Vol II Issue IX

ISSN No : 2230-7850

Monthly Multidiciplinary Research Journal

Indian Streams Research Journal

Welcome to ISRJ

RNI MAHMUL/2011/38595 **ISSN No.2230-7850**

Indian Streams Research Journal is a multidisciplinary research journal, published monthly in English, Hindi & Marathi Language. All research papers submitted to the journal will be double - blind peer reviewed referred by members of the editorial Board readers will include investigator in universities, research institutes government and industry with research interest in the general subjects.

Address:-Ashok Yakkaldevi 258/34, Raviwar Peth, Solapur - 413 005 Maharashtra, India
Cell : 9595 359 435, Ph No: 02172372010 Email: ayisrj@yahoo.in Website: www.isrj.net

Indian Streams Research Journal
Volume 2, Issue. 9, Oct 2012
ISSN:-2230-7850

Available on all social networks
citeulike

ORIGINAL ARTICLE

Women At Work In Health Sector: A Space Of Their Own

Lakheemi Devee

Women's Studies Research Centre
Gauhati University, Guwahati

Abstract:

Women are the mainstay of communities health and are heavily involved in communities' initiative especially in women's and child's health. The role of women in the growth and development of community's health has become increasingly important in a globalizing world that has changed considerably by introduction of different kinds of schemes and policies. The involved women were traditionally known as 'dhai' which are now shaping as Accredited Social Health Activists (ASHA) under National Rural Health Mission (NRHM) scheme introduced by the Government of India during the tenth five year plan. These ASHAs are women who are engaged in this profession, with common interest thus they belong to a group of women- working together assuming a common identity in the health sector.

The process of transformation in health sector characterized by several key changes has lead to changes in the status of the traditionally involved women health workers (dhai). These give them a high status than they had held traditionally. In other words, their works are considered as participation in economic activities outside home and has an important bearing on gender relations within the household. Also this considerably reduces the societal biases which are primarily responsible for underestimating the women's contribution, women's work. As their earnings are contributed to their household hence they get a better bargaining power in both private and public domain.

KEYWORD:

Women, NRHM, ASHA, contribution, dhai, health, Anganwadi.

INTRODUCTION

Women are the mainstay of communities health and are heavily involved in communities initiative especially in women's and child's health. The role of women in the growth and development of community's health has become increasingly important in a globalizing world that has changed considerably by introduction of different kinds of schemes and policies. The involved women were traditionally known as 'dhai' which are now shaping as Accredited Social Health Activists shortly ASHA under National Rural Health Mission (NRHM) scheme introduced by the Government of India during the tenth five year plan. These ASHAs are women who are engaged in this profession, with common interest thus they belong to a group of women- working together assuming a common identity in the health sector. These women are the link person between the community and the upgraded public health facilities. They play major roles for the integration and neutralization of NRHM's goals which are dedicated to advance the health sector in India. The other support structures to help the ASHAs so that they can play an effective role in the community are the Auxiliary Nurse Midwife (ANM), Anganwadi Worker (AWW) and the Panchayati Raj Institution (PRI). Without these health workers all medical facilities will be meaningless, and also it will not be possible at all to reach each and every household in the rural world of our country.

Please cite this Article as : Lakheemi Devee , Women At Work In Health Sector: A Space Of Their Own : Indian Streams Research Journal (Oct. ; 2012)

OBJECTIVES:

The proposed paper seeks to study the conditions of these working health workers in Government Health Scheme. The basic research questions to be addressed are:

How their work plays the role in their home domain as well as in their concerned communities?
Or what are their existing statuses in the community, among their own people?

METHODOLOGY AND THE STUDY AREA:

The scope of the research paper is confined to the women working in health sector under NRHM scheme in the three blocks of Kamrup District in the state of Assam. The Kamrup district was selected for the paper as this is the administrative district of Assam, India and also Guwahati, the capital of Assam is under this district. From educational, economical, and social point of view, this district is one of the most developed district of Assam. The particular respondent group- ASHAs were selected for the study mainly because these women belong to more or less uniformity group which almost have the same employment opportunities and conditions, comprising of a similar social grouping society. Also they have to acquire a specific amount of experience, education and training for their employment. The primary data required for the study was collected with a help of a questionnaire, and by direct approach to the ASHAs involved in three blocks of Public Health Centre (PHC) out of twelve blocks PHC of Kamrup District. The names of these three PHC blocks were (1) Azara PHC, (2) Uparhali PHC and (3) Sualkuchi PHC. These three blocks are situated just nearby the Guwahati city with different kind of traditional, cultural, economical and social variance. For selection of respondents, a stratified random sampling method was adopted. Based on the numerical strength of the employees, a representative sample had been chosen. From Azara PHC, five subcentres were selected and thirteen ASHAs were interviewed. In Sualkuchi PHC nine ASHAs were interviewed from two subcentres and from the PHC itself. In Uparhali PHC, four subcentres were selected and in these four subcentres, eleven ASHAs were selected as respondents. Thus, in total thirty two ASHAs were interviewed for the research paper.

