ASSESSMENT OF IMPACT OF "VISION CARE TECHNICIAN TRAINING PROGRAMME" ON EMPOWERMENT OF WOMEN AT SANKARA EYE FOUNDATION, INDIA

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Tarvinder Kaur

Under the Supervision and Guidance of

Ms. Sunita Nigam

2021

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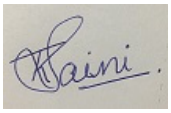
DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Assessment of Impact of "Vision Care Technician Training Programme" on Empowerment of Women at Sankara Eye Foundation, India** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



(Signature)

Tarvinder Kaur

Date: 2nd July, 2021

CERTIFICATE

This is to certify that Dr. Tarvinder Kaur in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at Sankara Eye Foundation, India during March 22, 2021 to June 19, 2021.

Place: Coimbatore

Date: 2nd July, 2021

Preceptor/Head of the Organization
Sankara Eye Foundation, India

CERTIFICATE

This is to certify that dissertation titled **Assessment of Impact of "Vision Care Technician Training Programme" on Empowerment of Women at Sankara Eye Foundation, India** is a record of the research work undertaken by Tarvinder Kaur in partial fulfillment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Ms. Sunita Nigam
IIHMR University, Jaipur

Date: 2nd July, 2021

Dr. Dhirendra Kumar
IIHMR University, Jaipur

Date: 2nd July, 2021

ABSTRACT

INTRODUCTION: There exists a gap in control over decision-making between man and woman in a patriarchal society like ours. Financial dependence has been a major factor for subordination of women as men have traditionally been the bread winners in a household. However, in the recent years, increased involvement of women in income generating activities has changed the conception about women's primary role of child rearing and running the thankless errands in the household. Education is considered as a major factor contributing to empowering the women by increasing their ability to participate in income generating activities. But an alternative to this is the Vocational Training Programs that focus on skill development and making people job ready. Sankara Eye Foundation, in the year 2002, took up the task of empowering girls from economically disadvantaged backgrounds by providing them Vision care technician training and employment after the completion of this course. This study tries to measure the level of empowerment among these women quantitatively.

METHODOLOGY: A survey was conducted to see the control of women over financial, household, and personal decision making, freedom of movement and autonomy. Primary data collection was done with the help of a structured questionnaire. Likert Scale was used with appropriate response options for different questions. Google form was used to collect the data and analysis was done using SPSS for descriptive and inferential statistics. Empowerment was measured on a 0-1 scale.

RESULTS: The mean empowerment score of 0.63 shows a medium level of empowerment. The study population seems to have less tendency towards saving a part of their earnings, but they were found to be capable of paying back the entire loan amount from their personal earnings. Also, women are able to support other members of their family financially.

CONCLUSION: Even though the VCT program has been able to empower the women from economically disadvantaged background to a certain extent, there exists certain gaps that can be fulfilled by revising the course of this program to include aspects related to awareness about women's rights and encouraging the students to break the societal prejudices to live a life of respect and dignity.

KEY WORDS: Women Empowerment, VCT program, Financial Empowerment, Vocational Training

Acknowledgement

I would also like to express my deep sense of gratitude to **Mr. Bharath Balasubramanian**, President-Operations and Administration, Sankara Eye Foundation, India, for giving me the opportunity to explore an entirely new dimension through this project.

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This report is a result of 3 months of unflinching support from **Ms. Sunita Nigam**, my faculty guide at IIHMR University. Her, valuable advice, constructive suggestions, and guidance at all stages of my project have made this project possible.

This note of thanks is incomplete without mentioning my friends and colleagues who have whole-heartedly supported and encouraged me throughout the duration of this project.

Tarvinder Kaur

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Abbreviations

DOA	Diploma in Ophthalmic Assistant
SEFI	Sankara Eye Foundation, India
SPSS	Statistical Package for Social Sciences
UNDP	United Nations Development Program
VCT	Vision Care Technician
VTP	Vocational Training Program

Chapter 1: Introduction

1.1- Introduction

Sankara Eye Foundation, India started in 1977, with the mission to eradicate needless blindness. In the Year 2002, Sankara Academy of Vision was established to train professionals in all spheres and levels of ophthalmic care. A Vision care Technician Program was started to empower young girls from the disadvantaged sections of society and train them into skilled resource. In this program, meritorious high school graduate girls from disadvantaged sections of society are identified and trained through a two-year diploma course in various facets of eye care. Apart from the technical knowledge these girls are provided training for communication skills, language & personality grooming. This program is directed towards providing job-oriented Vision Care training to these young women and transform them into a skilled pool of Vision care professionals. The education is completely subsidized, and accommodation and food are provided by SEFI for the entire period of the course. After completion of this course, these women are employed at various hospitals of Sankara Eye Foundation as regular employees with generous financial rewards.

Vision care Technician Program comes under the umbrella of Vocational training. It is classified as teaching procedural knowledge in contrast with the tertiary education which focuses on theory and abstract conceptual knowledge. Until the beginning of 21st century, Vocational education focused on specific fields such as automobile mechanic or welding. But as the demand of skills increased in specialised trades, the popularity and value of vocational training courses increased significantly. Government of India runs institutions dedicated specifically to vocational training and skill development.[1] An added advantage of these vocational training programs is the encouragement to women for participation in the workforce. In a patriarchal society like ours where the gender inequality has been prevalent since centuries and education for women is still subject to the approval of male decision-makers of the household, vocational training has proved to be a boon for women as it opens the ways to employment for them.

Dr. M. Dhanabhakyam and S. Mufliha in a study on impact of training and skill development program on unemployed women (December 2013) concludes that these training programs help in empowering women through employment and that women move towards accepting challenges in their life.[2]

Gender equality through women empowerment has gained much attention over the past several years. The importance and relevance of the subject is more across the developing

world. Gender equality holds 5th position among the 17 Sustainable Development Goals that United Nations aims to achieve by 2030[3]. Gender equality has its roots deeply embedded in women empowerment therefore it is crucial to define women empowerment which has been attempted by various people at different points in time. The World Bank defines empowerment as *"enhancing the capacity of an individual or group to make purposive choices..."* Alsop and Heinsohn (2005), defined it as "*the process of increasing capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes."* Keller and Mbwewe, in 1991 defined empowerment as:

"a process whereby women become able to organize themselves to increase their own self-reliance, to assert their independent right to make choices and to control resources which will assist in challenging and eliminating their own subordination".[4]

Measuring women empowerment has varied approaches across the research community. United Nations Development Program (UNDP, 2020) report measures Gender Inequality Index using three dimensions: Reproductive health, Empowerment and Labour market. Among these dimensions, the empowerment indicators are the percentage of parliamentary seats held by women and the percentage of population with at least secondary education by gender.[5] According to Dr Musiliu Okesina (June 2020), the measure proposed by UNDP is an example of empowerment in broad category whereas, there are specific measures which are more context specific and multidimensional. Some of these measures include capacity to fight for one's rights (Narayan, 2005); change in power relations (Batliwala, 1994); and autonomy and control over personal/household decisions (Ibrahim & Alkire, 2007).[6] Rathiranee Y. argues that the process of empowerment should start from home. Therefore, women's decision-making in household matters like buying household assets, having access to money, having mobility or getting healthcare facilities is worth examining.[7]

Kishor and Subaiya (2005) concluded that a factor called 'Empowering Participation' which involved decision-making on own health issues, household purchases, and decision-making about visiting friends and relatives appeared to be closer to the concept of empowerment where women exercise control according to need. A study by Shoaib, Latif and Usmani (2014) revealed that the working women have gained importance in decision-making in the family because of their major economic contribution.

Since the women undergoing VCT programme belong to a poor socio-economic background, financial independence plays a big role in their lives and in their family. A qualitative socio-demographic survey done on VCTs suggest that 72 percent of trainees

received more respect and better treatment from their family and community after joining the program. However, there has not been sufficient research on the empowerment aspect of the Vision Care Technician Program. Hence, the aim of this study is to assess the level of women empowerment brought about by the VCT training programme in the lives of women who completed the course and are employed at SEFI.

1.2- Research Objectives

- To quantitively assess the level of control over financial decisions in women who have completed VCT training Programme and are employed at SEFI.
- To quantitively assess the level of control over personal decisions in women who have completed VCT training Programme and are employed at SEFI.
- To quantitively assess the level of autonomy and household decision making in women who have completed VCT training Programme and are employed at SEFI.

