“Our Health is our Only Wealth”

A Study of the health of members of the Self Employed Women's Association, SEWA

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THE HEALTH OF SEWA'S MEMBERS: AN OVERVIEW

Introduction

Since 1972, the Self-Employed Women's Association (SEWA) has endeavored to protect the economic and social security of poor self-employed women working in India's informal sector. In addition to addressing economic hardship, SEWA recognizes the serious impact of poverty and social inequality on the health of women. In 1984, SEWA expanded its activities to respond to members' own demands for health services. SEWA's Health Team focus on grassroots-level primary health care, maternal and child health initiatives, training and education, and the development of sustainable health cooperatives. In nine districts of Gujarat State, SEWA works to ensure that good health, often recognized as "women's only wealth," is an integrated component of its organizing and economic activities.

After over thirteen years of health work, SEWA initiated a Baseline Health Survey in 1997 to assess member health status, future priorities, and the impact of SEWA's health programs. The survey aims to identify general health trends among members as well as to explore areas for further study. This report focuses on members' morbidity patterns, utility of health services, reproductive health and response to SEWA health services.

Data and Methods

SEWA researchers designed a simple survey questionnaire in the local language, Gujarati, to obtain information regarding socioeconomic background, general health status and reproductive health. After review by both expert researchers and grassroots workers, the survey was pilot tested in Ahmedabad City and District and revised accordingly. A random sampling of 2% of each surveyed district's total membership was chosen through SPSS statistical software. If an identified woman was unable to participate in the survey, the process was repeated to randomly choose another member from the initial roster. *A total of 1535 women were surveyed.*

The selection of women as grassroot researcher from within SEWA's second-generation membership ensured that, in accord with SEWA's philosophy, women themselves guide the process of identifying problems and solutions. The grassroots research team that conducted the survey was carefully selected by SEWA. The education level of the researchers, aged between 18 and 25 years, ranged from standard nine to university level. SEWA Academy trained the team in interview techniques and use of the questionnaire. SEWA Academy researchers coded and compiled survey results in Gujarati. After English translation, the data was sorted and analyzed using SPSS.

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Structure

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This report of the Baseline Health Survey is structured to present the socioeconomic profile, general health status, reproductive health, health service utility of members, and impact of SEWA's work in each area. This report provides a general overview of aggregated findings based on overall averages for Ahmedabad City, Ahmedabad District, Banaskantha District, Gandhinagar District, Kheda District, Mehsana District,

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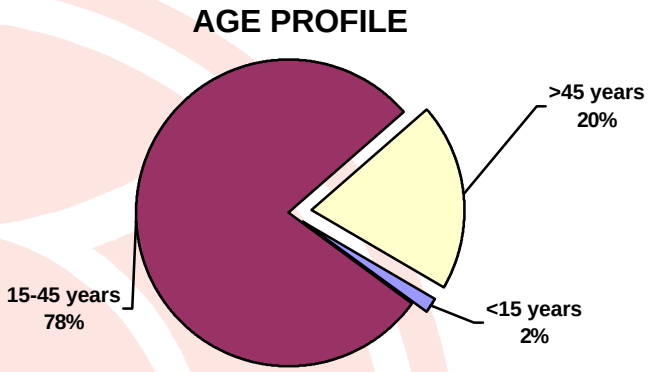
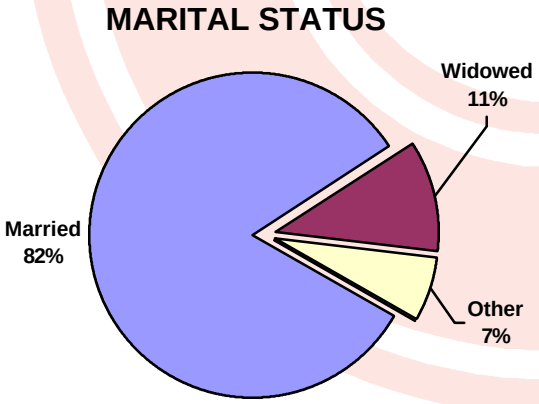
Sabarkantha District, Surendranagar District and Vadodara District of Gujarat State. (Detailed results for each district are also available upon request.)