However, for the background information and other relevant statistics, data had been collected from various books, periodicals, documents, reports, statistical abstracts and internet browsing/ surfing.

FINDINGS:

When respondents were asked why they were involved in these profession, six (19%) ASHAs said that they had came to work outside the home as a matter of course, twenty two (69%) expressed that they had came due to economic constraints, four (13%) ASHAs said that they were already involved in this profession as Dhai and hence had come into this profession. Cent percent ASHAs agreed that their personal lives had dramatically changed for the profession. Now they are able to control finance, get chance to use their regular source of income, they do not need to take permission for spending money and are able to spend by themselves. Before, they had no power to decide even what to cook as their husbands bring eatables according to their choice and they had to cook accordingly, but now they can cook as per their wish as their purchasing power had increased. They take larger decisions of the house hold, pertaining to schooling of children and household expenses now. The ability to leave their home alone had increased the confidence to lead the guardians with the patients to Guwahati City Hospitals.

Twenty eight (88 %) ASHAs among the respondents agreed that their ability to take decisions, to analyze a situation had increased, thinking process had changed and this had increased their mobility, courage and mental strength. But their workload had also increases as they had to look both household and professional work.

Seven ASHAs (22 %) expressed that the behaviour of their husbands and their in-laws had changed dramatically towards them. Remaining 78% ASHAs said that they received good behaviour before being ASHA, and on enquiry it was found that they were already socially active as they were either member of Self help Group (SHG) or Mahila Samity. All the ASHAs agreed that their family understand their nature of work, never object to their roaming and wandering around all the day in the community and also to the midnight calls when ever necessity arises. One ASHA of Azara PHC mentioned that she faced domestic violence before coming to this profession but when she got involved in this profession the attitude of her husband had automatically changed towards her. Now her husband considers her as a knowledgeable person and took her opinion in domestic matters. This mean that women who are engaged in the public domain for economical activity, automatically the mobility, freedom come to their side which give them the chance to transform themselves into a powerful position holder and also their relationship with men

become more co-operative and understanding.

ASHAs who are previously involved as Dhai in the community reported a better community support and status as compared to their previous work. The community ensures them a better supportive attitude due to their tag as ASHA.

"Female autonomy can thus be seen as women's ability to determine events in their lives and to control and change the behaviour of others, even while men and other women may opposed to their wishes" (Mason 1995, Safilios- Rothschild 1982)"(Bhasker P.89).

Twelve ASHAs (38 %) express that before being ASHA, they were engaged in weaving business but remuneration comes in kind. For this their weaving work were not considered as income generating tasks as it has no value from their families and they also were unable to understand that they were indirectly contributing to the family economic status by weaving.

"In the patriarchal paradigm, women's productive and reproductive tasks within the home are seen as having no value, particularly when only tasks which bring in a monetary income are recognized as productive. Domesticity perpetuated low status to women. As women's domestic work is devalued, their housing concerns are rendered invisible" (Vibhuti)

Interviewed 28 (88%) ASHAs expressed that for various social and cultural reasons their perspectives (knowledge, experience, ideas, opinions, and suggestions) have remained inaccessible. One of the reasons for this has been the 'male dominance' which assumes that men know and women don't, and the values of women's knowledge are negligible or low. They have, therefore, remained inhibited and have lacked the confidence of expressing their views or making suggestions on many matters of the society. This situation is further aggravated by the fact that most participatory planning or else, took place in locations that are public and which are again dominated and controlled by men. They were usually excluded in planning process either because they do not feel comfortable to participate in such an environment or because they are not allowed to do so. They were thankful to the NRHM project which is constructed in such a way through which they feel comfortable and were getting a chance to participate. They got opportunities to showcase their hidden abilities- ability to interact with their own people, ability to mobilize the community to avail the basic health facilities, ability to create awareness on health and its social determinants by delivering quality service to the community she represents, which boost up their self confidence. And also they were getting the chance to involve themselves in implementing the schemes which itself defines women empowerment in its own terms. Now they are able to express themselves in front of every personalities of the community. These higher levels of mobility in the community helped them to shaken the thick wall of patriarchy, and the engaged women were able to protect their places in the community.

