

**WOMEN'S EMPOWERMENT AND THE LADY HEALTH WORKER
PROGRAMME IN PAKISTAN**

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December 4, 2008

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(Final Paper)

1. Introduction

The present study explores the topic of empowerment through the experience of women in the Lady Health Workers Programme, a government-run project that employs almost 100,000 women across Pakistan as community health workers. The LHWP directly addresses women's reproductive health needs by attempting to provide them information, basic services and access to further care if necessary. It is also a major employer of women, and therefore the experiences of LHWs can provide valuable insight into the impact of paid work on their lives and gender relations in their homes and communities. The discussion that follows will begin with some background information on women and paid work in Pakistan, followed by details of the LHWP, and an analysis of selected interviews with LHWs. It will then situate the research findings with respect to conceptualization on empowerment in an effort to contribute to the debate.

A background review¹ of existing research on women and paid work in Pakistan has shown that there is a small body of studies that examines empowerment as linked with employment. What we do know more about, however, is that the subject of women and paid work in Pakistan remains controversial for many reasons. First, there is disagreement over the data itself on working women regarding its depth, conceptual frameworks and accuracy. Second, there is a debate among researchers over whether it is cultural and religious factors that have restricted women's mobility and prevented them from accessing job (and health or education) opportunities, or whether it is broader class, caste and even policy biases against women that limit their employment opportunities in both rural and urban areas. Third, the state has not played a consistent role in supporting the social development of women, one result of which has been women's growing exclusion from public spaces. Existing research reveals that the government's macro-economic policies have created new opportunities in the form of greater demand for cheap labour and the expansion of the informal sector. It is being increasingly filled by women, but as workers they are undocumented and unprotected by labour legislation. In spite of this context, social change is underway in rural and urban Pakistan and both male and female youth are demanding more schools and jobs than the government can provide. What we know less about are the subtle changes that take place among women, their families, and communities, when they start to earn money for the work they do.

Some of the earliest research on working women in Pakistan that examined certain empowerment indicators suggested that women piece-rate workers in the city of Lahore were experiencing more say in family matters, more respect and consideration in the household, and relaxation in the home due to their status as earning members of the family.² Later research on working women in Karachi found that there had to be a two-fold change along with paid work: the work had to be both valued by society and give women an improved self-perception for it to have a strong positive impact on the

¹ Khan, Ayesha. 2007, "Women and Paid Work in Pakistan", Pakistan Scoping Paper, Pathways of Women's Empowerment South Asia Research Programme.

² Shaheed, Farida, and Khawar Mumtaz, 1981, *Invisible Workers - Piecework labour amongst women in Lahore*. Islamabad, Women's Division of the Government of Pakistan.

women's lives. Women working in formal sector occupations had the greater advantage here.³ Other positive benefits of work, even in the informal sector, include a decrease in urban Pakistan in gender discrimination against sending girls to school.⁴ The most important rural study to date took place among women in Punjab, which showed that paid work outside the home potentially increased women's autonomy. Autonomy was defined in terms of indicators such as domestic decision-making, financial decision-making, access to household resources, type of mobility, and even communication with husband.⁵ These findings establish that there are changes that result from women's paid employment, and there is great scope for further research.

The government of Pakistan has taken minimal policy measures to create an enabling environment to encourage women to enter the public domain and to engage in paid work. For example, it decided to expand government employment opportunities for women in 1988 and did so by introducing a five percent quota for service jobs that has yet to be filled. In contrast, though, the government has maintained some level of concern about its population growth rate. It launched a Village-Based Family Planning Workers scheme on a national level in the Eighth Five-Year Plan (1993-98) that grew into the current Lady Health Workers Programme. It has been termed a successful government programme in large part because it has succeeded in increasing reversible, modern contraceptive use in rural areas served by the Programme.⁶ But what is most interesting for our research purposes is that the LHW may also prove to be an instrument of "social change" in her community, as she proved to be in the case of Bangladesh⁷ and as Douthwaite and Ward (2005: 121) suggest may be the case in Pakistan's rural areas as well.

The LHWP thus emerges as a potentially valuable research area, especially given its status as a government employer of women. Further, if empowerment is to be understood through changes wrought in the areas of body, voice and paid work⁸, this project in effect touches all these themes. The nature of the work is directly meant to increase women's control and decision-making with regard to their health, well-being, and reproductive decision-making; it is a community-based project that strives to empower men and women to make their needs heard through health committees and increased interaction; and as a federal programme it employs almost 100,000 women across the country.

³ Sathar, Zeba A. and Shahnaz Kazi, 1990, "Women, Work and Reproduction in Karachi." *International Family Planning Perspectives*, 16(2): 66-69.

⁴ Khattak, Saba, 2001, "Women, Work and Empowerment," in Asad Sayeed and Saba Gul Khattak, eds, *Women's Work and Empowerment Issues in an Era of Economic Liberalization: A Case Study of Pakistan's Urban Manufacturing Sector*, Islamabad: Pakistan Institute of Labor Education & Research (PILER) and Sustainable Development Policy Institute (SDPI). 65-87.

⁵ Sathar, Zeba Ayesha and Shahnaz Kazi, 1997, *Female Autonomy in Rural Punjab*, Islamabad: Pakistan Institute of Development Economics.

⁶ Douthwaite, Megan and Patrick Ward, 2005, "Increasing contraceptive use in rural Pakistan: an evaluation of the Lady Health Worker Programme," in *Health Policy and Planning* 20 (2): 117-123. This finding was based on research that compared areas served by the LHWP with control groups.

⁷ Simmons, Ruth, Laila Baqee, Michael A. Koenig, and James F. Phillips. 1988. Beyond supply: the importance of female family planning workers in rural Bangladesh. *Studies in Family Planning* 19: 29-38.

⁸ These are the three themes being researched in the multi-country study Pathways to Women's Empowerment, and for which this research was commissioned.

There are, therefore, a variety of ways in which women’s empowerment could be examined within the LHWP. The present research approached empowerment through research some particular themes: How do LHWs themselves feel their work has impacted their lives? What changes have they experienced in their status within the home and community? How does their work experience challenge gender norms? A discussion of findings will then help us to answer another question: what do LHWs tell us that could enrich our understanding of the trajectories of women’s empowerment, particularly in the context of global research on this subject?

2. Methodology

Qualitative field research was directed in two provinces of Pakistan: Sindh and Punjab in 2007. Community-based inquiry was conducted in one rural and one peri-urban site in each province. Types of data can be grouped as follows:

1. One set of data is based on in-depth interviews with 27 Lady Health Workers distributed across the four districts in which the community sites were located. Some informal research took place in the Northwest Frontier Province as well.⁹ The interviews were conducted in two rounds, as shown below. We interviewed a selection of respondents from the first round according to a revised set of guidelines that explored empowerment themes more closely.

Box 1. Types of Data

	Punjab Rural <i>Jhang</i>	Punjab Peri-Urban <i>Faisalabad</i>	Sindh Rural <i>Tando Jam</i>	Sindh Peri- Urban <i>Malir</i>	NWFP case study
LHW in-depth 1	4	5	7	8	3
LHW in-depth 2	3	3	3	3	0
Women’s Group discussions	2	2	2	2	
Men’s Group discussions	2	2	2	2	1 peri-urban
Household Interactions	5	3	5	7	2 peri-urban
Key Informants	2	2	3	4	1 rural 4 peri-urban
Community Profiles	4	4	5	4	1 rural 1 peri-urban

2. Group discussions were held based on the same interview guidelines, in those communities selected for greater probing, to establish whether there were any perceptible changes relevant to women’s empowerment in those

⁹ Due to security considerations, it was not possible to conduct formal field work in the NWFP.

areas of LHWs' fieldwork. Group discussions also afforded the opportunity to get men's views on these same themes, and to compare the views of dominant and less powerful groups within the social hierarchy of these communities.

3. Household interactions, or short interviews with one or more members of the household of Lady Health Workers, provided researchers an opportunity to cross-check some of the information from in-depth interviews, and elicit the views of family members on the LHW and her work.

4. Key informants from those areas selected for community-based interviews were individuals, male or female, whose position and experience in the area allowed them to give researchers an overview of facilities, gender norms and social behavior.

5. Community profiles were prepared for those areas selected for community-based interviews, which included information on social services, gender norms, population characteristics and political affiliation.

The interview guidelines in the first round of interviews were designed to elicit information from Lady Health Workers on how and why they became LHWs, their marriage and child-bearing history, decision-making and mobility patterns, sources of support and opposition to their work, and their training and duties as LHWs. We looked at their role as income-earners and how it had affected gender relations and their own behavior. The interview guidelines in the second round were designed to explore these topics with further probing, and find out about their responsibilities within and outside the home, job satisfaction, personal development, and changes in social relations. The same themes formed the basis for other interviews, with key informants, household members, and community discussions.

Field work took place over a four month period in 2007. Rural communities were particularly responsive to our interest. The effect of paid work in the lives of individual women, and on the lives of community members, were more clearly visible in these sites. Peri-urban sites were more complex, because they involved communities with diverse linguistic, ethnic, and religious households that differed in their response levels. Peri-urban Karachi, in particular, posed a challenging environment for fieldwork as households within the space of just two lanes would mistrust each other on the basis of these differences, and group interviews were harder to organize as a result.

Nonetheless, the interview material and community profiling offered rich data for analysis, provided it could serve the purpose of casting light on pathways or processes that further women's empowerment, or enhanced our understanding of what this means for the people interviewed. Our analysis emerged through three main analytic frames. The first was a classification of community profile data into those that revealed social or economic structures that were oppressive, ie furthered inequalities among people in a community and did not enhance possibilities for social justice, and those which could offer avenues for reducing certain types of inequalities and injustices in a community. Some features or facilities in the community could traverse both these categories. This analysis was not limited to patriarchal structures of oppression, and included caste, class and other structures as well. One example of

such a classification is shown in Box 2. The community-based findings helped to establish the context of diverse local gender systems, or the “geography of gender” that shapes women’s experience of paid work (Kabeer, unpublished).

Box 2. Analysis Table Community # 5 Rural Punjab

Empowering Developments	Structures of Oppression
Education: 2 Primary schools, 1 high school for boys. 2 female teachers from Garwah caste	Education: no female teacher in girl’s school as none comes from city Parents have to send girls to Chak xxxx some 7-8 km away. Better quality education in village for boys. No female teacher from low castes.
Facilities: 1985 electrification 2003 telephone connection	
Mobility: 2 nd Bhutto govt. paved roads, Women in groups allowed to move outside village.	Personal transport (rickshaw, etc) needed to reach main road and fare was 5 rupees per person. A young girl of Musali caste died because of access issue.
TVs in some houses	No cable
Health Facilities: RHC 5 km away 4 local doctors running private clinics in village 1 dai in village 1 LHW Baloch and 1 LHW Machhi caste	Poor quality of govt. dispensary, few medicine and unsatisfactory medical staff. Local doctor unable to stop one recent maternal death, parents could not reach hospital in time.
Organization: Bachat (savings) committees for men and women, savings 3-600 Rs/month Bhutto’s Marrala scheme during 1970s gave some women from poor landless families plots.	Organization: no CBO/NGO, no govt. loan facilities
	Conflict: in a dispute on honor between Garwah and Samra castes, 3 people killed. Village heads from landowning castes resolve minor disputes. If woman in dispute she sends male rep during resolving process, she cannot attend. Baloch migrants from Cholistan involved in theft and drugs, they live in Jhang tehsil
Women’s work: Brick kilns: Mussali and under debt 2 teachers from G caste 2 LHWs	Men’s work: land cultivation and labour, casual labour, govt. jobs, brick kiln, overseas employment, military (for Kammi lower castes)
Politics: MPA of area is a women with PPP	No lady councilor from village
LHW work: appreciated by men, valuable information and services provided re health, hygiene and family planning	Caste: mostly lower caste houses, dominated by land-owning castes, Marriages within castes No member of Mussali and Kammi castes dare to contest elections, although they are more in number than landowning castes. Separate graveyards for landowning and Kammi castes. Mussali was burying funerals elsewhere. “God made “mehar” landowning castes from different type of clay.” Mussali as more oppressed caste.

