

Rural Women's Household Work and Health – A Case Study

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Abstract

The issue of women's work and health, the type of work women do in the rural areas, the limited options available to them, their striving towards making the most of whatever support exists and the effects of these on their family and health are themes being considered here. There is need for assessing rural women's household work and health. While looking at women's health, we need to consider the structural nature of women's work and the totality of this work – in its multifarious roles, activities, the time spent as well as intensity of time. In this paper an attempt has been made to examine the type of household work performed and its effect on the health of rural women in Aligarh District. The study is based on primary sources of data collected through a survey of 75 selected villages. The data was collected through questionnaire interviews. The total sample size consisted of 2,238 women respondents,

Introduction

Women constitute about 48 per cent of the total population of India. Around 81 per cent of the total female population lives in rural areas. Of the total population, the working population is 36 per cent and women constitute 32 per cent of the total working population (Census of India, 2001). Majority of the working women are crowded in the unorganized sector. Women in rural areas perform two types of work (Singh. A.L., *et al.* 2005).

- ♦ Unpaid work, includes household work, agricultural work in their own field and work in animal husbandry.
- ♦ Paid work, includes work as agricultural labours in others field, non-agricultural work inside and out side the villages.

Life of most of the Indian rural women is not a bed of roses. They have to bear the exclusive burden of managing all the activities at home like cooking, washing – utensils and clothes, sweeping and mudding the floor, caring for the elderly and children, caring for animals, fetching fuel and water from distant place and attending to all household drudgeries. Outside their homes they work side by side with men in fields. Women are generally allocated menial jobs and often work for others as paid labourers. Women closer to urban areas seek jobs as construction labourers, domestic servants or engage in small trades like selling vegetables etc. The day-to-day life of rural women is full of hardship, deprivation and struggle for bare survival. Their life is meant to be lived for others, to be sacrificed at the altar of

society's discrimination and allocation of lower status. With early marriage and no limit on children they tend to lose their youth prematurely and on the other side the fate of childless women or a widow in village is quite unenviable. The general social status of rural women has not changed much through the ages, despite a very honorable place given to them, theoretically in Indian ethos.

The state of health of women in rural India may be one of the worst in the world. Social discrimination against women has resulted into neglect of women's health from womb to tomb. Female infanticide and female foeticide are widely practiced even in rural areas. Probably no other group is affected by time-consuming workload than rural women. Every dawn brings with it a long march in search of fuel, fodder and water. It does not matter if the woman is old, young or pregnant. Day after day crucial household chores have to be met. An eight-month pregnant woman spends two-thirds of her day working. Worse most women resume work even before they have fully recovered from childbirth. All this leads to devastating consequences on women's health and undermines her ability to carry out her responsibilities both productive and reproductive. Lack of access to proper health facilities also further aggravate the health condition of rural women.

There is need for assessing rural women's work and health. In this paper an attempt has been made to examine rural women's household work and its impact on their health. The rural areas of Aligarh district was chosen as the study area.

Date Base and Methodology

This study is mainly based on primary sources of data collected through:

- ♦ Survey of the selected villages
- ♦ Survey of sampled women respondent's households.

Data was collected through questionnaire interviews. Fieldwork was carried out during the 2004 and 2005. For getting accurate information the sampled villages and the households of the sampled women respondents were frequently visited.

1. Sampling Procedure

For the purpose of selecting the sample, multistage stratified sampling design was adopted.

The first stage consisted of selection of villages from the 12 blocks of Aligarh district. While selecting the villages, accessibility factor was kept in mind. All the villages selected were categorized into two groups on the basis of accessibility (Fig.1). The first group consisted of 38 villages, having good accessibility. These villages were located either along the roads or around the urban centres. The second group comprised of 37 villages, having poor accessibility. The villages were located amidst the fields, near the river or canal bank or railway line.

A total of 75 villages were thus selected for the above reasons.

In the second stage, rural women respondent, which formed the ultimate sampling units, were then selected from the 75 villages. On an average 30 women respondents belonging to different categories (caste, age, education, work etc.)

were selected randomly. The total sample size consisted of 2,238 women respondents.

