

# Occupational Health initiatives for Women Workers by SEWA

## Overview

Over 94 percent of the women workers in the country are engaged in the informal economy. These women are self-employed, work long hours and earn very low incomes. Due to the very nature of their work and long working hours, they are prone to occupational health hazards. There is minimal awareness of occupational health risks and hazards amongst this working group. Unlike workers in the formal sector, the informal worker groups have no statutory social protection.

The women workers entirely depend on their work for survival, and are caught in the vicious cycle of poverty and ill health. Poor health leads to loss of work resulting in low incomes. Our experience of organizing women workers of the informal economy has shown that they work in difficult conditions for long hours and suffer from a wide range of occupational health problems. Addressing occupational health and safety is extremely important, as health is an important determinant of work, income security and social security. However occupational health remains a neglected aspect in both the public and private health care systems.

Self-Employed Women's Association (SEWA), a national trade union of 1.3 million women workers of the informal economy, was registered in 1972. Lok Swasthya SEWA Trust (LSST), a sister organization of SEWA, has been implementing a range of women-led and child health interventions in Gujarat for the women workers and their families, for over twenty-five years. LSST has been implementing preventive, promotive and curative health services, through a cadre of grassroot-level women health workers. They provide basic health information, primary health care services and referrals to higher levels of care. In order to increase access, the health workers take health care to the women workers' doorsteps.

## Objectives:

SEWA's sole aim towards the occupational health programme is to maximize the productivity of the workers by safeguarding their health thereby increasing their income. This is achieved by promoting primary prevention of occupational hazards, developing appropriate prototypes and provide preventive health education for addressing the occupational risks of home based women workers.

## Approach

As SEWA's approach is need-based and women-led, all the proposed activities will be implemented by the community health workers who are also members of SEWA (Union) and Lok Swasthya Mandali (SEWA's health cooperative). We believe that it is only through people's participation and contributory approach also helps in sustaining the program. Further, SEWA also strives to provide integrated services to its members, thus this project will also be integrated into our ongoing organizing and social security activities.

## Methodology:

### 1. Data Collection

We need to collect data on the number and distribution of workers in the chosen trade groups along with the various health and safety risks faced by them. This will be done in 2 ways:

Primary Data Collection- Primary data will be collected through focus group Discussions (FGDs) with the workers. These discussions can be supported by using other methods like a health check List, Photography, or questionnaires. The data collection will focus on their working environment primarily the place of work, their living condition, and availability of basic facilities like ventilation, light, toilets etc. at the work place, equipment for work, working hours, and postures at work, health and safety issues.

Secondary Data Collection- this will include collecting data about the number of workers, their distribution, and health & safety issues faced by them. This data will be collected through existing data sources like Vimo SEWA, SEWA Union, WIEGO, books and literature on the informal workers.

### 2. Prototype Designing Development & Evaluation

SEWA has partnered with technical institutes like National Institute of Occupational Health (NIOH), National Institute of Design (NID) with support from the Department of Science and Technology (DST) and Maer's Institute of Design (Pune) with support from the Women in Informal Employment: Globalizing and Organizing (WIEGO). with support from the Department of Science and Technology (DST). These institutes have designed and developed appropriate tools (prototypes) keeping in mind the occupational health issues of the women workers of various occupations like kite workers, readymade

garment workers, sugarcane workers, rag pickers, embroidery workers and papad workers.

3. Preventive Health Education through the communication tools and medical camps

The IEC material developed will include Posters on occupation-specific health problems faced by women and simple measures to address the same. Posters on yoga and exercises as a preventive measure, it also includes the activities like Education on primary health care (especially first aid) and occupational health, Diagnostic and treatment camps for ophthalmologic and reproductive health issues, Yoga and acupuncture's for back and the other joint problems and Providing micro insurance to the women workers and their families.

4. Advocacy

SEWA contributes in advocating the Occupational Health activities and taking it forward to larger platforms through dialogues with government workers' welfare boards at the state and national level and private alliances. Negotiate for policy change and implementation at various levels to improve the working conditions of these women workers in informal sector.

