The family context of ASHA and Anganwadi work in rural Rajasthan: Gender and labour in CHW programmes

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ABSTRACT

Across the literature on CHWs globally, the role of CHWs’ families remains largely unexplored. This article focuses on ASHAs and Anganwadi Workers in a town in rural Rajasthan, India. We interviewed all twenty ASHAs and Anganwadi Workers in this town, and ten of their families; we also conducted participant observation in Anganwadi Centers, health centres, and family settings. ASHA and Anganwadi work was in high demand, despite being low paying, because of an overall lack of jobs for educated women. Every aspect of CHW work, from recruitment to selection to training to the number of hours spent on the job, was heavily determined by families. Women’s mobility, income, and workload was tied up in family structures. ASHA and Anganwadi Work increased the mobility and autonomy of the women who held those jobs in significant ways. But mostly, women stayed in these extremely low paying jobs because they and their families hoped that one day they would become permanent jobs with salaries and benefits. By providing honourable work, and keeping the idea of permanent employment in view but always just out of reach, the ASHA and Anganwadi programmes both exploited and strengthened gendered inequalities in the rural Rajasthani labour market.

ARTICLE HISTORY

Received 14 March 2021
Accepted 1 August 2021

KEYWORDS

Community health workers; ASHAs; Anganwadi workers; Rajasthan

Introduction

Anju^1 was a young wife and mother in Gurha Sajjanpura, a town in rural Rajasthan. Gurha Sajjanpura was once a centre of power – there were imposing royal structures in town dating back to the 1400s – but they had fallen into disuse, and these days the atmosphere was quiet. Many of Gurha Sajjanpura’s men worked in an urban centre about an hour away. The town, easily traversed on foot, was made up of cement houses and a single sun-baked strip of stores. Outside of town, the landscape opened up and became greener; dirt roads traversed large fields dotted with the colourful figures of the women working in them.

Anju lived several kilometers outside of town, in a cement home with large, sparse rooms, set amid green fields. In many ways, her life was similar to most other lower-middle-class women in the area. Anju, who had a bachelor’s degree and three young children, lived with her husband’s extended family. Their main income came from agriculture; Anju spent many hours every day working in fields and tending to animals. Like other young married women in Gurha Sajjanpura,
Anju veiled completely at home, in front of her husband’s male relatives, and she spoke in a whisper in front of them. She would only reveal her face if they were not in the room.

Anju worked nearly continuously from dawn to dusk, going about her tasks with a quiet confidence. On summer mornings, Anju was up by 4 am, so that she could work in the fields before the brutal heat of the Rajasthani sun reached full force. Then, she would come back inside to prepare food for the extended family, press everyone’s clothes, wake up her children, and get them ready for school.

A little before 9 am, Anju would set off for the Anganwadi Centre, a government-run free preschool for children. This was part of her job as an ASHA, a Community Health Worker (CHW). As part of that job, she also worked at the local health centre, and went door-to-door to check on pregnant women and small children, and to collect data for the government. For this, she earned around Rs 6000 ($80) per month.

When her ASHA tasks were done, usually around 1 or 2 pm, Anju would head home. She would feed the preschool children, and steal her few moments of rest for the entire day. Then, she would wash the lunch dishes by hand, wash the clothes of everyone in the household by hand, work in the fields for several hours, tend and milk the animals, come back inside to cook dinner for everyone, work with the school aged children on their homework, clean up the dinner dishes, and hope to make it into bed by 10 pm.

Anju had been an ASHA for several years. She explained:

At first I really wanted to quit. It was so hard … I had never worked outside the house. I’d never written up a report. It was so, so, difficult … And I worried so much about ghunghat [the veiling and seclusion expected of young married women].

But now? I can talk to anybody. I know about everything, right? It was hard then. But it’s no problem now. And, it’s so satisfying, making sure no child misses their immunizations. And that women are taken care of when they are pregnant. And helping out with malnourished children, helping their parents understand what to feed them.

Later, when we mentioned to Anju’s mother- and father-in-law that she had found the work difficult at first, her father-in-law laughed.

Yes, it’s true. She was really ready to quit! I told her, you know, sometimes you have to go through difficult times to see good times. I told her, it’s true you’re paid very little, but if you’re made a permanent government worker in the future, it will all be worth it. Then you’ll have a government job with benefits, plus you’ll have the security of our farm and fields. I told her, I put you in that job, and I’ll support you in it.

Otherwise, she would have quit. There is so much work, and the money is so bad. But if she becomes a permanent government worker, she’ll be set up for life.

‘There’s no water in the ground anymore’, Anju’s mother-in-law added. ‘It’s good to have a backup plan, not just depend on agriculture’.

We asked the couple whether they shared Anju’s concerns about ghunghat, the system of seclusion that keeps many young married women in Gurha Sajjanpura at home.

Mother-in-law: Lots of people said things.
Father-in-law: And they still do! They say, what’s going on with her? She’s just wandering here and there.
Mother-in-law: They disrespect her, say she’s going all over town, rand roti phirti hai.
Father-in-law: But what to say, if she gets a permanent government job, it will all be worth it.
Mother-in-law: And you know what? Those same people come to us asking for help getting their daughters in law into that job. They ask us to tell them if any positions open up at the Anganwadi Center!