Chapter 2: Literature Review

Table 2.1: Review of literature

Author (Year)	Study Location	Sample size	Sampling Techniques	Salient Features
Tunvir Ahamed Shohel, Sara Niner, Samanthi Gunawaedana (April 2021)	Bangladesh	331 female recipients of microfinance activities	Simple random sampling technique	The micro finance programs directed at women's financial empowerment failed to achieve their goal as majority of this money handling and decision making was controlled by men. Financial empowerment can be achieved by changing the gender norms and practices that are ingrained in the behaviour of these men and women.[8]
Eguonor Oleabhiele, Lisa Ogodo (March 2021)	Nigeria	399 males and females (age:15-49 years)	Cluster sampling followed by purposive sampling	VTP develops the necessary skills and competence for occupation. VTP leads to sustained women empowerment by improving job opportunities and reducing poverty thus improving quality of life. [9]
Mani Bharadwaj (December 2018)	Indore	120 women	Simple random Sampling	Education and skill development is a significant instrument for women empowerment. Vocational training has a significant impact on women empowerment. A key strategy is for gender equality is to combine policies and skill development institutions at local level.[10]

Monica Dalmas, Solomon Ngahu, Dr Margaret Waruguru (October 2018)	Kenya	74 women registered in 150 self-help groups.	Simple random Sampling	Women lacked financial empowerment as the major decision making was controlled by men. Women's financial empowerment can be enhanced by improving their control over financial decision-making. [11]
Vipul Kumar, Priyaranjan Maral (June 2015)	Allahabad, UP, India	272 urban married women	Simple random sampling	There is a difference in the financial decision-making behaviour of working and non-working women. Working women are more involved in decisions related to purchase of land, motor, or other assets. [12]
Emmanuel Janagan Johnson (Jan 2015)	Coimbatore, Tamil Nadu	300 women	Simple random technique lottery method.	Income generation programmes help to provide higher education for children. It also helps the family to progress. Additional income is more important for the progress of family in rural areas. (The meaning of family progress is just to have sufficient food and day today requirements.) [13]
Dr Shoaib Feroz Bushralatif Usmani (May 2013)	Bhimber district, Azad Jammu and Kashmir	10 women	Snow-ball sampling technique	Women's economic contribution has raised their status in the society. Women are given importance in household decision-making because they contribute to household income. [14]

Thresi Varghese (Jan 2011)	Sohar region, Oman	150 women were selected using convenience sampling technique.	Convenience sampling technique	Women's interest towards domesticity is responsible for less empowerment. The empowering interventions need to focus on reducing the patriarchal social power responsible for sustained gender inequalities. [15]

Chapter 3: Methodology

In order to assess the control over financial, personal, and household decision-making, freedom of movement and autonomy, a quantitative study was conducted among the entire cohort of VCTs who had completed the Vision Care Technician Course and are employed at Sankara Eye Foundation, India currently. A descriptive, cross-sectional study design was adopted. The study in addition employed a quantitative approach whereby the data collected and subsequently analysed were numerical. A structured questionnaire was used with a Likert scale to capture the responses on control on decision-making and other aspects of the study. Questions related to financial and personal decision-making consisted of a five-point Likert scale. However, the questions related to household decision-making, freedom of movement, and autonomy consisted of a four-point Likert scale.

Google forms were used to capture the responses and the data was compiled in Excel using codes assigned to each response. To maintain the confidentiality of the responses, unique codes were assigned to each respondent and same was used while analysing data. SPSS was used for descriptive statistics. Initial Index scores were calculated for Financial, Personal and Household Decision-making, Freedom of movement and Autonomy, individually. Further these index scores were used to calculate the overall score for women empowerment. This overall score was scaled to a 0-1 scale.

Chapter 4: Results

Analysis was conducted to find out the socio-demographic characteristics of the respondents. Results for age-group of respondents are being presented in Table 4.1. It was found that most of the respondents (nearly 80 percent) were between 20 and 34 years of age. As for the type of locality, most of the respondents (approx. 55 percent) lived in rural areas (Figure 4.1). Highest qualification of majority of the respondents (74 percent) was VCT/ DOA program. But it was found that nearly 11 percent of them had a bachelor's degree and 3 percent had a master's degree (Figure 4.2). Almost 54 percent of all the respondents had both the parents alive but nearly 12 percent of the respondents had no parents living at the time of survey (Figure 4.3). Table 4.2 shows that nearly 46 percent of the respondents out of the total number were married. Also, it was observed that the mean age at first marriage was 24.48 years, and the median age was 25 years. All the respondents who were married were at least 18 years of age at the time of marriage. The maximum age at marriage was observed as 34 years (Table 4.3).

Table 4.1: Frequency table for age group of respondents.

Age Group	Frequency	Percent
18-20 years	9	4.8
20-24 years	69	37.1
25-29 years	42	22.6
30-34 years	36	19.4
35-39 years	22	11.8
40-44 years	4	2.2
45-49 years	3	1.6
50 years and above	1	.5
Total (N)	186	100.0

Table 4.1 shows the age group of the respondents. Most of the respondents (almost 95 percent) are below 39 years of age. Only 9 respondents are less than 20 years of age.

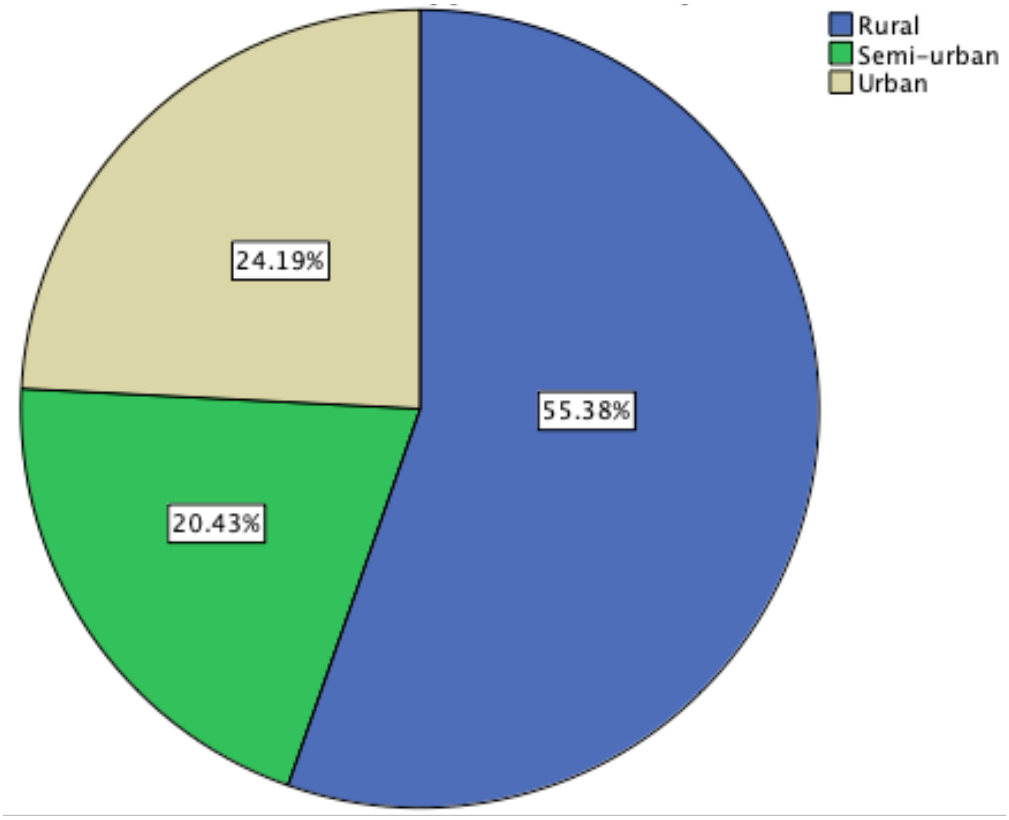

Figure 4.1: Type of locality

Only 24 percent of the women lived in urban areas. More than half of the respondents lived in rural areas.

