have their name in the ration card.

■ Problems in getting ration card

Not aware about procedures regarding separate ration card, administrative delays, not being able to submit documents, officials demanding extra money.

■ Warsa registration

After the death of their husband, 29% of the women were not able to get the land in their name, whereas 43% of the women were not able to get their house in their name. Only 35% of the women were able to get their house in their name after the death of their husband.

■ Education

Out of the 485 students from suicide affected households who were still studying, it was observed that in terms of access to subsidies only 34 (8%) of the students were able to avail exemption of school fees, only 35 (8.2%) got exam fee waived, 76 (18%) got uniforms, whereas around 115 (27%) students got free notebooks and books. Of

these children, 2/3rd of them were going to government aided schools. Among the children who were still getting education, proportion of boys is one and a half times more than girls. It clearly indicates higher proportion of girls' dropouts from school.

■ **Prerna Prakash (project) for mental health**

Only 15% of the households had any information on the Prerna scheme. Only 7% had information about a counselling cell within this scheme. Only 28 households were aware about 104 Manobal helpline. From 2015 onwards mental health patients were found in 137 households. 43% took treatment in private hospital, and only 17% got treatment in government hospitals. Of these 40% did not opt to get treatment from any facility.

Of these only 28% patients went to the government hospitals. Of those who did, 83% had to still spend on medicines and other treatment.

■ **Problems in accessing the scheme**

Government hospitals are far, psychiatrists are not available, medicines are not available in government health facilities, and some cited not getting help from ASHA and ANM.

■ **Mahatma Jyotiba Phule Jan Arogya Yojana**

Out of 505 households 19% were aware about the scheme and only 10% households were aware of smart cards. From 1 October 2016 onwards 69 families had surgeries done of these 34 families were not aware of the scheme. 13 families could not benefit from the scheme and 15 had to bribe the officials to avail of the scheme. Out of 69 households, 17 availed operation facilities from government hospitals, and the rest from private hospitals. No matter which hospital households availed facilities from, they had to pay for doctor's fee, ambulance, and material for the operation. 47 households had to take loan for operation and treatment.

■ **Problems in accessing the scheme**

Bribe demanded, not being able to get benefit in spite of having documents.

■ **Ex gratia payment**

Out of 505 households, 405 families were declared eligible to get ex gratia payment. Of these, a total of 377 families actually received the compensation. There were 21 households that were eligible and the suicides took place before 2018, but have not yet received the due amount.

Women farmers from suicide affected households find support in MAKAAAM

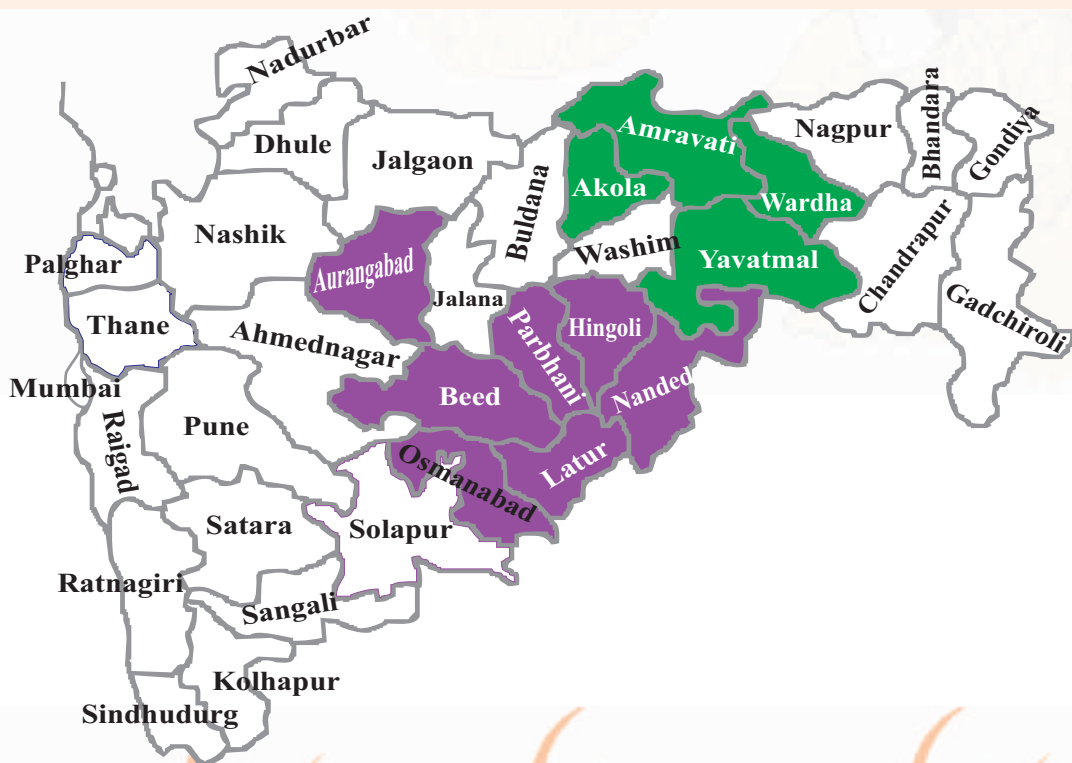
Keeping in mind the gravity of the issues of women farmers from suicide affected households, from the past year MAKAAAM (MahilaKisanAdhikaarManch) has been working steadily on it. It all began with the two consultations conducted in Vidarbha and Marathwada. **The Maharashtra State Commission of Women and MAKAAAM have jointly organized two consultations on 'Ensuring Security Women Farmers from Suicide Affected Households'.** The first consultation was held in Nagpur in February 22-23rd 2018, and the second was conducted in Aurangabad on March 26-27, 2018. The objectives of these consultations were to understand the exact nature of their issues, formulating our demands based on their issues, and determining the future action program. The consultations were attended by women farmers from suicide affected households, representatives of many grassroots level organizations, along with various government officials.

In these consultations, some of the prominent issues that these women presented were their lack of access to **pension and ration card, lack of employment opportunities, getting evicted from their land and home, lack of adequate educational facilities for their children, and lack of access to new credit** since their **loans had not yet been waived**. Women also spoke of sexual harassment both within the family as well as outside. They cited examples of how sexual favours were asked of them when they went to avail government schemes.

MAKAAAM has been following up on these questions with the divisional commissioners of Nagpur, Amravati, and Aurangabad.

In this context, MAKAAAM conducted a study in the months of September and October 2018, with the aim of systematically analysing and presenting the questions of women farmers from suicide affected households. The findings from that study have been presented in this brief report.

Districts included in the study conducted by the MAKAAAM





Scope of the study

At the outset it is important to say that this survey is limited to the assessment of government schemes or resolutions that relate to social security measures applicable to women from suicide affected households of the 14 districts of Maharashtra. This therefore is not a detailed social analysis of the situation of women from suicide affected households. The main objective of the study has been to press for a separate policy for women from suicide affected households and an effective mechanism for monitoring the different schemes and programmes in their name.

This survey covered **505 women from 11 districts from Vidarbha and Marathwada (Aurangabad, Beed, Hingoli, Latur, Nanded, Osmanabad, Parbhani, Akola, Amravati, Wardha and Yavatmal)**. In this survey, we tried to assess the condition of women farmers from suicide affected households, in terms of their access to social security measures announced by the government for suicide affected districts. Questions have been framed around women's access to social security schemes such as pension, *warsa* registration or transfer of land titles, Mahatma Phule Jan Arogya scheme and Prerna Prakalp the mental health scheme, children's education and ex gratia payment.

