

UNDERSTANDING INTERSECTIONS OF GENDER, HEALTH, AND LEADERSHIP WITH WOMEN WASTE WORKERS IN INDIA

The George Institute for Global Health (TGI), India with the ARISE Consortium

BACKGROUND

Through the ARISE programme, the George Institute India (TGI) supported the co-creation and strengthening of spaces for women waste workers to convene and discuss issues related to gender, health and wellbeing. This led to women engaging more with collectives to bring their issues to the fore. After four years, **women waste workers are willing to take up leadership roles in collectives** to ensure that issues relevant to women can be discussed in these spaces. The women waste workers have also volunteered to directly participate in discussions with government officials. At a waste workers' collective meeting in August 2023, four women waste workers from Shimla volunteered to occupy leadership positions within their collective. This change is significant as it reflects increased confidence among women waste workers to partake in leadership spaces.

Alongside this **understanding around women's health has shifted away from being tethered to linear cycles of reproduction** to consider the social determinants of health. This broader perspective has led to action both within women waste worker groups in Shimla, and from duty bearers who were able to listen and adapt their services to address community priorities.

Providing **safe spaces** for women waste workers to come together and lead discussions around gender, health and wellbeing opened up new opportunities for peer-to-peer exchange. The open nature of the spaces created by ARISE meant discussions and priorities were **adaptable to meet the demands and interests of the women waste workers**, where previously their needs and voices had been absent from discussions.

The **active and steady encouragement ARISE has received from various health system actors** enabled them to obtain permissions, establish the credibility of the research team and attract interest from a public tertiary care facility to collaborate and expand their work with their staff. This demonstrates the value and importance of the work being done by ARISE to address this lack of understanding. Health system actors' interest in the work has led to the co-production of workshops on menstrual health.

THE CONTEXT

When ARISE first began working with waste workers in Shimla in 2019, they often observed that women waste workers were entirely invisible in discussions around waste workers, and more so in leadership spaces. The research team's interest in speaking to women waste workers was frequently discouraged, and often dismissed. Furthermore, efforts to understand why women were not active in leadership spaces were met with explanations such as, 'women are unfit to take up



ABOUT ARISE

The ARISE Hub – Accountability and Responsiveness in Informal Settlements for Equity – is a research consortium, instituted to enhance accountability and improve the health and wellbeing of marginalised populations living in informal urban settlements in low-and middle-income countries.

The ARISE vision is to catalyse change in approaches to enhancing accountability and improving the health and wellbeing of poor, marginalised people living in informal urban settlements.

ARISE is guided by a process of data collection, building capacity, and supporting people to exercise their right to health. ARISE works closely with the communities themselves; with a particular focus on vulnerable people living in the informal settlements; often overlooked in many projects and initiatives.

ARISE was launched in 2019 and is a five-year project. It is implemented in four countries: Bangladesh, Kenya, India and Sierra Leone.



leadership roles, on account of being illiterate' or 'women are too preoccupied with household chores to be concerned with official work'.

Self-doubt was high among women waste workers about their ability and qualifications to lead groups and discussions. Prior to ARISE funding, there were limited to no spaces for women to come together to discuss women-focused issues. The unions and collectives are traditionally spaces where women's voices are absent and where leadership positions are largely occupied by men, providing men with a space to discuss their issues. The view of women in these spaces was that "these meetings happen, but nobody asks us what we think/want". The perception from men was that "women are not interested as they don't have time or have the skills to engage". The issues and voices of women were therefore often sidelined. There were no safe spaces for these women to speak and discuss their own health and wellbeing, the substantial barriers to leadership, how women envision their roles in leadership and how they could potentially overcome such barriers.



THE STORY OF CHANGE



FGDS AND WORKSHOPS

At the start of interactions with the women in collectives in Shimla and Andhra Pradesh in May 2019, they requested support from the research team to ensure that their voices could be heard where they were traditionally drowned out. Some women had already begun approaching men in the collectives, urging them to provide a space for the women's voices to be included and heard in the discussions. FGDs were established in August 2021, which provided the space for women to convene and talk with one another, with dialogues focussing on the issues important to women.

From the initial FGDs and priority setting exercises, menstrual health emerged as an area concern. Discussions therefore were encouraged on women's needs and priorities around menstruation, as well as the biology behind menstruation.

“It will be good if someone tells us...Because we have girl children.”

“We have already given birth and operated. But if we learn about this, we can educate the coming generation.”