Still, they said, keeping Anju in the ASHA job was hard on the family. ‘It costs us a lot of money to help her do the work’, her father-in-law commented, ‘so it all adds up to nothing in the end’.

First, there was the issue of her lost labour – Anju spent many hours working as an ASHA, time that she otherwise would have spent doing fieldwork. They sometimes hired day labourers to make
up that work; each one cost the family Rs 250 ($3.50) per day, plus tea, plus transport – much more than Anju made as an ASHA.

And then there was the problem of Anju’s commute. Their house was several kilometers from the Anganwadi Centre, and several more from the health centre. To avoid having a young woman walking these distances alone, her father-in-law walked with her at first. But this, too, was an issue: it took up a great deal of his time, and both of them were exhausted from walking so far in the brutal heat of the Rajasthani summer. Anju’s mother-in-law worried about both of them.

So, in a move nearly unheard of for young women in this area, Anju’s in-laws decided to buy her a scooti, a small motor scooter. Now, she drove around the village, veiled and confident, covering long distances quickly and easily. This, too, cost money: Anju’s entire ASHA salary went toward the scooti loan payment, and keeping the scooti fuelled.

‘If she gets a permanent job’, her father-in-law said again, ‘it will all have been worth it’.

Community health work in social context

There are 900,000 ASHAs in India, and over a million Anganwadi Workers (women who run the child care centres). Rajasthan is unusual among Indian states in that the ASHA is based in the Anganwadi Centre, and receives a small stipend from Rajasthan’s ICDS (Integrated Child Development Services), which runs the centres. The ASHA also gets small incentive-based payments from the National Rural Health Mission. This incentive-based pay structure – which rewards ASHAs for specific tasks like facility births, not broad based goals like community participation – reflects and reinforces the top down orientation of the ASHA programme (Mishra, 2014; Scott & Shanker, 2010).

These top-down goals include changing the behaviours of rural families in particular ways – for example, encouraging them to dramatically change rural Rajasthani family structure by having only two children. As Sisdel Roalkvam has observed, ASHAs are ‘both the objects and agents of development’, expected to mould themselves and their neighbours in specific ways mandated by the state (Roalkvam, 2014).

Yet CHWs are not simply passive agents ready to be moulded. They have their own needs and desires. To understand these dynamics, Colvin and Swartz have argued, we need to look beyond top-down vs. community-based models of CHW work, and instead understand CHWs ‘in community’, through a model ‘that moves away from the individual and asks instead about the ways care work fits into broader social structures and processes more generally’ (2015, p. 39).

The ASHA programme, like many modern CHW programmes, is all female. In part, this is because women in India are socially well positioned for maternal and child health work. But it is also tied to the history of Indian CHW programmes, including the examples of both the pathbreaking Mitanin female CHW programme, and the national majority-male CHW programme of the 1970s and 80s, which was phased out when male CHWs began striking to demand fair wages (Bhatia, 2014b). Someone present at internal discussions in the creation of the ASHA programme told us that women were favoured as ASHAs in part because they were seen as less likely to be vocal or to unionise. Yet the story is complex: as the ASHA programme has matured, attention to supporting ASHAs in gendered context has increased (Ved et al., 2019).

The literature on ASHAs is voluminous: a recent review identified 122 articles written on the programme (Scott et al., 2019). Several excellent pieces situate ASHAs’ work in Rajasthan within social relations in the health system, and within community hierarchies. Nordfeldt and Roalkvam show that the ASHA is ‘a village sister, participating in the local social games of relations and hierarchy’ (2010, p. 344). The relationships between ASHAs and Anganwadi Workers are sometimes fraught, and tied to their families’ statuses in the community (Sharma et al., 2014).

There is a growing critical literature on the gendered aspects of CHW work, showing how gender shapes the social geographies of work (Mumtaz et al., 2013) and how power structures play out on the job (Closser et al., 2019; Kane et al., 2016). Yet the role of CHWs’ families remains largely
unexplored. Many researchers are well aware that families are important: Kavita Bhatia describes ASHAs’ families in Maharashtra as ‘an uncounted stakeholder’ (Bhatia, 2014a), and a review of the literature on CHWs globally highlighted family structures as a critical aspect of gender relations (Steege et al., 2018).

However, to our knowledge no researcher has interviewed CHWs’ family members, and so these dynamics remain for the most part mentioned only in passing. But in Rajasthan, every aspect of CHW work, from recruitment to selection to training to the number of hours spent on the job, was heavily determined by ASHAs’ and Anganwadi Workers’ families.

Methods

There are ten Anganwadi Centres in Gurha Sajjanpura and the surrounding areas, each with an ASHA, an Anganwadi Worker, and an Anganwadi Helper. In 2018 and 2019, we interviewed all thirty of these women. We also interviewed the families of five of these ASHAs, five Anganwadi Workers, and three Anganwadi Helpers. These family interviews varied in format: some were one-on-one interviews with the workers’ husband or father-in-law, but in most cases when we visited workers’ homes, we found that many family members were interested in providing their perspectives, and wanted to discuss our questions with us as a group. In these cases, we conducted group interviews – discussions that lasted 1–2 h and often included both male and female family members spanning several generations. All participants provided informed consent, and interviews were audio recorded.