The ASHAs of Azara PHC and the Uparhali PHC expressed that they were invited to the Panchayat level meetings and also to the meetings based on social issues beside health. That means, when they came out from their private domain to public domain, their work earned financial value. The social and political system of the society which are generally dominated by the male, now include these women communities. But the ASHAs belonging to Sualkuchi PHC disclosed that they were not welcomed in Panchayat level meetings. They expressed that they were only invited to sign the accounts of united funds. All decisions were taken in this context by the Panchayat. But in other social and health related issues they are consulted. They feel Panchayat people think that they were not capable of making decision / policy, so they remain uninvited. Can it be concluded that the Panchayat members, who are influenced by the so called patriarchal socialization process, don't believe the ASHAs being women, not capable of handling finance? During the survey it was found that the process of united funds had started only in Sualkuchi PHC. Other two PHCs had not started this programme but ASHAs were intimated about these funds.

CONCLUSION:

In conclusion it can be stated that the process of transformation in health sector are characterized by several key changes, which leads the changes in the status of the traditional women health workers. This gives them a high status than they had held traditionally. In other words, now their works are considered as participation in economic activities outside home and thus has an important bearing on gender relations within the household. The inter relationship among the economics, power, gender and public domain started to create a place for women in the community- both politically and socially. It also improves the intra household gender relationships as well. Their traditional unpaid responsibilities to undertake social reproduction and family maintenance are valued in monetary terms now. Their work opportunities which have economic independency have reduced their dependency on men and in turn increased their economic command within the family. Also this had considerably reduced the societal biases which are primarily responsible for underestimating the women's contribution, women's work. Their earnings made them

possible to visualize their contribution to their household which offered them a better bargaining power in both private and public domain. But it may be mentioned here that the higher share of their earnings goes to their family and are less likely that they spend it on themselves. Also both professional and personal roles had created simultaneous pressure on them, and they become overloaded too. This might be crucial to create women's autonomy in the household and in accessing the resources and future security. Therefore, further research on these specific aspects needed so that proper initiative can be adopted for safeguarding their interests in large scale.

BIBLIOGRAPHY:

1.Gupta, Monica Das, Chen Lincoln C. and etc. (Ed). Health, Poverty and Development in India. Oxford University Press
2.Das Dhanalaxmi. Women Environment and Health. Mangal Deep Publication
3.Mishra Rajiv , Chatterjee Rachal and etc. India Health Report. Oxford University Press
4.Garry Anne, Pearsall Marilyn and etc. (2nd edn) (Ed). Women, Knowledge and Reality. Routledge
5.Cheal David (with an introduction by David H.J. Morgan) (Ed). Family- Critical Concepts in Sociology. Routledge
6.Weiss Penny A. and Friedman Marilyn(Ed). Feminism and Community. Temple University Press
7.Andermahr Sonya, Lovell Terry and etc. A Glossary of Feminist Theory. Arnold and Oxford University Press
8.Hooks Bell (2nd edn). Feminist Theory from Margin to Centre. Pluto Press, London
9.Diane Watt. Medieval Women in Their Communities. University of Toronto Press, 1997
10.Menon Lakshmi and Patel Vibhuti. Grinding Realities. WABA, Penang, Malaysia and PG Deptt. of Eco, SNDT Women's University, Mumbai
11.Kimmel Michael S. (2nd edn).The Gendered Society
12.Verma S. B. and Pawar Y.T. Rural Empowerment Through Self- Help- Group (SHGs), Non-Governmnet Organisations (NGOs), and Panchayati Raj Institutions (PRI). Deep and Deep Publications Pvt. Ltd.
13.Kakatiya Journal of Women's Studies (Bi Annual), Vol I, No2, Center for Women's Studies, Kakatiya University, Warangle
14.Urdhav Mula (A bi- annual journal), Vol.4, No.2, Sophia Center for Women's Studies and Development, Sophia College, Mumbai

REFERENCES:

1.Jonaki Baat (Progressive Women's Magazine- Assamese), 4th Year, No2, January, 2008
2.The Functioning of ASHA component in Nalbari District, Assam: A observation from the field. A report by North East Network, Assam
3.Basker H.(Ed) Practicing Gender in the Field. Karnataka Watershed Development Society.
4.Article by Patel, Vibhuti. Women's lives in the context of globalization and poverty. Grinding Realities by Lakshmi Menon and Vibhuti Patel, Publised by- WABA, Penang, Malaysia and PG Deptt. of Eco, SNDT Women's University, Mumbai
5.8th Report of Committee on Health & Family Welfare
6.NRHM News, available from: http://www.mohfw.nic.in/nrhm
7.National Rural Health Mission, frame work for Implementation 2005-2012: Ministry of Health and Family Welfare, Govt. of India. Nirman Bhavan, New Delhi
8.Booklets supplied by the NRHM Office, Kamrup District, Panbazar, Guwahati, Assam