Women's lack of access to menstrual products was also highlighted as an important issue, so sessions on methods for managing menstruation through different menstrual health products was facilitated. Within this, access to other social determinants of health were identified as a root cause or limitation that prevents access to menstrual products. The consideration of the social determinants of their health encouraged a move away from the linear approach and understanding of women's health towards a more holistic view that considered the multiple, complex and conflicting factors affecting health and wellbeing for women.

As discussion on menstrual health progressed, women began using the space to talk about topics beyond menstrual health; topics and challenges around family planning (contraception), menopause, social security schemes, occupational health and women's roles in collective meetings. A series of workshops was planned through these FGDs with the women's groups and ARISE. The first workshop on body anatomy took place at the end of March 2023. A subsequent workshop in May 2023 focused on labour laws, which was actively attended by some women who seldom stepped away from their houses.

Workshops encouraged open communication among family members, particularly between mothers and daughters, about menstruation in the hope that further knowledge could be shared. Governance actors (such as the Municipal

Corporation and Kamla Nehru Hospital) in Shimla were engaged in the co-production of interventions, such as the knowledge-enhancing workshops on women's health, particularly on issues of concern to women waste workers. This relationship has led to the co-production of workshops on menstrual health and the development of training manuals.

The conversations emerging from the FGDs with women led to gynaecological check-ups being arranged by ARISE researchers for the participants. TGI reached out to the Medical Superintendent of a government hospital (Kamla Nehru Hospital) and, after listening to what the initiative involved, he connected them to the Nursing Superintendent. Both requested the team extend the menstrual health workshop to include the 15-20 sanitary workers in the hospital. The Medical Superintendent also asked for another such knowledge sharing session for the senior hospital staff. However, the plans for conducting workshops with the sanitary workers and senior hospital staff came to halt when the Medical Superintendent retired and the Commissioner of the Municipal Corporation moved to a different department.

LEARNING EXCHANGE

A learning exchange programme in February 2022 brought together groups of women who were working in informal sectors for cross learning between the TGI and SPARC project teams. This enabled women from different backgrounds and geographies to see the lived reality of women waste workers from other research sites. It highlighted both the different vulnerabilities across sites, and also the vulnerabilities that they shared. Strong and powerful narratives were inspired and encouraged following the discussions at the learning exchange.





THE ARISE CONTRIBUTION

Through the menstrual health work, especially during the FGDs, ARISE were able to convene a space for women to talk about their bodies, reproductive health, social security issues, work-related challenges and compounded burdens of care work. Previously, these spaces of engagement with waste workers were primarily with men, and the issues and voices of women were sidelined. These discussions became a safe space for women to speak out, discuss barriers in their pathways to leadership, how they envision their roles in leadership, and how they could potentially overcome such barriers. Menstrual health was identified as an area of concern for women in the waste worker communities. The team had initially started with the idea of an 'intervention' designed from an environmental sustainability perspective and to assess the adoption and acceptability of a sustainable menstrual health management (MHM) kit in a community setting. However, over time, through interactions with the community, the research team learned the need to step beyond the parameters of menstrual 'hygiene' management and instead explore menstrual 'health' and its implications on the lives of the waste workers from a rights-based perspective. This shift was necessary for many reasons including:

- The need to acknowledge the caste and class blindness of the sustainable menstruation discourse. Often, this discourse excludes the repercussions of caste and class hierarchies. It also tends to shift the onus of sustainability and the maintenance of good hygiene on marginalised women themselves, without taking into account structural and systemic factors.
- The need to acknowledge menstrual health instead

of hygiene since it allows a broader recognition of the structural determinants of health and their implications on the lives of waste workers who menstruate. Such an approach allowed the research team to move beyond a focus on menstrual 'products', and understand the role of issues such as access to water, sanitation, public transport, work arrangements, the gendered division of labour, and so on.

In one case, when it came to showing women how to use a menstrual cup, it became evident that one woman had already learnt how to use it on her own. After her husband had left her, she learnt to read and write from the Internet, and learnt how to use a menstrual cup on YouTube. She initially had concerns over whether it was safe to use or not, so asked a gynaecologist. Within the FGD with ARISE, this woman was able to lead the discussion and share her story, where she described the menstrual cup products and how to use them.

In Andhra Pradesh, we realised that the concerns of the women waste workers were more centred around understanding bodily anatomy, the causes and effects of menstruation and menopause, dietary changes for pain management during menstruation and better menstrual health. To cater to this, we organised for a gynaecologist to visit the communities with our team. This workshop included simple explanations of women's reproductive anatomy, and paved the way for the women to openly talk about their apprehensions regarding their own reproductive health. It was a space for women to also talk about their acquired knowledge about their health and well-being (for example, they spoke about the need to include affordable, seasonal, and locally available rich sources of fibre and protein in their diet).