The second analytic frame involved the close reading of all interviews in order to identify themes related to women’s empowerment, with reference both to scholarly work on the subject and also to the experience of women interviewed for the study. These themes were identified through the frequency with which they emerged, or else by the extra dimension or richness they added to the analysis. [See Section 4 Thematic Analysis below] For example, some themes that emerged repeatedly were “poverty management”, “job satisfaction”, and “expanded mobility”. Others, such as “price to pay” and “crossing of caste/class barriers” were more subtle, but with regard to certain interviews had a powerful effect on a woman’s experience of empowerment.

Finally, it was not enough to map out dimensions of empowerment, but the trajectories of individual women's lives illustrated the processes through which their empowerment unfolded, or not, depending on individual circumstance. Hence certain individual life histories emerged, as pathways in themselves, to inform us about the interplay between context and emerging agency in this process. A selection of these life histories was purposefully used in the analysis below to provide depth and direction to our understanding of empowerment.

3. The Lady Health Worker Programme

The LHWP evolved out of earlier government efforts to provide health and family planning services at the community level through two parallel programmes. In 1992 the Ministry of Population Welfare (MOPW) had launched a pilot Village-Based Family Planning Worker scheme with the purpose of increasing contraceptive services in the rural areas. It continued during the subsequent 8th and 9th Five Year Plans and expanded to 9,000 women VBFPWs by 1997. A situation analysis conducted in 1999 showed that the contraceptive prevalence rate among communities with VBFPWs had indeed improved although the scheme itself needed to become more efficient. (Ashfaq et al 2001) The Ministry of Health had its own community health worker programme to increase access to basic health care services in rural areas. The LHWP integrated the two programmes, in a major departure from the government's earlier approach, which was to keep family planning services outside of health services at the field level.

LHWP was launched as part of the Prime Minister's Programme for Family Planning and Primary Health Care (FP- PHC) through the Ministry of Health in 1994 and is funded by the federal government. Its policy and planning documents refer to Pakistan's commitment to the Alma Ata Declaration of 1978 which had "Health for All" as its goal. By the end of fiscal year in 2003 the government had spent a total of PkRs 9,362.178 million. Possibly in response to the reality that basic health indicators across Pakistan remain low, an increasing number of primary health care programmes have been designed and managed at the federal level even though there exists a provincial and district level health system run by the provincial government. The LHWP design¹⁰ originally aimed to:

- address the primary health care problems of the community.
- bring about community participation through awareness creation, change of attitudes, and mobilization of support.
- improve the gap between the community and health services.
- expand family planning services availability in urban slums and rural areas.
- gradually integrate existing health care delivery programmes (immunization, malaria control, nutrition, and maternal health) within the Prime Minister's Programme.

In its current form, the LHWP maintains basically the same goals, and has added another – that of developing the necessary health manpower to support the Programme - by deploying as many as 100,000 LHWs throughout the country.

¹⁰ Oxford Policy Management, 2002a, viii

A major evaluation completed in 2002 found that, despite certain organizational weaknesses, the Programme had a significant positive impact on health outcomes, in contrast to an international trend of poor performance of community health workers. These included improved childhood vaccination rates, contraceptive uptake, usage of antenatal services, levels of child growth monitoring, and lower rates of childhood diarrhoea in communities served with LHWs. (Oxford Policy Management, 2002a) Further, it was noted that the FP-PHC had played a significant role in women’s empowerment by creating job opportunities for rural women; that is, by placing thousands of LHWs and Lady Health Supervisors in the field. Policy documents developed since then assert that the LHWP is also part of the Poverty Reduction Strategy of Pakistan (PRSP) on the premise that improvements in health status gained through an investment in the Programme will contribute to poverty reduction. (Regional Committee for the Eastern Mediterranean, World Health Organization, 2004)

The current LHWP is underway as part of the 2003-2008 planning period, at a cost to the federal government of Pak Rs 21,533.502 million. It is seen as the “strategic arm” for the new National Health Policy (2001) and for poverty reduction. (Ministry of Health, 2003: 2) It is the main project in the health sector to be used to achieve the goals of the ongoing PRSP. The National Health Policy aims to reduce widespread prevalence of communicable diseases, address inadequacies in primary and secondary health service, promote greater gender equity in the health sector, bridge basic nutrition gaps, and create mass awareness in public health matters. The LHWP is seen as a cost effective way to impact health outcomes and health status. (Regional Committee for the Eastern Mediterranean, World Health Organization, 2004) The Pakistan government has also developed a Maternal and Child Health Policy and Strategic Framework (2005-2015) in response to the targets it has set based on the Millenium Development Goals. It places the LHWP, along with family planning, immunization, nutrition and reproductive health initiatives within this framework, which will also seek to solve long-standing organizational problems. (National MNCH Program 2006)

Table 1. Lady Health Worker Programme and Indicators 2006

INDICATORS	NATIONAL	LHWs
Maternal Mortality Rate	340	180
Infant Mortality Rate	77.9	50
Contraceptive Prevalence Rate	36%	38%
Tetanus Toxoid Vaccinations	51%	57%
Ante-natal Care	43%	49%
Skilled Birth Attendants	31%	55%

Source: Primary Health Care Wing, Ministry of Health, 2006, p.2.

The achievements of this Programme are significant on many levels. First, health indicators are indeed better than the national level indicators in those areas of the country with LHWs operating.¹¹ Second, it has turned out to be a major employer of

¹¹ Douthwaite and Ward (2005) found that the use of modern, reversible contraceptive methods is significantly higher in rural areas served by LHWs than in control areas. The percentage of rural women using any contraceptive method in LHW areas was 30 percent, while in control areas it was 21 percent. (p 120)

women in low-income communities, with the total figure of LHWs and LHS on the job at 96,028. (Primary Health Care Wing, Ministry of Health, 2006: 4) It has almost reached one of its goals, the deployment of 100,000 LHWs throughout the country.¹² The implications of this for women's empowerment, independent of the clear benefits to the population's health, will be explored in this paper.

But first, a quick overview of the selection and training procedure for LHW is necessary. An LHW has to have at least eight years of education in order to qualify, and she may be single or married. She works from her home, where she has one room designated "Health House" from where she sees community members, holds meetings, maintains her household register, and stores contraceptives, medicines and communication material. One LHW serves a population of 1000, which is approximately 100 households, and she regularly visits them to maintain her health records. Her initial 15-month training is conducted by a qualified doctor at the closest Basic Health Unit, the primary care facility in the public sector. After completing the first three months of this training she may begin her duties in the community. After training she will visit the BHU once a month to collect her stipend of Rs. 2500, get feedback on her work by a Lady Health Supervisor, and participate in refresher or skill enhancement training. This on-going training is one major reason for the success of the Programme. (Primary Health Care Wing, Ministry of Health, 2006)

The LHW is the most important link between communities and primary health care services, and in that capacity she does the following:

- registers all the population in her catchment area in order to identify their need for health and family planning services;
- organizes the community to raise awareness on basic health issues through forming a health committee for women and one for men;
- serves as an information resource in the community for basic health, hygiene, nutrition, sanitation and family planning information;
- provides essential drugs for the treatment of minor ailments;
- administers polio drops to children during regular government-sponsored polio drives;
- motivates and refers mothers for ante-natal, safe delivery and postnatal care.¹³

Additional duties include participating in emergency relief activities in the event of natural disasters, such as the earthquake in northern Pakistan in 2006 and joining in specific health drives as they take place across the country.

4. Thematic analysis of findings relating to empowerment

LHWs have been given a great deal of responsibility under challenging circumstances. Despite the particularities of each community, it can be broadly stated that LHWs live and work in conditions of poverty, and within the confines of a powerfully patriarchal social order. The particularities of each community determine how class and caste interests shape the social and political order, and their impact has a strong effect on how LHWs conduct their work. The government, for its part, has put LHWs to work in the absence of other institutions and services that could help

¹² The official number is 92, 957.

¹³ Regional Committee for the Eastern Mediterranean, World Health Organization. 2004: 2

them achieve their goals. For example, in peri-urban areas LHWs are expected to combat maternal and infant mortality and teach communities about hygiene, while open sewers run past houses and the state has all but abandoned its responsibility to provide other basic services to the people. In rural areas, primary and secondary school facilities are inadequate, and finding a qualified LHW in the first instance is difficult. It is almost unrealistic for the state to expect an LHW to be on the front line of primary health care through imparting information and guidance in largely uneducated communities with little or no access to social services.

Poverty, patriarchy, and social organization will determine how much space an LHW actually has in which she can conduct her work and have a role in bringing about social change. For example, the gender norms that prevail in urban and rural areas are somewhat different. While it is men who occupy the public sphere by default, and women encroach on it only when necessary, the rules are subject to interpretation. In rural areas, women in the Punjab field sites enjoyed relatively more mobility in the public sphere, eg in their villages or peri-urban neighborhoods, because there were broader spaces allowed to them based on common caste, ethnicity, and exposure to urban environments. In the Sindh field sites women's mobility in villages was also dependent on kinship and caste ties, while their access to households of a different caste was more strongly discouraged. A village, for example, is in some sense an expanded private sphere in terms of the kinship and caste of the LHW. In peri-urban Karachi, where a mix of caste, kinship, ethnic and linguistic affiliations was more complex within a smaller geographical space, women said they could not move about as freely as they could in the villages from which they originated. Both our field research and the field duty of LHWs in peri-urban Karachi were constrained because women's mobility was more restricted in these communities.

Caste remains a formidable barrier that divides communities in both Punjab and Sindh and organizes social hierarchy. LHWs generally insist that they do not differentiate on the basis of caste as they perform their duties, and that they visit the houses of low-caste women as part of their regular service delivery. However, these claims are hard to substantiate at best. During community interviews conducted in four sites, discussions were held among men and women of both the dominant as well as the lowest castes, in order to compare perceptions of the LHWs' work. The fact that the Programme has been designed to provide universal access to services offered by the LHW does send an important message to communities, no matter how their social hierarchy is organized, particularly because the LHW is supposed to directly visit all households. In the case of other social services, such as access to schooling, those lowest in the social hierarchy may be excluded because they may be intimidated and threatened if they attempt to access the school. In the LHWP, some level of universal coverage is mandatory for the service-provider, even though it may not always be realized.