**Activities:**

In order to address the occupational health issues of the workers, apart from designing and development of prototypes, health education is the primary focus, along with referral linkages with public health services.

The six major activities at SEWA:

1. Need assessment for kite workers, ready-made garment workers, rag pickers, embroidery workers, papad workers and sugarcane workers.
2. Designing prototypes for the two target groups
3. Field testing of prototypes
4. Making the prototypes available to the women workers
5. Training health educators on occupational health issues, prevention and safety measures.

Master trainers and the health educators at SEWA, provide orientation and training on occupational health issues of the worker groups. While providing health education to the women workers, the trainers and health educators also provide the information on simple exercises that they can do to prevent back, shoulder, limb pain and other physical illness.

Communication materials (such as posters, flip charts) on occupational health issues are developed. The material basically focus on the “Do’s and Don’ts while working.

6. Preventive health education through the communication tools developed and creating referral linkages through the medical camps

Health education on primary health care, reproductive health, non-communicable diseases and occupational health are provided to the women workers. Health education is provided through group sessions, one- to- one counseling, video replays and puppet shows.

### **Health education and awareness:**

Health education, already a core LSST activity, was conducted through group education sessions and individual home visits. As noted earlier, the content of the sessions was derived from the need assessments and previous interactions with medical experts. The print materials developed – flip charts and posters – are commendable for their easy to understand images and realistic suggestions. Health education efforts are typically troubled by overly comprehensive messaging not appropriate for semi-literate populations, a didactic tone and unrealistic suggestions. However, SEWA’s longstanding grassroots experience is reflected in the design of these materials. They include basic do’s and don’ts such as to rest, put cold water on tired eyes and to stretch at regular intervals, tailored to each occupation. Further, the focus on simple yoga exercises for relief and prevention of neck and back ailments is do-able. Interviews with women indicated that while they do stretch and rest while working, the new exercises they’ve learned were specific to their pain and potential injuries.

Around 89% of the chairs have been purchased by the garment workers with in a period of 4-5 months and 60 % of the sugarcane cutter have been purchased by the sugarcane workers during this season.

The demand for the chair is increasing.

Health services, particularly eye camps for occupational health-related injuries, reached over 8,000 women and their families. These services, though not necessarily linked to distribution of the prototype, certainly help protect women from occupational risk and increase their trust in SEWA’s services. The large outreach over a short period of time is testament to the organization’s strength in organizing women.

## Achievements:

The project has accomplished the two primary project deliverables: development of prototypes and promotion of health education on occupational risks for kite workers, ready-made garment worker, readymade garment workers, kite workers, Rag Pickers, Embroidery Workers, Papad Workers and Agricultural Workers (sugarcane workers).

<b>Prototype</b>	<b>Occupation groups</b>	<b>Production and distribution of prototypes</b>	<b>Updates</b>
Table	Kite- makers	5	Not pursued further, as existing government table acceptable and available at subsidized cost
Chair	Garment workers	148	Chair has increased the productivity and made the garment workers more efficient.
Trolley (Push Cart)	Rag Pickers	5	
Frame / Base	Embroidery Workers	10	
Belan and Chakla (Rolling Pin & Base)	Papad Workers	-	Field Testing completed. Design finalization in process.
Sugarcane Cutter (Machete)	Sugarcane workers	60 -	Sugarcane cutter has increased the productivity and made the workers more efficient.
Wood Cutter	Wood cutters	8	Two prototypes were finalized.
IEC Materials	Health communication materials	2 flip charts developed.	Utilized in stand-alone occupational health education and integrated into overall health program.
	Posters	1 poster for each occupation	Health Education related to the occupational hazards of the target population was conducted.

Health education / Training sessions		More than 713 women were reached in Ahmedabad city and 23 groups in Surat city.	Training sessions were conducted in various target areas.
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