Profile of the Study Area

The study was conducted in the rural areas of Aligarh district (27° 29" to 28° 27" north latitude and 77° 29" to 78° 38" east longitudes), which is one of the important district of North India. It is located in the fertile Ganga-Yamuna plains in the north-western part of the state of Uttar Pradesh (Fig.1). The district has been divided into five tehsils, namely Koil, Atrauli, Khair, Iglas and Gabhana. These tehsils have been subdivided into 12 blocks: Dhanipur, Lodha, Akrabad, jawan, Gabhana, Atrauli, Bijauli, Gangiri, Khair, Tappal, Chandaus, Gonda and Iglas spreading over 1,212 villages.

The total area of the district is 369,694 hectares of which, 80.54 per cent is net cultivated and 137.37 per cent is gross

cultivated. The district is one of the agriculturally advanced districts of Uttar Pradesh. The district was chosen for Intensive Agricultural District Programme in 1960-61, which envisaged immediate increase in production through provision of various inputs, including irrigation, fertilizer, high yielding variety seeds, modern implements, pesticides etc.

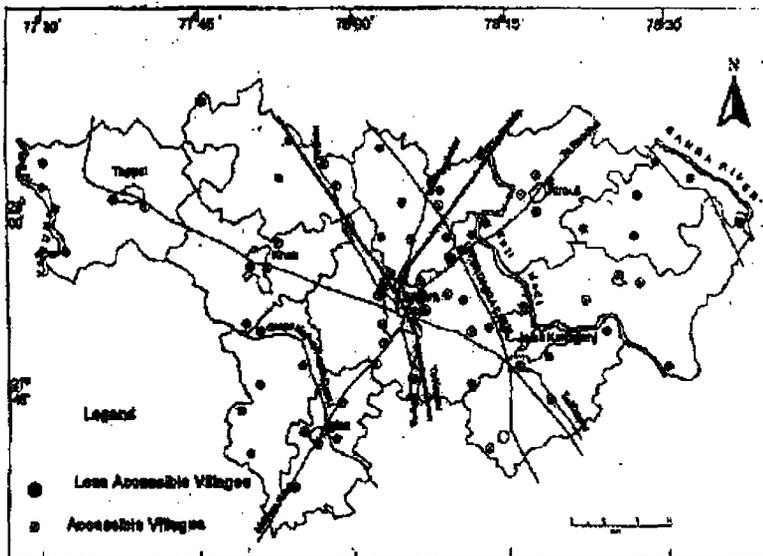
The total population of the district is 2,449,597 of which, 54 per cent are male and 46 per cent female. About 74 per cent of the population is rural.

Discussion and Results

1. Profile of the Sampled Women Respondents

Most of the women respondents were Hindus (89.27 per cent) belonging to the lower strata of society. Majority of them

Fig. 1: Aligarh District Location of sampled Villages



Source: 1. Based on District Statistical Abstract 2001. 2. Based on Filed Survey, 2002-03.

belong to the backward and scheduled castes. The age of most of the respondent (81.43 per cent) varied between 15 to 45 years. Nearly 95 per cent were married and their age at the time of marriage varied between 15 to 18 years. Nearly three-fourth of them were uneducated. More than half belong to nuclear families comprising of 5 to more than 10 members.

More than half of them reported having land and house but their husband and in-laws were owners. Nearly 84 per cent kept buffaloes. Most of their families owned agricultural implements and household goods.

Regarding their housing conditions nearly half lived in *Kuchha* houses. Their houses did not have proper ventilation, bathroom and latrine facilities. Defecating in the open was a common practice. Nearly half of them took water from public hand pumps, there were *kuchha open drains*, for disposal of waste water and three fourth reported having no electricity.

The family occupation pattern showed that 44 per cent were engaged as cultivators and 46 per cent worked as agricultural labourers, *buggie/thela*/rickshaw pullers, potters makers, washermen etc. Occupation pattern of the women respondent showed that all of them were involved in household work, work in their fields and activities related to animal husbandry. Nearly 64.21 per cent are reported for being involved in unpaid work while 36 per cent were involved in paid work, out of which 78 per cent were in the agricultural sector as wage labour and 22 per cent in the non-agricultural sector, both within (15 per cent) and outside (7 per cent) their villages.

Field surveys revealed that rural women respondents were performing two types of work in their homes, household work and work in the animal husbandry sector. Almost all the rural women were engaged in these chores.