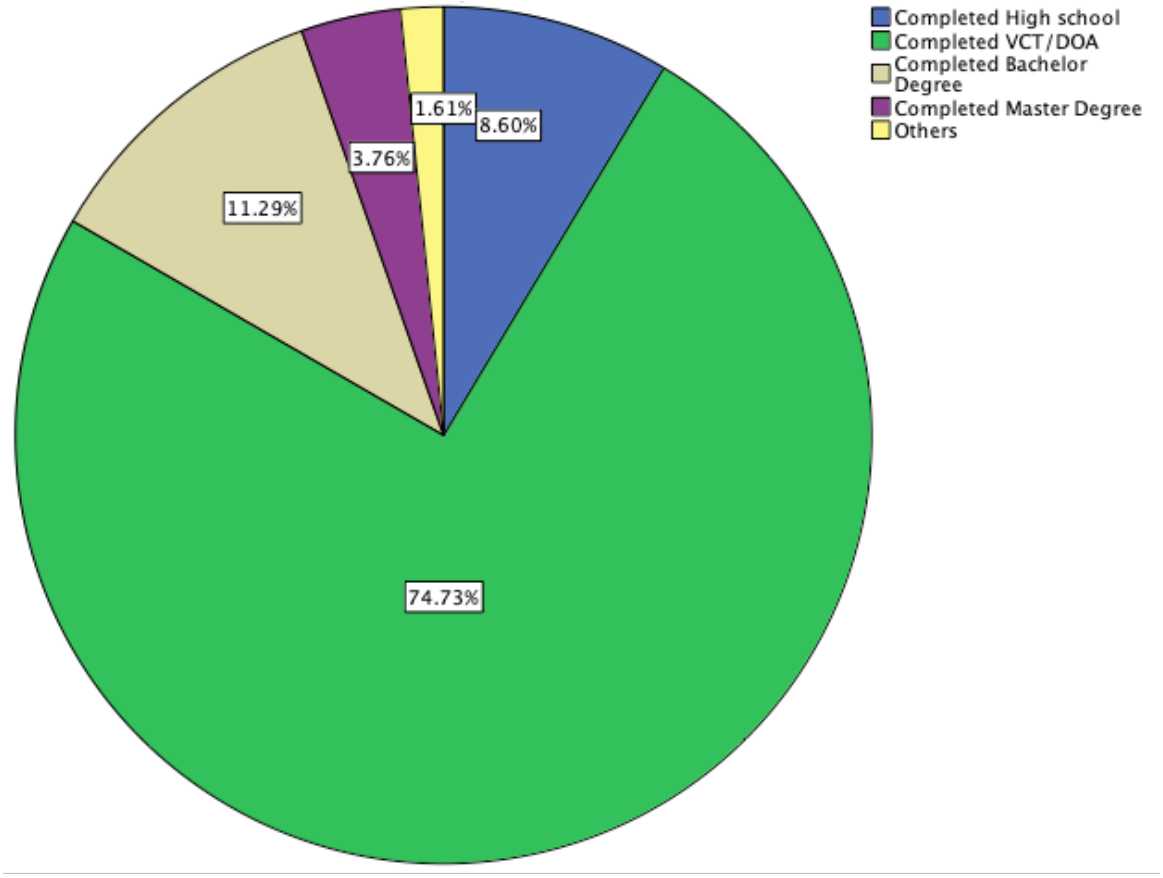

Figure 4.2: Highest qualification of respondents

Nearly 3/4th of the respondents had completed VCT/DOA course as the highest level of qualification. Approximately 15 percent of the respondents had pursued further education after VCT course and had completed a bachelor's or master's degree.

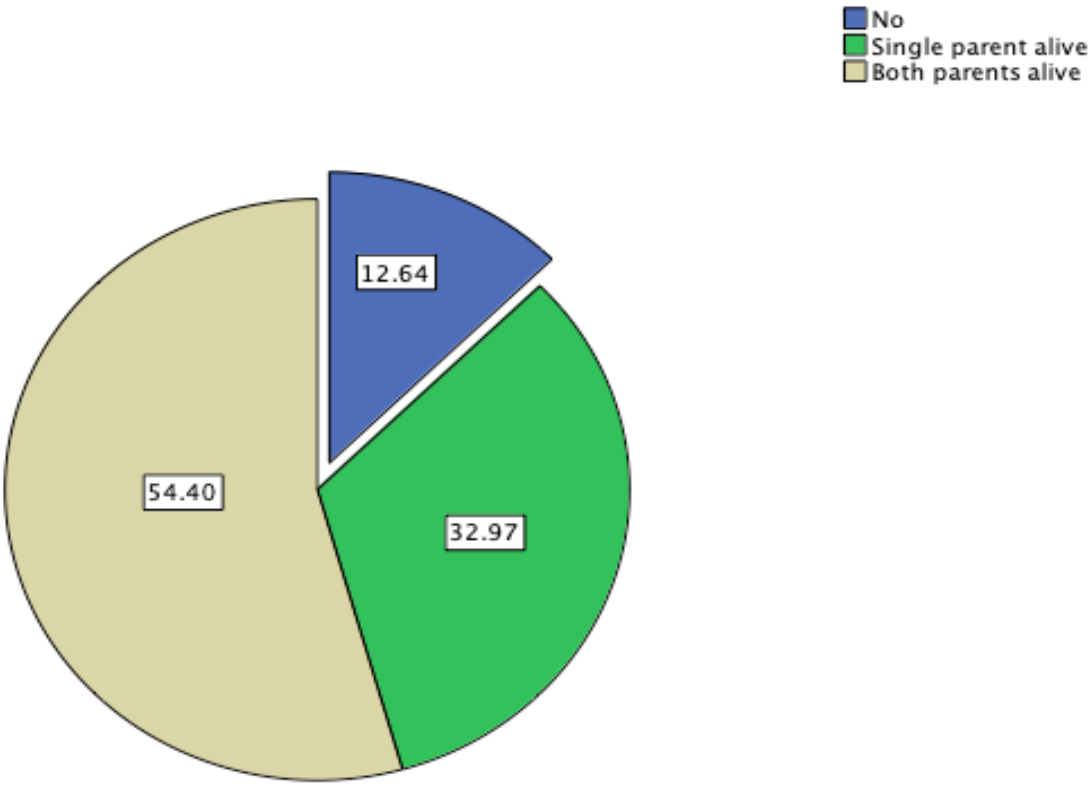

Figure 4.3: Pie chart showing the percent of respondents having parents alive.

Figure 4.3 shows that nearly 54 percent of the respondents had both parents living at the time of survey. However, 32 percent respondents had only one parent living and 12 percent of the respondents had no parents living.

Table 4.2: Respondents Married at the time of survey.

Married	Frequency	Percent
No	99	53.2
Yes	87	46.8
Total (N)	186	100.0

Table 4.2 shows that more than half of the respondents were unmarried at the time of survey. However, 46 percent of the respondents were married.

Table 4.3: Age at first Marriage of the respondents

n/N	85/186
Mean	24.48 years
Median	25.00 years
Std. Deviation	3.235 years
Minimum	18 years
Maximum	34 years

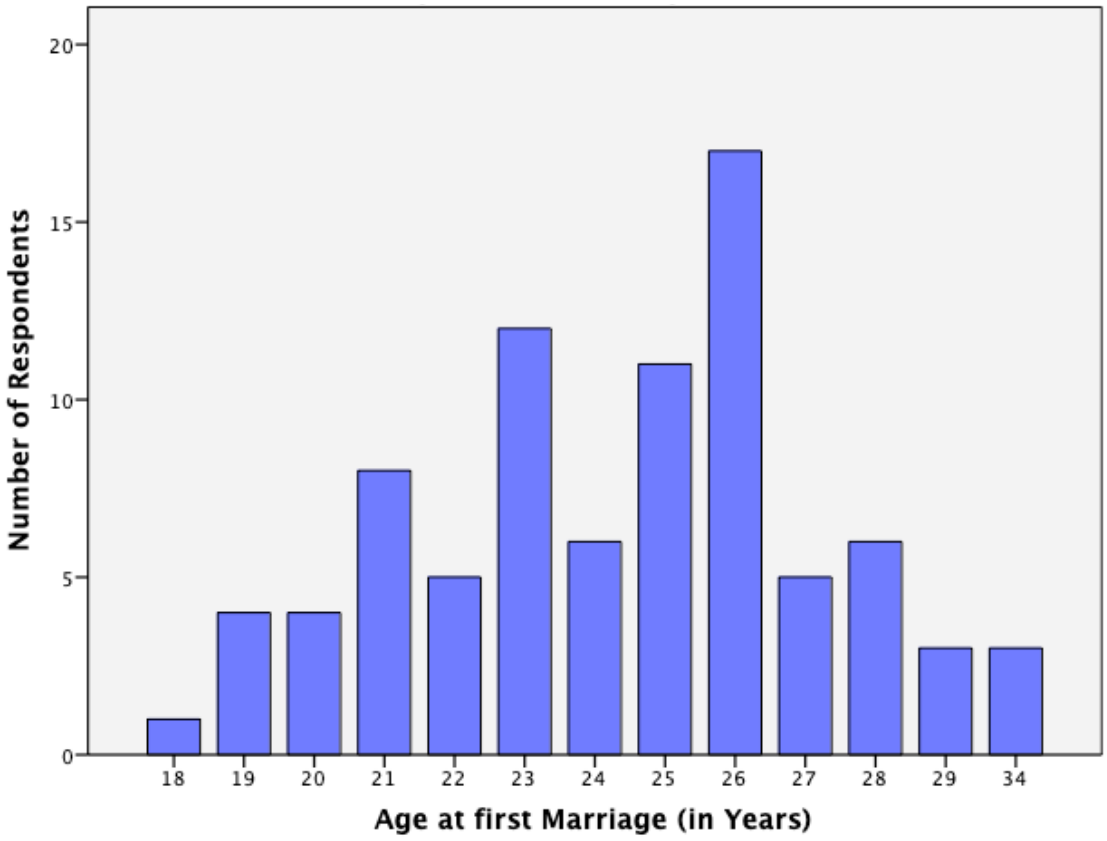

Figure 4.4: Bar chart showing age at first marriage of respondents.