Demographic Profile

Results generally reflect the face of SEWA's current membership; at the same time, the growing number of elderly and widowed women points to increasingly important trends for future planning.

The majority of members are between the ages of 15-45 years. Also, a significant one-fifth of women are above the age of 45 years. As health services improve and India's demographic profile shifts, the number of older women in SEWA's membership will continue to grow.





The overwhelming majority of SEWA's members are married. Also in accord with SEWA's changing age profile, an average of 11% of surveyed women are widowed.

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The majority of members identified as Hindu, with minority Muslim and Christian populations in certain districts.

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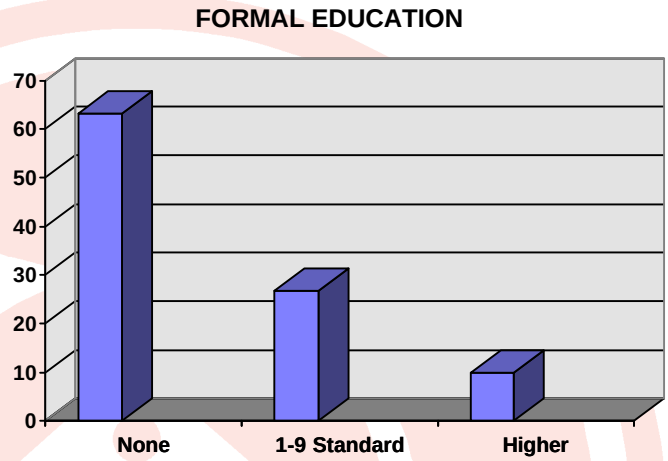
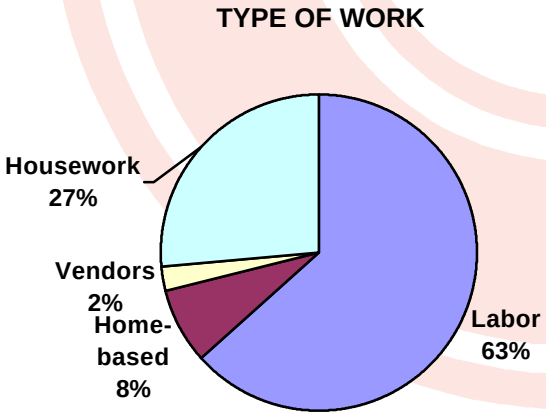
Socioeconomic Status

SEWA's members are among India's poorest; accordingly, the combination of poverty, lack of formal education, and physically strenuous forms of work must be recognized in addressing the health needs of self-employed women.

63% of surveyed women have not received any level of formal education. In Banaskantha District alone, 90% of surveyed women have not had any formal schooling. 27% have been to school between one and nine years and 10% have studied further.





Over half of surveyed women reported employment in labor-based work, with the rest being either home-based workers or vendors. Also, due to either older women in the sample, unsteady work, or personal perception, a large number reported housework as their primary occupation. Further, it must be noted that, in addition to identified types of work, most women working outside the home also perform a full load of household duties.

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AVERAGE MONTHLY INCOME

PERSONAL	*HOUSEHOLD*
RS. 467	RS. 1736

The reported income figures clearly reflect the poverty of SEWA members – however, the possibility of women's underreporting must also be acknowledged as a factor in the significantly low monthly incomes.