Both of us (SC and SSS) conducted these interviews together, in Hindi. SC is a middle-aged white female anthropologist from the United States; SSS is a young male anthropologist who grew up near Gurha Sajjanpura. We found our complementary identities (male and female, insider and outsider) helpful, both in conducting interviews and in thinking through our analysis. In a few cases, when the respondent preferred to converse in the local language, SSS conducted the interview. We also conducted participant observation in Anganwadi Centres, in the Gurha Sajjanpura health centre, and in ASHA and Anganwadi family settings.

We received administrative approval from the Rajasthan Ministry of Women and Child Development for this work. Various phases of this research were reviewed and approved by the IRBs at Middlebury College (Approval #18048), Johns Hopkins Bloomberg School of Public Health (#9510), and the Indian Institute of Health Management Research in Jaipur.

Results

ASHA and Anganwadi work was in high demand, despite the low pay, because jobs for educated women were scarce in rural Rajasthan; family members drew on political connections to get young women into these jobs. Family members also supported the expansion of women’s mobility in order to carry out the work, and enabled a shifting of the workload at home. Women and their families invested so much in the work because they hoped that the job would eventually become a ‘permanent’ government position with a salary and benefits – an outcome that was not assured.

Women’s work

In the Rajasthani extended family, young married women are generally low-status and hard-working members. Under the supervision of their mother-in-law, these women manage a heavy work burden. Anju’s workload was typical.

Most of Gurha Sajjanpura’s young married women engaged in wage work in addition to their agricultural labour. In a broader atmosphere of high unemployment and drought related to climate change, additional income was often necessary. ‘These days’, one woman explained, ‘a man’s salary alone isn’t enough to support a family. So women are all working too’.

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Some women worked in neighbours’ fields; this paid Rs 250 ($3.50) per day. Many worked from home to sew clothes or do embroidery. Others worked in beauty parlours in town. These jobs paid little, usually amounting to a few thousand rupees per month. Such work was widely accepted, but not aspirational: girls did not dream of doing embroidery or tending crops when they grew up.

Construction work, on the other hand, carried social disapproval, an aura of being in desperate straits. This hard labour paid Rs 300–350 ($4.50) per day for women (and Rs 400–600 per day for men). The government’s mahanarega programme employed women to labour on public works projects for 195 rupees ($2.50) per day. Fully veiled women carrying large loads of construction materials were a common sight in Gurha Sajjanpura, but these jobs were not ones that educated women cared to take.

Educated women aspired to jobs in education, healthcare, or government administration; our respondents repeatedly referred to these as izzat ki naukri – honourable jobs. These positions marked those who worked in them as modern and higher class, even as many women still simultaneously desperately needed the income these jobs provided.

An honourable job

Women’s education levels had undergone a dramatic shift in Gurha Sajjanpura in the past generation, putting these honourable jobs in high demand. Twenty years ago, few women in rural Rajasthan were literate (Gold, 2002). Most of the older Anganwadi Workers we spoke to – women in their forties – commented that when they were recruited twenty years ago, they had been among the very few educated women in town.

That dynamic has changed. As in other parts of North India (Jeffery & Jeffery, 1994), education increasingly came to be seen as important for securing a good marriage for girls in Rajasthan (G. G. Raheja & Gold, 1994). Now, not only literacy, but higher education including graduate study, is common. An Anganwadi worker echoed many women in explaining why she wanted a skilled job: ‘I’m educated, so there should be some use for that education’.

One ASHA’s father-in-law, who himself had spent a lifetime as a construction labourer, described his pride in the honourable work his daughter-in-law did:

Her salary is low. But everyone in town, they tell me my daughter-in-law is so intelligent. When the doctor calls her in, she goes and works at the hospital. She’s paid nothing, but what choices are there for a woman?

She’s educated, right? What is the point of being educated – if you can get government work, that’s a huge benefit … The salary is low, but there’s value in it.

Honour and exploitation

ASHA and Anganwadi work was honourable – but contingent. Both ASHAs and Anganwadi Workers were ‘voluntary’ workers, meaning that they earned less than minimum wage, and did not enjoy the benefits or job security of ‘permanent’ government employees. Scholars have noted that this ‘can be seen as an illustration of the State’s ability to violate its own labour regulatory framework, particularly in an arena such as care, where women are predominant’ (Palriwala & Neetha, 2010, p. 513).

Nearly every one of our interviewees spoke extensively about this, as did this ASHA:

The biggest problem is our salary. A teacher earns 50,000 [rupees a month; about $700] …

Yesterday I got home at 3:45 pm. I was at the dispensary until 3:30. First I helped with the immunizations, then I went into the field to complete surveys, then I came back to the dispensary. Then I helped someone with their glucose drip. I didn’t even eat.

I get 2500 rupees [per month; about $35] from the medical department, 3000. Like, nothing.
In fact, work as an ASHA, an Anganwadi Worker, or an Anganwadi Helper, paid significantly less than unskilled labour. This fact stung. An Anganwadi Worker explained:

An Anganwadi Worker should make at least Rs 10,000 [a month; about $150]. Because it shouldn’t seem to her family members as if she isn’t helping the family. Some of our families say, “She just wastes the whole day.” A maid who works in other people’s houses, she makes more than we do.