The interviews conducted for this research yielded a great deal of information and insight into the experience of being a Lady Health Worker. This material allowed us to see what trajectories of change were possible for these women. We found that the stories varied depending on the context and circumstances of each individual, yet there were some distinct ways that they were shedding light on how a woman's experience of empowerment could unfold. In this section we highlight selected stories to illustrate what these unfolding trajectories can be for LHWs.

The first story follows a trajectory of work and empowerment, as framed by the research questions highlighted in the introduction above, that is most common among LHWs interviewed, whether from Sindh or Punjab. Key themes emerge that are repeated in various forms by almost every LHW interviewed. The second story features another possible trajectory, which we call empowerment and enterprise, because it illustrates how the basic changes that take place in an LHW can be built upon if a woman lives in an environment that offers more opportunities for growth and also enjoys a strong social network to facilitate her work. There is yet another, third trajectory, that is a story of repeated personal crisis. Although this LHW's story was unique, it is a powerful illustration of how circumstance can almost destroy the potential and growth of a woman. Finally, the fourth story is about empowerment and social change; it captures how an LHW can draw upon broader developments in her community and country in order to make her work experience meaningful and successful.

The stories below have been compiled based on in-depth interviews with LHWs, group discussions with household and community members, and the community profiling information gathered during field work.

(i) Work and Empowerment

Rabia lives in a village of 550 households in district Jhang, the central and agriculturally rich area of Punjab province. The major livelihood sources for men in the community are agricultural work, government jobs, brick-kiln industry, and overseas jobs in the Gulf country. Women's paid work opportunities are limited, with the greatest number of women employed in the brick-kiln industry, and a few who work as teachers, midwives and Lady Health Workers.

Caste is the dominant form of social hierarchy and labour segmentation. Residential areas are organized along caste lines, with nearly 400 belonging to the dominant land-owning caste G, and the rest mainly belonging to the lower-caste population such as Kammis and Mussalis who also work in the brick-kilns. There have been disputes between castes when traditional barriers have been breached, such as marrying across caste. Village heads from the dominant caste engage in conflict resolution. In contrast, almost all villagers are Sunnis and there are no sectarian tensions. There are two separate graveyards, one for the landowning castes and one for the lowest castes. The local gender system reinforces inequities between men and women. If there is a dispute in the community a woman with grievances cannot approach the mediator directly, she must send a male representative on her behalf. There has been an honour-based dispute between castes in which three people were killed. Marriages are arranged within caste only. There are two primary schools, for boys and girls, but no teacher for the girls' school, and one boys' high school. Women are allowed to be mobile outside the village in groups. Most women who work are from the lowest caste, making women's paid work almost unacceptable for those women higher in the social hierarchy.

Access to basic services and development initiative is limited. The Rural Health Centre is five kilometers away, and there are four local doctors and one *dai* (traditional birth attendant) in the village, along with the LHWs. A young girl from a

low-caste family recently died because she could not access a hospital in time. Some women from poor landless families have benefited from a government land scheme launched in the 1970s to give small plots to the poor. There are no community-based organizations, but both men and women do join in their own savings committees. Basic services in the village also include electric and telephone connections. A few houses have television, but there is no cable connection.

Rabia's Story

Rabia is a petite and friendly woman, who looks younger than her 34 years. She completed ten years of education and was married off by her parents to her first cousin, her uncle's son, at age 21. Her early married life was marred by extreme poverty, scarce financial support from her husband and health problems that limited her ability to conceive a child. She looks back on these years with sadness, and says that if she had not gotten a job as an LHW her daughter would have died under the circumstances and she herself may well have ended up back at her parents' home in a nearby village. Her husband, who has completed eight years of schooling, has never brought in any consistent income and spends his earnings on his friends instead of the household. She has only one daughter, age 8, and lives in an extended household with her brother-in-law and his family.

When the vacancy for an LHW was announced a doctor told her husband that she should apply. At first Rabia didn't comprehend what he wanted from her, and she fled to her parents' home. Only when her husband persuaded his parents to talk to her and told them she had been summoned for an interview, after he had submitted the application without her knowledge, did she realize he was in earnest. She decided that their need for money was so great that she should agree to work, even though she had never imagined herself with a job. She had once refused to apply for a job in the health department many years earlier. (She was, however, already stitching clothes to bring in money while her father-in-law was ill. Her mother-in-law worked as a traditional birth attendant (*dai*) until her death.) But she also adds separately that she liked the idea of the LHW job and that is why she agreed to it.

Rabia started work after the initial three-month training conducted at a Basic Health Unit in a nearby village. At first community members were suspicious about medicines she would offer them, and they disliked the vaccinator who would visit. One of the tactics she used to win over her detractors was to stitch their clothes for lower rates. She would also help younger women secretly in the use of contraceptives when their mothers or mothers-in-law opposed family planning because they had spent their whole lives without any medicines or check-ups at all. Her supervisor would also come to homes to reinforce her messages when she faced obstacles. Over the last four years she has managed to deliver the health, family planning, and hygiene services as required to her village, emphasizing the related religious teachings, and says that with the passage of time people's fears subsided.

When she first ventured out as an LHW she didn't know many people, being from another village herself and having only visited homes of fellow caste-members and relatives. Now she knows everybody, and on the days when she helps out with the polio-vaccinations she even goes beyond the village into the fields where women and children can be found with their animals, or near the well. With the permission of her husband or her brother-in-law, the two men in the house, she is allowed out as her duty requires. She prefers to go on visits to the houses of other castes along with the other village LHW, who is her friend.

Rabia visits five or six houses a day to spread her health messages and talk to people about reproductive health issues as well as the need to send their children to school. The village community is organized and segmented on the basis of castes, but she visits all the homes regardless of their status. (She herself is a Maachi, which in the Punjab is a low caste historically associated with the occupation of bread (*roti*) making.) Because there is no current hostility among the castes or fighting, combined with the respect she has claimed among villagers, the women of non-Maachi castes are permitted to come and see her. When Rabia has to attend a meeting, her husband will drop her on his motorbike and pick her up himself. He also goes himself to the BHU every month to collect her stock of medicines. The only places Rabia can go out of the house without first asking permission from him or his brother, is to the market, field, BHU, or on the occasion of a death in the neighborhood.

Her husband's family, and her own parents, are pleased that Rabia works. Even the extended family members tell her husband he should have made her work before, since she is educated and doing such good work. Beyond providing her with the space and support to keep her job, her family has also come to regard her differently. Members of the extended family have started to come to her for advice and guidance. Whereas previously household members didn't think her capable, now Rabia claims they have realized that she has become independent of them and can do anything. She believes she is given an important role to play in family decisions because she is earning. Before she became an LHW she had little importance because her husband earned nothing and gave no money for the household. At first her father-in-law used to take all the decisions, and after he died her brother-in-law took over and now she has an essential role in decisions, particularly regarding the education of the children or purchases from the market.

Now her husband does give her money out of his earnings because he knows that he might have to ask her for money himself, since she is now earning. In this way, she laughs, their accounts are even!! [*hisaab kitaab barabar*] She believes that her husband now respects her more, and consults her on everything – family, education, and family planning matters. She says it is because he thinks that she knows best. Although he doesn't support her financially, he is very happy about her job because it helps to run the house and he doesn't have to give her any money. While he makes decisions on matters that concern the extended family, she has grown to have a decision-making role in marriages in the family, her daughter's studies, and matters pertaining to her job. She has spent her salary as she saw fit, on items like a water-pump, cooking utensils, and repairs. Some recent construction in the house was done after her husband found out how much material and expense would be needed, and she agreed. Her also tells their daughter to ask Rabia to buy her clothes and supplies, and in fact Rabia decides independently what purchases to make.

The main income sources of the family come from her earnings as an LHW, her intermittent stitching, her husband's occasional labour, and her brother-in-law's teaching salary and army pension. Six people live off an income of around Rs. 7,000 per month. While she is out of the house for work, her sister-in-law has to cover all the household chores, but when she is at home they share the work. The tasks include, cooking, cleaning, caring for the livestock, washing dishes and clothes. Rabia knows that her sister-in-law is carrying a larger share of the burden but is being understanding about it. Her own young daughter avoids pitching in, claiming she has to be in school. Rabia would like her daughter to study and become an Islamiyat teacher by going to a religious school after completing Class Five. She plans to arrange the marriage of her daughter herself. At the same time, she says due to an agreement at the time of her own wedding, and her own obvious success as an LHW, her parents want to marry the girl off on their side of the family.

It is useful and important for women to work and earn their own money, says Rabia. It will make it possible for a mother to contribute to her daughter's dowry, since fathers often cannot afford to give much, and continue to help support a daughter even after marriage. Through earning, a woman can change her own situation and provide for her own home. She can buy what she likes for herself and her children. She believes that in her village men will allow women to work, because they have seen how she earns a living and has improved her life. They are not afraid, and think that if a woman as the opportunity she should work. But there are still women in the village who are not allowed out of the house, such as the wife and daughters of the local imam. Nonetheless customs are changing, for example girls of the Garwah caste are now allowed to go to school. For those women and girls who are educated, there are no job options other than tending livestock, or stitching.

Emerging from this story are certain themes pertaining to empowerment that resonate at various levels throughout all LHW interviews. Rabia's story also illustrates a kind of empowerment trajectory that other LHWs have followed. This trajectory has distinct landmarks. For one, poverty is driving the woman to take a paid job opportunity with the strong support of male family members. This leads to her enhanced education through training and work experience. This in turn is linked with her increased decision-making power within the family and mobility within her community. Finally, her enhanced status at home and in her community has affirmed the possibility of breaking down some caste, class, and gender barriers. The themes

that emerge from examining her perspective on this process provide valuable insight into this process.

Poverty management

Although LHWs are privileged compared to other women in their communities, by virtue of their education, this does not necessarily indicate that they are financially more secure, or that they will marry into families with relatively better income-earning strategies. Rabia's husband is as educated as she is but has never earned enough to support both of them and has never regularly spent his earnings on their household. The pressure this puts on other family members, who live in the same compound although they run their independent kitchens, drove them to support her entry into paid work and minimize any social barriers in the way of this move. Rabia speaks for many others when she says that if not for her earnings her daughter may well have died and her marriage may not have survived either under the pressures of poverty. Even her husband's family was so grateful for her financial contribution that they regretted not putting her to work earlier.

Rabia's income is a major source of earnings; she also does stitching like many other village women to bring in a few hundred rupees more per month despite the ban on LHWs earning through other means. Her brother-in-law also brings in a teaching salary and an army pension. Their income may increase sometimes due to her husband's occasional labour. The fact that LHWs have a predictable monthly earning provides some stable underpinning to their multiple livelihood strategies, even though the government meant it to be understood as a stipend only. Her story demonstrates that income generated from the public sector, in the form of pension, salary or an LHW "stipend", is a vital source of predictable income.

Unusual male and in-law support for work

The sources of support for her work within the family are, therefore, fairly strong because the benefits are so obvious. Rabia's mother-in-law was no longer bringing in income as a traditional birth attendant, and her own parents encouraged her to apply for the job possibly out of concern that they may end up having to support her themselves if she did not generate some income in her marital home. Her own husband organized her job application and now takes the time to pick and drop her from meetings. It is also usual for husbands to accompany LHWs when they participate in polio drives, which require two to three full days of duty out of the house. Although this kind of male support can also be explained in terms of men's need not to abandon the gender code that usually requires a woman to leave a village only in a group or in the company of a male family member, if social norms were the only consideration husbands could make alternate arrangements to meet these requirements too. Men will often help their wives perform their duty during polio drives, and LHWs cite these occasions as an indication of their husbands support for their work.