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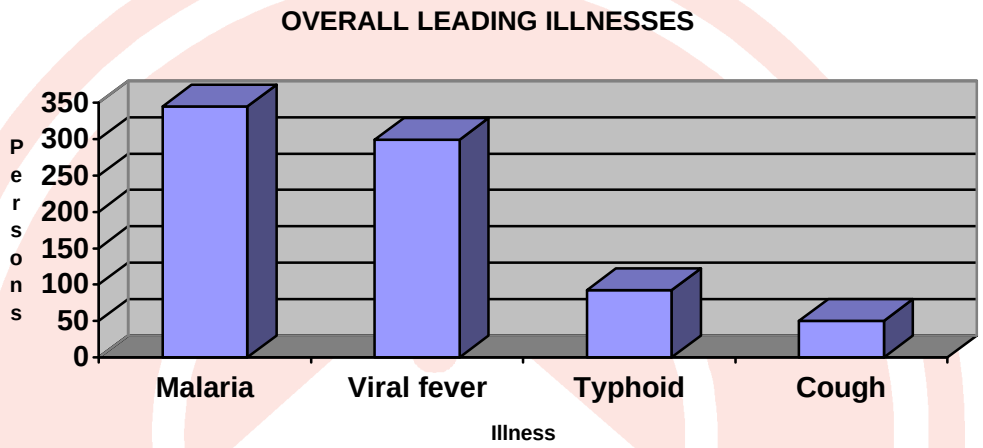
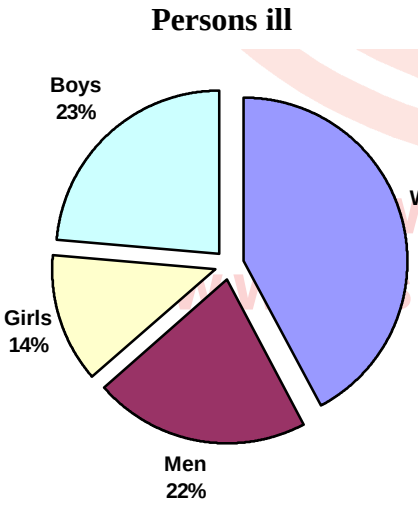
General Health Status

Leading illnesses in the homes of SEWA members reflect general health trends among India's economically disadvantaged. Increased vulnerability to disease, coupled with lower access to health services, results in common patterns of illness in the families of SEWA's membership. Further, morbidity patterns clearly illustrate the disproportionately high burden of poor health faced by women.



The two leading illnesses in homes of SEWA members within the past year, despite seasonal variation of survey administration, remain malaria and viral fever. Notably, season/environment-related disease dominates the morbidity pattern, followed by water-borne typhoid. Except for Mehsana District, where a winter season survey resulted in higher prevalence of cold and cough, all surveyed regions exhibited a similar pattern of high incidence of communicable diseases.



Quite significantly, women comprised the highest overall proportion of persons affected by illness. A clear marker of increased vulnerability, higher morbidity of women also calls attention to the gender disparity across age lines. On average, girls were least reported ill, yet boys were reported ill more often than men were.

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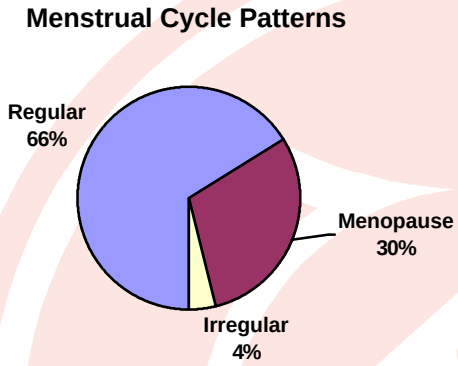
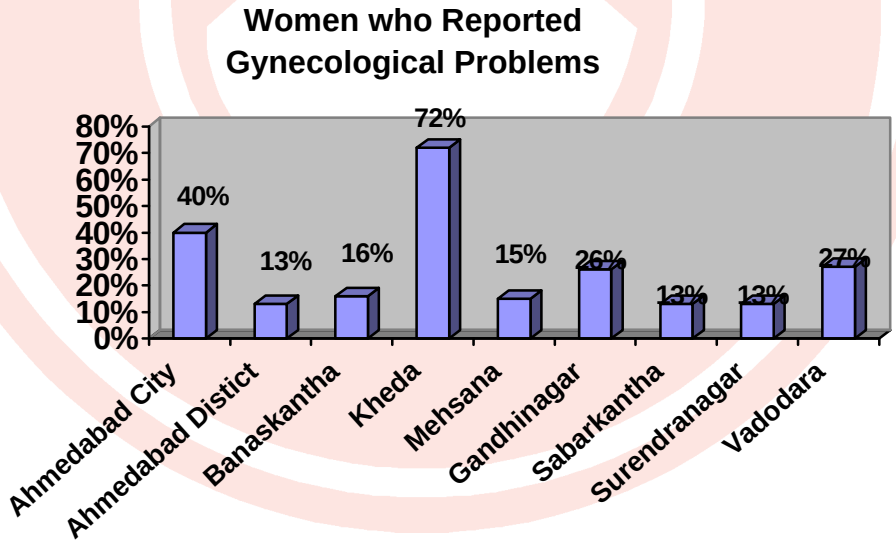
Reproductive Health