However, most other work for educated women in Gurha Sajjanpura was not much better. For example, teaching in a local private school paid around Rs 6000 (about $80) per month. A young woman who worked in one of these schools commented, ‘Even if they raise our pay, they’ll raise men’s more. They’ll keep us at one level, and men at a higher level’.

These very low wages were a result of the intersection of gender inequality and the need to maintain honour (cf. Mies, 1981). Work opportunities for educated people in rural Rajasthan were in short supply in general, and employment for educated women was particularly scarce. Because educated women could not take jobs in faraway cities, and preferred not to do manual labour, every honourable job for women was in extremely high demand. As demand for these jobs far outstripped supply, remuneration was pushed below poverty level wages.

An Anganwadi Worker commented, ‘It’s service to society [samaaj ki seva hi hai]. The salary has no meaning. Because we get nothing’.

**Politics and connections**

Because these jobs were in such high demand, obtaining a post as an ASHA or Anganwadi Worker was difficult. Selection happened through a complex process. On one side, there were the bureaucratic requirements, including educational requirements, of the Ministries of Health and Women’s Affairs. But, the process also involved the gram panchayat, a local council of elected leaders, so politics played a role. Navigating these processes was not something that young women could typically do alone.

The application process was managed by the woman’s family, generally her father-in-law. One politically powerful man described the process of getting his daughter-in-law into an ASHA position. ‘She really wanted to do it, and she worked so hard on her education. And she’s very responsible’, he commented. ‘So we think, what can we do?’

But, he explained, ‘Nowadays, if there’s one seat open, there are fifty applications for it. And the priority goes to the educated ones’. So in addition to filing the necessary paperwork, he assembled a ‘team’ to support his daughter-in-law’s application at the gram panchayat. He lobbied the others in the group, in one case using the wife of an elected official to make his case. ‘We did the work properly, there was no cheating’, he explained. ‘And our team won!’

But even once his daughter-in-law had secured the appointment, there were additional barriers. The previous ASHA – who had reached the mandatory retirement age of sixty – did not want to give up the post. He explained:

The previous ASHA’s family blamed me: “you kicked her out of the ASHA position.” So I went to their house … In the end, they accepted it.

Such controversy was common. In another instance, the family of a woman who had been passed over for an Anganwadi Worker position filed a court case alleging inappropriate political interference – and won. Achieving this, however, required a family who could go to court and stand up to local political leaders.

The result of these processes was that ASHAs and Anganwadi Workers in Gurha Sajjanpura skewed toward high status families. There were only a few Scheduled Caste and Scheduled Tribe (lower caste) ASHAs and Anganwadi Workers, and they came from politically connected families in lower caste areas of town. Although there were some Muslims in Gurha Sajjanpura, no ASHAs or Anganwadi Workers were Muslim. One woman commented on selection processes, ‘Whoever is powerful, they’ll get it. Whoever has a strong stick will own the buffalo’.
Families often began working to secure ASHA or Anganwadi positions even before those posts became available. For example, when rumours began that an Anganwadi Worker was leaving her position, Gurha Sajjanpura’s sarpanch (the elected leader of the gram panchayat) received calls from a number of families.

Having drawn on connections to get their daughters-in-law selected, families also experienced social pressure to ensure that these women performed their jobs well. Once his daughter-in-law started work as an ASHA, the man quoted above found that the position presented challenges:

There was a time when my daughter-in-law wanted to quit, although she didn’t say so directly. She was so worried [about the workload]. I told her, if you quit, it’s no problem, it’s not as if you’re earning anything from it. 500 rupees or 800 rupees, whatever.

But, if she doesn’t do good work, people will complain about us and our family. They’ll say she was appointed because of political connections, but doesn’t do anything.

He explained that ultimately, his daughter-in-law decided to stay in the job, but they cut back on her responsibilities at home in order to make her workload reasonable. Many other families made similar adjustments.

**Family support**

In cases where families were not willing to make such accommodations, or did not give women permission to be mobile, women found it hard to hold onto ASHA or Anganwadi positions. For example, one ASHA said that her predecessor had to quit:

She couldn’t do the door-to-door work. Her mother-in-law, her father-in-law, her husband, they didn’t support her. So, she was forced to quit [majboori men chordna pardh gaya].

Families often took on responsibility for ASHAs’ and Anganwadi Workers’ extensive work at home, cooking and caring for their children. Like Anju’s family, many families hired labourers to do the fieldwork that their daughters-in-law could not.

Family support was particularly critical in the early stages of employment. Training involved travel to another city, a task that was well beyond the experience of many young women. This could necessitate weeks of commitment from male relatives.

One ASHAs’ father-in-law and sister-in-law discussed this:

Father-in-law: Then she had training. I went with her. Her baby girl was small, we left her behind. The baby was still being breastfed.

Sister-in-law: Now, she has three kids, and they are my responsibility during the day. I look after them.

