



# Health Access for Informal Workers In Ahmedabad, India

## Suhadraben's Story

**S**ubhadraben is a home-based worker and a member of SEWA in Ahmedabad, India. She lives in a 9-by-11-foot windowless room in a slum in Ahmedabad city. The lane outside her home is the thoroughfare and also doubles as her workplace when she wants to sit outside.

She lives there with her three children, her husband, her mother-in-law and her father-in-law.

To supplement the family income, Subhadran began rolling beedis (indian cigarettes) after her marriage 20 years ago.



Until 14 years ago, Subhadraben's health had been good. Following the birth of her second child, however, she would feel breathless and had no energy even to walk.

Subhadraben's contractor pays Rs.100 (1.57 USD) per 1,000 beedis, enabling her to earn Rs. 50 (0.79 USD) a day making 500 to 600 beedis. Together, she and her husband, who works as a rickshaw driver, earn about Rs. 4000-5000 (62.71-78.39 USD) per month.

Until 14 years ago, Subhadraben's health had been good. Following the birth of her second child, however, she would feel breathless and had no energy even to walk. The doctor in the government hospital told her that she had a problem in her valve. He prescribed medicine which she would have to take daily, but a day's worth of medicine cost Rs.13.50 (0.21 USD), which she could not afford.

Further to this, the circumstances at home were difficult – her husband was an alcoholic and provided no money for household expenses, spending it all on alcohol instead. She worried about her infant son and a 3-year-old daughter and even gave up eating because her family complained about her illness.

Because of her situation, she continued with the medication on and off for 14 years. When the doctor first told her that she had a problem in her valve, she did not take it seriously. "I felt well. I did not even know what a valve is. Only when I felt really unwell did I go for treatment".

She would go to the government hospital, get investigated and start the medication. On getting a little better, she would stop taking the medicine. During this period she had five to six electrocardiograms and two to three eco cardiograms, the latter of which cost Rs. 400 (6.29 USD) for each test.

In January 2014, just after cooking one day, she suddenly felt breathless. She could not see anything, became dizzy and was unable to walk. Her family took her to Shardaben General Hospital, treated her and kept her in the hospital for four days. Fortunately, the cost of her stay, Rs. 700 (11.01 USD), was reimbursed through SEWA's insurance scheme, of which she is a member.

After she went back home, however, she suddenly became worse. She could not hear or see, and she was unable to recognize anything. She was taken to the hospital where the doctor gave her an injection. She immediately had a reaction to the injection and had to be given another anti-allergy injection.

She recalls that she had a similar injection when she first began having problems 14 years ago, and had had a severe reaction then as well. She was told not to take it ever again. "I told the doctor that I cannot take that injection but he insisted on giving me an injection." She had thrown away her hospital booklets for the previous years, however, and could not recall the name of the injection that caused her reaction.

The doctors at Shardaben then referred her to the larger Civil Hospital. Subhadraben went there with her family twice, but each time she saw the long queue of patients and came back without meeting the doctor.

The third time SEWA's health sevika (health worker) accompanied them to the hospital: "I told her it will take a whole day, and I stayed with her and the family. I spent the whole day there getting her investigations – meeting the doctor, doing an eco." Then they told her she needed to get admitted for angioplasty (a procedure to clear blocked blood vessels), and told her to come back to get admitted a week later.

When she went back, however, the assigned doctor had to take care of another emergency case, so she was asked to go home and come back a few days later.

When she was finally admitted, she stayed there for three days before being discharged.

Her experience with the doctors and nurses at the government hospitals has been good, and she has never gone for treatment to a private hospital. SEWA's health sevika helped her get a Ma Amrutam card - a state government scheme under which families living below the poverty line can receive free treatment - in 2013. Her operation and stay were therefore free of cost. On discharge, she was given a sum of Rs. 300 (4.72 USD) to cover transportation costs. She also got hospital insurance from VimoSEWA for the three days that she was in hospital. However, she must continue to take medication which costs her Rs. 500-600 (7.86-9.44 USD) per month.

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*Photo: J. Lee*

Subhadraben's household circumstances have since improved. SEWA's health sevika took her alcoholic husband to a rehabilitation centre where he has been cured of his addiction. He now goes regularly to work and uses his income to buy things for the household and also pays for her medicines each month. During the time that her husband was in rehab, she took a loan of Rs. 20,000 (31.46 USD) from a local microfinance organization to tide her family over for the time when he was not earning anything. She now has to repay Rs. 950 (14.94 USD) each month for a total of 23 months.

Furthermore, Subhadraben now has running water in her house, and a year ago, through a government scheme, the family was able to install a toilet. Prior to that she and her family used a pay-and-use toilet in the neighbourhood.

At the moment, she feels well, her husband now regularly contributes to the household and she is hopeful about the future.



Photo: J. Lee

**About WIEGO:** Women in Informal Employment: Globalizing and Organizing is a global network focused on securing livelihoods for the working poor, especially women, in the informal economy. We believe all workers should have equal economic opportunities and rights. WIEGO creates change by building capacity among informal worker organizations, expanding the knowledge base about the informal economy and influencing local, national and international policies. Visit [www.wiego.org](http://www.wiego.org).