Reproductive health, defined by the World Health Organization as "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" is often given less priority in women's health. In SEWA's work to address women's reproductive health concerns throughout the life cycle, women's awareness of and access to care are key to helping women protect their bodies.



The majority of women reported having regular menstrual cycles, and over 80% have experienced pregnancy. Notably, in accord with SEWA's changing age profile, 30% of surveyed women have begun menopause, of which almost all reported experiencing related problems.



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The overall low rate of reporting and the striking regional disparities in the number of women who reported experiencing gynecological problems illustrate several patterns that must be considered when addressing reproductive health needs. Health workers' own experiences, along with public health statistics, indicate a much higher prevalence of gynecological problems in SEWA's membership. Yet women's lack of awareness, embarrassment and/or lower priority for their own health result in low reporting of reproductive health concerns. Quite significantly, Kheda and Ahmedabad City – regions of highest reporting – are also sites of SEWA Health Team's longest and most developed efforts in women's health.

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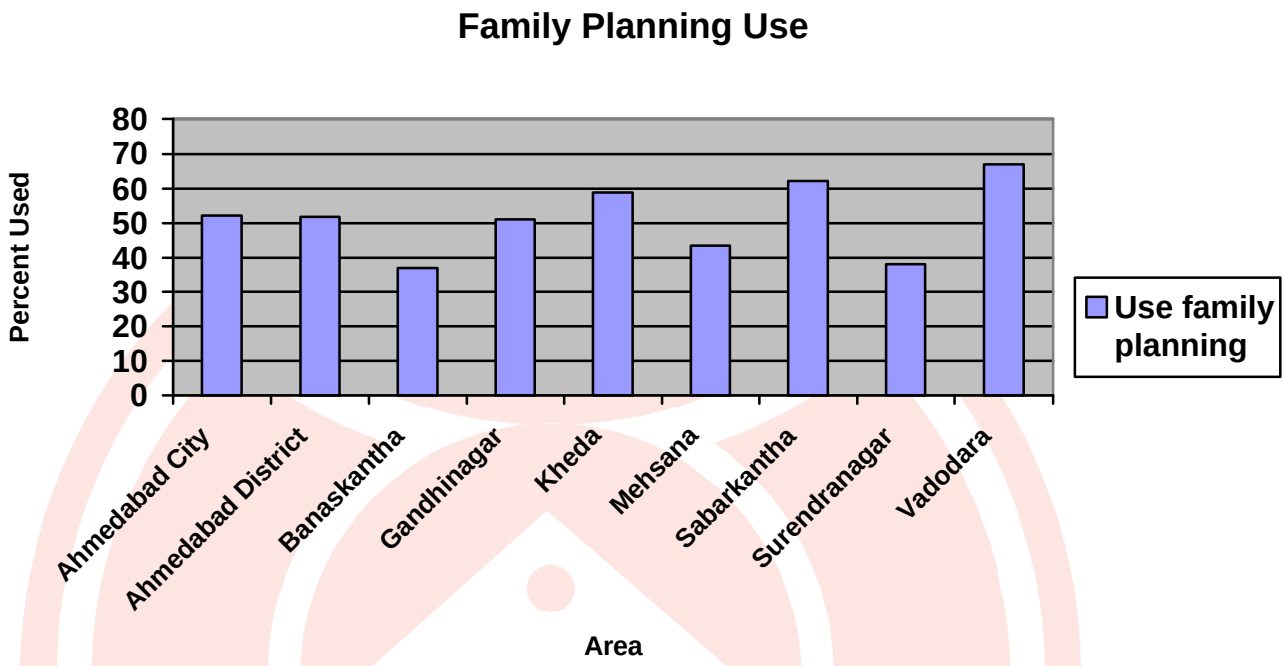
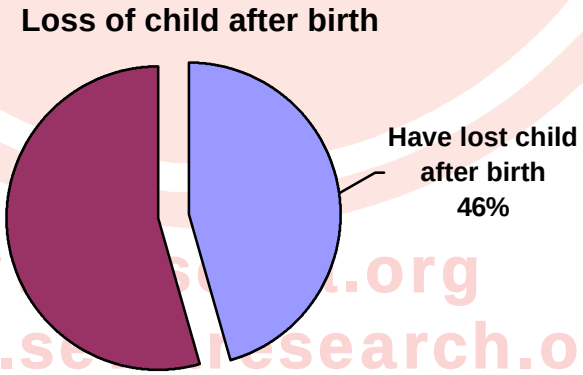