While determining the sample for the survey, the lists of farmers who had committed suicide, obtained from the Collector's office were drawn from. Across the two regions the most consistent records were from the years 2012-2018 and hence we decided to include our sample from this period. The data for landholding was not available with consistency for all the districts in these two regions, hence we could not sample on the basis of landholding or class. However various studies in the past have pointed out that it is the small and the marginal farmers who form the majority of the farmer suicides. From among the lists we ensured that the sample be chosen from across different caste groups. Revenue records on farmer suicides maintained at the

district level categorise the suicides as eligible and non-eligible. For the survey we included a 20% sample of the non-eligible suicides. **During the survey, all of the information was taken from women farmers from suicide affected households.**

Eighteen organisations from across eleven districts of Vidarbha and Marathwada, affiliated to MAKAAAM, participated in the survey. This was a participatory research with each of the organisations working on the issue participating in the collection of data. All of these **organizations completed the survey** in their districts **on their own expenses**. The data obtained from the survey was entered and analysed by the Maharashtra secretariat office of MAKAAAM.

Profile of the women respondents

This section gives a brief introduction to the women that have been interviewed. While selecting the sample for the survey, all castes were sought to be included. Most of the women in the survey hailed from Open and OBC castes. In addition, most of the women hailed from families where suicide had taken place in the years 2015 and 2016.

Table 1: Caste-wise percentage of women surveyed

Caste category	No. of women	Percentage
Open	183	36
OBC	84	17
Scheduled Castes	46	9
Scheduled Tribes	31	6
Nomad Tribes	58	11
Denotified Tribes	27	5
Special Backward Classes (SBC)	6	1
Muslim	1	0
No response	69	14
Total	505	100



Table 2: Year of suicide and percentage of women

Year of suicide	No. of women	Percentage
Before 2012	10	2
2012	23	5
2013	25	5
2014	85	17
2015	126	25
2016	107	21
2017	90	18
2018	21	4
No response	18	4
Total	505	100

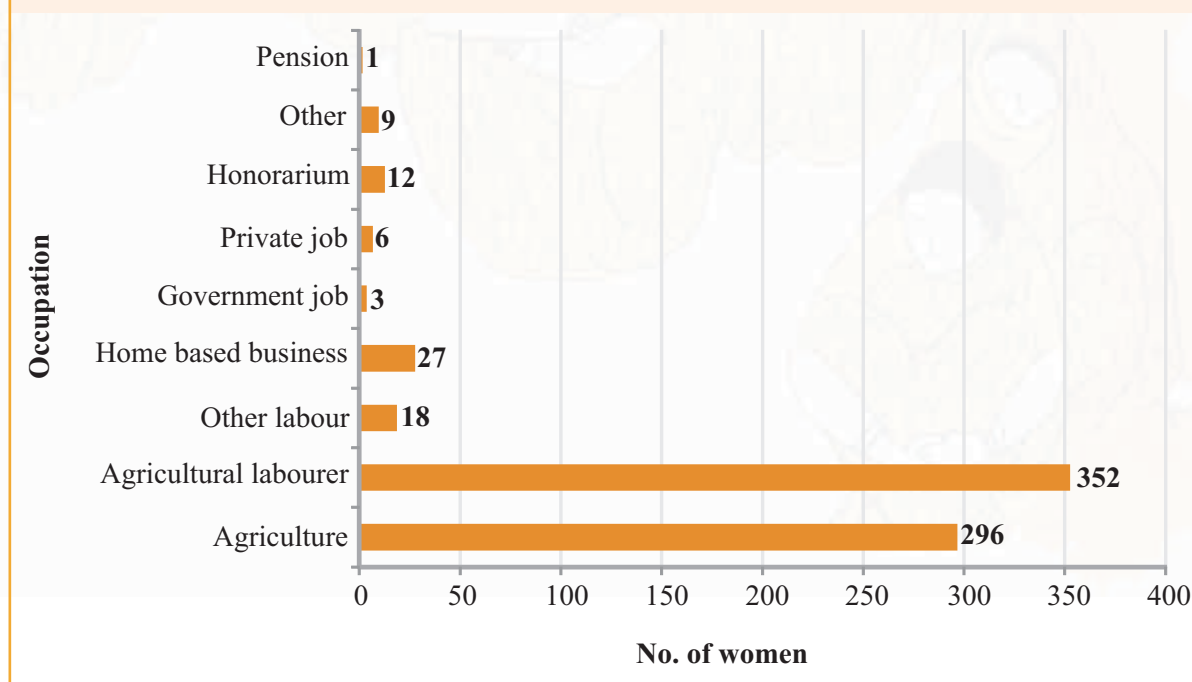
Amongst the women that were interviewed, the number of young women is large. **Out of the total sample, 29% of the women were between 18 to 35 years of age.** These women do not have any

Table 3: Age group wise percentage of women

Age group	No. of women	Percentage
18 to 25	26	5
25 to 35	121	24
35 to 45	147	29
45 to 60	117	23
Above 60	24	5
No response	70	14
Total	505	100

other job opportunities available. They are largely dependent upon agriculture; however, since the yield from their own farm is not sufficient, **they have no other option but to work as daily wage agricultural labourers.** Only nine women reported having other means of income, such as sewing or animal husbandry.

Graph 2: Sources of income of women



It is clear from this study that these women are shouldering all of the responsibilities of the family at a young age with limited employment opportunities. To make matters worse, they are unable to get adequate social security coverage. This information is given in the next section in more detail.

Pension



“ My father and husband both committed suicide. There is neither house nor land in my name. I don't get pension either. People from the village blame us. Other women in the village are not talking to us. ”

- Woman farmer from Marathwada

There are four pension schemes that are important from the point of view of women farmers from suicide affected households:

1. Sanjay Gandhi Niradhar Anudan Scheme
2. Indira Gandhi National Widow Pension Scheme
3. Shravan Bal Seva Rajya Nivruttivetan Scheme
4. Indira Gandhi National Old age Pension Scheme.

Under the '**Sanjay Gandhi Niradhar Anudan Scheme**' widowed women under the age of 65 are eligible for getting pension. To avail the benefit of this scheme, it is necessary for the family to be included in the **BPL list (below poverty line)** or to have **annual family income up to Rs. 21,000**. Under this scheme, one

beneficiary in the eligible family is entitled to **Rs. 600 per month**, whereas in cases of more than one beneficiary in an eligible family, the entitled pension is Rs. 900 per month.

Widows **under the age group of 40 to 65 years** and whose families are listed as being below the poverty line, are entitled to getting pension under the '**Indira Gandhi National Widow's Pension Scheme**'. Eligible beneficiaries are entitled to receiving Rs. 200 per month from the central government and Rs. 400 per month from the state government, a **total pension of Rs. 600 per month**.

Under the '**Shravan Bal Seva Rajya Nivruttivetan Scheme**', widows from the **age group of 65 and above** are eligible to receive pension. The eligibility criteria for this scheme are the same as the above-mentioned scheme. The eligible beneficiary is entitled to receiving Rs. 600 per month as pension. Of this, Rs. 400 is given by the state government's 'Shravan Bal Seva Rajya Nivruttivetan Scheme', and Rs. 200 from the central government's '**Indira Gandhi National Old age Pension Scheme**'.

