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

“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.

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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.

I gained valuable insight into the factors that make the women I interviewed so cherished at the hospital, and I began to understand the core of what makes the MLOP system so unique: a sense of family and community. The sisters call patients “patti” and “thatha” (“grandma” and “grandpa” in Tamil) as they lead them around the hospital. Several women explained that folks at Aravind had helped them through tough personal situations such as seeking treatment for a sick relative. Their care and concern was not reserved for the patients, as I was welcomed into the Aravind family throughout the course of my project. In addition to daily warm

greetings at the hospital, when I went to the homes of former Aravind employees, I was met with even more care (along with tea, cool drinks, and snacks, of course). Upon hearing about my travels in Tamil Nadu, one sister offered to let me stay at her Ooty home should I want to visit the beautiful hill station next time I’m in India. Another former sister came to Aravind to support me during my final exhibit presentation.

In those two months, though I missed my family and friends at home, I never once felt homesick. I attribute a large part of that to the MLOPs. This nurturing spirit or “attitude” embodied by the MLOPs is critical to the



functioning of the Aravind model, and healthcare systems all over the world have much to learn from these women. Being immersed in the system enabled me to understand this in a way no amount of reading could have taught.

Importantly, over the duration of my trip, I became more independent. I have been traveling to India frequently since I was young, but this was the first time I was entirely on my own. I had never taken public transportation in India before this trip, much less traveled to a village via non-air-conditioned bus on my own (and what an experience that was!). I learned to stay calm when things don’t go as planned, such as when I realized my train ticket back from Pondicherry—an eight-hour journey from Madurai—was booked for the wrong day (I ended up finding a non-A/C train ticket, and made it home safe albeit being drenched in sweat and covered in mosquito bites upon arrival). I gained confidence. I felt comfortable walking around by myself, bartering in Tamil with the patti (grandma) down the street for the best guavas, and of course, carrying out my very own research project from inception to completion.

Thank you, Mr. Burch, for providing me with the experience of a lifetime.