All the respondents who were married, were at least 18 years of age or older at the time of their first marriage. Mean age of first marriage among the respondents was 24.48 years however, the median age was 25 years. Also, the maximum age at first marriage was 34 years.

Table 4.4: Control on decisions related to use of contraceptives (among married respondents)

Extent of control	Frequency (N=186)	Percent
To small extent	2	10.0
To medium extent	16	80.0
To high extent	2	10.0
Total	20	100.0

In household decision making, among the respondents who were married, 20 responded that they were taking precautions to avoid pregnancy. Of those who were taking precautions to avoid pregnancy, 90 percent responded that they had a medium or high extent of control on the decision of what precautions to take (Table 4.4).

Table 4.5: Control on decision related to number of children (respondents having children)

Extent of control	Frequency (N=186)	Percent
No control at all	19	27.1
To small extent	23	32.9
To medium extent	15	21.4
To high extent	13	18.6
Total	70	100.0

Table 4.5 shows that a total of 70 respondents had children. Out of these, only 40 percent of the respondents had medium or high extent of control on the decision of number of children they wanted to have. 27 percent of the respondents had no control at all on the decision related to number of children they wanted to have.

Table 4.6: Control on decision about time of conception (respondents with children)

Extent of control	Frequency (N=186)	Percent
No control at all	19	27.1
To small extent	13	18.6
To medium extent	21	30.0
To high extent	17	24.3
Total	70	100.0

Table 4.6 shows that nearly 54 percent of the respondents who had children had a control to a medium or high extent on when to have children. Almost 27 percent of the respondents had no control on the decision of when to have children.

Table 4.7: Control on decision related to children's education

Extent of control	Frequency (N=186)	Percent
No control at all	12	17.1
To small extent	6	8.6
To medium extent	25	35.7
To high extent	27	38.6
Total	70	100.0

Table 4.7 shows that of the 70 respondents who had children, approximately 74 percent of them had a control on where their children should study. However, 17 percent of the respondents had no control on this decision.

Analysis of economic characteristics of the respondents revealed that the monthly income of the respondents was between 2,000 and 32,000 rupees (Table 4.8), mean monthly income being 11,939 rupees approximately (Figure 4.5). Mean of monthly savings of the respondents was approximately 2,366 rupees (Figure 4.7), however it was observed that almost 94 percent of the respondents had monthly savings equal to or below 5,000 rupees (Table 4.10). Another important economic factor observed was that majority of respondents (85 percent) had other members of the family dependent on their income (Table 4.11). Almost 40 percent of the respondents had 2- or 3-members

dependent on their income (Figure 4.8). Other than the respondents' personal earnings, the data on family's monthly income from other sources revealed that the mean family income was 11942.88 rupees per month. Table 4.9 shows that maximum amount for family's monthly income was 1,00,000 rupees and the minimum amount was NIL. 47 of the total number of respondents (nearly 25 percent) had taken loan from bank or some other financial institution (Table 4.12). Interestingly, 82.98 percent of those who had taken a loan, were paying the entire loan amount from their personal earnings (Figure 4.9). Only 17 percent of the respondents who had taken loan, were taking help from someone to pay back the loan.

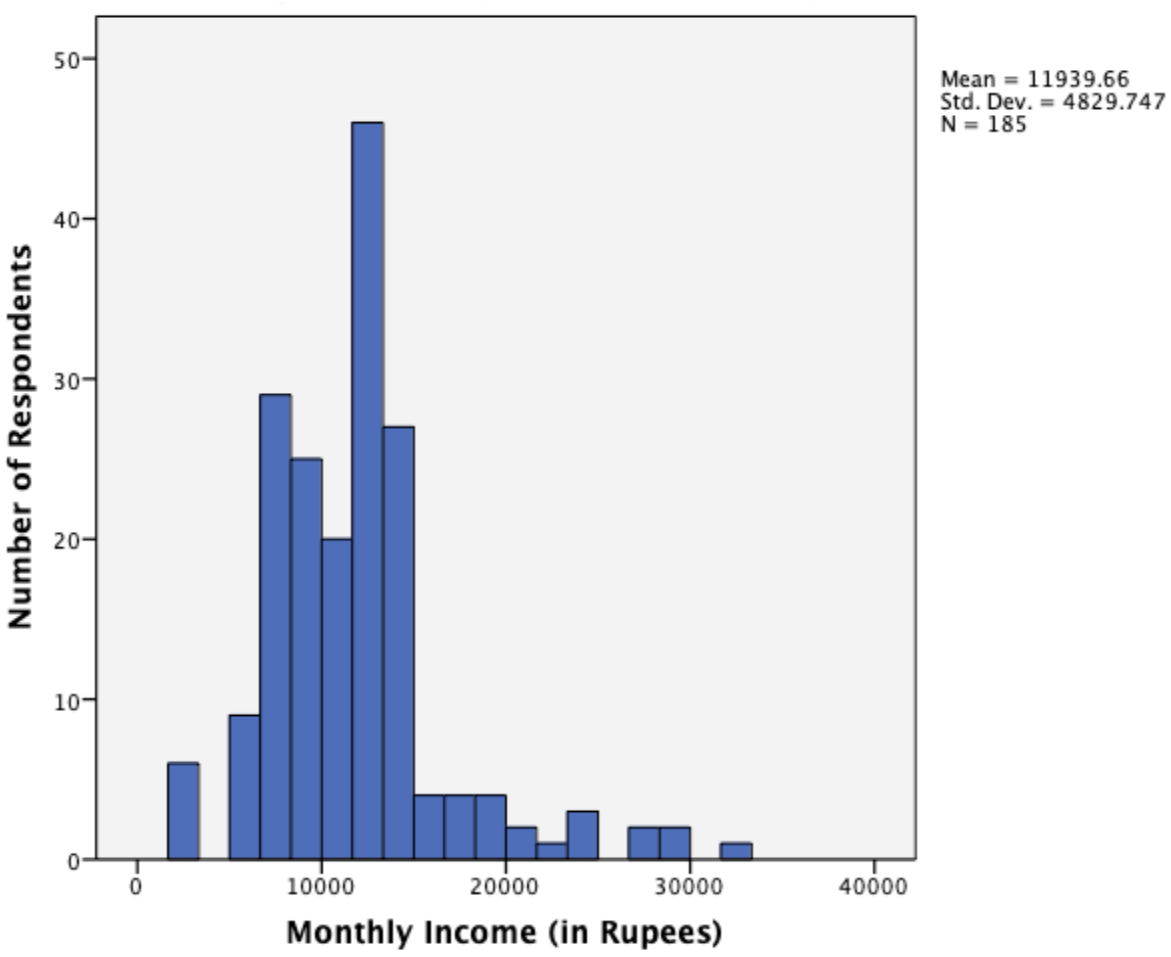

Figure 4.5: Histogram showing monthly income of respondents.

Figure 4.5 shows that majority of the respondents had their income lower than 15,000 rupees.

Table 4.8: Maximum and Minimum monthly income	
n/N	185/186
Minimum	2000 rupees
Maximum	32000 rupees