While interviewing the women for this study, it became evident that **33% of the women had not yet submitted the application for pension**. Around 26% of the women who did submit the

Graph 3: Application for pensions and approval, percentage of women

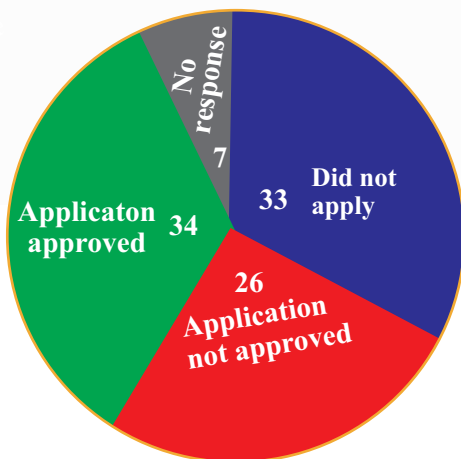


Table 4: No. of months that pension was received in 2018

No. of months for which pension was received in 2018	No. of women	Percentage
0	17	13
1	11	8
2	8	6
3	13	10
4	10	7
5	7	5
6	12	9
7	10	7
8	47	35
Total	135	100



application were not approved for pension. Only 34% of the women, who submitted their application, did get approved for pension.

A total of 135 women got approved for receiving pension in January 2018. While examining data as to how much pension these women received in the eight months from January to August 2018, it was observed that **merely 47 women received their full pension amount for all eight months.** There were **17 women who had not received any pension at all during these eight months.**

Dealing with a meagre amount of pension, the women are further inconvenienced by the irregularity with which the pension is doled out. Keeping in mind their subsistence, receiving their pension on time is crucial indeed.



“ After the death of my husband, my brother-in-law raped me for nearly a year. ”

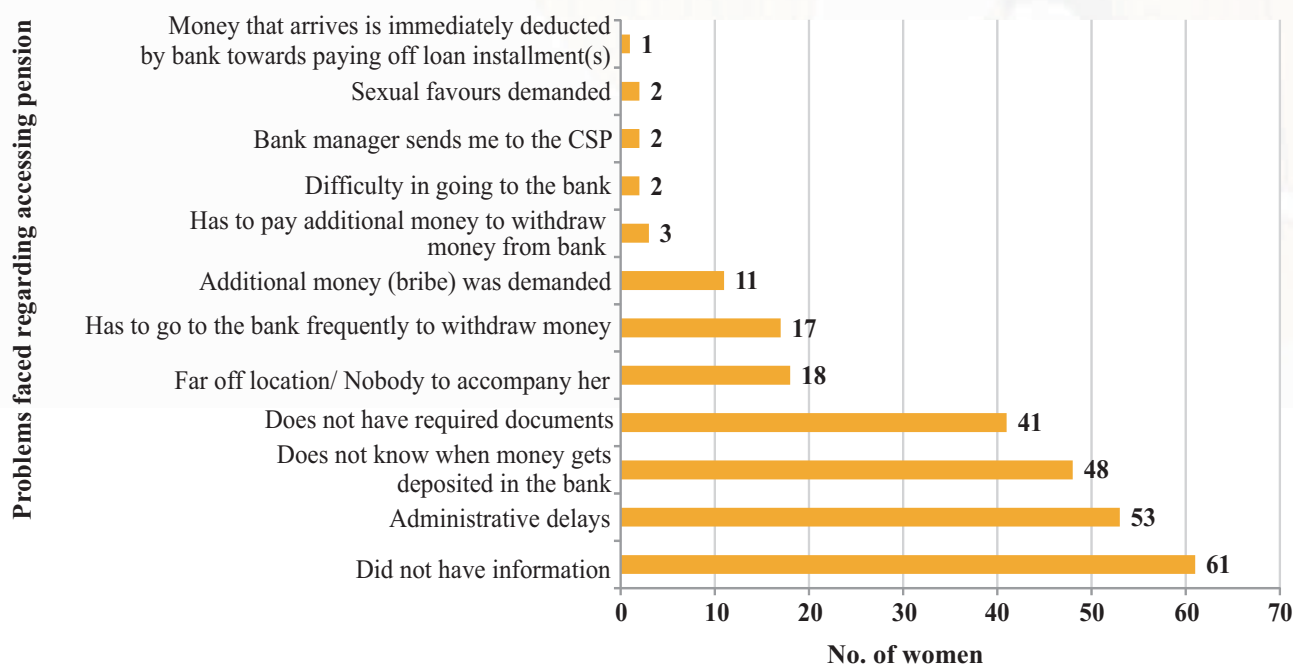
- woman farmer from Marathwada

Moreover, it is essential that this amount be increased substantially. On examining the pension schemes of the states of Telangana and Karnataka, we found that Telangana's Aasra Pension Scheme provides widow pension to the tune of Rs. 1000 per month, whereas in Karnataka a separate category of women farmers from suicide affected households has been created wherein they receive Rs. 2000 per month. In Maharashtra, however, this amount continues to be only Rs. 600 per month.

Some of the major obstacles cited by the women regarding accessing pension are lack of information, administrative delays, not knowing when money gets deposited in the bank, lack of requisite documents, and having to travel far to access the bank. Two of the women even cited sexual favours being demanded by officials in order to access the pension.

The women also spoke about instances of sexual violence during MAKAAAM's consultations. This also included incidents of violence by the men in their family.

Graph 4: Obstacles cited by women regarding accessing pension





Independent Ration card

Table 5: Ration card related issues, percentage of women

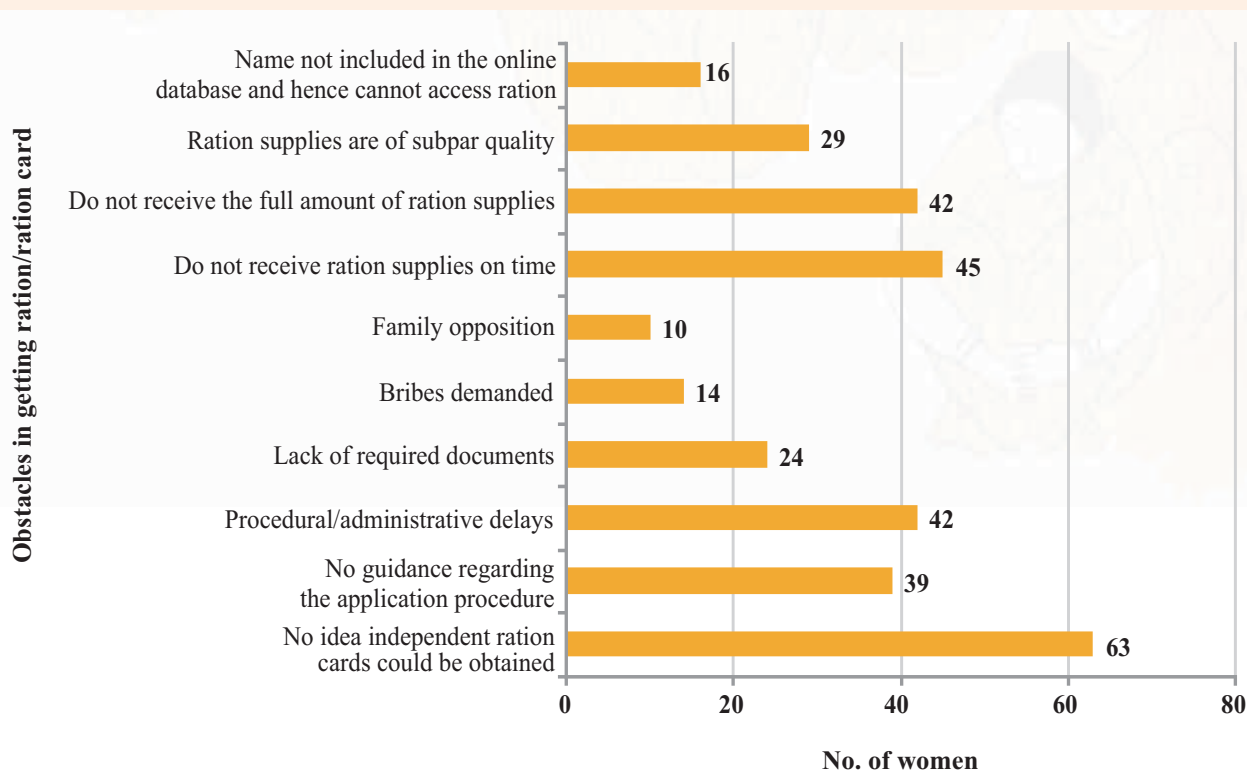
Ration card related issues	No. of women	Percentage
Name is not in the ration card	35	7
Name is in marital/natal family's ration card	173	34
Has independent ration card	262	52
No response	35	7
Total	505	100

