Addressing Women's Health and Related Issues through Research and Action - some experiences of the Self-Employed Women's Association, SEWA

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Health Security, Food Security and other issues of social security of our people has been taking center stage lately. With the release of the census figures, the time has come to stock of where we are, where we are headed, and most importantly, how we can reach our goals.

The census reveals a mixed picture as far as Gujarat as concerned. While strides have been made in literacy, including female literacy, our performance vis-à-vis infant mortality rate (IMR) is average and that of the declining sex ratio is cause for serious concern and immediate action. Our IMR has remained more or less stagnant at 62 per 1000 live births – which though better than the average Indian figure of about 70, is well behind several states including Maharastra, Tamil Nadu, Karnataka, Goa and Kerala.

At the same time, there is an ongoing public debate on food security and continuing hunger, despite surplus food stocks. Starvation deaths and severe malnutrition has been reported from some states.

In Gujarat, the long drought period, along with other natural disasters has also had an impact on people's health and nutrition status, although the nature and dimensions of this are yet to be fully understood. The World Food Programme (WFP) of the U.N. has listed some areas of Gujarat – the dry, drought prone northern and western districts and the north-south running tribal belt as food insecure regions in its recent Nutrition Atlas. In fact, WFP has listed Gujarat as one of its priority states.

Certainly, our own experience at SEWA points to both inter-and intra-district health and nutritional differentials, in additional to intra-household ones. Some of our qualitative studies of nutritional intake in rural and urban areas point to the sound nutritional base of traditional foods, but marked deficiencies in quantities consumed. Women and girls in particular, eat last and least – a matter of continuing concern.

And then there are the contentious issues of the actual provision of services and implementation of programmes – issues of governance, outreach, sensitivity to local needs, especially of the poorest, and long-term sustainability of these programmes and services.

At SEWA, we have been organizing women workers to address these issues in their own villages, in the districts, at the state, national and international levels. The approach has been an integrated and interdisciplinary one, organizing a mass movement for women's rights and developing workable alternatives and then sharing these issues with the policy makers and general public. I will focus on a few issues and how we have attempted to address these. Out of the many issues facing us, I have chosen a few which I thought are areas of interest and even convergence with WOHTRAC.

1. Health

We all know that health security continues to elude most of the poorest families in our state. Perhaps the biggest issue that faces us is how to ensure that existing services reach women and children at their doorsteps.

Our own finding is that local women can best take care of the health and nutrition of their communities. With appropriate, continuous capacity-building inputs and back-up support, they develop into strong barefoot doctors. But they need their own district-level people's organization as a support and source of strength. Most of the barefoot doctors are also midwives or dais, with an already established track record and inclination to serve their communities. SEWA's role has been to organize the dais, help them develop their own cooperative or group, provide technical inputs, develop capacity-building programmes and facilitate linkages with the existing health system and with policy makers at different levels.

Currently, four health cooperatives and five district self-help groups' associations are taking up the following health issues :

a) Involving local women and especially dais in the provision of health services.
b) Identifying active village and urban dais and helping them obtain identity cards. In this way, a register or census of the state's dais can be developed, and dais get visibility and a voice.
c) Developing health services as a form of self-employment for local women. Many dais trained in SEWA's Dai School are now earning between Rs 50 and Rs 200 per delivery. This is an important supplementary income for women workers.
d) Linking with existing health services – government and private – especially for tertiary care. Also, issues pertaining to access and affordability like timings of clinics, supply of medicines and their cost are also raised.
e) Reaching low cost, good quality and preferably generic drugs to all.
f) Sharing information to enable women and their families to stay healthy through training and other educational and preventive measures.
g) Integrating traditional health knowledge, preserving and propagating this among our members.
h) Controlling and curtailing the spread of highly infectious diseases like T.B. and AIDS.
i) Dealing with the issue of rising health expenditure among the poor in various ways – education, low cost drug shops and health insurance.