2. Household Work

Lenin's definition of household work given so many years ago is as pertinent today as it was in his time. Housework is the most unproductive, the most barbarous and the most arduous work a woman can do. It is exceptionally petty and does not include anything that would in anyway promote the development of women (Alexandar, 1976). The drudgery of women's work is also accompanied by psychological tensions and depressions, fear and anxiety. Rice emphasized the enormity of the burden that women were forced to carry through their role as housewife. In a large majority of homes, the women is the slave without whose labour the whole structure of the family tends to collapse (Rice, 1989).

Household work is essential for sustaining our social and economic structure. But at the same time it is petty, isolated, monotonous, involving unending hours of hands and unrewarding work. Though highly labour intensive it is yet unpaid. Thus, housework has no fixed hours, no holiday and no pay and it is done almost exclusively by women. Only few unmarried women could get away with not doing any domestic/household work.

None of the married women can do so. Housework is the primary occupation of women and the job outside the home is secondary. The burden of housework is much more in terms of time and hardship in

Table 1- Household Work performed by the Sampled Women Respondents in the Rural Areas of Aligarh District -2004-05

1. Distribution of Women Respondents (in %) according to their household work															
Table Sample	Vill No.	Women Resp.	Household work												
			cooking	Washing utensil	Washing clothes	Sweeping & washing floor	Mudding	Tending children	Sewing & mending	Grinding foodgrains	Fetching water	Fuel collection	> 3 hrs	3-5 hrs	<5hrs
	75	2,238	96.96	97.17	96.44	83.52	58.98	54.51	51.30	29.81	84.30	77.51	15.62	21.5	62.88

2. Distribution of Women Respondents (in %) according to Place and type of fuel used in cooking																
Table Sample	Vill No.	Women Resp.	Cooking	Place of cooking						Type of Fuel Used for cooking				Smoke in the house		
				No. of times food is cooked	MP Room	Varanda	Open air/Angam	FW/CD/DL	Crop residue	Coal	Kerosene	LPG	Elect.	Yes	No.	
	75	3,238	96.96	2 time	20.69	2.10	26.84	65.93	97.18	54.57	1.28	0.56	10.82	0.34	61.85	38.14

3. Distribution of Women Respondents (in %) according to Source and method of Fuel collection																			
Total Sample	Vill. No.	Women Resp.	Fuel Collect ion	Source of Fuel Collection						Method of Collecting Fuel						Time spend in gathering fuel			
				Own land	Others land	Waste land	Garden	Road Side	Forest	Animal dung	Purchased	Head load	Hand load	Shoulder load	Waist load	Other	>1hr	1-2	>2hrs.
	75	2,238	79.81	59.74	23.06	8.89	8.34	7.75	13.34	50.14	21.78	84.65	1.28	0.05	0.3	13.69	45.95	39.64	14.41

4. Distribution of Women Respondents (in %) according to Distance, Mode and Method of Fetching water														
Total sample	Vill No.	Women Resp.	Fetching water	Distance covered for fetching water			Mode of Fetching water			Method of Bringing water				
				<20 mts	20-50	>100	Bucket	Pitch	Other	Head load	Hand load	Waist load	Other	
	75	2,238	85.83	27.55	38.67	24.17	9.98	97.45	1.03	1.50	6.18	93.99	0.52	0.42

Source-Based on Field Survey 2004-05

rural areas. The joint families are being steadily replaced by nuclear family, which increases the pressure and demands from the single housewife in a nuclear family.

Field observations revealed that almost all the women respondents were involved in household work. The life of an average woman in the village is an unmitigated series of household chores, cooking, washing utensils, washing clothes, sweeping and washing floor, mudding, sewing and mending, tending children, fetching fuel and water, grinding grains etc. Thus, women are more likely to be exposed to health hazards in their homes since they spend more time within the domestic environment undertaking household activities, which increases the risk of differential exposure. Inadequate nutrition, domestic hygiene and the extra burden of making up for the inadequate provision of fuel, water etc. may increase women's workload and there by take its toll, due to lower body resistance.

Table-1, provides a detailed information of the various household work performed by women respondents in the rural areas of Aligarh district. Some prominent activities in which women respondents were engaged includes, washing of utensils (97.17 per cent), cooking (96.96 per cent), washing clothes (96.44 per cent), fetching water (84.30 per cent), sweeping and washing floor (83.52 per cent), fuel collection (77.51 per cent), mudding (58.98 per cent) tending children (54.51 per cent), sewing and mending (51.30 per cent), and grinding food grains (36.36 per cent). This implies that a large number of women perform all the basic duties of a housewife expected in the Indian society.