Most important, there was no LHW interviewed who said that she had initiated her job application out of her own accord, although not all had to be pushed into it like Rabia. It was the pressure and continuous support of a male family member or parents-in-law that made the difference in facilitating the work of LHWs in both Sindh and Punjab. One unmarried LHW in rural Sindh is deeply grateful to her father, not only for educating her despite his own limited schooling, but for insisting she take

up this job opportunity despite opposition from her own mother and community members. No LHW interviewed had to battle her family in order to work. While this may mean that their decision to work is not evidence of their autonomy, it also indicates how necessary the support of influential family members is for the boundaries of gender norms to be extended.

Job satisfaction: type of work

Rabia tells us that one reason she decided to become an LHW is that she liked the idea of the work involved. This may not have been enough of a reason for her to initiate the job application, but it is a major factor in making her work a success and skillfully managing initial dissent within the community. Other LHWs are more effusive, and have said with surprising regularity that they particularly enjoy this job because it is “*bhalai ka kam*” (pious work) and they feel they are helping the poor. There are LHWs who harbored dreams of becoming doctors or trained midwives and see their work as a partial fulfillment of this wish. Mostly, they had no idea how much they would learn and how fulfilling this work could be. The nature of the work, the opportunities for socializing, the obvious gratitude from the community, and the improved status of the LHW in her home and village, all contribute to a high level of job satisfaction. This is in contrast to some of the other work opportunities available to women, such as brick-kiln or factory work in the Punjab, where earnings may be higher but the work is mainly performed by low-caste poor women and is associated with extreme drudgery.

Expanding mobility

Rabia became acquainted with other villagers from outside her family and caste for the first time as an LHW because she went and met them. One of the most profound changes for a woman who becomes an LHW is that her mobility norms and patterns are immediately expanded. Mobility norms in villages in the Punjab and Sindh are strongly based on the concept of *pardah*, or segregation of the sexes, and *izzat* (honour), believed to be located in women but owned by men. In other words, individual communities may have slight variations in how they define private and public space and the conditions under which women can enter public, or male, space but the principles remain the same. In rural communities women usually need to gain the permission of their husbands or another male family member in order to leave the house alone, and need to be accompanied by a group of women or male relatives in order to visit the homes outside their extended family and caste. Similar restrictions govern their mobility outside the village. In urban settings, women may find that their mobility is even more restricted to limit their encounters with people outside their kinship group and caste who may be living in close proximity.

In both settings, an LHW triggers some re-casting of gendered space because of her unusual job description and because her target population is determined independent of social hierarchy norms. She is required to step into spaces that were previously out of bounds and to provide services on the basis of population and not blood ties. Because she is of the community and lives within it, people have to accommodate themselves to her presence and expand their definition of what is possible and acceptable for women. The fact that she is repeatedly seen going from house to house breaks another mobility norm as well, which may allow women greater freedom of movement only a one-off occasion such as a visit to a district hospital due to an emergency. Her increased mobility as a matter of routine, which started with three

months of daily training outside the village at a local BHU, becomes justifiable in the context of her duty and contribution to the community.

Improved LHW household status and decision-making role

Rabia firmly believes that her immediate and extended family members take her more seriously now. They value her opinion and ask her advice which they did not do before she became an LHW. She plays a larger role in decision-making, having an influence at the level of her brother-in-law. She interprets this as directly linked to her earning power. The balance of power with her husband has also shifted, and he treats her with more respect although he does not assume more financial responsibility for their family.

There are two changes in her decision-making power that are noteworthy and shared with other LHWs. The first is an increase in the quantity of decisions Rabia can have a significant role in, pertaining to the family and private sphere. The second is a qualitative change. For example, she has control over her earnings and decides herself how to spend the money; she also engages with issues pertaining to house construction and repairs, which would have been unlikely before she became an independent earner. The type of family-related decisions, such as contraceptive matters, that she can now participate in has also expanded because her husband believes she knows best. Her status in the family, she observes, was low previously because her husband was not earning money, and the change is linked with her new earning power and the fact that she spends on her family and household. Other LHWs interviewed also experienced a combination of quantity and quality in their decision-making power as their status in the family increased, even though almost all of the decisions that they cite pertain to the private sphere.

(ii) Enterprise and Change

The village of RP in rural Sindh is the only place in the district where people from the S. caste live. Out of 250 households there are less than twenty which belong to other castes, such as the Khaskheli and Mallah, and eight in which low-caste Hindus, called Kolhi, live. The S. own most of the agricultural land, but those without landholdings work as their tenants. Men also work as casual labour in the landlords' fruit orchards or on farms outside the village. Job opportunities are scarce, although there are some doctors, a police officer, and half a dozen S. who teach in government schools.

There are some basic facilities in RP. The government provided electricity almost forty years ago and a metalled road connects the village to the town of Q. one kilometer away. While fieldwork was underway gas connections were being installed. Houses are made out of a combination of mud and brick and there are some cemented drains that were built by a local village development organization organized by the S. caste but presently not functioning. Houses have hand pumps to draw water from underground sources, and some homes have television. There is a government Basic Health Unit in Q. and a primary school for boys in the village. There is no girls' school but over twenty girls from the S. caste only do study in the boys' school. Television appears to have made a big impact because villagers are able to follow the news and provide them with information on Pakistan and even other countries.

The only woman engaged in regular paid work in the form of a job is the Lady Health Worker. The village elders maintain strict *purdah* norms with women in their own families, who are not allowed to visit other homes in the village or even use telephones, according to some men interviewed. The landlord keeps a strict eye on all the activities of villagers. Women are not allowed contact with people outside their caste and there is almost no contact with Kohli [low-caste Hindu] women who observe extreme *purdah* even from men in their own caste. Women from caste S. who were interviewed said that the *wadera* (landlord) manages and solves any conflicts, gives out punishments, and deals with issues between castes. They say that among their caste men and women are valued equally and women take more part in family and marriage decisions than they used to before. They have a strong desire to study and get jobs, and when women do earn some money from sewing or stitching they are allowed to keep it.

The marginalized communities in the village have somewhat different opportunities and constraints. Their homes are in distinct compounds at the edge of the village. Kohli women work as agricultural labourers on the landlord's land, earning half as much as men, and also do daily wage work outside the village or in factories as the need arises. They claim to enjoy the same status as men in their community, but need permission for some things such as mobility outside the village. Mallahs are recent arrivals in the village and their access to its limited facilities is scarce. No girls from these communities, and most boys, have no schooling. Although they are Muslim, they have little contact with villagers outside their caste and none will eat together with a Mallah. All villagers interviewed, across caste and gender divides, praised the landlord for being fair and regarded him as the most powerful decision-maker in the village.

Fatima's Story

Fatima, age 35 and mother of five children, has grown into a community leader since she began work as an LHW eight years ago. She lives with her uneducated husband, an agricultural labourer, in a village in Tando Jam, a district in Sindh province dominated by landlords and with little involvement of state institutions. Her house consists of two rooms, opening onto a small courtyard, with walls made of a combination of brick and mud.

She was originally meant to marry her husband's brother, who is her first cousin, but this brother preferred the fairer complexion of her sister and married her instead. Fatima was left with her current husband who she says didn't know anything about his responsibilities as a husband father at the time they married. At the time of her wedding she bought a goat with the money she was gifted, and then gave it to her husband to manage, thinking that he wasn't doing any work so he could earn some money from selling its milk. When people asked why she did this, she answered, "He isn't doing anything so why can't he do this?" When the goat had kids and they used to wander into other peoples' lands they blamed Fatima, not her husband. Fatima has tried her hand at many paid work ventures, including making *charpai* beds, sewing *rillis* (quilts) and men's caps, which are conventional income-generating activities among village women.

Her children were born at home with the help of a *dai* (traditional birth attendant). Fatima didn't know about family planning and spacing of children until she became an LHW. She had no medical care either before or after her pregnancies. In effect, she was just like the women in the village that she has now motivated to use contraception and seek maternal health care.

She first heard about the LHWP when a doctor approached her saying they were trying to recruit women with up to eight years of schooling. At first her husband, who was mainly unemployed, did not

approve but Fatima convinced him. “I think that if my husband were employed then he would never let me go. I am educated that is why I got the job, otherwise we would have died out of hunger.” Fatima had studied up to class five as a child, and because there was no middle school in her village she completed her studies up to class eight privately.

She began her training at the nearby BHU with her youngest child only three weeks old. The doctor told her whatever she wanted to learn she must learn from him now, there would be no such opportunity again. Fatima always wanted to work, and now she spends much of her time out of the house attending to people’s needs and doing her rounds. Her husband is impressed that she has a government job, and never stops her from leaving the house, even to visit a woman in labour in the middle of the night.

It took her a year to make her community accept her work. They have learned about contraceptives and how to space their children, and approach her themselves for advice. She feels enormous respect from the villagers, so much that if for a few days she does not visit the home of the village landlord, who is like her from the dominant S. caste, they inquire why she has not come. People used to say S. women don’t do jobs, and she was mocked for being outdoors, but she ignored them and today is a model LHW for the Programme. People call her “lady doctor” because she gives them injections herself, and even men come to her to discuss their wives’ problems and family planning. She takes groups of women to have tubal ligations in a government hospital in a city a few hours drive from the village.

Before she took up work she rarely left her own house and could not go anywhere alone even within the village. Now if she needs to visit the BHU she is accompanied by her sons or another woman client, but has no such restriction within the village anymore. When she began her LHW duty people did gossip about her working outside the house, but she ignored them and never told her husband in case he would stop her. She argues that her *izzat*, honour, is in her own hands and when people saw how she spoke to them, without arrogance, then they ceased their chatter after about one year. She believes she learned everything she knows once she left the house. She says there is no point in studying and then staying at home. She has changed the way she thinks about other women, and says they should study and work like she has.

Fatima has used her influence with the women in the landlord’s house who want to make some money of their own. She helps them to give some cash to the poorest in the village to invest in a buffalo. Out of the earnings from the sale of milk they pay back the loan. When they sell their buffalo, after about a year, the profit out of the original investment is split between the woman who took care of the animal and the landlord’s women. If the animal dies, then the loan does not have to be repaid. This scheme is possible due to the good nature of the landlord himself, and the fact that Fatima is a member of his caste too. Women from her caste now approach Fatima when they have a problem, even a conflict, for advice and she has been known to take them to the landlord for help if she thinks it is necessary.

“Any newcomers in this community always come and introduce themselves to me first.” There are two government-run micro-credit schemes whose representatives have solicited business from the village. The first approached her on the suggestion of her nephew who was a clerk in one of its bank branches. The schemes offer loans to groups of villagers to use to buy animals or seeds for crops. These loans are better option in that the profit from the sale of the animal or the crop to be grown does not need to be shared with the financier. Today Fatima sells milk from a buffalo she has purchased through a loan, and has recently bought another. She herself rounded up women in the village to get them registered for loans, travel to the city to have their photographs taken and their identity cards copied. The women gave surety for one another, and so far two groups of 22 have got loans on the basis of assets such as livestock. Fatima and her brother in law share responsibility for managing this scheme, and are pleased that women do return their money on schedule. Women have been able to take set up small shops from income based on micro-credit. Fatima says that seeing her example, women want to go out of the house and work.