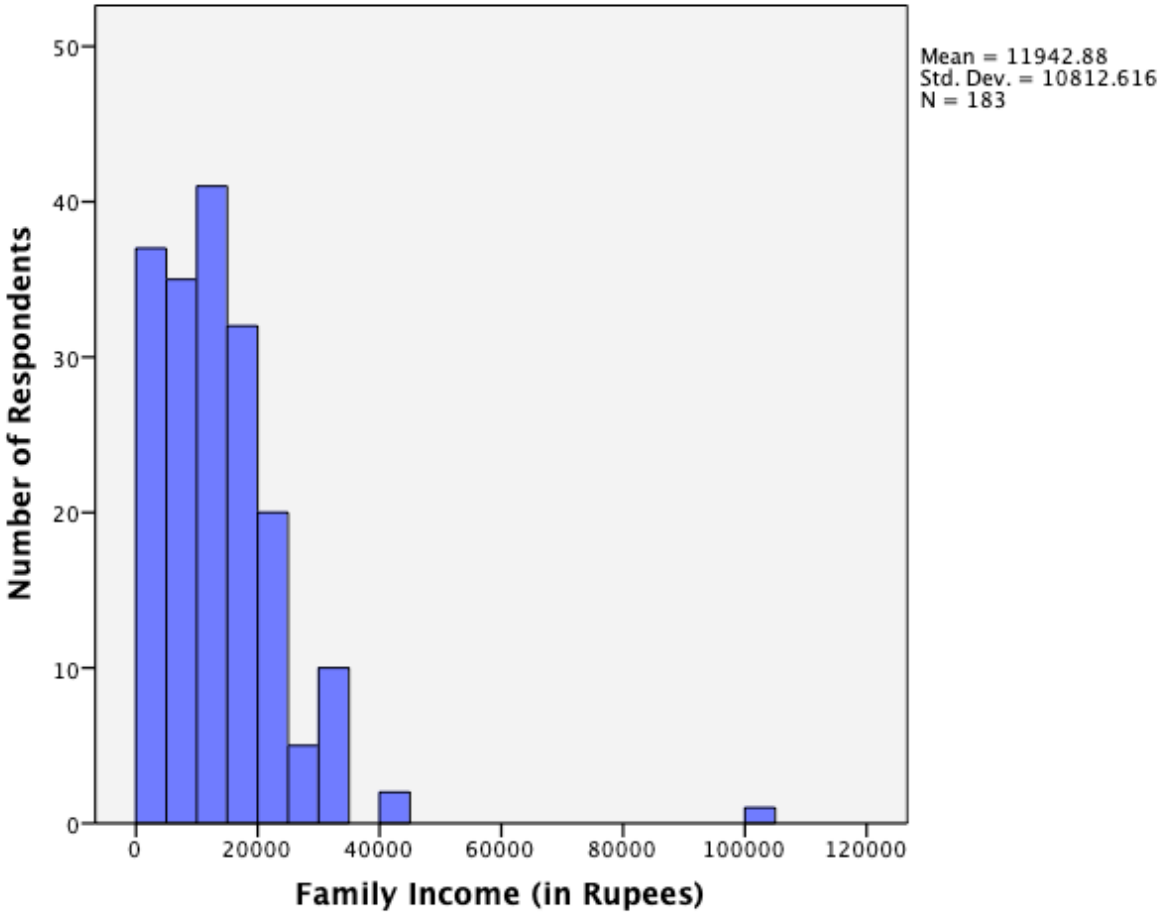

Figure 4.6: Histogram showing family income of the respondents.

Figure 4.6 shows that majority of the respondents had family income (other than their personal earnings) lower than 20,000 rupees. Also, the mean family income for all respondents was 11,942 rupees.

Table 4.9: Family income of the respondents.

n/N	183/186
Mean	11942.88 Rupees
Median	10000.00 Rupees
Std. Deviation	10812.616 Rupees
Minimum	NIL
Maximum	100000 Rupees

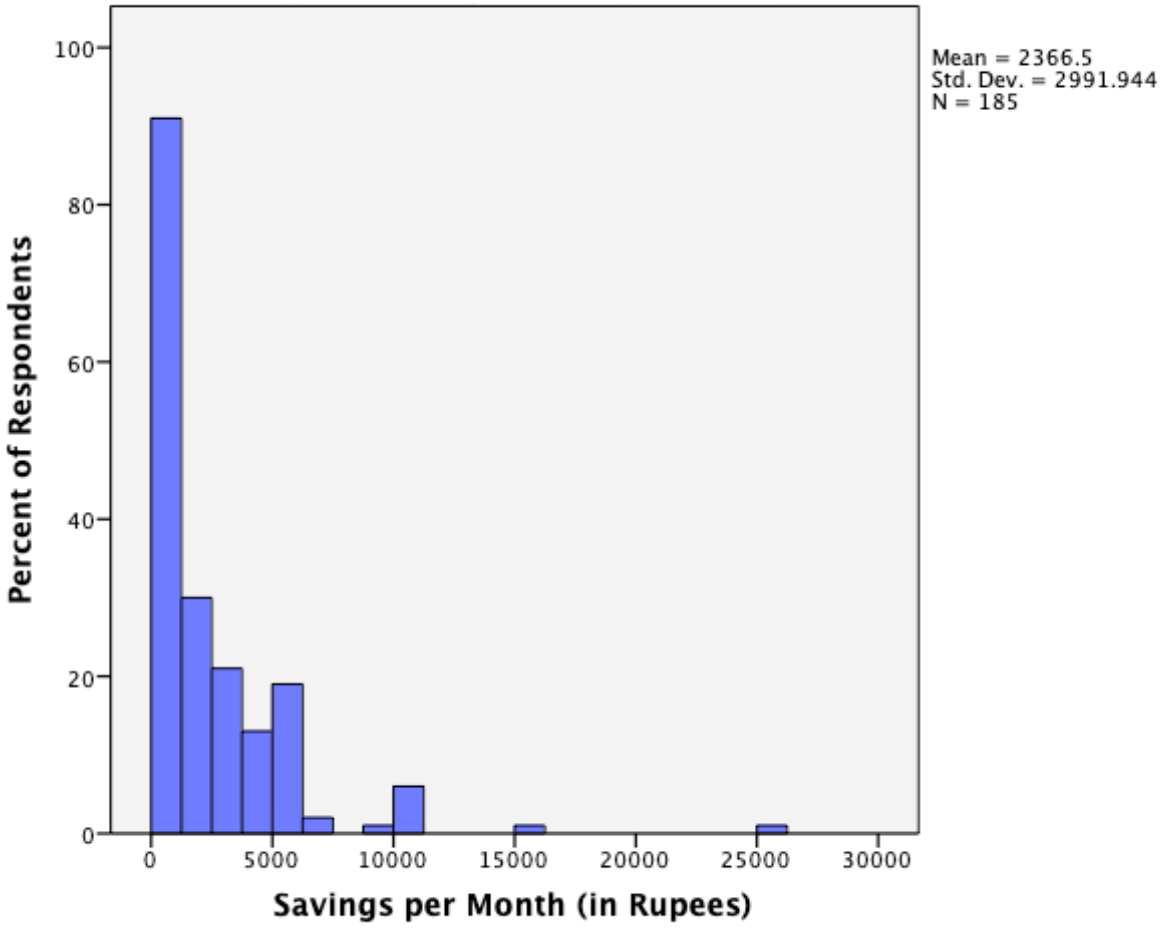

Figure 4.7: Histogram showing Monthly savings of the respondents.

Figure 4.7 shows the monthly savings of the respondents. Most of the respondents had monthly savings less than or equal to 5,000 rupees.

Table 4.10: Frequency table showing Monthly savings of the respondents.

Amount (in rupees)	Frequency (N=186)	Percent
NIL	34	18.4
less than 100	2	1.1
101-500	21	11.4
501-1000	34	18.4
1001-2000	30	16.2
2001-5000	53	28.6
5001 and above	11	5.9
Total	185	100.0

Table 4.10 shows the monthly savings of respondents and their frequency. Nearly 18 percent of the respondents had no monthly savings. 94 percent of the respondents had monthly savings less than or equal to 5,000 rupees.

Table 4.11: Frequency table showing Number of Family members Dependent on Respondent's Income

Number of Dependents	Frequency (N=186)	Percent
NIL	27	14.6
1 to 3 members	102	55.1
4 to 5 members	41	22.2
6 members or above	15	8.1
Total	185	100.0

Table 4.11 shows the number of people dependent on the respondents' income and their frequency. Nearly 14 percent of the respondents had no family members dependents on their income. However, nearly 55 percent of the respondents had 1 to 3 family members dependent on their earnings. Also, 85 percent of the respondents had at least one family member dependent on their income. 15 respondents had 6 or more people dependent on their earnings.

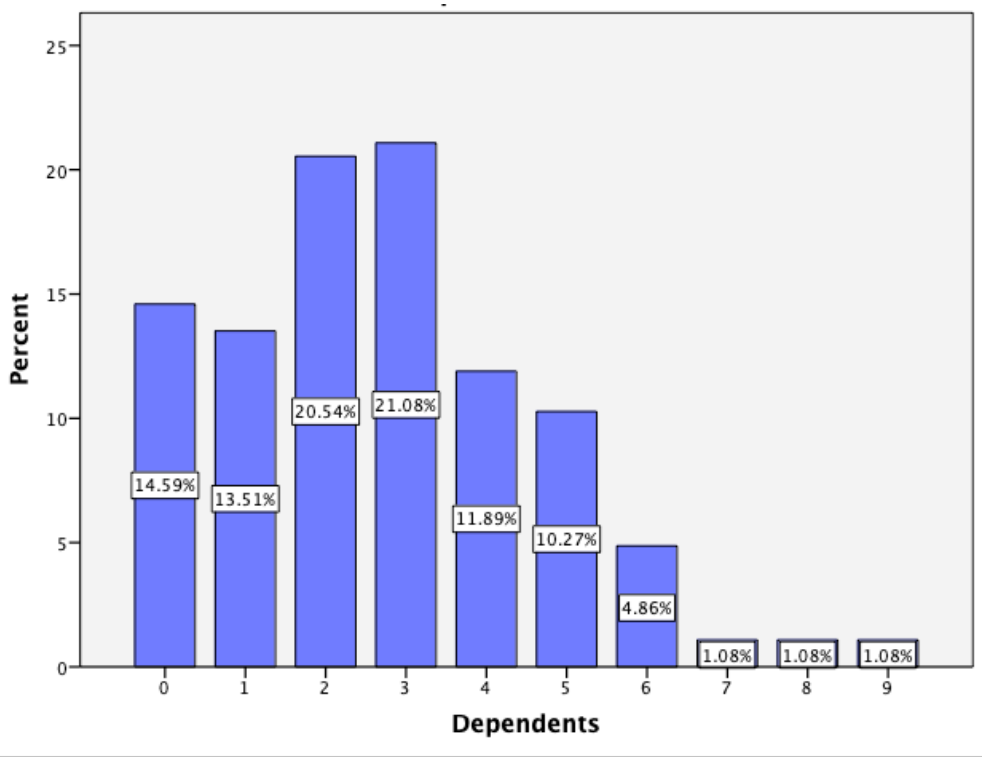

Figure 4.8: Bar chart showing Number of Family members Dependent on Respondent's Income.