Regarding the hours of domestic work as the women respondents put (table-1), it nearly 65 per cent of them put in more than 5 hours of household work, 22 per cent put in between 3 to 5 hours and 13 per cent put in less than 3 hours. Women respondents who were not engaged in any type of paid work put in more hours of domestic work while those respondents who were engaged in paid work put in lesser hours of domestic work. Women respondent living in accessible villages had put in less time for household work because they were involved in paid work. Nearly 20 per cent were putting in less than 3 hours and another 20 per cent 3 to 5 hours of household work. While nearly 11 per cent of women respondents from less accessible villages were putting in less than 3 hours while nearly 66 per cent put more than 5 hours of domestic work.

In India, 63 per cent of all married women are engaged in household work, which roughly includes 8 years of their averages life span of 50 years within the kitchen alone (Chatterjee, 1988). Kitchen work includes other processes that are involved before and after cooking such rice and pulses cleaning, besides serving food and feeding the young and so on. The kitchen environment is most crucial in victimizing women because almost all women spend a considerable amount of their life in the kitchen. Most of the Kitchens are environmentally harmful, unsafe and unhygienic. This reflects on an average an Indian woman spends about 3,041 days of her life or 8.33 years in the kitchen and if one assumes that the average life span of an Indian women is 50 years, than it amounts to 16.66 per cent of her entire life and 4 hours per day.

In India, even today more than 90 per cent of the households in the villages still rely on bio fuels. A variety of fuel is used like fuel wood (79 per cent), animal dung (77 per cent) and crop residues (47 per cent) to meet their daily cooking fuel requirements (Parikh, *et.al*, 2002). In rural areas people still rely on traditional fuels and stoves for working. Emissions from such sources contain very harmful pollutants and combined with confined space and long duration of cooking, the resultant exposures are extremely high. Dangerous as the outdoor air can be to health, indoor air pollution actually possesses a greater health risk. It has been estimated that the largest number of deaths occurring due to indoor air pollution is in India. Table-1 shows the use of different types of fuel used by the women respondents. Nearly 97.13 per cent were using fuelwood/animal dung/dried leaves and 54.48 per cent were using crop residues to meet their daily cooking fuel requirements. This shows heavy dependence of rural households on traditional fuel like wood, animal waste and agricultural residues. Only 12.21 per cent were using coal/kerosene/L.P.G.

The combined picture of rural life is one of long hours spent on repetitive unskilled survival tasks; somewhat less time is spent on more skilled work. Women spend more time in cooking food and gathering fuel. Individual families gather their own fuel supplies from farming areas, common lands or from other local sources. Usually the collection is done by women and children. Agricultural residues such as straw and stalks, dung, twigs and other locally available biomass materials are also used widely as domestic fuels. Smoke from biofuels contains several hazardous

pollutants viz., particulate matter carbon monoxide, nitrogen dioxide, formal-dehyde, polycyclic organic matter including carcinogens like benzo (a) pyrene benzopyrene. Exposure to indoor air pollution from combustion of unprocessed biomass fuels is an important cause of morbidity and mortality in the rural areas where the use of biofuels is quite high. Further indoor air pollution is said to cause various respiratory diseases, viz. acute respiratory infections, chronic obstructive pulmonary diseases, lung cancer, asthma, tuberculosis, low birth weight, cataract etc. It has been estimated that 0.5 million premature deaths each year could be attributed to indoor air pollution.

Among the household features, place of cooking is important because the concentration of smoke particles are quite high when cooking is done indoors in a multipurpose room/veranda without partition or in a separate kitchen inside the house. More than 26.84 per cent of the women respondents reported that they cook in the veranda, 2.10 per cent cook in the multipurpose rooms and 20.69 per cent cook in the kitchen. Nearly 66 per cent reported cooking in the open air or *angan*. In open air cooking the exposure is less because of dispersion of smoke particles.

Village women often do several tasks simultaneously. Should picking up twigs on the way to fields to weed or to transplant and again on the way back is classified as agricultural work or fuel gathering? If a baby is strapped on mother's back and the mother is gathering crop residues, is that activity then childcare or fuel gathering. In the study area 45.95 per cent of the women respondents spend less than 1 hour while 14.41 per cent spend more than 2 hours in

getting fuel. Table 3.3 is showing that about 77.51 per cent of the women respondents were collecting fuel mainly wood, twigs, bushes, crop residues, dried leaves, cow dung etc. About 59.74 per cent were collecting it from their own fields and 23.06 per cent were collecting from others fields. Most of them (84.65 per cent) were bringing the collected fuel on their head. Head loading is a difficult task and it leads to various types of diseases.