It has helped that most villagers, including the landlord, are all members of Fatima’s caste. She makes an effort to reach out to the few houses of Kolhis, a Hindu low-status caste whose dwellings are on the edge of the village. She says the Kolhi women really respect her and appreciate that she visits their homes and gives them medicines. Unlike other villagers, she does not discriminate against them, and even accompanies Kolhi women to the hospital if necessary. “Whatever time of the day, for whatever reason, if someone comes to me for help I always agree to help them – whatever their caste. I do not

distinguish between religions nor do I do *pardah* (segregation) in front of men.” Kolhi women, in a group interview, contested this claim and said that Fatima only visited them for polio day vaccination drives. They also said that they had no information about the micro-finance schemes. Fatima’s brother-in-law said that these schemes were not an option for the lowest-caste non-S. households in the community. Another example of caste segregation is the fact that there is no government primary school for girls in the village, but about twenty girls from the S. caste are enrolled in the primary school for boys.

Because of her enhanced status in the village, now her family listens to what she has to say. Her husband does not take a decision without asking her, and she knows she will be consulted regarding her children’s marriages. She does the budgeting for the house and her husband’s livestock because she is educated and he is not. Her husband has learned a great deal from her since she became an LHW, and people still say he has learned everything from his wife. “We are happy. It was up to our parents.” The ultimate decision-maker in the village during a time of conflict or when issues of cultivation arise is their landlord. He has asked her to do duty at the polling booths twice during local elections, and if she needs something from the women who sit on the local councils she can ask him to forward her request. She also helped a local council candidate, also an S., when he ran for elections.

The combined monthly earning of her family and her own enterprises is unclear. The buffalos tended by her sons bring in Rs. 2,000/month from the sale of milk, her husband and she earn Rs. 2,500 each, and the income from the seeds planted on their land will come in later. Fatima spends her salary on food, clothing, transport and other household needs. She used to give it all to her husband to use on the house, but now that he is doing agricultural and livestock work and earning himself, she keeps it herself. He knows that she spends her earnings on the house, in fact she has funded much of its construction. She does have full control over her own assets, such as her earnings and livestock, and she also provides loans to others (in the family) if she wishes to. If something needs to be bought for the household her family tells her and she makes the purchase.

Her housework burden has changed, too. Before she worked she used to wash clothing, clean, cook and do almost everything herself. Now she still feeds the livestock and cooks when she is at home, but it is her oldest daughter who has quit school and taken over the housework. “I am sad that because I am so busy my daughter is not able to go to school. I have explained to her that I will bring books for her so that she can take tests privately.” Only two of her children study. Fatima’s sister virtually reared her youngest son, too, due to her work. People do ask Fatima how she copes with her new responsibilities and the home at the same time. She would like to continue to be an LHW as long as she is able. “It helps people. The poor pray for me. My household needs it.”

The imperatives of poverty, and the need to compensate for a husband who is not able to support his family, drove Fatima to take up this job. It was need that enabled her to push the gender norms and compel her husband to allow her to work. Fatima also shares with other LHWs the advantage of an education that made her one of the only women in her village qualified for the job. She was so interested that she studied privately after completing primary school; other LHWs also recount how, with their fathers’ support, they gained permission to travel outside the village to access secondary schooling.

Her story illustrates how becoming an LHW opened up further opportunities that enhanced her income and status as a paid worker in the community. These opportunities, it must be emphasized, depended on having some access to the dominant social network and kinship group in the village. Nonetheless, given the right conditions and a high degree of personal motivation, Fatima has shown how an LHW can seize and build upon the gains of paid work opportunities and education.

Empowerment and enterprise

Fatima's drive extended beyond the pursuit of education and fuelled a spirit of enterprise once she got married. She soon realized her husband was not up to the task of earning and she presented him, in the form of a goat, with one income-generating activity. Even before she became an LHW she explored as many paid work ventures as she could within the confines of her village and got involved in the acceptable activities for women, such as making beds and sewing quilts. While her work as an LHW is meaningful for her, it also serves as a conduit to forge more relationships across class and caste barriers and position herself in the community as a leader. She has used her new status to come up with other income-generating activities, not just for herself but for other women as well. Her scheme of arranging for women from the landlord's family to invest in livestock and share earnings with the village women who tend to them demonstrates her creativity and ability to use her advantage to cross class barriers and generate some business. It follows naturally that micro-credit finance organizations use her to launch their schemes, because she has proven herself as a leader among women and as a successful entrepreneur.

Crossing of caste/class barriers

Caste and class have worked in different ways to the advantage of Fatima, if not to the community as a whole. As an LHW it is her duty to serve the entire population assigned to her, irrespective of existing social hierarchies. Since she is a member of the S. caste, which represents most of community, her house visits were not a major challenge to existing mobility norms in the village. Better yet, the landlord and most powerful person in the community is an S. too. As an LHW she is required to engage with his household and thereby cross the class barrier that would previously have denied her such direct access. She has used this access to create more income-generating activities for herself and others. However, her protestations that she does not discriminate against lower-caste households as an LHW (or as an entrepreneur) may not be accurate. The Kolhi women interviewed claimed to have limited access to her as an LHW, and did not know about the micro-credit schemes. In other communities studied, marginalization on the basis of caste status similarly reduced peoples' access to services and opportunities. For example, sometimes it is only when community leaders are pressed for details that they will include in a discussion of their village any mention of those who are lowest in the social hierarchy. From Fatima's perspective, and that of other LHWs interviewed, the fact that they access any such households at all is considered enough of an accomplishment. But the deeper reality of caste-based marginalization is also played out in access to education; only girls from the S. caste can be found in the boys' primary school.

Re-working gender norms

LHWs, through their work itself and how they negotiate their roles, are somehow changing gender norms that prevail in their communities. The ambiguity in this statement is deliberate, because interview material suggests that LHWs do not want to engage in any explicit confrontation with structures of male control and domination even though this may be taking place in an implicit manner. For example, Fatima's story provides insight into how LHWs are changing the discourse of *purdah* to accommodate their work. She did face hostility in the community because her increased mobility within her village was an encroachment on public, or male-dominated space and also because she made these forays by herself. The segregation of spaces is customarily justified by the argument that a woman represents the honour

of her family and to venture out of the private sphere is to invite male attention, which brings dishonour to a woman and her male relatives. Fatima uses the tactic of re-conceptualizing *purdah* by arguing that her honour lies within her, under her own control, and unless she invites unwelcome attention from men deliberately this honour is not in jeopardy just because she crosses into male spaces. This is a tactic adopted by most LHWs to justify their enhanced mobility, and it works well because they are delivering a service to the community whose value is appreciated more as time goes by. Wisely, Fatima does not tell her husband that people used to gossip maliciously about her, because she understood that he was initially ambivalent about her new role.

Her increased mobility is negotiated such that she can move about freely within her village, but any further travel must be done in the company of male family members or other women. All LHWs interviewed have negotiated some expanded version of the traditional gendered space. In one case, two LHWs covered their combined target households together, thus minimizing the risk of gossip and male attention while enjoying the comfort of each others' company and growing friendship. Another LHW had already traversed into the public sphere when her father pushed her to pursue secondary education and college outside her village, and she quoted many instances when she had tackled unwelcome taunts from boys on buses with indignation and aggression, safe in the knowledge that her father was on her side.

Improved community and family status

The paid work of an LHW brings with it advantages that women who do piece-rate work, or labour in factories and brick-kilns cannot enjoy. The fact that it is a government job is impressive to Fatima's husband and to the broader community, once they begin to understand the purpose of her work. Her training makes her an important resource for the community, as the doctor at the BHU suggested by urging her to learn as much as she could. The service she offers to others, by giving injections, referring cases to hospital, and personally making regular house visits, earns her the title of "lady doctor" (*daktarni*). Fatima has taken the new status and credibility she has earned one step further, and invited her fellow villagers to explore other income-generating activities. Even though she comes from the dominant caste in the village, she has broken barriers against S. women going to work. She has thus become a leader in the community, an inspiration for other women to emulate.

She believes that she has become a key decision-maker in her family because of how multiple factors have worked together. She mentions her enhanced status in the community and her education level superior to that of her husband, in combination with the fact she brings in money for her household. Her income-earning powers have made a significant difference to the lives and opportunities of family members over the years. Her ability to build on the credibility and access to opportunities afforded by being an LHW have made a critical difference to her status.

A price to pay

While Fatima's own life has dramatically improved, it is not the case that she has been able to ensure the same opportunities for other females in her family. Her oldest daughter had to leave school in order to do housework so that Fatima could take the time out for her LHW duties. Her sister has been a second mother to her youngest child. In other interviews LHWs also speak of a sister, mother, or even mother-in-law who has stepped in to ease the burden of their domestic responsibilities so that they

can work. While LHWs themselves have achieved some level of education, it does not necessarily follow that their siblings or daughters will be in a position to do the same and also find employment. There is no real change in the overall gendered roles of these households. While an LHW's status has improved, another woman or girl has stepped in to fill the space left behind. Among households there are daughters of LHWs who deeply resent the fact that their education has been curtailed. Mothers do acknowledge the sacrifice that has been necessary to enable them to work and deal with their poverty. There is clear attachment to the job itself, though, which makes the work of an LHW so different from piece-rate work or other types of labour, even while it has its strains. Fatima echoes the sentiment of every LHW interviewed when she says of her work, "It helps people. The poor pray for me. My household needs it."

(iii) Personal Survival and Crisis Management

GG is a predominantly Sindhi settlement of about two hundred households that is adjacent to other densely populated areas on the outer limits of Karachi in district Malir. It is not clear where one neighborhood ends and another one starts, but each is distinguished by ethnic mix and political affiliation. Such settlements have grown around previously rural Sindhi village sites, although they are informal and unauthorized. The population of each has a distinct story and identity depending on the migrant community that established it over the last decades during which urban Karachi has expanded to accommodate over 15 million residents.

Infrastructure is underdeveloped, and what exists is more the result of private efforts than any state intervention. The lanes between simple brick houses are made of dirt, and open gutters on the sides are clogged or flow over into the lanes. Garbage is piled high in open spaces. The gas supply was set up a few years ago, and water is only available through private tankers. Some homes have illegal electrical connections. There are some benefits to living in an urban environment, though, among them are accessible primary schools for boys and girls run by government, private schools and colleges for both boys and girls, a dispensary run by a community organization, some private clinics staffed with doctors, and major hospitals in the city to serve the residents.

There are more work and training opportunities for girls than would be possible in a village. A few educated girls are employed as teachers, and yet others do domestic work or have jobs in nearby factories. One woman runs a beauty centre from her home. Many women who have moved here from the rural areas are competent in sewing and embroidery, but they say they lack control over the market due to the dominant position of a middleman and because they avoid using public transport themselves. Men have jobs in the nearby state-owned steel mills, Karachi University, and the city electric corporation; the younger generation also earn from casual or skilled labour.

Women are constrained by their lack of education and their restricted mobility, because in an urban setting they are not given permission to mingle with people of different castes and ethnicity without good reason. Women wear the *burqa* (full veil) when they leave their homes, usually in groups, although they may not be required to do so in their villages. The local welfare association has worked with the provincial government to develop infrastructure and build schools, but no woman is a member.