An average of 57% of all women surveyed reported using a method of family planning. The large majority of these women reported sterilization operation to be the primary form of contraception. Significantly, areas that displayed highest levels of use are also home to SEWA's most developed efforts in family planning. The high reliance on sterilization operations, however, suggests that increased education about alternate methods of family planning and the benefits of birth spacing may be needed.



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Almost half of all women who have experienced pregnancy reported having lost a child after birth. Clearly, family planning efforts must take into account high levels of child mortality as women's motivation for larger families. Further, the figures reiterate the importance of overall good reproductive health to protect both mothers and their children.

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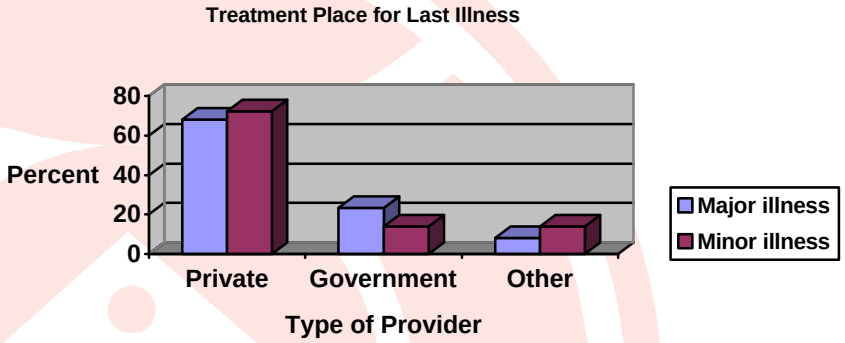
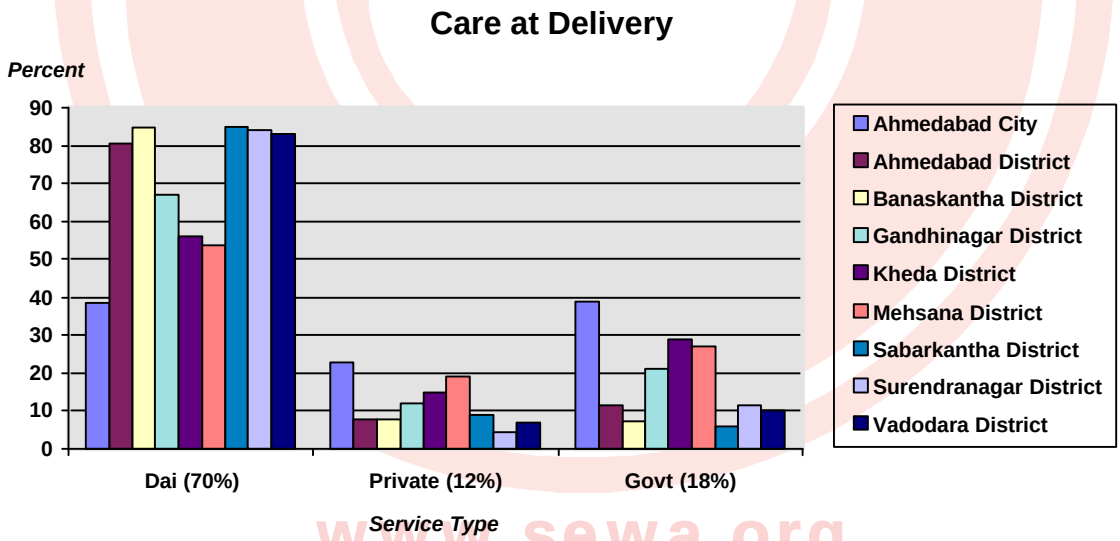
Health Service Utility