The Maharashtra government has issued Government Resolutions (GRs) regarding giving independent ration cards to widows. (November 8, 2000 – Food, Civil Supplies, and Consumer Protection Department) Based on the information from the study, it is clear that **7% of**

the women's names are not in the ration cards, whereas 34% of the women's names are either in the ration cards of their marital family or natal family. 52% of the women had independent ration cards of their own. Of the women who did not have independent ration cards, 39 women had applied for it, but their application had not yet been approved.

When asked about the various obstacles they face regarding ration card, many of the women admitted **that they had no idea that they could get independent ration cards in their names, nor had they any information about the procedure of applying for a separate ration card.** Some of the major obstacles to getting a ration card cited by the women include **procedural bottlenecks, not having required documents, and bribes demanded by officials.**

Graph 5: Obstacles in getting ration card





“After my husband died, my father-in-law declared that his son was dead, and asked me to either consume poison or return to my natal family.”

- Woman farmer from Vidarbha

There is tremendous pressure on these women after the death of their husband, when they end up as the sole bread winners for their family. In such a situation, pension and ration are two of the most important sources of support that they can get. It is evident that the existing government schemes are not being implemented properly. **It is essential that women farmers from suicide affected households receive independent ration cards and timely pension, particularly keeping in mind their social security**

Right to property



“If you have land, you have power”

- Woman farmer from Vidarbha

The share of familial property that women get is determined by the succession laws. In India, the succession laws are different for every religion. According to the Hindu Succession Act, there are two types of properties - ancestral and self-acquired property. **After the death of a man, his wife and his children (sons and daughters) get**

equal rights in his ancestral property.

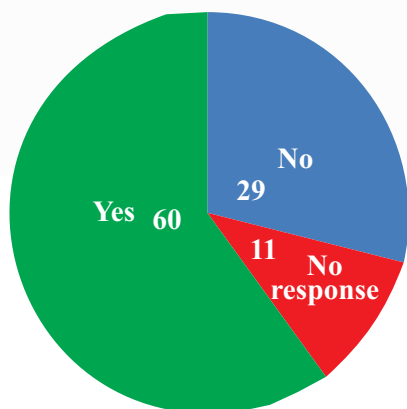
If a man does not divide his independent/self-acquired property before his death, his wife, his children (sons and daughters), and his mother get equal rights to his property after his death.

Therefore, if a man has not created a will, after his death, his wife, children and his mother shall be equal heirs to his self-acquired land. If at the time of a man's death the ancestral property has been divided and distributed, and he had a share of the ancestral property in his name, then his wife and children (sons and daughters) will become heirs to said property. In case, the property was not divided and the land still remains in the name of the in-laws, a woman can demand her share of the land from her in-laws for herself and her children.

Although the law has given women their rights to property and land, due to many socio-cultural reasons, it is not possible for women to exercise these rights in practice.

It was found in the study that **60% of the women got the rights to the husband's land after his death.** However, this response needs to be further verified as it is likely that land transfers in the name of the children have been considered in these responses as transfers in the name of the women. MAKAM has also been actively doing

Graph 6: Percentage of women that got a share in the land after the death of husband



advocacy work over the last one year with the district level government and this too could have contributed to a better performance with regards to land transfers. With 11% no responses there are 29% women who have not yet been able to access their rights to their deceased husband's land.

More often than not, the women's marital family opposes any move by the woman to get the land in her name. In case there has been no division of the family property, then it becomes that much more difficult for the woman to get her share. Women do not get adequate information about getting their succession/heir (*warsa*) registration done. Even if they do find out the information, the administrative procedure for processing their application is quite difficult. **Since they don't have rights to the land, women do not get identified as farmers. Consequently,**

they are unable to access schemes for farmers, bank loans and other benefits.

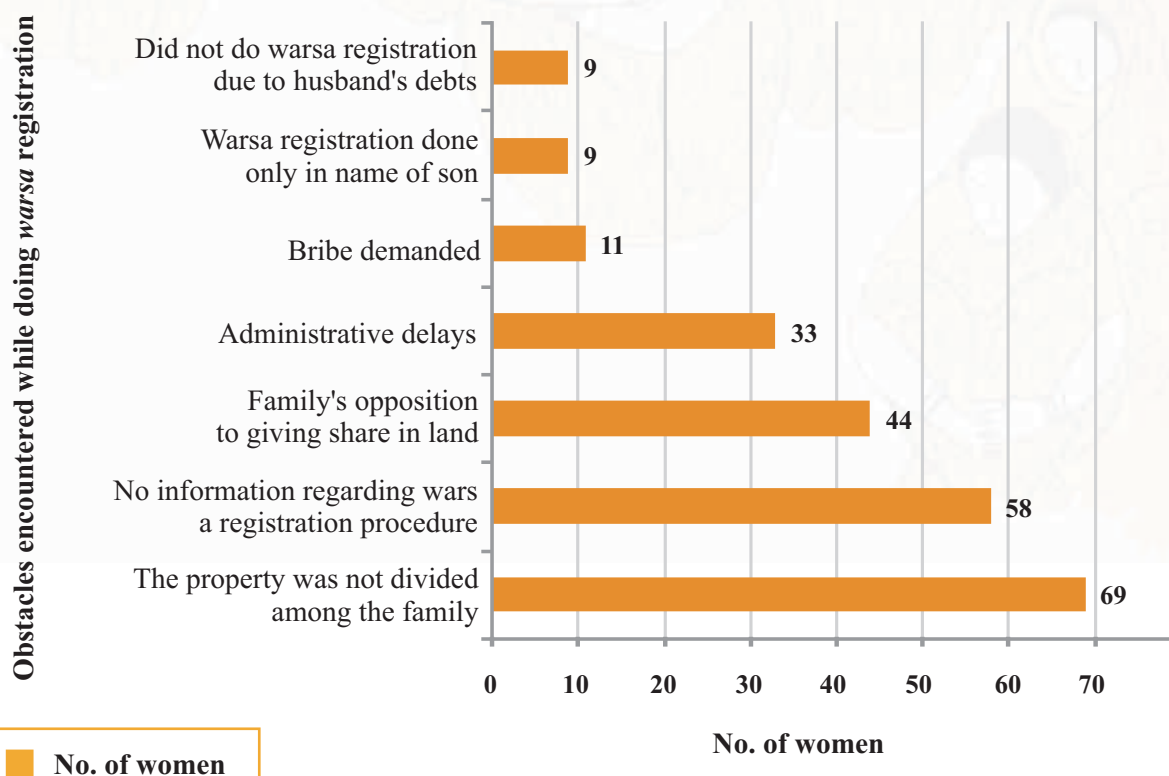
It is clear that the situation becomes even more difficult when it comes to rights over the house. **Only 35% of the women were able to get the**



“ My mother in law and brother in law objected to the division of the property. They threatened to obstruct the *mojani* (land measuring) process. My brother in law even threw out my utensils from the house. They asked me to leave the children with them and go away! On the day of the *mojani*, they went to field and obstructed the whole process. ”

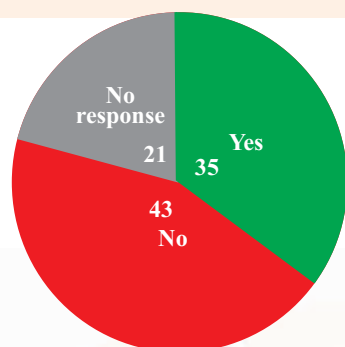
- Woman farmer from Vidarbha

Graph 7: Obstacles encountered while doing warsa registration





Graph 8: Percentage of women who got right to their home after death of husband



house in their name after the death of their husband.