Women watch television in their homes. In case of disputes among residents, or between castes, people ask the elected *nazim* (head of local council) to intervene and take a decision. The current *nazim* is Aasia's brother, which has also helped to facilitate her acceptance as an LHW. Women who have differences with their husbands, or are victims of violence, have no place to go for advice. In group discussions women were resentful of the lack of educational and work opportunities. Men commented that social norms were changing, insofar as some girls were studying and some women had jobs, and people were developing communal and social relationships with others from outside their caste for the first time.

Aasia's Story

Aasia, 22, was born in a village in the province of Sindh, and then moved with her family to GG at the edge of Karachi. At the time of our first meeting she lived with her husband, four children ages five and under, and his extended family, in a two-room compound that housed 17 people. Over the course of the next few months, Aasia's baby and then her father-in-law both died.

The circumstances of Aasia's marriage are unclear. Her husband, who has completed high school, is her first cousin and was betrothed to her in an exchange marriage because his sister was married to Aasia's brother. There was almost an element of choice, however, because her husband says that nobody believed Aasia would marry him because she was educated and better looking than he. But he convinced her, suggesting there was some mutual attraction. He found intermittent work in Karachi, but after he lost his last job selling snacks at the university he spends most of his time smoking marijuana and drinking *bhang* with a Christian friend in the neighborhood.

During her pregnancies Aasia did get some ante-natal check-ups from a doctor, but went for the first two deliveries to her village where there was a private doctor. Her subsequent two deliveries took place at clinics not far from her house. She plans to start injectable contraceptives soon, since she now wants to use some spacing method.

Her brother's wife, an LHW herself, persuaded her to apply for a local LHW job four years ago, arguing that with an unemployed husband and a sick father-in-law her house would not run without another income. Her husband gave his permission for her to work in the neighborhood because she knew most of the community of fellow Sindhis, and he admits he would not have allowed her to work if he had been earning regularly himself. If they lived in the village she would never have worked, he says. Aasia explains that she was not keen to work, but her family needed the money.

When she was eight months pregnant with her third child, she was called for training. She suffered severe abdominal pains due to complications from her pregnancy but continued training at a BHU nearby. Then the child was born, back at her parents' home in the village, but with a cleft palette. Her baby had one operation at six months and needed another one year later to fix the cleft palette. She resumed her LHW duty when he was forty days old, leaving all her children in the care of her mother in-law. She never expected the baby to live, since she couldn't breastfeed him. Instead, the child has survived on formula milk and minimal foods, and looks at 18 months like a six-month old baby. Without the benefit of spacing brought by breastfeeding, she soon had a fourth baby. Due to her preoccupation with this newborn she missed out on the next scheduled free operation on the third child, and his cleft palette remains. Now she cannot afford to have the operation privately, saying she has visited multiple hospitals in the city, and does not know how to access the medical camp that earlier had offered to do the surgery for free.

It took her up to a year to slowly earn the trust of community members, particularly the Pathans who were reluctant to even let her register their households and refused her medicines at first. She does not speak their language either, but had no such problems with the Sindhi and Urdu-speaking families. "I lose courage and faith when people do not understand or listen to me, and say bad things to me." At one stage she told her supervisor that she could not continue because she was too disheartened, but she persuaded Aasia, saying, "Everyone has small children, don't lose heart, your husband is unemployed." She is now grateful to her supervisor that she continued.

Aasia says her salary is gone within a few days of receiving it, spent on food stuffs and medicines that her husband goes out to buy for her children. She has fought with him to resist giving him money for drugs and has tried to persuade him to get a job, but now she says it is useless to try and convince him. She insists her husband does not take much money from her, even though he is basically unemployed. Her sister-in-law complains that Aasia is manipulated into supporting his drug habit.

The recent rains have destroyed one wall of their small compound and they do not have the money to repair it. When they run out of money she borrows from her brothers, who do not want her to repay it later when her salary comes in. She lives with two brothers in-law, each earns approximately Rs 4,500 per month and supports his own wife and children.

She looks back fondly on her own childhood, during which she felt greatly loved by her parents and brothers. They used to pay for her to have lots of clothes, and try to meet her every need. Since she got married she has put an end to all her wishes and frivolities and only worries about her children. Her only conflict at home is with her husband over money, and it appears that her brother's wife is distressed that Aasia gives him her money. She responds angrily, "Should I leave him? Should I leave my children? No mother can do that ever, I cannot even leave my children for one hour." She believes that compromise is the only way to stop her family from breaking up, and says one reason she copes is that she does not want to upset her own mother, who is unwell. When her husband asks her for money, she thinks of her *izzat*, or honour, and says it is better to keep her self-respect than to fight over money, and she hands it over in the hope that he will soon realize himself what he ought to do.

As a child Aasia wanted to study and become a doctor or a teacher. "I had the confidence then, and I would tell my parents I am going to become something." Now she has those dreams for her own daughter instead, who at age five is in a government pre-school. Aasia's brother in-law once put in an application for her to teach at a private school, but the LHW vacancy was announced soon after and she chose that instead. The job has given her a sense of stability that she is bringing in money and can look after her own children. At some stage, when her children become older, she would like to find a way to earn more money. Until then she would like to remain an LHW, and she has summoned up the interest and dedication that she knows are needed to do the job well.

"Going out has expanded my horizons," she explains. Although she was scared at first, now she likes meeting new people and finds they understand her better than they did before. She has discovered many women who are worse off than she is, and listening to them saddens her even though her own life has been so difficult. Despite the encouragement of her supervisor, and her brothers, she looks as if she is carrying burdens beyond her years. There are frustrations involved with her work, too, such as an inconsistent supply of medicines from her authorities, and women who are dissatisfied with the oral pill because they suffer side-effects.

At our second meeting with Aasia, a few weeks after the first, we were told by her distraught mother in-law that her baby had suddenly died during the recent Eid holidays. Aasia then recounted the story, looking even more subdued and sad than she had at our first meeting. The day before the tragic event she had not even noticed that something was wrong with her fourth child and now she feels robbed of the chance to show him to a doctor and have him treated. The night it happened she had come to her brother's house because of Eid, and left at around two am. At that time the baby was fine, she breastfed him and then they slept. When she woke up in the morning he was dead. She says that Allah has taken her heart right out of her, she loved this baby and He has stolen him from her without any warning. He did not wake her up to at least let her know that he was about to take her precious child from her. She wonders if she did something wrong – she had not bought the baby new Eid clothes, thinking he could wear his brother's since they were the same size. Maybe God was angry with her for neglecting to do something, but what it was she was not sure. She said she is trying to have the strength to cope with this loss, but only when God decides to give it to her will she begin to be able to bear what has happened. She says her children are sick a lot. "I often think why did God give me so many problems and anxieties? I am facing them, but I am broken from the inside. I have ended all dreams and aspirations that I had for myself for the sake of the children. If God has given me these problems, then He too will give me the strength to bear them."

Aasia does not feel that her status among her husband's family has changed much since she started to earn money. She says her husband has always let her take decisions and doesn't stop her from buying

something for herself from her salary. They only fight when she tries to convince him to go out and get a job, so she has given up telling him. Before she became an LHW her husband or mother-in-law would have to give their permission to allow her out to the store or anywhere in the *mohallah* (neighborhood), but she would be able to visit her brothers' house freely. Now that she needs to go out on "duty" she still asks for permission, but it more of a formality. She does feel that her husband, his brothers, and his mother command authority over her, but adds they have treated her well, too. Her brother's wife, who is also an LHW, tries to dominate the meeting by interrupting Aasia frequently and complaining about her in-laws. Aasia laughs briefly and says that she even has to obey this sister-in-law! She then asks, "Should I fight with my husband, leave him, and ruin my home? Problems only increase with fighting, it is not a solution. I am upset already with the death of my child, I don't want there to be fighting." On our final visit to Aasia's home, an interview was not possible due to the death of her father-in-law.

Once a woman is launched into the role of a paid worker and a community resource, her opportunities for empowerment and the constraints she faces will differ according to her context and unfolding life circumstances. Aasia's story illustrates this in contrast to the stories of Rabia and Fatima, who each managed to maximize the opportunities that opened up to them after becoming LHWs. Despite the advantages she enjoys which put her in a position to qualify for the job, the particulars of her personal circumstances have not allowed her to build upon them further.

But first, a brief look at the commonalities among the LHWs discussed thus far. They were all persuaded to become LHWs by their own families as a way to manage their poverty. One key feature of this poverty is the fact that their husbands are not bringing in adequate income. Nonetheless, they had some access to social networks, (in Aasia's case it is her brothers' political influence as a local council member and her LHW sister-in-law) that helped them to decide to become LHWs. They have grown to enjoy a certain level of job satisfaction from being LHWs because they find the work meaningful and helpful to the poor. Aasia also relies on a great deal of support from other women in her household, in particular her mother-in-law, so that her children are cared for when she goes out for her duty.

The commonalities end here for two reasons. Aasia is working in a more challenging community, ie a peri-urban settlement rather than a village. Second, her own life is so ridden with crises that she is unable to strategize beyond survival on a day to day basis.

Challenges of a peri-urban community

The possibilities of expanded mobility and improved status that are opened up by being an LHW are not the same in peri-urban and rural communities. In a village there is a greater likelihood of shared kinship and caste ties that permit and justify an LHW's access to homes and help her to have a greater impact as a community resource, even though she may not have enjoyed such mobility before she began to work. In Karachi and its peri-urban sites, there is an ethnic mix of population that is seen as a threat by migrants from the rural areas, and is used to restrict women's mobility even more than in their villages. As Aasia points out in her interview, it was only because she had lived so long in this predominantly Sindhi community that her brothers and her husband felt they could justify her expanded mobility. However, access to Pathans in her area, who are ethnically and linguistically different, remained problematic and Aasia was not sure if she could manage the stress involved in breaking through these cultural and linguistic barriers. At this point support from the LHW programme, in the form of an encouraging supervisor, was essential to help her persevere where she may have given up.

It is difficult to assess if and how Aasia's status in the community has changed, because in this peri-urban site there is no cohesive community in her target area. For example, in lanes adjacent to hers there were residents who had never heard of her, either because their homes did not fall into her catchment area or because they were not Sindhi and she may never have visited their homes. It was difficult as researchers to organize group discussions with women because of the controls on their mobility imposed by their families since they were in an urban area, and the reality that even within a small geographic space women were often strangers to one another. While she was performing an important and much-needed service as an LHW, her potential as a community resource was curbed in an urban setting.

Circumstances and crisis

Aasia acknowledges some changes within herself now that she is working, but they are offset by her challenging circumstances. For example, she says that this job has given her a sense of stability and expanded her horizons, she is now more comfortable meeting new people and finds her work is received more favorably in the community. But she also says that she had more confidence in her childhood, and now does not entertain the dreams she used to have for herself any longer. She has developed a sense of sisterhood in suffering with other women, but it has not translated into an urge to act and become more assertive with her husband. In fact, she uses another interpretation of the concept of honour, or *izzat*, in arguing that by not fighting with him she is maintaining her self-respect. She remains unsure how to seek treatment for her child with a cleft palate, and explains that she was so overwhelmed by the birth of her fourth child soon after that she stopped pursuing medical attention for him. Although she distributes contraceptives, she has not yet begun to use any method herself.