In choosing health care facilities, patients reported doctor's trust and convenience to be of primary concern. Ensuring access, quality and affordability is the cornerstone of SEWA's work in health services. SEWA's health insurance schemes allow women the freedom to utilize the service of their choice. While private care dominates choice for general illness, dais *(traditional birth attendants) are the most popular choice of care during delivery.*

Overall, private treatment facilities dominated patient choice for both major and minor illnesses.





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The large majority of women (70%) reported utilizing the services of *dais* at delivery, with the remainder seeking government services (18%) or private care (12%). In all regions except Ahmedabad City, *dais* were overwhelmingly preferred to other delivery care providers. Even in Ahmedabad City, women chose dais almost as often (38.4%) as they chose government services (38.8%). Women reported that higher trust and accessibility were the primary factors in choosing their care provider at delivery.

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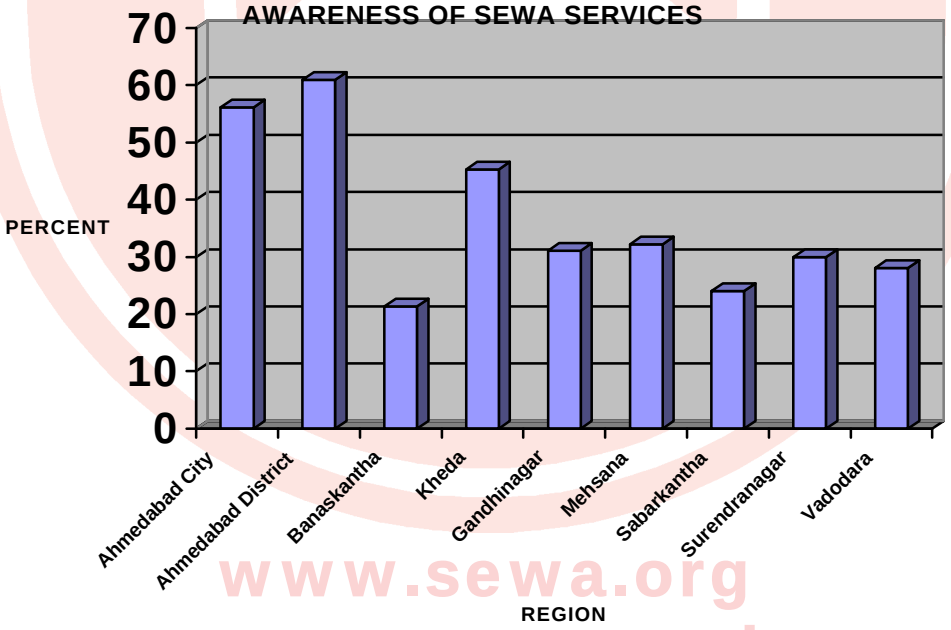
SEWA's Health Services

SEWA's grassroots health approach has offered members a broad range of services, each designed to improve and protect the health of women and their families. As district-wise comparison illustrates, the longer SEWA has been involved in a region, the more concrete are improvements in women's health and use of services—a testament to SEWA's success.

SEWA works to provide members with a broad range of preventive and curative health services, as well as health education and training programs. In each district, health centers are the organizing point for health worker efforts in the areas of general health, reproductive health and family planning, immunization, micronutrient supplementation, tuberculosis treatment, traditional medicine, acupressure therapy and referral services. Additionally, the SEWA Health Team coordinates diagnostic camps for general medical checkups, eye care, and maternal and child health.

Overall, members reported experiencing the greatest benefits from SEWA's provision of diagnostic health camps, less expensive medicine, health insurance and micronutrient supplementation.