While ARISE cannot claim to have improved menstrual health, as there are multiple factors that determine this which make it very difficult to measure attribution, the project has improved women's understanding around priorities within and for women's health, wellbeing and livelihoods, including around menstrual health and reproduction. Women have been able to use the safe spaces facilitated by ARISE and co-create with women waste workers to articulate their health and well-being needs, which have guided continued discussions and led to the co-production of action to ensure these needs are considered and addressed.

The fact that governance actors, such as the Municipal Corporation and Kamla Nehru Hospital in Shimla were engaged in the co-production of interventions and the government hospital was enthusiastic about extending the menstrual health work to their staff highlight the importance of menstrual health and a broader lack of understanding

of menstrual health, even amongst hospital staff. The request from the government hospital shows how well the messages on the importance of these discussions has been communicated to them by the ARISE team and how they value and embrace the work being done. The close relationship between TGI and the health system actors' supported the co-development of workshops that will persist beyond the end of the ARISE project.

ARISE's contribution was a necessary factor in bringing about these changes, as TGI would not have otherwise had the financial resources and avenues to creatively bring waste workers together, and respond to their emerging needs and priorities (legal awareness, body literacy, leadership).



REFLECTIONS

Community Based Participatory Research (CBPR) enabled adaptation:

Initially, this intervention was designed from an environmental sustainability perspective on MHM, and to assess the adoption and acceptability of a sustainable MHM kit (of products and supplies) in a community setting. However, over the course of time, through interactions with the community, the research team has learned the need to step beyond the parameters of menstrual 'hygiene' management and instead explore menstrual 'health' and its implications on the lives of the waste workers from a rights-based perspective.

CBPR encouraged active listening to women's voices through filling out of logbooks and checklists, trying to determine their preferred choice of menstrual products.

Factors such as the time poverty of waste pickers in Andhra Pradesh made it increasingly difficult for them to carve out time for the frequent and extended meetings and workshops run by ARISE. This should be considered when trying to replicate this process elsewhere. Women waste pickers are under enormous time pressures to earn a living and perform household chores and attend to household emergencies (episodes of their own ill health and that of family members).

Grassroots support for co-producing convening spaces:

The support of SEHB, SMU, and DBRC - the grassroots partners and select representatives of waste workers' unions and collectives - were instrumental in facilitating access to women waste workers, building trust and encouraging women to engage with ARISE and actively participate in the meetings and workshops. Most women attendees were not only enthusiastic about participating in the menstrual health work, but also encouraged other women to come forward, speak up, and put forth their opinions in FGDs, workshops and collective meetings.

In informal living and working spaces, it is more challenging (time and resource intensive) to co-produce knowledge as there are no established pathways to interaction. In Shimla, the waste workers are visible workers of the state, and are already part of collectives - thereby facilitating frequent interactions. There is a ladder of steps for co-production on this site. However, in Andhra Pradesh and Bangalore, there is no architecture to facilitate such interactions - instead, one has to rely upon the generosity of individuals to enable this process.

Steady engagement with health system actors and governance actors:

The relationships established and maintained with governance actors in Shimla were made possible through the relatively open governance processes there. In contrast, in Andhra Pradesh, governance structures and process were more closed off to influence due to greater socio-economic disparities, bias and discrimination. In Shimla, the research team was constantly trying to navigate the intricate web of the health system. With the frequent transfers and postings of concerned government officials, much of the time and resources of the research team were spent on re-applying and obtaining requisite permissions and approvals.

Women researchers facilitating work and speaking the vernacular language:

It was important for the lead researcher who facilitated the work to be a woman who spoke the language of the communities they were working with. The unavailability of a

woman researcher to lead the work in Guntur and Vijayawada significantly impacted the scope of work that could be undertaken, particularly in relation to matters concerning women's health. Additionally, women researchers from the team who could and did visit lacked vernacular fluency (Telugu) to seamlessly conduct the workshops.

FURTHER RESOURCES

- TGI India (2022) Bloody inconvenience: Menstrual health in waste worker communities, ARISE, <https://www.ariseconsortium.org/bloody-inconvenience-menstrual-health-in-waste-worker-communities/>
- Dash S. and Garimella S. (2022) Shimla study underlines the need for menstrual leave for women waste workers, ARISE
- <https://www.ariseconsortium.org/learn-more-archive/shimla-study-underlines-the-need-for-menstrual-leave-for-women-waste-workers/>



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