Her personal circumstances are marked with extreme poverty and tragedy. Her forbearance in the face of repeated setbacks, at only 22 years of age, suggests that she has the strength to build her life and achieve some of the stability she craves – but at another future time. That she even manages to perform as an LHW is an achievement in itself, and the responsibility and interaction involved in her work may also be a source of strength to her. Another LHW interviewed, living in another low-income community in the outskirts of Karachi, was separated from her husband and lives with her parents; she believes this work has brought her out of depression and she is grateful to her parents for pushing her to apply for the job.

Gender roles and status

Aasia's example illustrates how it remains possible that despite working as an LHW there is little change in her status. In other circumstances, as we have seen, earning Rs. 2500 a month and serving as a health resource in the community can strongly impact a woman's life, give it meaning beyond the home and raise her status in her own family. Aasia has not been able to push her husband into earning a steady living, as Fatima did, and is resigned to the state of her marriage for the moment. Her decision-making power in her marriage remains constant, probably by default because her husband is disinterested in taking an active role in their household. She has achieved some greater freedom in physical mobility, but her emotional life is circumscribed by the tension between her brothers' family and her in-laws, death, and the stress of a drug addicted husband. In this context, her supervisor has played a

supportive role, encouraging her to continue work when she was ready to give up in the face of her personal problems and negative input from the community. This suggests that her LHW work will remain a positive part of her life, and she does state clearly that she will continue the job until she figures out a way to earn more money.

(iv) Empowerment and a Changing Society

Peri-urban Faisalabad, in central Punjab, is a contrast to the peri-urban settlements outside of Karachi. Villages here have begun to merge with the expanding city of Faisalabad, a centre of industrial, agricultural and textile production. In village Chak X, comprised of over 6000 households, the population is uniformly Punjabi, with two land-owning castes and a mix of occupational and lower castes. The price of agricultural land has soared in the last five years, due to investors buying land to build housing for the newly prosperous in Faisalabad. Farmers grow wheat, sugarcane, maize, and rice here, and the landowning castes (Luna and Wallara) still rely on agricultural produce for their income. Other men have jobs in the army, police, and government departments. The less educated men work in garment or textile factories, or in paper mills.

The village has a mix of government and private educational institutions. Residents managed to get the government primary school for girls upgraded to a high school so that their girls could continue to study without leaving the village, whereas boys are able to continue their education elsewhere. Streets are paved with brick, and houses are mostly made of cement or brick construction. The village has a medical store; a BHU and civil hospital are easily accessible at a slight distance. By public transport Faisalabad city centre is just half an hour away. The village has had electricity since 1995, but still has no gas supply or functioning water lines. There are three flour mills within the village.

Women who work do so in a variety of occupations, depending on their caste. Lower caste women run small restaurants, work in factories, labour in brick kilns. A woman doctor has opened a private clinic, which is of enormous benefit to the community. Married women are allowed to move about alone within the village, while they need to be in groups if they wish to go further out. Unmarried girls cannot go anywhere alone. The greatest mobility is found among women of the lower castes, who are also believed to be promiscuous by the wider community.

There are tensions within the land-owning castes here, mainly caused by disputes over land inheritance. The Luna caste enjoys political dominance. Two of its men are leaders of the elected local council, although no women from this caste were allowed to run for the women's seats. Drug use is fairly common as well, and even Luna women are believed to be involved in the sale of marijuana.

Nasreen's Story

Nasreen, age 23, is known in her village primarily as the woman who dispenses polio drops. Prosperity has come to the area in many ways. The number of houses has grown, and dirt lanes have been transformed into paved roads. There is a government dispensary nearby, with a lady doctor who sees patients regularly. Nasreen, is the mother of three daughters, the eldest only two years old. Her parents

married her off very young, and she says she had to stop studying because she became pregnant right away. Her dream was to become a doctor. She doesn't consider herself very educated, although she has studied up to class eight, because she says nowadays that is close to nothing. She lives with her parents in-law, brother in-law and two children, and her own family in a sizeable house, with cement construction and newly marbled floors.

She has been working as an LHW for two years, having heard about the job opening from an uncle who is a security guard at a hospital. Although her husband tried to stop her, arguing they did not need the money, her in-laws encouraged her to apply, and she was keen to be of service to others. Another LHW had already worked here but moved away after her marriage, and Nasreen already knew that she had overcome the initial distrust and occasional taunts from the community. Nasreen also felt her work would be easier because people in her community were fairly educated, with most sending their children to school.

"People respect me a great deal, and bless me [give me their prayers] when I visit them and give them free medicine. And they are very happy to see me. I am also happy that people are so pleased with me and respect me. At that I even forget whether my salary is high or low. When people's prayers are with me, then what does money matter. Money comes and goes, it doesn't matter when people's welfare is the issue."

She soon figured out how to communicate effectively within the community. "I learned a lot because what I used to say to other people I also had to adopt in my household. I found many changes in myself and started to keep my house and clothes clean. That change in myself made me confident and improved my style of motivation." She remembers that after her first baby was born she wanted to use some method of contraception but did not know how to ask for guidance and soon became pregnant again.

Her husband works in the police force and has completed his intermediate studies. The only time her work was an issue was in the early days when she had placed her posters in the room they used to receive visitors, and dubbed it the "health house". He asked her to use another room, and ever since has remained an important source of support for her. He makes the important decisions in their home, more so than his parents, such as marrying off his own brothers. She says she takes the smaller decisions, those regarding the children and making purchases. She still does ask him for permission when she needs to go out of the house, but they both know it is just a formality. If there is some major activity or expense, she says everyone at home will consult her.

Times are changing for women. Men never used to involve women in major decisions, but now they consult them. A marriage will not be arranged without the agreement of mothers, even Nasreen's marriage to her own cousin was suggested by her own mother. Women are able to go alone to the market, and in groups to most places, including the beauty parlour. Unmarried women secretly visit the cinema with their friends. Only one restriction remains – a woman is not permitted to drive a car, because that is something "bad" girls do. A few years ago a woman filed a divorce case against her husband, after seeking help from a woman lawyer. People used to call her shameless for taking this action and going to court every day. But when she won the case, those same people began to respect her and say she had done the right thing because now men would be forced to learn something.

"Before I was an LHW I always used to think, I can't go to other people's house, I can't talk to men, but now I go to all the homes, and I talk to men, and men even respect me too. I have gained awareness by going out. I have learned about the condition of other people, the way they think. When I go out on duty I see other women's houses that are clean, with many things, and I realize if I didn't have this job how would I know about all of this? And those women whose children go to the big schools, who tell me which ones are good, which teachers are good, it makes me think maybe my children can study there." Nasreen already knows that she would like one daughter to become a lawyer, one to become a doctor, and the youngest is free to choose a profession. She adds that although her own marriage was arranged by her parents to a cousin, she will arrange their marriages according to their wishes and with whom they want.

"Many men and women have changed their thinking after seeing me work. They also want their daughters to become LHWs. Whenever I go to women's houses they ask me to have their daughters hired if there are any vacancies for LHWs." She says that peoples' thinking and behavior have changed

in the village because they are largely educated, and “it is the age of media also.” Since Faisalabad has expanded their locality is now very close to the city and “is no longer a village.” “People think that women can do everything/anything if they are allowed to go out or are given the opportunity.” Girls who visit the city come back copying whatever fashions they have seen. A lady doctor has opened her own clinic and become a great resource for women in the community. Women can easily visit her whenever they have a problem, and she can even run blood tests and insert IUDs at the clinic.

Nasreen has a television in her home, and she has seen the government-sponsored programmes on the LHWP. On one occasion while the programme was on air she showed her husband, “See, this is the work we do.” She says people in the community, including herself, never forget what they see with their own eyes, which is why the television programmes and her learning in the field are so important. This is also why the role-play that she does with her supervisor at the health centre, as part of their refresher training, is also so helpful and fun.

Social organization, however, remains strongly caste-based. Nasreen comes from one of the landowning castes, whose leaders arbitrate in case of conflict. There is a diverse set of other lower caste households, whose women engage in different forms of income-generating activity, including working in nearby factories and brick-kilns, running local restaurants, and doing sex work. Nasreen says that people have strong beliefs about caste hierarchy but do behave normally with each other. “I also don’t differentiate among castes, and go to their houses because I am first a human being and then something else. God has given me enough strength to serve humanity.” She notes that among the lower castes some people have started to earn more money and changed their names to belong to a higher caste. Almost all of Nasreen’s relatives live in the lanes near by, so much of her work is among her own kinfolk. She visits homes outside her caste sometimes alone and often with a companion.

One of the benefits of her work is that Nasreen has built up a group of friends from the other LHWs in the vicinity. She calls them to her house to ask for their advice in the construction work she is managing. They sometimes go into the field together, as well, “this is how we get our work done and enjoy ourselves at the same time.”

Nasreen, like Fatima from rural Sindh, also belongs to a dominant land-owning caste and this has given her an advantage in becoming accepted as an LHW. One key difference between Nasreen and almost all the other LHWs interviewed for this research is that she does not appear to be working out of poverty. In fact, her own family has been able to give her money, and her husband must be earning more than his salary. Her home is built out of expensive construction materials, including newly laid marble on the floor of the courtyard. Nonetheless, the gender norms in the village would normally constrain a woman from the landed castes from paid work, but with the support of her in-laws she got herself a respected job with a government programme.

Nasreen’s story has a trajectory of empowerment that combines personal growth with social change that supports women. She has gained confidence from her job, discovering, as other LHWs have too, that she is capable of visiting the houses of neighbors as well as strangers, and even engaging with men. And again like other LHWs she believes her work to be especially meaningful in that it “serves humanity”. But seen in a broader context of changes taking place, which she clearly does, her work as an LHW can have a far-reaching impact to hasten a process of change for women that has already begun.

Gradual change in gender norms

Nasreen is keenly aware that society is changing, with a significant impact on gender norms. For example, she comments that her own education up to eighth grade is considered nothing by today’s standards. She also mentions that nowadays mothers have more say in arranging the marriage of their daughters, whereas before they were

not consulted. Women's mobility has also increased, such that they can move about the village alone. Hers is the only interview that suggests some form of rebellion against gender norms is afoot among the young; she observes that unmarried girls sneak to the cinema with their friends. Education and exposure to the media has changed the way this community thinks about women, not only can they study now but they have ideas about fashion brought back from trips to the city. There is a sense that, if they get the opportunity, women can do anything. Nasreen also explains that the lower castes are beginning to earn more and improve their position in the social hierarchy, which would have implications for the labour segmentation among women workers.

Impact of exposure to outside world

Social change is also one reason why Nasreen believes she has been successful as an LHW. She mentions that men and women have changed their views on women's paid work not only by seeing her example, but also because they are more educated today and have had greater exposure to the media. She has personally benefited from the government television campaign to educate people about LHWs.

Another subtle development, that can be found in other LHW interviews as well, is the growth of friendships among LHWs. One reason Nasreen enjoys her work so much is because she can team up with other LHWs on her duty rounds. She now invites them to her house as friends with whom she wants to share other aspects of her life too. This kind of social exposure has taught Nasreen a great deal; she mentions information she has gleaned from others about house-keeping and tips on education as well.