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In true testament to the success of SEWA Health Team's efforts, length of involvement in a particular region is directly related to higher figures in family planning use, awareness of women's reproductive health, and overall use of SEWA services. Awareness and use of services peaked in regions where SEWA has been involved in health work for over ten years, such as Ahmedabad City and Kheda. Thus, as SEWA increases health inputs over time and as awareness of SEWA's services grows, health efforts should continue to reach even more members.

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DISCUSSION

Summary of Overall Implications

- **Success in Reaching Members**

SEWA's grassroots approach to women's health has proven to be essential in ensuring that members continue to receive the services they need. SEWA's success in reaching members with a variety of services, particularly cheaper medicines, health insurance, training and micronutrient supplementation, is the basis for its positive impact on improving women's health. As the data illustrates, SEWA's efforts have been successful in improving women's reproductive health awareness, use of family planning and use of health services. Thus the Health Team, supported by the organization's entire workforce, is clearly fulfilling the purpose for which it was founded. Extending SEWA's health services to even more members – as well as increasing the number of services provided – are goals upon which to design future efforts.

- **Women's Awareness**

The work of SEWA's Health Team provides women with access to health services and, equally as important, to knowledge about their own health. Awareness-raising activities, a key role of SEWA, further enable women to protect the health of their entire family. Providing health education to women of all ages, including specially designed education programs for adolescents, is an important achievement of SEWA's Health Team. Continued reinforcement of reproductive health education and training activities, especially family planning, is an integral component of women's health services.

- **Addressing Dominant Health Needs**

The prevalence of environmental and water-borne illness in the sample reflects the need for reinforced health education, improved sanitary conditions and access to affordable curative care. Minimal variation across districts emphasizes that, despite India's modernization, the poor still suffer from basic, preventable and curable illness.

- **Access to Quality Care**

The overall preference for private care in both major and minor illness reflects patients' higher trust in private physicians. Along with continuing to help women afford the expenses of private care, a potential activity for SEWA may be to evaluate the quality of care provided in each type of facility.

- **Reproductive Health Through the Life-Cycle**

The low level of reproductive health awareness, combined with a high level of women's health problems among SEWA's members, calls for intensified services for women of *all* ages. From health training for adolescents to ensuring safe motherhood and providing menopausal care, reproductive health activities are an imperative for all women. Taking into account members' difficulties in reporting reproductive health problems, SEWA's health camps bring convenient and quality affordable care to women in their own neighborhoods. SEWA's efforts towards improving adolescent health, maternal and child health, and general women's health provide a firm base through which women themselves have the resources to protect their bodies.

- **Ensuring Safe Motherhood**

Ensuring a safe pregnancy and delivery is an integral part of protecting the health of both women and children. The reported overall preference for *dais*, even in areas where women have access to private and

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government health care facilities, clearly illustrates the critical role that *dais* play in maternal health care. Women's continued reliance on *dais* also highlights the importance of skills upgradation and capacity-building initiatives for *dais* as well as increased support from both the government and private institutions. SEWA's Health Team has been actively organizing and training *dais* for the past decade and, in April 2000, established a formal Dai Training School, offering *dais* the opportunity to master both theoretical and practical skills.

- **Meeting Needs of Older Women**

Demographic change within SEWA's membership signals an increasingly important need to develop new initiatives designed to address the specific health concerns of menopausal and post-menopausal women. In addition to infectious disease and reproductive ailments, older women are especially prone to chronic and debilitating diseases. Also, the high proportion of post-menopausal women who complain of associated problems calls for increased awareness-raising activities to ensure women attend reproductive health camps or seek medical attention.

In addition to addressing health needs, a potential area for work is social support for widowed women, particularly the elderly. As women enter old age without partners, social isolation, economic independence and health concerns become increasingly important. Furthermore, raising awareness of mental health concerns, particularly of older women, is another possible area of expansion. As government and voluntary agencies are increasingly addressing depression, dementia, and Alzheimer's disease, SEWA can work to link women into existing services.

- **Impetus for Further Study**

In addition to providing an overview of members' health needs and assessment of SEWA's health work, a critical outcome of the Baseline Health Survey is identifying areas for future research. Further study will allow greater insight into widespread problems, and accordingly help SEWA better serve its members.

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