Out of the 505 women interviewed during the survey, **300 women live independently in the village of their in-laws**. In such cases, not having a house of their own adds to their insecurity.

Even getting the benefit of the gharkul scheme is difficult for them, since they don't have a plot of land in their name.

Children's Education

This study sought to seek answers to questions regarding the impact of suicide on children from 6 to 18 years of age; and whether these children from suicide affected households get any kind of help based on government provisions for their education.

As per a Government Resolution (GR) of Maharashtra Government, (School Education and Sports Department, February 27, 2009), if suicide affected families from **six districts from western Vidarbha (Amravati, Akola, Yavatmal, Buldhana, Washim and Wardha)** are registered in the list, then the **children from these families, from first to twelfth standard, are entitled to get benefits for their education**. These children are entitled to these benefits, irrespective of whether they are studying in government/semi government, aided/unaided, government/private schools.

The benefits are as follows:

- **Children who are studying from 1st to 12th standard will be given full admission and tuition fees based on the fees charged at the government level.**
- **Exam fees will be waived at government rates for students in 10th and 12th standard.**
- **Children who are getting educated shall receive a rant of Rs. 500/- for buying school supplies such as notebooks, books and other**

minor stationary, every year at the beginning of school year via the school.

Of the 505 families that were included in the study, 261 families had 485 school going children. Out of 355 of the students that are still studying, nearly 2/3rds of them go to either government or aided schools. It is evident from this study that out of the total students studying at school, **the number of boys getting education is nearly 1.5 times more than the number of girls**. The respondents discussed about the difficulties they face in continuing the education of their children, given the rising expenditure on education in light of their financial issues.

Out of the students still studying, it was observed that in terms of access to subsidies only 34 (8%) of the students were able to avail exemption of school fees, only 35 (8.2%) got exam fee waived, 76 (18%) got uniforms, whereas around 115 (27%) students got free notebooks and books.

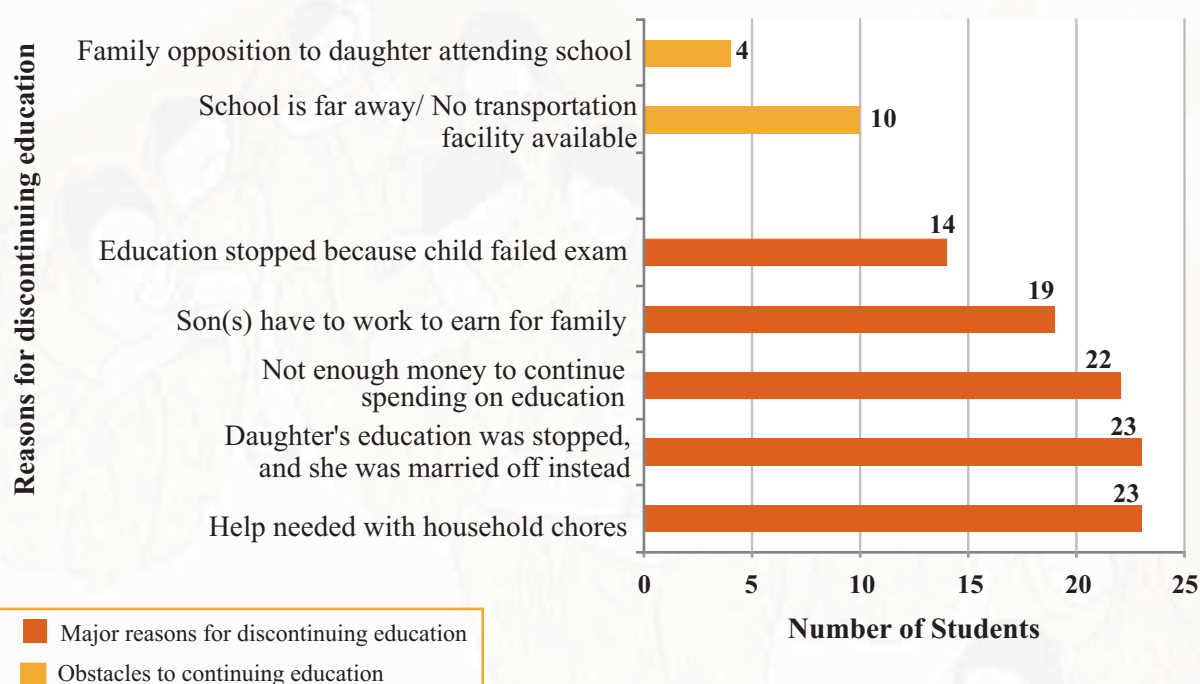
The adverse impact of suicide can be seen on the whole family. It has particularly dire consequences in terms of children's education, which is reflected in the study. Girls' education being discontinued to help with household chores, boys dropping out of school to earn wages, and not being able to afford educational expenses are some of major reasons cited in the study in terms of impact on children's education.



Of the 505 respondents, 20% of the women are non-literate, while the rest of the women had completed around 5th standard of schooling. Keeping in mind the home environment in a suicide affected household, coupled with dire financial straits, it is essential that their children

receive **better education facilities** for them to continue studying. Only then will we be able to incentivize education. However, if this situation persists, and children continue to face difficulties in accessing education, then higher education shall remain a pipe dream for them.

Graph 9: Obstacles to continuing education of students from suicide affected households and reasons for discontinuing education



Mental health services

To safeguard the mental and physical well-being of the farmers, in 2015, the Public Health Department took the initiative and started a special program called 'PernaPrakalp' in 14 suicide afflicted districts. The objective of the project was mainly to ensure the treatment of the farmers and their family members from various villages regarding mental disorders, enabling access to counseling, and making available further treatment by psychiatrists in district or sub-district hospitals. For this purpose, a helpline by the name of '**Manobal**' was also

started and could be accessed by dialing **104**. The psychotherapy cell was expanded in the district hospitals of 9 districts namely Amravati, Beed, Buldhana, Hingoli, Jalna, Osmanabad, Parbhani, Washim and Wardha, and in the five subdivisions of Akola, Aurangabad, Nanded, Latur and Yavatmal, with the express aim of fostering a positive attitude among the farmers. In addition, free services such as counseling and free medication were to be made available. There were provisions made, under this project, to provide for training of ASHAs to help them



identify cases of mental disorders, and to encourage the patients to seek treatment.

Only 74 (15%) of the 505 families covered in this study stated they were aware of the PrernaPrakalp. Of these, only 36 (7%) households had received information about the counseling cell, and only 28 families knew about the '104 Manobal helpline'. **Only 23 women affirmed that they saw the posters/banners regarding PrernaPrakalp in their village.**

Around **27% (137)** women answered that a **family member was suffering from some kind of mental illness in the last three years**. Among them, the number of **families that sought treatment** for the mental illness was 61%, ie, **83 families out of 137**. The following graph illustrates the number of patients that sought treatment from 2015 out of the 137 patients.