Women respondents reported that water was required for drinking, cooking, bathing, washing clothes, washing utensils, mopping of floor, water for animals to drink and wash, making of cow dung cakes, agriculture etc. How much water was required by each family, the requirements varied from 8 to 16 buckets depending upon the number of people and animals in a family? The water requirements increased during the summer season. Nearly 85.61 per cent of the women respondents reported that they were fetching water from Government hand pumps in buckets, which they were carrying by hand. Women have to bear the drudgery of fetching water over long distances. Carrying water is so integral to their lives that it is scarcely something to grumble about. During the summer season, women spend more time in collecting water because of long queue and scarcity of water. The journey is exhausting, eating into the time and energy they have for other work. Regarding the source of water it was observed that most of the villages sampled had government and private hand pumps and wells. Villagers did not use the wells. The hand pumps are installed without taking women into account either their design or location. The handle is often difficult to reach and heavy to use that when the pump

breaks down women are not trained to repair them. So they have to go to another hand pump to fetch water.

Household work also includes feeding, bathing, clothing children, giving them company during their free time, teaching them good habits, helping them in studies etc. Respondents reported that they have to attend to the problems of their health and help them in learning non-academic skills. Mothers alone have full responsibility of child bearing and tending children and all related household work. Respondents of this study strongly believe that it is their duty to attend to all the needs of their children and significantly their children prefer them do so. 'The myth of motherhood contains three assertions – the first, the most influential is that: children need mothers. The second is the observance of this: that mother needs children. The third assertion is a generalization, which holds that motherhood represents the greatest achievement of a women's life; the sole true means of self realization (Oakley, A., 1976).

As result of this myth of motherhood, women accept children as their own responsibility. Therefore, after becoming mothers, women in general spend whole/most of their time and energy in bringing up children. Of the total women respondents sampled, nearly 99 per cent have children. About 40 per cent reported having more than 4 children and 52 per cent reported having 2–4 children. Women respondents reported that whether employed or not, tending children is the mother's duty.

3. Animal Husbandry Work

Most of the women respondents reported possessing buffaloes/cow (83.62 per cent)

few owned goats (99.03 per cent) and oxen (7.34 per cent). Others reported possessing pigs (2.12 per cent), hens (1.82 per cent) and other animals (1.82 per cent) like asses, donkeys, etc. Animal husbandry continues to be a joint domestic economy. It is caste community specific activity carried out at the household level. It was evident that they were deeply involved in animal husbandry activities. It is mainly the responsibility of the elderly women of the house who are not involved in household work to look after animals. They clean the animals, bathe them, take out ticks, clean the shed, collect the dung at one place but only few of them make the dung cake. They prepare the food for the animals, give them food and water. Thus, on an average the elderly women spent 1 to 2 hours per day in the up keep of milch animals. While the younger women respondents reported that looking after the milch animals was not their primary responsibility. Nevertheless they made important contribution towards the same. They reported that they spent half to one hour in this activity. Women belonging to the labour class or doing paid work hardly spare time for looking after milch animals. Even girls help in the process of cleaning, washing, feeding, watering and milking the animals like boys. They were also involved in grazing their animals in the fields and jungles.

From table 2 it is seen that most of the women respondents were involved in offering water to the animals (81.83 per cent), caring for animals (81.01 per cent) which includes bathing them and cleaning their ticks, making dung cake (78.05 per cent), collecting and carrying dung cakes (74.50 per cent), chaffing fodder (68.78 per cent), bringing fodder from the fields (55.69

per cent), milking (54.79 per cent) and preparing feed for animals (44.67 per cent). While only 6.19 per cent were involved in some other occupations like processing the milk through household technology by converting it to *dhahi*, *rabadi*, *mewa*, *panner*, butter and *ghee*. They also take part in selling all those products.

Pig or chicken or sheep rearing is found to be specific to certain communities.

4. Linkages between Rural Women's household work and Health

While looking at rural women's household and health issues, we need to consider the structural nature of women's work and the totality of this work in its multifarious roles, activities, and the time spent as well as the intensity of time. This relates to women's paid as well as unpaid work, whether the work is recognized as such or not; whether the impact on health is physical or mental (Table 3).