Father-in-law: Now, [the ASHA] goes to the Anganwadi Centre herself. But before, I had to bring her there to drop her off. It was difficult at first, but you know what? Now [the ASHA] goes to the district capital, she even goes to Jaipur by herself!

Over time, ASHAs and Anganwadi workers experienced a revolutionary change in mobility. Another family discussed this:

ASHA’s husband: She [the ASHA] goes to [a nearby city] herself now! She used to be afraid, but now she goes out.

SC: What was she afraid of?

Female family member: You worry about what people will say about you: Why is she going to other people’s houses? What is the reason? People say lots of things like that.

Female family member: If you go to an unfamiliar house, there may be a man there, how will he behave [us ka kya soch hogi]?

Husband: But now, everyone knows the ASHAs.
ASHA: Anyway, there’s no problem in doing the work. If there’s no problem at home, there will be no problem outside.

In rural Rajasthan, gossip about young women’s mobility was gossip about morals. Neighbours often voiced their objections to the young woman’s family, rather than to the woman herself. It fell to family members to defend the young woman; when these defenses came from powerful elder family members, they were generally respected.

One Anganwadi Worker’s father-in-law talked about how he countered gossip:

There are some people who will say, “Are yaar, she went here, she went there. Today she went to Jaipur.” Are, of course she has a job, so she’ll go! She’ll go for work, and am I supposed to follow her around everywhere? … The person who leaves their home, that person will understand the world.

Women without such family support found themselves facing intense conflicting pressures: from supervisors to get work done, and from families to limit their movements. Discussing the case of an ASHA who frequently failed to show up for work, a supervisor commented:

She has family problems that make it hard to work. Sometimes she just has to leave. Some people’s families don’t allow them out of the house.

You know, some families, they put their daughters in law in these positions, and then they don’t give them enough time to do the work. An ASHA has to show up at the Anganwadi Centre when the kids are there; she has to go into the field; she also has to work at the hospital. That’s why the pay is really too low.

**Expanding mobility**

Most women who stayed in the job experienced huge changes in their comfort with moving through public spaces. Like Anju, many ASHAs considered quitting soon after they began work, both because of the low pay, and because of the stress that moving around the village independently caused them. Pay never ceased to be an issue. But over time, they came to value the mobility.

Women with stressful home lives noted that being an ASHA or Anganwadi Worker was a reprieve: it got them out of the house for a few hours. ‘I go crazy at home [Dimaakh bhhi kharab ho ja ta hai ghar per]!’ one woman said, laughing. ‘We come here [to the Anganwadi centre] and we can rest easy’.

One of the most striking manifestations of increased mobility was that, like Anju, some ASHAs and Anganwadi Workers zipped around town on a scooti. The first woman to ride a scooti in Gurha Sajjanpura was an older Anganwadi Worker. Her husband explained, ‘In Rajasthan, it’s like this: once one person has gone down a road, others will follow’.

He was right: her action had ripple effects. Because of the substantial work involved for men in escorting an ASHA around town, families increasingly saw scootis as a reasonable investment. Another ASHA’s husband explained:

Husband: The thing is, I am busy myself. She doesn’t make enough for someone else to spend all of their time following her around. And look, we have a lot of work in the fields. You lose all kinds of work time bringing her there, bringing her back … That’s why it became necessary to get her a scooti.

SSS: Did people react negatively to her using a scooti?

Husband: At first when we got the scooti, people in the village had issues. But when she walked, some people also had negative thoughts. Anyway, as she kept doing it, people stopped thinking about it. They moved on to other things.

**Pay and family finances**

Scootis, though, cost money. Many families incurred significant expenses in supporting an ASHA or Anganwadi Worker, from paying for transport to replacing the woman’s labour. The same family quoted above discussed this:
Father-in-law: The salary is extremely low. This is a big problem. She has this huge bag full of work to do. Like a big officer! But she makes nothing …

Husband: The salary, for as much as she works, it might as well be nothing. The petrol for her scooty is barely covered. Every month they ask for a survey, 2 or 3 times. Every week, 1 or 2 meetings. You have to go to Gurha Sajjanpura. Then you have to call women about vaccinations. They ask for the records. Then we also get angry. The pay is so low, and there’s so much work. Why are we giving so much to them?

Mother-in-law: She makes so little money, and we are paying for day laborers to do her fieldwork. For families like this one and Anju’s, with substantial fields and other assets, the expense of keeping an ASHA or Anganwadi Worker in her job could be more than her salary. But for some other families living closer to the edge, without agriculture to support them, even the very low salary could bolster the family finances. An Anganwadi Worker’s husband commented:

We used to have water at the house, but now only seasonally, so we can’t always grow things. So I do construction work too, when I can get it. I don’t have a fixed job to run the family.

So her job is helpful, right? When she gets 6 thousand [rupees per month], I bring in 6 or 7 thousand, together we can make it 14 or 15 thousand … So her job, it’s a support. If she wasn’t doing this, she’d have to go work in someone else’s fields – she’d have to do something.