Only 77 (15%) women were able to give information about mental illnesses. The following graph shows clearly that after the PrernaPrakalp was started in 2015, the rate at which medical treatment was sought for mental illness shot up to 79% in the following year. But the project was not very effective in increasing the diagnosis of mental illnesses. The study did not show any noteworthy improvement in terms of diagnosis and treatment of mental illnesses,

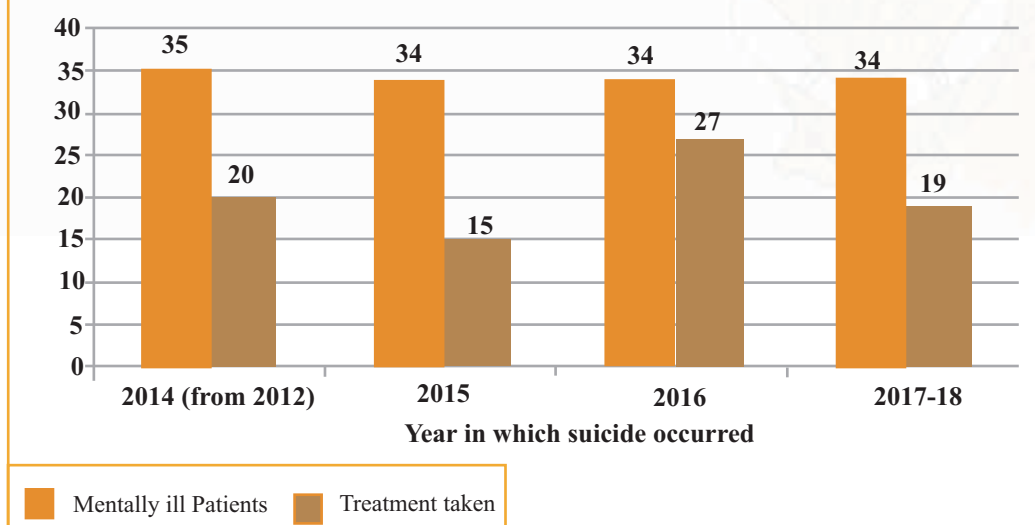
except for the year 2016.

Based on the data given in the table below, it is evident that only 17% of the patients have taken treatment in a government hospital. When the 137 families were asked for the reasons regarding the same, an important reason cited was that the **government hospitals are far away (29.2%)** and thereafter, **the village ASHA and the nurses did not help them (35.5%)**. If the process of counseling and referral for further treatment goes on continuously, only then can people properly understand where to seek treatment. Families with mental patients i.e. **23 (16.8%) families, did not even know that mental illnesses can be treated in government hospitals/facilities**. Consequently, the study clearly revealed that all these factors have resulted in **patients going to private hospitals for expensive treatment (43%) or simply non-treatment (40%) of mental illness**.

The reasons for the lack of use of government treatment facilities are often pinned onto the PrernaPrakalp's working style and lack of awareness. However, if someone thinks of going to get treatment for mental illness in a government hospital/facility, then they would find **psychotherapy specialists are not available (24%) and thereafter, medicines are not**

Graph 10: Mental illness and treatment, number of families

Instances of mental illness and treatment taken during 2012-2018





available (19%). 17% of the respondents in government hospitals have not received treatment.

As a result, of the 83 patients who did seek treatment for their mental illness, only **12 (14.5%) patients received free counseling, 16 (19.3%) received free treatment, and 19 (22.9%) received free medicines.**

Table 6: Regarding the treatment of mental illnesses

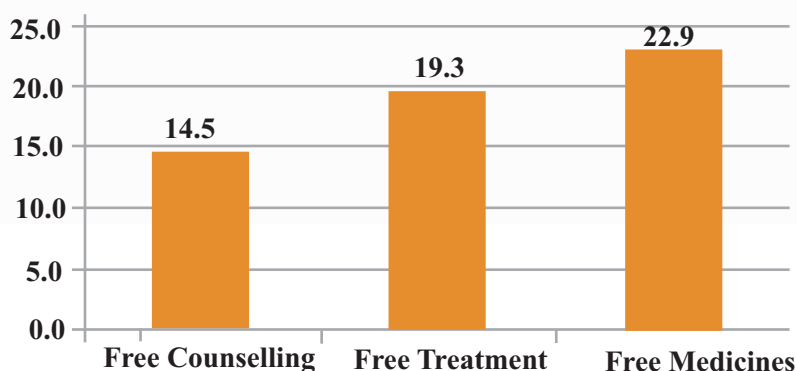
Place where treatment was done	No. of patients	Percentage
Government Hospital	23	17
Private Hospital	60	43
Did not take treatment	54	40
Total	137	100

Table 7: The reasons and obstacles cited for not seeking treatment at government facilities

The reasons cited for not seeking treatment at government facilities	Number	Percentage
Government hospital is far away	41	29.2
ASHA/Nurse did not help	35	25.5
Helpline does not work	8	5.8
No idea that government facilities offer mental illness treatment	23	16.8
The obstacles cited for not seeking treatment at government facilities	Number	Percentage
Psychotherapy specialists not available at government hospitals	33	24.1
Medicines are not available at government hospitals	26	19
Did not receive treatment even from government hospital	23	16.8

Graph 11: Percentage of families that got free treatment for mental illness

Percentage of free treatment for mental illness



Based on the graph, it is evident that in spite of the Prerna Prakalp being initiated and carried on for the last three years, even with its focus on farmer suicide affected households, patients do not have enough information about mental illness, nor do most of them seek treatment. The few that do, have nowhere to turn to but private hospitals. Clearly the main prerna (inspiration) of the **Prerna Project** has not reached the people at large.



Mahatma Jyotiba Phule Jan Arogya Scheme



“ I had no idea there were schemes of hospitals. I had no idea that free treatment was available. As a result, we had to spend far too much on private hospitals. ”

-Woman farmer from Marathwada

The state government started this scheme as part of the 125th anniversary of Mahatma Jyotiba Phule. This scheme **basically renamed an earlier scheme, namely, the Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) that was in force before October 1, 2016.** The scheme has been in force since October 2, 2016. Under the scheme, **a total annual coverage of Rs. 1.5 lakh can be availed either by one individual or collectively by all members of the family, with the exception of renal transplant surgery where the upper ceiling would be Rs. 2,50,000 per operation per year/per family.**

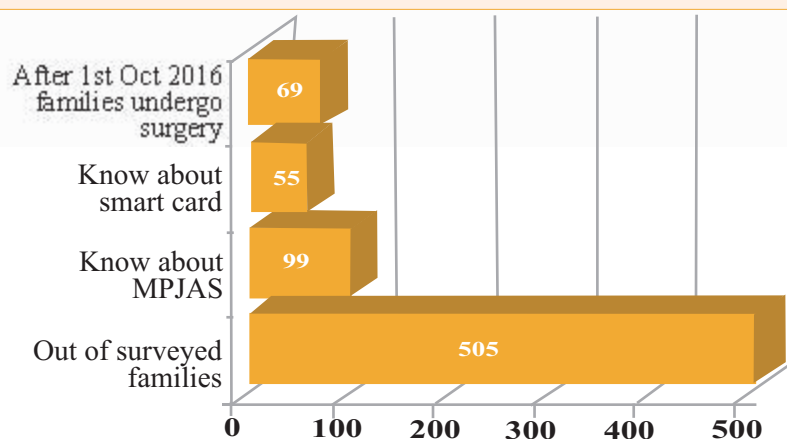
Yellow card holder under the poverty line, beneficiaries of Antyodaya Anna Yojana, Annapurna scheme ration card holders, students from government ashram schools, women from women's ashrams, orphanages, senior citizens from old age homes, accredited journalists along with their dependents, and other beneficiaries can avail this scheme.