Nasreen is ambitious for her children; although she has three girls she does not regret the lack of a son. Instead she has clear career plans for each daughter. She also wants more than to have a say in the selection of their husbands, she plans an even more untraditional step to arrange their marriages according to their wishes. Her daughters have not paid a price for their mother's occupation, in contrast to what we have seen in other LHW stories.

5. A View of Empowerment

In this section we will attempt to consolidate the findings discussed in the above stories and make a case for what may be the most significant aspect of empowerment in the Lady Health Worker Programme. But first, we need to address one aspect of empowerment that has not been reflected in the interview material but may become increasingly relevant to the LHW story as it unfolds in the years ahead.

The question of collective action

The linkages between paid work and collective action are of immense interest to researchers, even though there is no unanimity of views about the extent to which women's engagement in collective action signifies their empowerment. In a patriarchal setting such as Pakistan, where the spaces for women to mobilize, organize and demand justice in the public domain are severely curtailed, compelling cases of collective action by women are rare. Women in paid work predominantly occupy the informal sector and conduct their work within the private sphere, with little opportunity to organize. If we are looking for strong and sustained collective action in

which women have challenged existing power relations that enforce gender subordination, which in some ways would be the highest standard of potential collective action (Batliwala, 1994) then that will be difficult to find in the current study.

Nonetheless, there are some indications that LHWs exercise some capacity to mobilize, no doubt made possible by their regular forays into the public sphere for the training, supervision, and salary collection. One issue that has elicited protest is sexual harassment. In a small town in Sindh, 26 LHWs resigned in protest against what they termed defamatory reports against them in the local press; and there was a small protest demonstration by LHWs in rural Punjab in July 2008, after which they managed to register a case with the police against the accused. Lady Health Supervisors have also protested in one locality of Sindh against a male health worker, and refused to participate in the upcoming polio campaign unless the complaint was registered with the police.

There have been more mobilizations around issues of salary. As many as 450 protested against non-payment of their salaries in 2001, and in another case LHWs joined in along with other public health workers to demand the same. In 2008, up to one hundred LHWs in a town in Kashmir demonstrated against the government and threatened to go on strike unless their salaries were increased.

Press reports also reveal that LHWs recently mobilized in a group of 42 to protest outside the press club against the termination of their services in Hyderabad, an urban centre in Sindh. The story suggests that their appointment or dismissal may have been politically motivated by a local politician. However, since our key informant interviews do suggest that in rural Sindh the position of LHW is more sought after among educated young women than it was at the start of the programme, the appointments and terminations may be more contested than before.

These events illustrate more fully some of the findings discussed in the four case studies above. The expanded mobility that is integral to the LHW experience, along with the opportunity to cross caste and class barriers, and to make friendships with other women for the first time, have made such protest actions possible. These events also suggest a link with the enhanced household and community status enjoyed by LHWs, which may have given them confidence in their ability to act in the public sphere without fear of reprisal from their own communities.

If we take a broad view of collective action, as a mobilization by women to meet their needs and access their rights as workers (Kabeer, unpublished) and thereby achieve greater social justice, then we can recognize that LHW protesting against termination, low salaries and sexual harassment are indeed making significant efforts towards their own empowerment. Tracking these efforts as the Programme expands across Pakistan and the number of LHWs doubles to 200,000 in the coming years will provide further insights into how these workers develop into a collective or mobilize collective action with others based on certain issues.

Context and circumstance

The above analysis of selected stories brought out their individual trajectories, in order to illustrate how paid work combines with circumstance and context to effect

social change at personal and community levels. The LHWP design has at best an instrumentalist approach to employ women to achieve specific health goals, and policy documents may claim that paid work is empowering but they do not offer us any measurements or indicators to tell us how. Qualitative investigation, however, has given us a better understanding of the “how”, tempered with a sense of the complex barriers that shape each LHW’s experience and also enriched with an appreciation for the vital sources of support that keep her going.

The LHWs working in the field are not generic entities, following the same trajectories of growth. While we know that the specific kind of social change that we are concerned with is women’s empowerment, we realized through the course of this research that it cannot be disengaged from other processes of change that are underway at the same time. Caste and class, for example, are major forces of social organization and we have seen that an LHW, with state sanction in hand, is equipped to cross these barriers to perform her duties. Her success depends on many other factors, too, such as supportive family members who permit her expanded mobility, and how meaningful the work becomes to her on a personal level. This Programme is timely, too, because rapid urbanization, increased exposure to television and the increasing acceptance of female education are having an effect on communities in both Sindh and Punjab. Women are longing for more paid work opportunities, and girls appear to be increasingly resentful if they are excluded from studies. There are girls in the stories related above whose education was halted so that they could do domestic responsibilities while their mothers or sisters work as LHWs. These tensions remind us that among women there is often a price to pay somewhere for the expansion of opportunity.

If empowerment is so contingent upon particularities, and if there is a price to pay in terms of loss in opportunity for others, where is the gain for women in this Programme? Batliwala (1994) suggests that we need to ask some hard questions. Does the programme or the worker transform structures of subordination? Does it empower community women themselves to gain control over material and intellectual resources? If women are not operating as a collective based on their own resistance to their subordination as women, is it still empowerment? On all counts, the LHWP would offer a mixed response to such a challenge. LHWs are up against multiple structures of subordination, such as caste and class barriers in a community, but they confront gender subordination only indirectly. By working as a role model for women and giving them the resources to improve their reproductive health and the health of their families, an LHW is indirectly addressing some aspects of gender subordination. Within the private sphere and her own family, she is re-dressing gender imbalances without directly confronting this most patriarchal of institutions. We have seen how her work has earned her increased agency. She enjoys increased decision-making over her own reproductive health, the schooling and marriage decisions of children, management of her own and family finances. Most significantly, she enjoys increased mobility with the sanction and support of her family. And an important characteristic of these gains may well be that they have come indirectly, with the support of arguably one of the most patriarchal state structures in the world and with the encouragement of men in the family. Batliwala (1994) writes that the home is the last frontier of change in gender relations, but our research has shown that poverty made the home ready for some change and that it has been the site of some of the most important gains for LHWs.

If we take Kabeer's view of empowerment as a process "by which those who have been denied the ability to make strategic life choices acquire such an ability" (quoted in Mosedale 2003: 437), then it allows us to move beyond looking at the intentionality of the LHWs' paid work experience, ie whether they are consciously challenging gender subordination, and appreciate the context and future potential of the Programme. Our research has shown that LHWs are engaged not only in a process of personal growth and enrichment through their work, but they are also engaged with communities that themselves are in a process of change. At the personal level, an LHW will enjoy an increase in confidence, expanded mobility, broadening of friendships outside of kinship or caste groups, improved family status and decision-making power, and a high job satisfaction. In terms of her ability to make strategic life choices, an LHW acquires greater resources, eg knowledge on which to base potential choices about her body (its care and reproductive decision-making), her family life, and guide others in the community. Even prior to becoming an LHW, though, she was equipped with the resource of education that enabled her to make the decision – if not to work (as that was driven more by poverty) but to continue her work and fulfill her role responsibly. Also, we must note that she provides resources to the poor, ie her community, and facilitates their increased agency (Kabeer 2001: 19) and with it the outcomes of better health and reproductive decision-making. This perpetuates a cycle of enhanced agency. The LHWP as a whole increases both the individual and the social resources of the community beyond what would be possible through any individual efforts alone.

The role of the state

What makes the Programme so interesting is that the state is so vital to a process that can have such a transformative effect on women's lives. The fact that the LHWs interviewed needed to be coaxed into taking up this work opportunity offered by the state does not lessen the knowledge and ability they gain from it to make strategic life choices, particularly as the work itself is meant to improve women's reproductive decision-making. The fact that LHWs have not participated in major collective action does not mean that they won't do so later. In fact, by asking them to set up health committees, the state is attempting to foster a sense of collective responsibility for health outcomes and the success of the LHWP. There are contextual factors that rest in the control of state. Such development initiatives can build upon the LHW as a resource and community actor, as evidenced by Fatima's success with the micro-credit project. The LHWP must also continue to provide strong backing and support to LHWs in the form of media spots and even refresher trainings – which strengthen their position as a resource and emphasize the state's support for the Programme.

If we accept that life circumstances do not always permit women to follow a linear trajectory of empowerment, as illustrated in the story of Aasia above, then we can also view the training of an LHW, which converts her into an intellectual and community resource, as we do education itself – once given it cannot be taken away no matter what contingencies she may come across. A woman's agency, the ability to define one's goals and act upon them (quoted in Mosedale 2003: 438), is shaped by her personal circumstances at certain points in time. The full potential of her enhanced agency will only be known over the full course of her life, and time-bound research can only glimpse this potential.

The collapse of public and private spheres

The above discussion has also demonstrated that some of the most dramatic and meaningful changes in the lives of LHWs have been their increased mobility outside the home and village. They are able to visit homes of non-relatives within their own village. They are able to be mobile as a matter of routine due their work requirements. And through their expanded mobility they are able to access other women and health workers across caste and class barriers, which they had no justification to traverse before. Since the gendered segregation of public and private spheres is fundamental to the geography of gender in Pakistan, increased mobility is a landmark in the process of empowerment for women.

There are other extremely powerful changes underway, linked to this enhanced mobility, that help to permanently bring down the public and private divides in the communities we studied. As Nasreen pointed out, the television in her home and the government-run advertisements in support of the LHW Programme, helped her to gain credibility as a working woman not only in her community but in her own home too. In other words, the public domain as signified by the state and the outside world shown on the television has, through this medium, inserted itself into the private sphere of women and the home, and it has done so by at the same time providing sanction to a specific type of increased mobility and income-generation for women. The enormity of this collapse between public and private spheres can be further appreciated in light of the reality that in Pakistan women are very often forbidden by men from watching television in their own homes, out of a sense that this exposure somehow violates segregation norms.

These *pardah* norms are not static; they vary across Pakistan's diverse communities. They also vary depending on the stage in a woman's life cycle. For example, Mumtaz and Salway (2007) have found that women have greater restrictions on their mobility during pregnancy. And as a woman ages her status or "centrality" within the household grows and changes, such that her empowerment cannot be assessed only in terms of indicators such as changes in her marital relationship or increased mobility (Das Gupta 1995). But while women are in their child-bearing years, and most in need of reproductive health services, they are most disadvantaged due to their low status in a joint family household.

The LHW Programme breaks through this barrier of disadvantage by bringing the needed services available in the public sphere directly into the home. An LHW, who before assuming this role may well have been subject to the restrictions of *pardah* that applied to other women in her community, has through her training and work become a public figure and resource. She in turn goes back into the private sphere of women's homes to provide them access to resources that would otherwise be denied to them, especially during their child-bearing years. It is most likely they would otherwise access health care only in an emergency, at which point it is often too late to save lives. Indeed, the provision of emergency obstetric and neonatal health care is one of the biggest challenges facing the health sector in Pakistan, compounded by the gender and social inequalities that restrict women's health-seeking behavior.

Finally, this research has touched upon the role of social change, independent of explicit social policy, that give force and shape to individual LHWs' experience of empowerment. Communities across Pakistan are in transition, there is mixed access to

social services, there are emerging caste and class tensions, and exposure to media that did not exist just a few years ago. It is not possible to predict a general trajectory of empowerment that employment may trigger among women, as this study has shown. But if social policy is shaped alongside current social changes, then processes that support empowerment will surely be strengthened.

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