In some cases, like this one, a woman’s pay was pooled with the family finances. In other cases, women kept the money for their ‘own expenses’ [haat kharcha] – usually clothes for themselves and their children, school fees and supplies for their children, and household items. For women whose finances were set up this way, it meant a lot not to have to ask others for money for every purchase. An Anganwadi Worker commented, ‘It’s good, from this work, I’m not dependent on anyone, I have my own spending money. Before, I had to be dependent on others’.

However, the expenses involved in ASHA work could cut significantly into income. One ASHA commented:

What happens is this, sometimes they call me to the PHC [Primary Health Centre], sometimes they call me somewhere else. Half of my salary gets spent on this. On going here and there. To get to my PHC, I have to walk, and then take a bus, and then walk again. If I get hungry somewhere along the way, I don’t have a salary to pay for a snack.

The ability of a woman to control her own salary often depended on the overall financial health of the family. An ASHA whose husband made almost nothing commented, ‘I give what I earn to my husband – some of it – I also spend some myself’, but then added:

With only 5–7 thousand [rupees per month; about $80], we can’t ask our family to let us keep any for ourselves. If we were making more, then we could do something for our children.

‘Even if it’s a small job, it’s mine’

Some women gained a small measure of economic independence through their jobs. But more significant for many women was the broader independence. One woman discussed her emotions when she left her ASHA job in order to start a BA programme:

I was so sad. I even cried! It was so hard to sign my resignation papers. My husband said, “Why are you crying over 500 rupees? Take 500 rupees from me.”

I said, it’s not about the 500 rupees, I went to the field, I got to know everybody. And I earned it myself – even if it’s a small job, it’s mine.

Many women commented that these small jobs had expanded their world. Another ASHA explained:
My house is not finished. I have three rooms and one kitchen, but no stairs. I don’t have a wardrobe [closet] either – I just cover my clothes with a shawl! But, my daughters have studied well.

Some women, they are just living, and they don’t know anything about the outside world. If I didn’t do this job, I’d also be like them. They haven’t had a chance to consider what they want out of life. And what could be more important than that? There’s so much more out there than doing housework and making dinner.

Many women commented that it was practically helpful to be mobile. They also talked about the relief of getting a few hours away from the extended family. ‘The pay is nothing – it disappears in one day’, one ASHA explained. ‘But it’s a way to get out of the house, and that helps me make it through’.

**Hop ing for a permanent job**

But most women said that getting out of the house, in and of itself, did not really make the work worth it. Rather, they and their families hoped that eventually, ASHA and Anganwadi work would become ‘permanent’ – a government job with tenure, pay and benefits, like jobs in government schools. This was the central reason families competed to get their daughters-in-law into these positions, the central reason the women stayed in their jobs, the central reason they were studying via correspondence courses: if permanent work became an option, they wanted to be ready for any potential requirements.

We heard about the desire for permanent work in nearly every interview. One father-in-law’s comments were typical:

> What she’s getting now, it’s basically nothing … Sometimes I get angry, I say she should just quit this job [goli lagaao]. She gets stressed. We get stressed. And we think, it doesn’t make any sense to be doing this. But then I think, who knows, what will happen in the future? If she becomes permanent, she can earn a living, right from here … You have to believe that will happen, otherwise there’s too much work in this job, it makes no sense.

There was some precedent for this hopeful thinking. There was a pattern in Rajasthan of government workers eventually becoming permanent. Parateachers in the school system, Auxiliary Nurse-Midwives in the health system, and the people who dug holes for electrical poles had all endured years of low pay and were ultimately rewarded with a permanent job.

Over time, shifts in the ASHA and Anganwadi programmes had increased workers’ hopes that they would eventually become permanent workers. There had been enormous increases in the work burden in both programmes. Also, women from more powerful, politically connected families had begun taking these jobs.

Still, permanence was not a foregone conclusion. At the state and national levels, there was not consistent enthusiasm for regularising these huge cadres; it was simply extraordinarily expensive to do, and not all stakeholders were convinced it would pay off (Ved et al., 2019). A very few Anganwadi Workers gained permanent jobs by being promoted to supervisory positions; but the vast majority spent their careers waiting.

What ASHAs and Anganwadi Workers did receive were a series of very small raises. One ASHAs’ thoughts on this topic were typical:

> Right now, they’re giving us a raise, but I’d rather not get that – instead give us benefits. Today I can work, I’m able bodied. But when I get old, and am forced to retire, what will I get then? Kis chiz ke sahare jienge?

This ASHA’s concerns were quite valid. A retired Anganwadi Worker who had no pension at all bitterly recounted how she gave the best years of her life to the programme, only to be left with nothing once she retired. ‘This isn’t retirement!’ she cried. ‘They threw me out!’ Both she and her husband were frankly angry:

*Former Anganwadi Worker:* I was thinking, ‘chalo, I’m a temporary worker. I don’t make much. But in the future, I’ll become permanent. I’ll get more money.’ Believing that, I ruined my life [Is bharose hi bharose mein zindagi kharab karli].
Husband: This is exploitation. The ones who sit in offices, they don’t do anything. They don’t work at all. They get all the benefits. And the temporary workers, they do everything. *Chaki men pisrahehein, yih sab.* People like us, we get ground up and spit out.

While they worried that they too would labour their whole lives for little benefit, ASHAs and Anganwadi Workers continued on. They ‘had to believe’ that the job would pay off in the end.