Figure 4.8 shows the number of family members dependent on respondents' income on the x-axis and the percent of respondents on y-axis. Majority of the respondents had someone dependent on their income.

Table 4.12: Number of respondents who have taken loan from a bank or any other financial institution.

Taken loan	Frequency	Percent
No	139	74.7
Yes	47	25.3
Total (N)	186	100.0

Table 4.12 shows that a total of 25 percent of the respondents had taken a loan from a bank or any other financial institution.

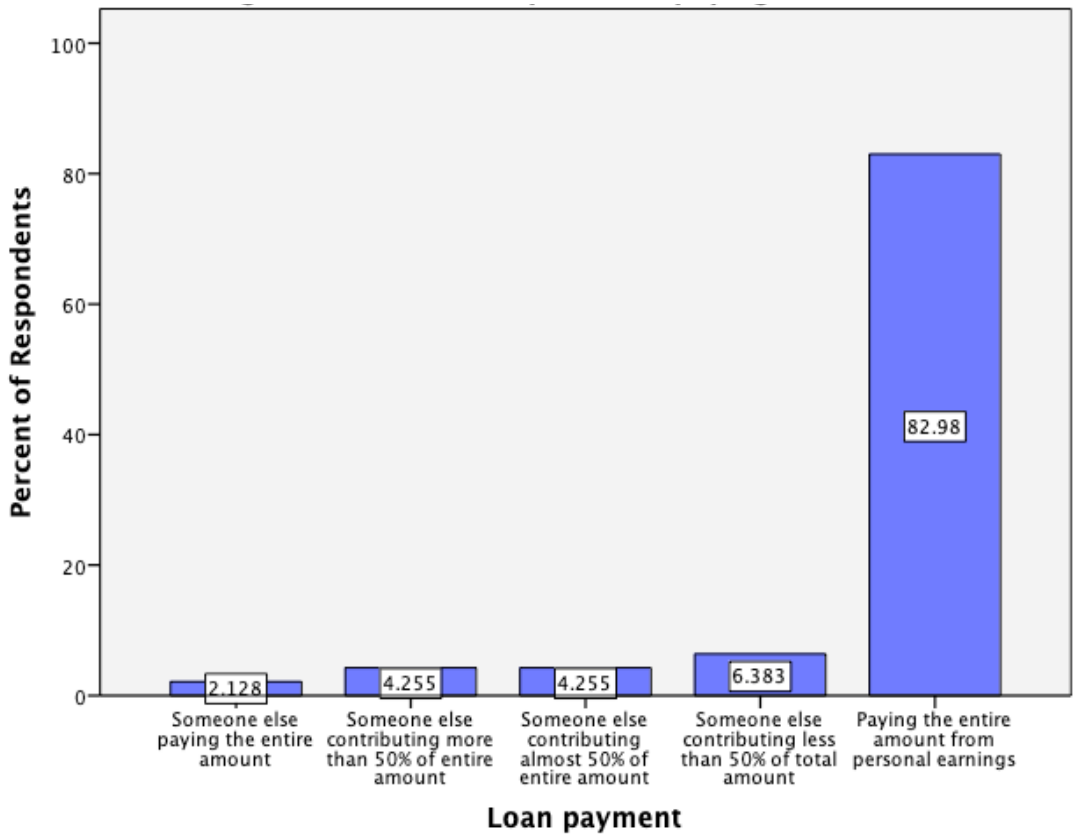

Figure 4.9: Bar chart showing percent of respondents paying loan

Figure 4.9 shows that 82 percent of the total respondents who had taken a loan from any financial institution were paying the entire loan amount on their own without taking any help.

Control on financial decision-making was quantitatively calculated by using the mean of scores of all indicators related to financial decision-making. This mean score was then converted on a 0-1 scale. Figure 4.10 shows the mean score for control on financial decision-making as 0.59. Similarly, mean score for control on household decision-making among the respondents was 0.61 (Figure 4.11). The mean scores for control on personal decision-making, freedom of movement and autonomy was 0.74, 0.54 and0.67 respectively (Figures 4.12, 4.13, 4.14). The overall empowerment score was calculated by taking average of all the 5 factors of empowerment i.e., financial decision-making, household decision-making, personal decision-making, freedom of movement and autonomy. The average score was then calculated on a 0-1 scale. Figure 4.15 shows the overall empowerment score among all respondents, the mean of which lies at 0.63.

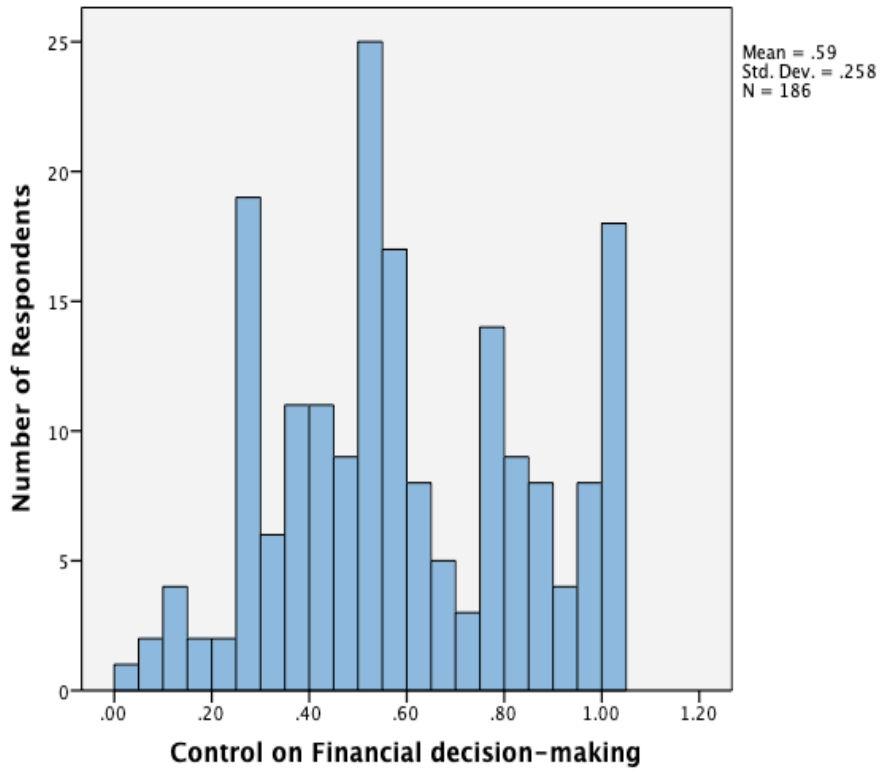

Figure 4.10: Histogram showing Control on financial Decision-making among respondents (on a scale of 0-1)

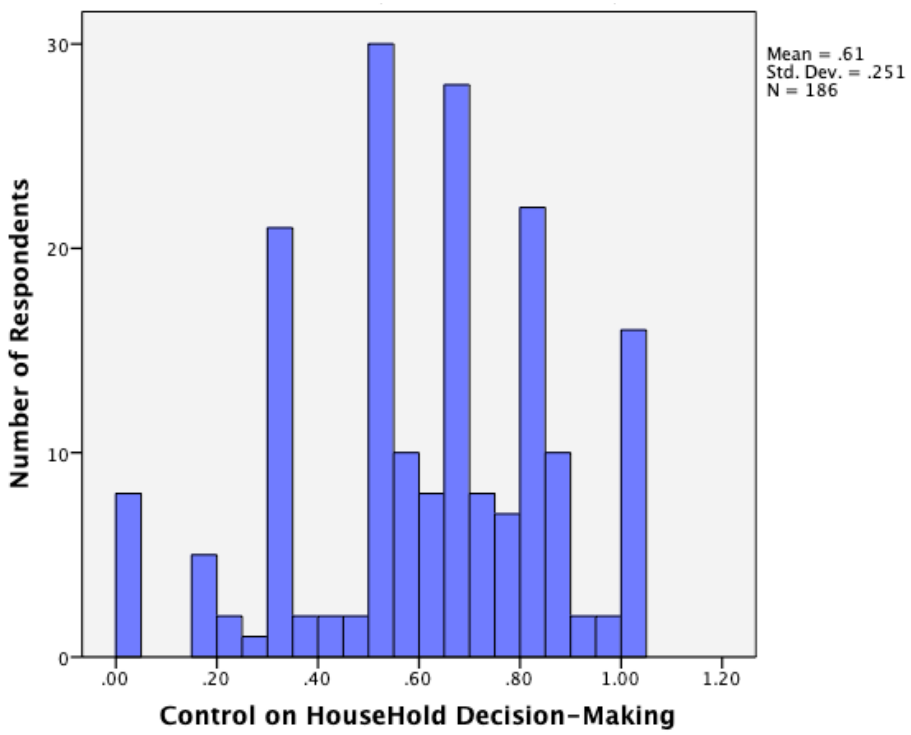

Figure 4.11: Histogram showing Control on Household Decision-making among respondents (on a scale of 0-1)