Farmer families from 14 agriculturally distressed districts having yellow, orange and white ration cards are also eligible for this scheme. **Farmers are expected to get the card (smart card) for this purpose, but even if they have not received the smart card, and one of the family members has to get an operation immediately, the farmers of these 14 districts will also be able to produce alternative documents in the form of either yellow, orange or white ration card or 7/12 document.** (Government Resolution of Public Health Department, 13th April, 2017)

The scheme covers around **971 surgeries along with 121 follow up services.** A call centre has also been set up for guidance and grievances redressal, which can be accessed by dialing this number - **15538/18002332200.** A person suffering from a pre-existing disease will also be covered under this scheme. Benefits of this scheme can be availed from government/semi-government, private and charitable hospitals that have more than 30 beds, along with select hospitals that have been chosen as 'Arogya Mitra'. A total of 489 hospitals in Maharashtra are covered under this scheme.

Only 99 (19%) of the 505 families covered in the study knew about the Mahatma Phule Jan Arogya Scheme, whereas 51 (10%) families were aware of the smart card.

Graph 12: Number of families that were aware of the Mahatma Phule Jan Arogya Scheme



How effective was the insurance coverage of Mahatma Phule Jan Arogya Scheme in 14 suicide affected districts?

Of the 505 families covered in the study, someone or the other from 69 families (14%) had to undergo some kind of surgery after 1 October 2016. These included various types of operations such as cancer, tumor, brain, kidney, piles, ear, eyes, knees and bones. Of these, 17 families got the operation done in government hospitals whereas 52 families in

private hospitals. But a fact to be noted is that the families had a variety of other expenses such as doctor's fees, medicines, ambulances, and operation materials, except for the surgery itself. As a result, 47 out of the total number of households that have had operations had to take loans for operation and treatment.

The reasons for and obstacles to accessing the Mahatma Phule Jan Arogya Scheme

It has been found that those families that had previously had operations did not have enough information about the newly renamed and changed scheme. Some families had the cards and documents for the old scheme. **Nearly half of the 69 families (49%)** that have had an operation had no knowledge about the Mahatma Phule Jan Arogya scheme. The families that tried to avail the benefits under the scheme had to face problems such as demand of bribes, and not

getting access to the scheme in spite of having all the requisite documents.

Most families incur a huge expenditure on healthcare facilities. This is one of the major reasons for the increased debt woes. In order to avoid this, the Mahatma Phule Jan Arogya scheme offers a simple way out whereby one could access the scheme by presenting one's ration card and 7/12 document. However, lack of adequate information about the scheme and the perception that there are no free facilities to be availed of under this scheme are some of the obstacles to accessing the scheme.

Table 8: Major expenses of families that have had an operation

Families that have had operations spent on the following	Number	Percentage
Doctor's fees	43	62.3
Medicines	57	82.6
Operation material/equipment	47	68.1
Ambulance charges	23	33.3

Table 9: Obstacles to accessing the Mahatma Phule Jan Arogya scheme

Obstacles to accessing the Mahatma Phule Jan Arogya scheme	Number	Percentage
No information about the scheme	34	49.3
Bribes demanded	15	21.7
Had all required documents yet did not get access to scheme	3	4.3
Did not have requisite documents	5	7.2
Operation said to not be covered under the scheme	5	7.2
Total number of families that have had an operation	69	

Ex gratia payment

Suicide affected households are given ex gratia payment of upto Rs. 1 lakh by the Maharashtra government. To get this help, the death must be declared as a farmer suicide to be eligible. There are some criteria set out by the government for this eligibility - crop failure, debt crisis caused by non repayment of loans taken from institutionalized sources of credit such as Nationalized/Co-operative Bank or approved lender. After a farmer

commits suicide, the local authorities are supposed to go, make inquiries and present the report within eight days of the incident. Subsequently, a committee constituted at the Collector level, makes a decision on the matter and declares the case as either eligible or non-eligible within 15 days of the occurrence of the incident. If the suicide is deemed eligible, the heir(s) is given an amount of one lakh rupees as ex gratia payment. Of this amount, a cheque



of Rs. 30,000 is given and the remaining Rs. 70,000 is kept in the bank as a fixed deposit or in the post under the monthly deposit scheme. (Government Resolution, Revenue and Forest Department, December 2005 and 23 January 2006). An amendment to this GR was made in February 2006 to include the family members who have committed suicide but do not have land in their name. However it is evident that the eligibility criteria leave out a significant number of farm related suicides.

Out of 505 households, 405 families were declared eligible to get ex gratia payment. Of these, a total of 377 families actually received the compensation. There were **21 households that were eligible and the suicides took place before 2018, but have not yet received the due amount.** In most cases, it has been observed that the payment is made in the name of the wife of

the deceased farmer. Many women have reported that the amount of Rs. 30,000/- that they received via cheque is not sufficient.

Moreover, the relief package of Rs. 1,00,000 that was announced in 2005 is in force even today. **In the states of Karnataka and Telangana, this amount is Rs. 5,00,000!**



“ I had to mortgage my jewellery for paying off my bank loan and the moneylender's loan, taken for doing farming. Around one or two years after my husband's death, I got Rs. 1 lakh from the government. I spent that money on both of my daughters' weddings. I had to spend quite a lot of money on the weddings. ”

- Woman farmer from Vidarbha

The grassroots activists'/workers' observations

At the end of survey (questionnaire), the activists wrote down their observations for every case, and the overall picture that emerged was one of horrific realities. Some of the prominent issues that recurred throughout the observations have been presented in this section. The needs of every suicide affected family are different, but the problems of the women left behind to face them are, more or less, related to their survival. Some of the women are illiterate, and coupled with the burden of the debt created by her deceased husband, their situation is extremely fragile. To make matters worse, they don't receive government aid on time, and neither are they aware of schemes that they could benefit from. A lot of observations record that many of these women were not even allowed to have any say in the house.

When the very survival of the family is at stake, and the cost of children's education is rising; in such cases, where there is more than one child, it

is the girl child who has to drop out of school and contribute to household chores. On the other hand, some of the educated children are unsure of their future. In such cases, there is a need for self-employment training and counselling as well.

In a few observations, some women have shown steadfastness and a strong will to handle the situation. If they get support from their natal family, it has been observed that some women have derived strength from this support. However, if they have no support from both the marital and natal family, then they are highly susceptible to falling prey to depression. It has been observed that in some families, even the children suffered from depression. The restlessness, stress, and grief, can sometimes be coupled with another family member with mental illness. Caught in between the combined responsibility and burden of managing a hopeless situation, some of the women who

interacted with our workers, implied that they might commit suicide themselves to put an 'end to their grief'!

Some of the women have different kinds of physical disorders/issues and the workers have observed that they need immediate treatment and even surgery in some cases. Some women are physically disabled, some suffer from problems in the uterine bag, while some women's children are physically disabled or suffer from illnesses like tuberculosis. The workers have also noted the gross neglect of physical and mental illnesses of the women themselves.

Lack of practical business knowledge, harassment from family, opposition from the in-laws regarding getting land in her name, lack of widow pension, scarcity of resources along with

the debt ridden land, has led to a precarious situation where most of the women find it difficult to survive on wage labour alone.

Some of the farmers' lands are *gairan*, and the government is not ready to sign off the land to their successors. Some women's names were not included in the *warsa hakk* land, so they are unable to avail the benefit of *gharkul* scheme either. Whereas, in some other cases, instead of the woman, only the children's names are listed as successors/heirs.