2. Child Care

Child care, including issues related to adolescent development is another area where we are seeing several critical issues. Here again, we are addressing these issues by creating local structures, run, owned and used by local women. SEWA's 120 creches in four districts are run by cooperatives and district-level organizations. The child-related that issues these groups are taking up are:

a) Including overall child development – not just health and nutrition – in all child care centers.
b) Spreading child care centers to all villages and urban 'mohallas' – at least one per village or urban neighbourhood, serving infants and young children according to their mothers working hours.
c) Collecting and developing resources – financial and others from workers employers and the government for the proper running of crèches
d) Developing and propagating the idea that mothers and local women should run the centers
e) Linking early child care to primary education by showing the positive connections between being in a crèche and going to school, and also the positive impact of running child care centers in the schools.
f) Linking child care centers to poverty removal and women's development – i.e. provision of child care is poverty removal and that women's development especially of the poorest, is impossible without child care.

3. Insurance

With the multiple risks women face every day, compounded by the frequency and magnitude of natural and human-made disasters, like riots, a buffer by way of insurance becomes an essential support to poor, working women. Time and again we have seen our members struggling to be self-reliant and then facing a set-back due to some crisis or even multiple crises. This leads to erosion of their savings and other asset base, indebtedness and their sinking deeper into poverty.

After ten years of insuring poor women, we have learned that they are indeed insurable and not 'bad risk' as still is quite commonly believed. Insurance for them is a vital economic and moral support – the feeling that financially and

psychologically they are not alone in their time of difficulty. It also builds solidarity, confidence and hope among our members. They begin to plan for the future.

SEWA Insurance with 90,000 insured members is facing several challenges. Though we do not yet have a separate legal entity, we work as a cooperative. The issues we face are :

a) Expanding to the poorest of women and their families, yet remaining viable
b) Expanding risk coverage to women and their families including women's health, maternity benefits and children's health.
c) Capacity-building of local women 'aagewans' (leaders) to be insurance promoters, providing timely and efficient services.
d) Spreading the concept of insurance, risk-sharing, risk management and solidarity.
e) Developing an autonomous insurance organization within the current legal framework and capital requirements.
f) Building our competence in the technical subject of insurance
g) Spreading the risks faced by our members through insuring with companies and through reinsurance.

4. Women's Leadership

SEWA is in a phase of rapid expansion and growth. In the last five years, our membership has grown five-fold. In within the next year it will touch 5,00,000 in Gujarat and five other states. As women become more aware of their rights have access to information and understand the power of organizing, the movement will keep on growing. It has already crossed our national border to South Africa, Ghana, Yemen, Turkey and elsewhere.

As SEWA grows, it needs new leaders to spread the movement, to organize and to represent at policy making fora. The over 2000 self-help groups, cooperatives and district associations promoted by SEWA, are helping women develop their leadership and management skills. Each small group has at least three or four local leaders and the cooperatives and associations have democratically elected boards of directors. We try to ensure that at least 80 to 90 per cent of the board members are poor, self-employed women workers themselves. It is in these fora that they learn, experiment and develop new ideas and systems. It is here that they grow into strong, capable and articulate leaders.

However, there is still a long road ahead, many hurdles to be crossed and conceptual barriers to be addressed. These include :

a) Developing new cadres of leaders with programmes to help them develop to the full potential.
b) Exploring ways in which we can more effectively have representation and a 'voice' for the workers in all fora, national and international.
c) Developing systems that will support women and be tailored to their needs, including childcare, literacy, banking and more, thus enabling women to take up leadership in the public sphere.
d) Bringing the fruits of the information and technology era to women and harnessing IT for leadership – building and other aspects of women's lives.

There are, of course, so many other issues, not the least of which is the most crucial of all – employment and work security, especially in the context of the changing world of work. I have deliberately restricted myself to the issues that are common to both WOHTRAC and SEWA. In any case, employment and work issues in and of themselves warrant special and urgent attention. SEWA is deeply engaged in these at various levels.

The issues I have raised, by their very nature, require us to adopt an inter - disciplinary and integrated approach. We need social scientists, economists, medical doctors and even actuaries to help us tackle the multifaceted issues, some of which I have touched on here. An interdisciplinary approach has a better chance of leading us to integrated thinking, holistic concepts and approaches. Our experience shows that it is this which ultimately leads us to the goals we dream of, what our Founder, Ela Bhatt, calls the second freedom or 'Doosri Azadi' – freedom from poverty, hunger and injustice.

Since I am with a largely academic audience, I'd like to share some experiences of how an inter-disciplinary approach and a combination of research and action, and partnerships between researchers and activists can lead to policy changes and further organizing.