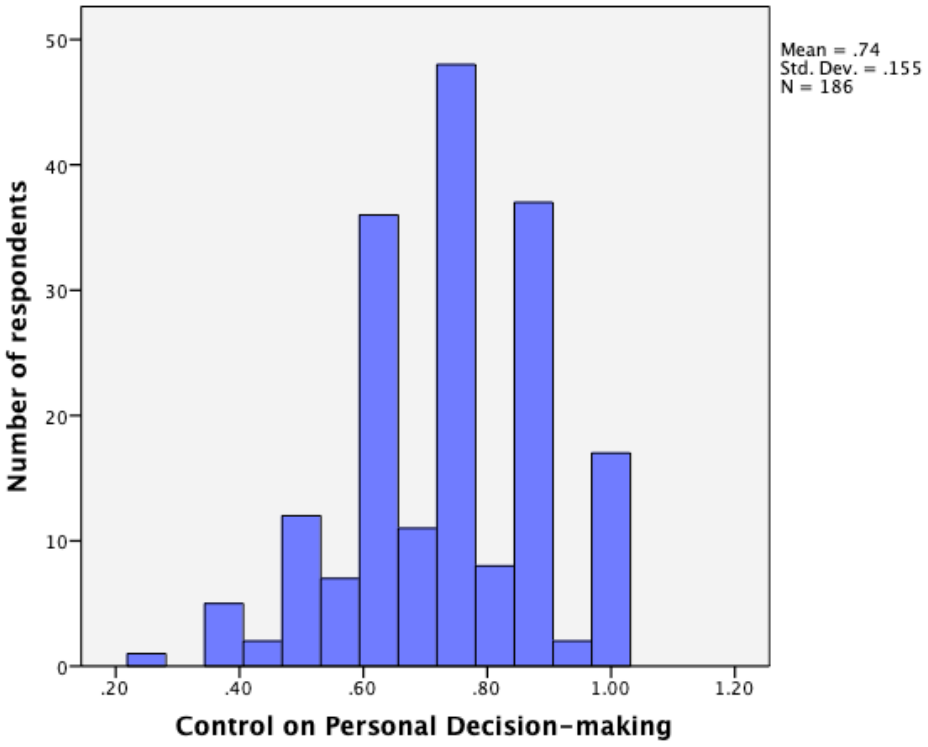

Figure 4.12: Histogram showing Control on personal Decision-making among respondents (on a scale of 0-1)

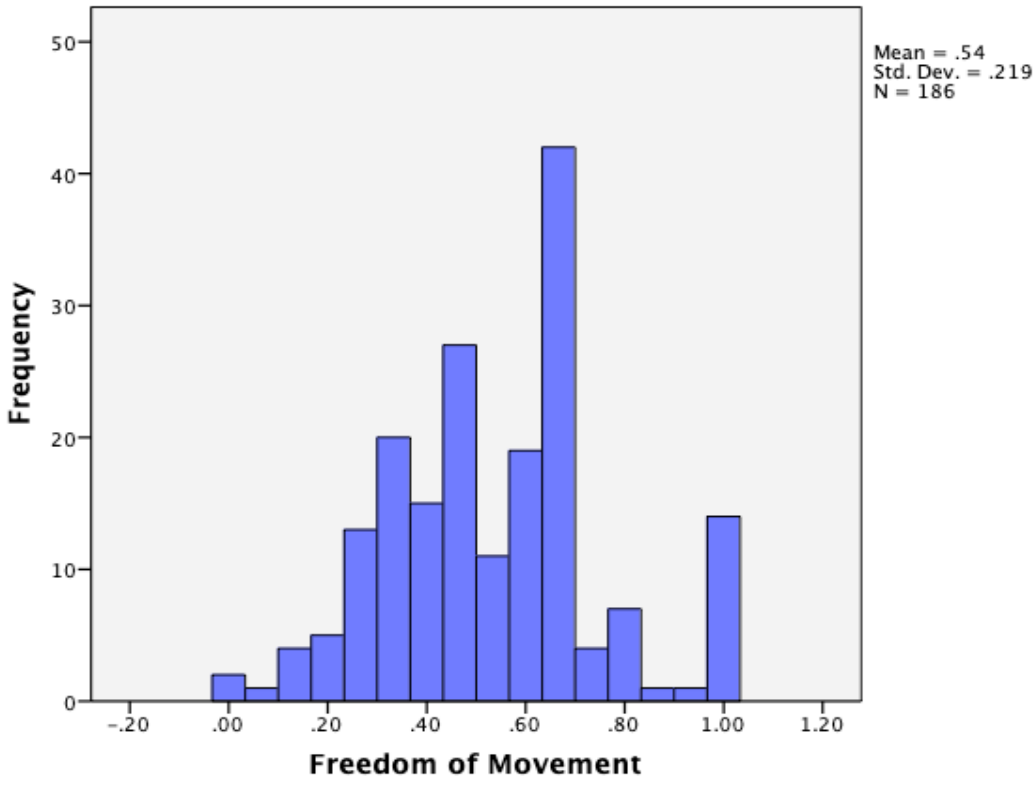

Figure 4.13: Histogram showing Freedom of movement among respondents (on a scale of 0-1)

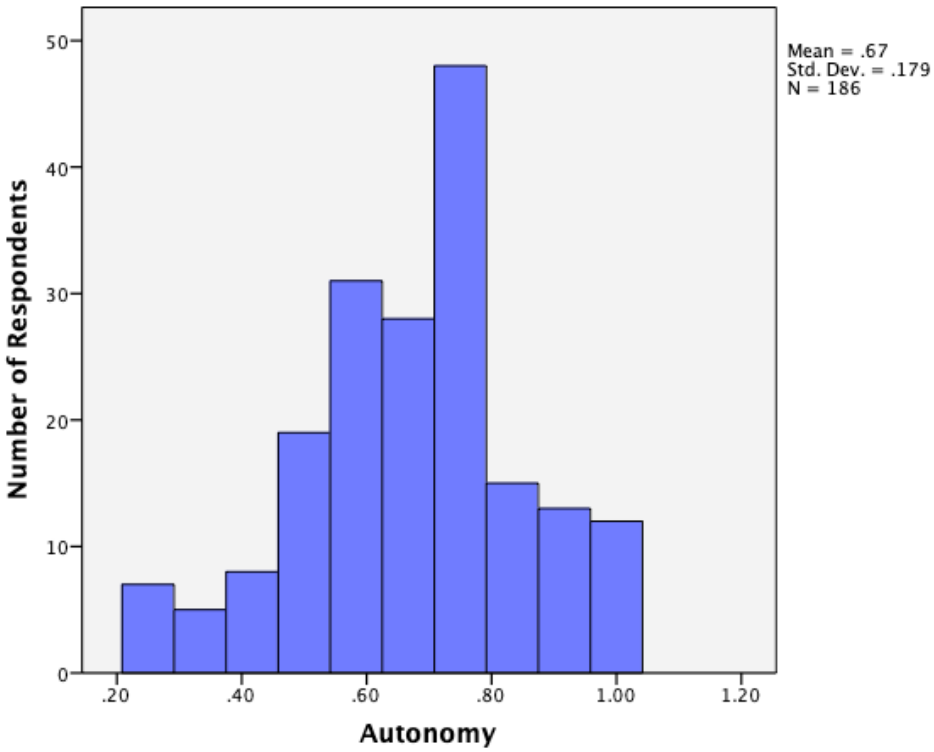

Figure 4.14: Histogram showing autonomy among respondents (on a scale of 0-1)