**Discussion**

Globally, the CHW workforce is female, and it is young: many CHW programmes have eligibility guidelines that favour women in their 20s and 30s. In Rajasthan, as in many other places, women in that age group are situated within family structures where power is a function of both age and gender – and their labour is deployed according to the judgment of senior family members.

ASHA and Anganwadi Worker positions in Gurha Sajjanpura, despite involving significant work for low pay, were in high demand. Obtaining these positions required family connections, and so ASHAs and Anganwadi Workers were firmly embedded in existing systems of power. Sidsel Roalkvam notes that images of ASHAs are normative, portraying her as a middle-class, well fed Hindu (Roalkvam, 2014). Selection processes helped ensure that it was not only the images of ASHAs, but ASHAs themselves, who fulfilled these criteria.

Central to the desirability of ASHA and Anganwadi work in Rajasthan was that it was honourable. This fact had two somewhat paradoxical outcomes. The first was that it drove wages down to almost nothing. Maria Mies writes that the tenacity with which women in rural India cling to honourable work ‘even when they are virtually starving, is the ideological and psychological base on which a new phase of exploitation can be built up’ (Mies, 1981, p. 491).

At the same time, it is precisely because these jobs were honourable that they allowed women to stretch some of the usual bounds of respectability, travelling not only to local Anganwadi Centres, but to cities. CHW work transformed women’s experience of what it meant to move through public spaces (cf. Steege et al., 2018). And Gurha Sajjanpura’s scooti-driving Anganwadi Workers may, with time, push the limited boundaries of respectable married womanhood (Gold, 1994).

In understanding the multidimensional gendered effects of CHW work, it is useful to think beyond the limiting frame of ‘empowerment’ (Moodie, 2008). As talking to family members reveals, the work shifted relationships and workload at home in complex ways. It exposed the family to gossip (exposures which powerful families could generally weather); it often changed who had control of some of the family’s money; and it forced a redistribution of household tasks. In part, CHW work simply increased young women’s workload, creating a ‘second shift’ problem. But also, other family members often took on some of the woman’s work, shifting household roles. These shifts happened because of the potential, not yet realised, that a woman could become a substantial contributor to the income of the family.

At the same time as CHW work lead to striking changes at home, power structures in the workplace were slower to bend. At work, these women experienced extremely low pay and top-down directives (Roalkvam, 2014). Employing these workers under contracts that violate the state’s own labour laws both creates and perpetuates gender inequality (Swaminathan, 2015). The ‘voluntary’ government jobs in Gurha Sajjanpura – ASHAs, Anganwadi Workers, Anganwadi Helpers, and material workers – were overwhelmingly female.

Across the world, female community health labour is described as ‘volunteer’ labour, a move justified in part by the argument that holding unpaid positions empowers rural women to make change in their communities. Many ‘volunteer’ CHWs globally get payments of some type, payments that they consider pay. There are ongoing debates about whether unpaid work facilitates activism and empowerment, or functions simply as exploitation (Closser et al., 2019; Maes, 2012; Prince & Brown, 2016; Schaaf et al., 2018). Examining CHW work in family context opens up a
new perspective on these ongoing discussions: it is precisely the potential for significant income from CHW work that facilitates changes within female CHWs’ families. The extent of the changes that might occur in rural Rajasthani households if ASHAs and Anganwadi Workers were receiving a living wage is a fascinating question.

These women and their families saw more transformative possibilities on the horizon – or at least, they hoped for them. Families placed great hope in their young daughters-in-law, trusting that the investments they poured into her work would one day pay off. Families and young women alike looked forward to a day when their work was rewarded with the salary and benefits it deserved. If that happened, an Anganwadi Worker commented sardonically, ‘we could leave the cows behind and focus on this work’.

‘Then’, an ASHA said, ‘we could actually make something of ourselves’.

Note
1. All names of people and places are pseudonyms.

Acknowledgements

We are deeply grateful to the ASHAs and Anganwadi Workers, and their families, who opened their homes to us and spoke frankly with us. We are further grateful for the support and feedback provided by the Rajasthan Ministry of Women and Child Development, and by faculty at the Indian Institute of Health Management Research in Jaipur. We thank Rachel Neill for the helpful comments. This work was funded by the Fulbright-Nehru programme.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by the Fulbright-Nehru program [grant number 2018/APE(R-Flex)/136].