Conclusion

Linkages between women's household work and health are very strong. The pressure of work accompanied by inadequate nutrition, domestic unhygienic conditions takes a heavy toll on women's health. Rural women respondents reported suffering from both common illnesses (fever, cough/cold, diarrhea / dysentery, worms, tuberculosis, respiratory diseases, malaria, jaundice, typhoid etc.), and women specific illnesses (anaemia, PID, DUB, LBW, still births, abortions, infant mortality, prolapse etc.).

Regarding the access to rural health facilities it was observed that most of them consulted quacks or RMP. Very few went to

Table 2 - Animal Husbandry Activities performed by Sampled Women Respondent (in %) in the Rural Areas of Aligarh District

Total Sample	Village No.	Women Resp.	Type of Work									
			Bringing Fodder from field	Chaffing the fodder	Prep food for animals	Protecting animals from ticks/caring animals	Offering water to animal	Dung cake scarrying	Making dunk cake	Milking	Mil Vending	Over all operation
	75	2.238	55.69	68.78	44.67	81.01	81.83	74.54	78.05	54.79	6.19	5.34
Total Sample	Vill No.	Women Resp.	Hours of work in animal husbandry									
			<1 hrs	1-2 hrs	>2hrs							
75	2.238		10.00	80.00	10.00							
Source- Based on Field Survey 2004-05												

Table 3 - Linkages between Rural Women's Household Work and Health in the Rural Areas of Aligarh District-2004-05

Women's Work	Risk Factors	Illness/Health
1. Household work/ Animal Husbandry work	Heavy work load, long hours, exposure to dust, house dust, tobacco, exposure to hazardous chemicals, carbon monoxides, lead, fungi, drudgery, repeated movements of few parts of body, postural problems, constant strains on eyes, poor light, low nutritional status	Respiratory problems, digestive problems, skin problems, backache, body ache, headache, cold/cough, diarrhoea/dysentery, weakening of eyesight, exhaustion, dizziness, fatigue, tuberculosis, ulcer, tumour, heart disease, cancer. Adverse effect on reproductive system, abortions, still birth, LBW, prolapse, PID, septic.
2. Fetching water/fuel	2. Walking long distances, carrying heavy load, heavy physical strain even during pregnancy	2. Body ache, ache in the limbs, waist, shoulders. Adverse effects on reproductive system, miscarriages, prolapse
Fuel Cycle	Activity	Health Effects
1. Production	1. Processing/preparing dung cakes, Charcoal production	1. Facial/oral enteric infections, carbon mono-oxides/smoke poisoning Burns/trauma, cataracts
2. Collection	2. Gathering fuel	2. Trauma, reduced child care, bites from snakes, allergic reactions, fungus infections
3. Transportation	3. Transportation of bio-fuels	3. Backache, severe fatigue, damaged reproductive organs (prolapse uterus)
4. Processing	4. Cutting of Fuel	4. Trauma, cuts, abrasion
5. Combustion	5. Smoke	5. Conjunctivitis, acute respiratory infections, including pneumonia, adverse reproductive outcomes, lung cancer, higher rate of infant morbidity/mortality, chronic bronchitis, asthma, tuberculosis
	6. Toxic gasses	6. Acute poisoning, low birth weight, higher rate of still birth
	7. Heat Cooking position	7. Burns and scolds, cataracts, backache, arthritis and related born diseases

Source: 1. WHO, 1992, *Indoor air pollution from biomass fuels*, WHO/PEP/92-3, A. Geneva. 2. Based on Field Survey-2002-03

qualified doctors. Regarding their reproductive health most of them reported that they did not go for antenatal and postnatal check ups. Nearly 73 per cent reported that delivery was conducted at home by *dais*. So they had delivery complications like caesarean, septic, PPH, uterine rapture, perennial tear, tetanus, obstructed labour etc. In case of abortions, 72 per cent reported that it was conducted by *dias*. Most of the times they had to face complication like perforation, bleeding/shock, incomplete abortions, sepsis, infertility etc.

All said and done, women still perceived wanting empowerment. In order to enhance the status of rural women some concrete action programmes are needed. Priorities for the development of rural women are; education, employment and health. The quality of life of the rural women should be improved only when they are provided with basic minimum services: mainly housing, water and sanitation etc. and this will enhance the quality of life.

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