have you eaten? Have you talked to your family back at home? How are they doing?”

Every day as I made my way up to the third floor of the outpatient department I was greeted with genuine concern by my new “sisters.” I spent 8 weeks at Aravind Eye Care Systems (AECS) in Madurai, India studying the roles and impacts of the women employed as MLOPs (mid-level ophthalmic personnel, or nurses). In my short time at the hospital, the sisters took me in as family.

CONTINUED

Aravind Eye Hospital in Tamil Nadu, India is the largest ophthalmic provider in the world, and is renowned for its high-quality, low-cost care. Approximately 200,000 procedures are done per year, and 70% of these are done at no cost to the patient—the fees are subsidized by the 30% of patients who can afford to pay. Several factors contribute to Aravind’s massive success; however, arguably the most valuable asset to the organization is its workforce. Though much research has been done on the Aravind model, none has been done detailing the experiences of the women who work there. Several organizations in India, including Aravind, aim to uplift women in rural poor communities and operate on the notion that empowering rural communities is key to lessening poverty in India (70% of India’s poor live in rural areas, and 62% of India’s population is rural). My goal was to unpack this notion of empowerment and understand how employment impacts the women’s lives, the hospital, and their home communities.

In order to do this, I conducted semi-structured interviews with current and past employees, members of sisters’ families, and hospital administrators. I also sat in on candidate interviews and observed workflow. All in all, I collected 45 interviews. Through the Burch Fellowship, I not only gained hands-on experience in both biostatistics (choosing a weighted, stratified sample) and medical anthropology (ethnographic fieldwork), I grew in ways I could not have imagined.

Aravind, a hill station next time I’m in India. Should I want to visit the beautiful Ooty hill station again? Though much research has been done on the Aravind model, none has been done detailing the experiences of the women who work there. Several organizations in India, including Aravind, aim to uplift women in rural poor communities and operate on the notion that empowering rural communities is key to lessening poverty in India (70% of India’s poor live in rural areas, and 62% of India’s population is rural). My goal was to unpack this notion of empowerment and understand how employment impacts the women’s lives, the hospital, and their home communities.

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UNDERSTANDING THE IMPACT OF RURAL WOMEN AT THE ARAVIND EYE CARE HOSPITAL IN TAMIL NADU, INDIA

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