References

Bhatia, K. (2014a). Performance-based incentives of the ASHA scheme: Stakeholders’ perspectives. Economic and Political Weekly, 49(22), 145–151. https://www.jstor.org/stable/24479649
Bhatia, K. (2014b). Community health worker programs in India: A rights-based review. Perspectives in Public Health, 134(5), 276–282. https://doi.org/10.1177/1757913914543446
Closser, S., Napier, H., Maes, K., Abesha, R., Gebremariam, H., Backe, G., Fossett, S., & Tesfaye, Y. (2019). Does volunteer community health work empower women? Evidence from Ethiopia’s women’s development army. Health Policy and Planning, 34(4), 298–306. https://doi.org/10.1093/heapol/czz025
Colvin, C. J., & Swartz, A. (2015). Extension agents or agents of change? Annals of Anthropological Practice, 39(1), 29–41. https://doi.org/10.1111/napa.12062
Gold, A. (1994). Purdah is as Purdah’s kept. In G. Raheja & A. Gold (Eds.), Listen to the Heron’s words (pp. 164–181). University of California Press.
Gold, A. (2002). New light in the house: Schooling girls in rural North India. In D. Mines & S. Lamb (Eds.), Everyday Life in South Asia (1st ed., pp. 86–99). Indiana University Press.
Jeffery, P., & Jeffery, R. (1994). Killing my heart’s desire: Education and female autonomy in rural North India. In N. Kumar (Ed.), Women as subjects: South Asian histories (pp. 125–171). University Press of Virginia.
Kane, S., Kok, M., Ormel, H., Otiso, L., Sidat, M., Namakhoma, I., Nasir, S., Gemechu, D., Rashid, S., Taegtmeyer, M., Theobald, S., & de Koning, K. (2016). Limits and opportunities to community health worker empowerment. Social Science & Medicine, 164, 27–34. https://doi.org/10.1016/j.socscimed.2016.07.019
Maes, K. (2012). Volunteerism or labor exploitation? Harnessing the volunteer spirit to sustain AIDS treatment programs in urban Ethiopia. Human Organization, 71(1), 54–64. https://www.metapress.com/content/AXM39467485M22W4. https://doi.org/10.17730/humo.71.1.axm39467485m22w4
Mies, M. (1981). Dynamics of sexual division of labour and capital accumulation: Women lace workers of Narsapur. Economic and Political Weekly, 16(10/12), 487–500.
Mishra, A. (2014). ‘Trust and teamwork matter’: Community health workers’ experiences in integrated service delivery in India. Global Public Health, 9(8), 960–974. https://doi.org/10.1080/17441692.2014.934877

Moodie, M. (2008). Enter microcredit: A new culture of women’s empowerment in Rajasthan? American Ethnologist, 35(3), 454–465. https://doi.org/10.1111/j.1548-1425.2008.00046.x

Muntaz, Z., Salway, S., Nykiforuk, C., Bhatti, A., Ataullahjan, A., & Ayyalasomayajula, B. (2013). The role of social geography on lady health workers’ mobility and effectiveness in Pakistan. Social Science & Medicine, 91, 48–57. https://doi.org/10.1016/j.socscimed.2013.05.007

Nordfeldt, C., & Roalkvam, S. (2010). Choosing Vaccination: Negotiating Child Protection and Good Citizenship in Modern India. Forum for Development Studies, 37(3), 327–347. https://doi.org/10.1080/08039410.2010.513402

Paliwala, R., & Neetha, N. (2010). Care arrangements and bargains: Anganwadi and paid domestic workers in India. International Labour Review, 149(4), 511–527. https://doi.org/10.1111/j.1564-913X.2010.00101.x

Prince, R., & Brown, H. (Eds.). (2016). Volunteer economies: The politics and ethics of voluntary labour in Africa. James Currey.

Raheja, G. G., & Gold, A. G. (1994). Listen to the heron’s words: Reimagining gender and kinship in North India. University of California Press.

Roalkvam, S. (2014). Health governance in India: Citizenship as situated practice. Global Public Health, 9(8), 910–926. https://doi.org/10.1080/17441692.2014.941900

Schaaf, M., Warthin, C., Manning, A., & Topp, S. (2018). Report on the ‘think-in’ on community health worker voice, power, and citizens’ right to health. Accountability Research Center.

Scott, K., George, A. S., & Ved, R. R. (2019). Taking stock of 10 years of published research on the ASHA programme. Health Research Policy and Systems, 17(1), 29. https://doi.org/10.1186/s12961-019-0427-0

Scott, K., & Shanker, S. (2010). Tying their hands? Institutional obstacles to the success of the ASHA community health worker programme in rural North India. AIDS Care, 22(Suppl. 2), 1606–1612. https://doi.org/10.1080/09540121.2010.507751

Sharma, R., Webster, P., & Bhattacharyya, S. (2014). Factors affecting the performance of community health workers in India. Global Health Action, 7(1). https://doi.org/10.3402/gha.v7i25352

Steege, R., Taegtmeyer, M., McCollum, R., Hawkins, K., Ormel, H., Kok, M., Rashid, S., Otiso, L., Sidat, M., Chikaphupha, K., Datiko, D. G., Ahmed, R., Tolhurst, R., Gomez, W., & Theobald, S. (2018). How do gender relations affect the working lives of close to community health service providers? Social Science & Medicine, 209, 1–13. https://doi.org/10.1016/j.socscimed.2018.05.002

Swaminathan, P. (2015). The formal creation of informality, and therefore, gender injustice: Illustrations from India’s social sector. Indian Journal of Labour Economics, 58(1), 23–42. https://doi.org/10.1007/s41027-015-0006-z

Ved, R., Scott, K., Gupta, G., Ummer, O., Singh, S., Srivastava, A., & George, A. S. (2019). How are gender inequalities facing India’s one million ASHAs being addressed? Human Resources for Health, 17(1), 3. https://doi.org/10.1186/s12960-018-0338-0