The women also say that government officials visit every once in awhile, write down their information, ask them what they need, but never return. Neither do they ever find out what happened to the all the information that the officials had recorded.

Our demands



It is clear from the study that there are no specific government policies geared towards women farmers from suicide affected households. Once the initial inquiries regarding the suicide are completed, and the case is deemed to be eligible or non-eligible for the compensation, neither the government nor society engages any further with these women. There are no inquiries as to how that woman is living, or whether her children are

getting access to education nor is there any thought given towards what she would need to begin her life afresh. The many government resolutions (GRs) are inadequate for addressing the issues of women from suicide affected households. The following are some of the concrete positions and demands of MAKAAAM in the context of the issues of women farmers from suicide affected households:



1. Eligible/non-eligible suicide criteria and ex gratia payment to suicide affected households

Currently, there is a criterion of eligibility for doling out relief and compensation in case of farmer suicide. This criterion does not include tenant farmers (who do not own the land they are tilling), nor does it take into account the cumulative effect of successive years of crop failure – the suicide is not considered eligible if there was no crop failure in that particular year. This further complicates matters for the widow. Moreover, the relief package of Rs. 1,00,000 that was announced in 2005 is in force even today. **In Andhra Pradesh this amount is 350,000 and for Karnataka and Telangana, this amount is Rs. 5,00,000. In addition Telangana extends 100,000/- and Andhra Pradesh extends Rs 150,000 towards a one time loan settlement** which not only liberates them from old loans, but also helps them get on their feet to start afresh. This ex gratia payment should be made strictly in the name of the widow of the farmer.

2. Widow pension

The amount for widow pension should at least be doubled and the pension should be received on time.

Widow pension should be brought into force immediately after the suicide of the farmer, without any delays, and without any obstacles arising from lack of documents. The widow pension in Maharashtra like in many other states is Rs 600/month. **In Karnataka a special category of farm widows has been created for the pension scheme and the pension amount is Rs. 2000/month. Maharashtra government should think about increasing the pension amount on the lines of Karnataka Government.**

3. Education

Children from suicide affected households must get free education.

The impact of farmer suicide is felt most on the children. The consequences are even more dire for the girl child who is the first to be taken out of school. **Educational concessions** for children from suicide affected households **such as hostels, fee waivers, textbooks and stationary** should be applied in all 14 districts. Currently it

does not apply to eight districts in Marathwada. Moreover the education benefits should also be extended for higher education.

4. Ration Card

Women from suicide affected households should be able to get independent ration cards in their names, without asking for any kind of application. Moreover, they should be included in the priority group.

Due to the previous struggles fought by single, widowed and deserted women in Maharashtra, the state government had made some resolutions for them. According to the November 2000 GR (government resolution), single, widowed and deserted women are to be given independent ration cards. The resolution specifies that the woman concerned has to present all the relevant documents for this purpose. The process of giving ration cards to women is ongoing, in the National Food Security Act 2013. Women from suicide affected households from 14 districts of Marathwada and Vidarbha should be registered as the heads of their families, without asking for any application(s). They should also be included in the priority group for food security.

5. Healthcare

Government hospitals and clinics must provide free healthcare facilities in suicide affected areas.

In order to give immediate healthcare facilities to suicide affected households from 14 districts of Marathwada and Vidarbha, all of the government hospitals and clinics must start filling the vacant posts on an urgent basis. The consistent scarcity of essential medicines in government hospitals needs to be addressed. Women from suicide affected households from 14 districts of Marathwada and Vidarbha should be given free healthcare facilities. The Mahatma Phule Jan Arogya Scheme card should be issued to them via ASHAs within fifteen days. The members from suicide affected families should be included in the Aayushman Bharat scheme without any conditions. Special schemes need to be developed to address the high expenditures incurred by these families in private hospitals/clinics. These families incur a big



expenditure on healthcare facilities. This is one of the major reasons for the increased debt woes. These households should be given a health card so that they can be provided free and quality healthcare.

6. Warsa (inheritance/succession) registration

A special campaign should be conducted in order to facilitate warsa registrations in suicide affected areas.

In such households, it has often been noticed that the inheritance/succession registration of the land and house is not done, years after the death of the husband. In the meanwhile, there are concerted efforts by the marital family to drive out the widow from the lands and the house. In order to prevent this, there is a need to get the warsa registrations done at the campaign level.

7. Assistance for employment and sustainable agriculture

Women from suicide affected households in 14 districts must get the benefit of employment guarantee schemes, along with schemes of the Irrigation, UMED, and Agricultural departments, to guarantee work and sustainable farming.

The National Rural Livelihoods Mission (NRLM) runs a program by the name of UMED regarding livelihoods. The 2016-17 Economic Survey of Maharashtra gives detailed information on UMED as to how many SHGs were created and how much credit was distributed through them. However, it does not give any information as to how many rural women became economically independent. There is no data, especially regarding women farmers from suicide affected households who benefited from this scheme. Around 30% of the budget of the Agriculture Department is supposed to be reserved for women. However, there is no data as to how many women from these 14 districts were able to access these schemes. It is important that the data and statistics regarding employment assistance schemes be gender disaggregated, and a report ought to be published to show the exact number of beneficiaries.

8. Protection from sexual assault and violence

All the mechanisms at the district and taluka level, such as local grievances committees, women's vigilance committees, Women's Commission office, should be actively functioning. Special campaigns should be undertaken in the 14 districts in order to conduct hearings of such complaints.

Society and family tends to place the blame of the husband's suicide on the wife. Many women face sexual assault/harassment in order gain access to the schemes/compensation. They also face domestic violence within the family. There need to be appropriate protections put in place for these situations.

9. Kisan Mitra Helpline

A helpline should be started immediately in all suicide affected districts. A special environment should be created for women farmers wherein they can easily pose their questions.

In 2005, a Maharashtra government resolution issued by the Revenue Department stated that a helpline be put in place in suicide affected areas. It is mentioned that such a helpline should be established to guide and inform farmers and that such a helpline should have an adequate budgetary allocation. No such helpline has been initiated by the Government ever since 2005.

In 2018 at the consultation organised by MAKAAAM along with Mahila Ayog, a helpline was announced by the then Nagpur Divisional Commissioner Mr Anup Kumar. This was followed up by MAKAAAM with the District Collector or Wardha. This was following the encouraging presentation made by the district collector or Adilabad, Telangana, Ms Divya Devrajan on the experiences of such a helpline in Vikarabad district of Telangana. There has been a good response to the Wardha helpline. Similar helplines should be run on a pilot basis in other districts as well. Moreover, the government should extend financial help to run these helplines effectively. Such a helpline is working to great effect in Vikarabad district of Telangana.

About MAKAAAM

MAKAAAM, or Mahila Kisan Adhikaar Manch (Forum For Women Farmers' Rights) is a nationwide informal forum of more than 120 individuals and organisations of farming women, of women farmers' collectives, civil society organisations, researchers and activists, drawn from 24 states of India, to secure due recognition and rights of women farmers in India.

The mission of MAKAAAM is to visibilise women farmers – especially smallholder marginalized women, with a development vision led by social justice, plurality of knowledge systems and sustainability driven by ecological approaches – and to create and secure rights over productive livelihood resources (land in particular) as well as entitlements over a variety of support systems, with equal participation of these women in decision-making in various institutions starting family upwards, to ensure empowered, self-reliant, sustainable women's livelihoods.



महिला किसान अधिकार मंच

MAHILA KISAN ADHIKAAR MANCH