Since its inception, thirty years ago, SEWA has always accorded a high priority to action research. In fact all our organizing work and initiation of new programmes whether in banking, health or child care, have been preceded by socioeconomic studies of the lives and needs of poor women. The results of these studies have guided us to further action and organizing. This has especially included using data from our research to influence policy action in favour of the poor.

Eleven years ago, SEWA undertook a detailed study of dais in Gandhinagar district, in collaboration with the Foundation for Public Interest, an action-research organization. This was followed up by similar studies in other districts, and one on the impact of these dais work in the villages. We learned of the deep trust and faith in dais and that more than 80 per cent of our members still go to dais during child-birth. We also learned about the dais wide-ranging skills, their needs including for training and skill upgradation and their desire to serve their communities better. We used what we learned, including the hard data generated, to organize a dialogue with out state government. Other organizations working closely with dais also participated in the process. Eventually, our state's

health department became the first in India to provide identity cards for dais and increase their per birth honorarium, including for obstetric emergencies.

In addition, when we identify gaps in data, we either undertake small studies by ourselves or in collaboration with others. One such 'gap' was in data on the size and economic contribution of the informal economy to the nation's GDP and economic life in general. SEWA responded to the lack of data by conducting its own censuses of informal workers like street vendors, by some microstudies on certain sub-sectors and value-added chains like that of vegetable growers and vendors, and by collaborative research. With the National Council of Advanced Economic Research (NCAER) and the Gujarat Institute of Development Research (GIDR) as well as interactions with the Indian Statistical Institute (ISI), SEWA has helped to develop a stronger data base and better understanding of the informal economy.

The data thus generated is used in dialogues and discussions with the Planning Commission, Ministry of Labour, Finance, Rural and Urban Development and others to further the movement of informal workers and ensure the recognition and policies that are due to them. It has also generated wide interest internationally on the informal economy.

At local level, our census on streetvendors is proving useful for mapping where they live and work, and how and where markets and vending space could be provided. Similarly, a base line survey on our members and their families', health status has both provided us with a clear direction for our health work and also data for health policy action. For example, we have learned of the still high infant, and child mortality rates our members families and have developed ways to address this issue, including stronger child health activities, child care and neonatal care by dais, promoted by our Dai School.

Further, we have put research tools in the hands of our own members by developing a grass roots research team in every district, committed to participatory and action research with the appropriate follow-up activities. This initiative has been developed by the research unit of SEWA Academy, SEWA's capacity-building, research and communications organization. It has been a challenging and inspiring process to see workers becoming transformed into researchers. Now they not only identify research issues and develop questionnaires but also analyse their own data and write up their own study reports. They have understood that knowledge and information is power, and a powerful tool for organizing workers.

Finally, research at SEWA helps us assess the impact of our own work and throws up new areas of both research and organizing. When we studied the impact of child care on the lives of poor women – that it resulted in income increases of more than fifty per cent upwards and school attendance of 70 per cent of the older siblings for the first time, we developed a child care campaign along with other organizations. A state-level 'Shishu Sangh' was formed to press for more and appropriate child care. In fact, M.S. University itself is a founder member and its representative is active on the Shishu Sangh's steering committee.

And when the research team, including grass root researchers, studied the piece-rated garment workers, we realized that significant changes had occurred in their world of work. This, in turn, helped us to re-orient our organizing strategies, explore alternative employment and develop skill upgradation programmes for them.

Although our research-cum-policy action team is growing, there is still much to be done both in terms of research which will directly benefit the poor through action, and in capacity-building of our teams. We still need more data on adolescent girls, for example, their status and needs and how we can serve them better. We

also still have gaps in our information on the multitude of trades that constitute the informal economy. As far as social security is concerned, we need to understand more fully our members choice of health care, when they seek care, its frequency and how much they pay out. District-wise and urban-rural differentials have to be studied to strengthen and build our programmes. Similarly, issues related to nutrition, feeding habits and expenditure need to be brought out more, if SEWA is to support its members efforts to attain food security.

In sum, the issues are numerous, complex and challenging. The more we delve deeper into the lives of the poor, especially women, the greater are our insights and respect for their lives and struggles. Universities, researchers and concerned groups can help organizations like ours in capacity-building for research and presenting issues at policy level. Like you, we have found that research is a powerful means to change concepts and mindsets, to generate new knowledge and to educate ourselves This must then lead to policy action in favour of and by the workers themselves to transform our society into one based on equality and justice for all.