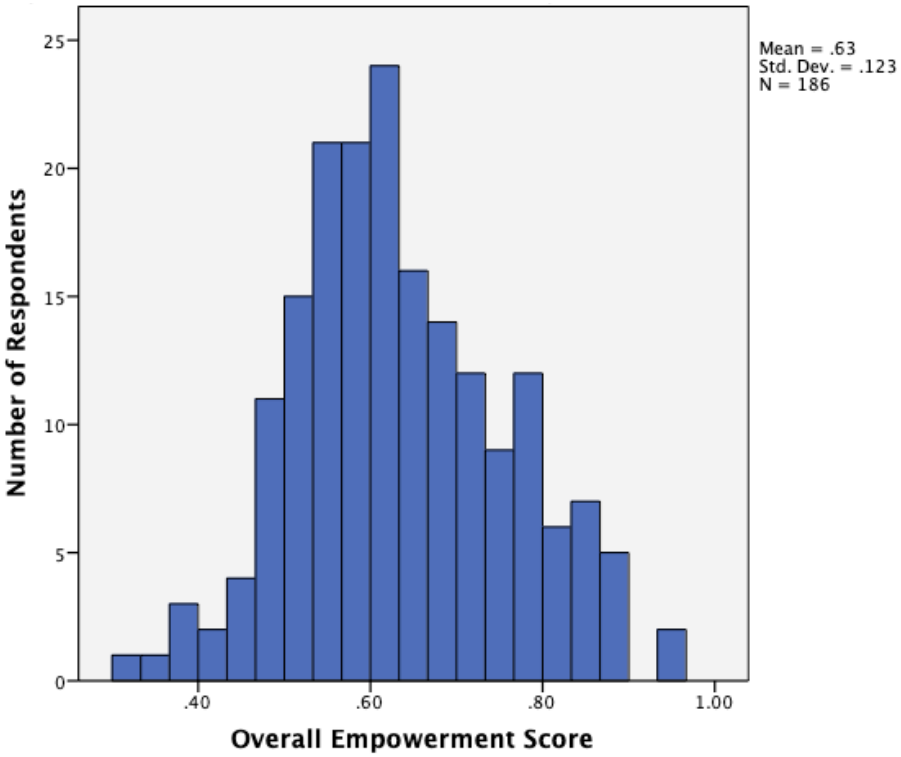

Figure 4.15: Histogram showing Overall Empowerment Score (On a scale of 0-1)

Chapter 5: Discussion

The socio-demographic characteristics of the respondents of this study show that most of the respondents were between 20-50 years of age (Table 4.1). This implies that the respondents were matured enough to take their own decisions. Even though the ability to make decisions may vary from individual to individual. Nearly 55 percent of the respondents lived in rural areas (Figure 4.1). A previous study by Akshita Arora (2016) shows that the area of residence has a strong impact on decision-making in terms of financial behaviour.[16]

According to the results of this study, nearly 14 percent of the respondents have a bachelor's or master's degree as their highest qualification (Figure 4.2). This implies that some of the respondents after completing the VCT program choose to pursue graduation and post-graduation. Even though the reason for pursuing higher education needs further research, but higher education among women has long been advocated as a factor in empowerment of women. Sowjanya S. Shetty and Dr V. Basil Hans in a study (2015) concludes that education is a powerful tool to empower girls and women to contribute in nation building.[17]

Nearly 46 percent of the respondents were married. The mean age of marriage was 24.48 years and median age of marriage among the respondents was 25 years (Table 4.2 and 4.3). Another interesting finding was that all the respondents were at least 18 years old when they got married (Figure 4.4). A study by B. Solanke (2015) on age of first union and women empowerment shows that increased age at marriage is directly related to women empowerment.[18]

The financial situation of respondents can be inferred from their monthly income and the income of their household. As shown in Table 4.9, the average monthly income of respondents' family from other sources was 11942.88 rupees. Even though the maximum amount for family income was 1,00,000 rupees but the data revealed that some of the respondents had no alternative source of income. Approximately 90 percent of the respondents had family income lower equal to 20,000 rupees or less (Figure 4.6). This shows that most of the women were contributing significantly to the household income. Another interesting finding is that the monthly savings of the responds vary between 0-25,000 rupees but majority of the respondents have savings below 5,000 rupees (Table 4.10). There is a need for further probing into the reasons for lower savings as being able to manage finances especially savings is an important component of decision-making. Multiple reasons for lower level of savings can be lower income levels compared to

expenses of the household, paying a loan or personal tendency towards increased spending. Another important finding indicates that most of the respondents (85 percent) had 1 or more people dependent on their income (Table 4.11). The maximum number of people a respondent is supporting financially is as high as 9 (Figure 4.8). Therefore, it can be inferred that the financial independence of a respondent is not only important for her but also for the other people who are dependent on her financially. Of the total number of respondents who have taken a loan, more than 80 percent are paying the entire loan amount from their personal earnings (Figure 4.9). This shows an increased financial independence of the population in terms of borrowing financial support.

Since marriage involves taking decisions related to use of contraceptive, choice of contraceptive, getting pregnant or abortion, it is important to know the control of females on these decisions. Nearly 90 percent of the respondents who were married and were using contraceptives had a say, to medium or high extent, on the choice of contraceptives (Table 4.4). Decisions making related to reproductive health is conducive to autonomy and hence higher level of empowerment.[19] Even though some researchers argue that women making reproductive decisions jointly with their partners can be considered empowered but for this study, the final say on reproductive decision-making by female alone is scored higher than both the partners making decision jointly. This is due to the reason that the ultimate decision on sexual and reproductive matters made by the female implies her ability to exercise control over her own body as she is the ultimate bearer of result of these decisions.

The indicators in household decision-making also included questions about control on decisions related to children. Nearly 54 percent of the respondents who had children had a say (to medium or high extent) on when to have children (Table 4.6) and approximately 74 percent of them had a say on where their children should study (Table 4.7). This is supportive of the argument that participation of women in decisions related to family matters is related to better status of women in the household.

As mentioned earlier, the factors considered for empowerment for this study include control on decision-making in financial, household and personal matters, freedom of movement and autonomy. But due to the lack of a standard set of indicators to measure women empowerment, many studies on women empowerment use different indicators. Hence, the mean score of each indicator taken in present study must not be directly compared to the empowerment scores presented by other studies on women empowerment. However, when comparing the mean scores of different factors in this study, the mean score of personal decision-making i.e., 0.74 is highest among all the

factors whereas, the mean score of freedom of movement i.e., 0.54 is the lowest among others.

The mean of overall empowerment score (0.63) can be categorized as high empowerment when placed in the categories defined by N.P. Abdul Azeez et. all in a study on women empowerment in India (2012) which takes into account political, educational, and economic factors to measure women empowerment across various states of India[20]. Another Index constructed by Dr Chandan Roy et. all classifies a score of 0.8 or higher as high empowerment. In the present study we categorize empowerment score as 0-0.333 as low empowerment, 0.334-0.666 as medium level of empowerment and 0.667-0.999 as high empowerment and a score of 1 as absolute empowerment where no gender gap exists.

There is a need for a standard set of indicators to measure women empowerment across different populations to truly compare the level of empowerment. Also, there is a lack of qualitative data related to the life of women under this study. Quantitative study can serve as a proxy but to measure the empowerment in true sense, there is a need to record the life experiences of women to understand the actual level of empowerment. Another limitation of the present study is that even though vocational training courses have proved to be a factor in empowerment of women in India, but empowerment of an individual is an interplay of various external and internal factors such as political, social, cultural, religious, and ethnic factors, previous education and family conditions, personal choices. For example, women in rural areas may have different cultural norms compared to women in urban areas. Also, among the various vocational courses, the VCT training course may have a different impact on the decision-making ability of the women compared to other skill development training courses. Therefore, there is a need for more in-depth research to understand the impact of VCT training program on the decision-making ability of the women.

Chapter 6: Conclusions

The women who have completed VCT program at Sankara Academy of Vision and are employed at Sankara Eye Foundation, India have a mean empowerment score of 0.63 which can be categorized as medium empowerment. The empowerment score calculated for personal decision-making was the highest while that for freedom of movement was the lowest among others. However, there exists a vast difference in control on decision-making among the individuals. Women who have taken loan from a financial institution are able to pay back the amount from their personal earnings to a great extent. However, the tendency to save a part of their earnings is minimum. The study also concludes that most of these women support other members of their family financially with their earnings. Financial independence and contributing to the family income has a major role in the economic well-being of women as well as the society. Hence vocational training courses such as the Vision Care Technician training program should be encouraged for empowerment of women and the society as a whole. Further research can be done to include various aspects in the course to increase the confidence of women in decision-making which shall be further reflected in their personal and professional lives.

As presented in the results of present study, women have less tendency towards saving a part of their income. However, savings is an important asset at the time of crisis. So, in order to avoid the vulnerability of women towards crisis, they should be encouraged to increase monthly savings if possible. Also, modifications can be made to the course to include knowledge about the rights of women to increase the awareness among the women.

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Annexures

Jaya Jaya Sankara

SRI KANCHI KAMAKOTI MEDICAL TRUST

Hara Hara Sankara

SANKARA EYE CARE INSTITUTIONS

Sathy Road, Sivanandapuram, Coimbatore - 641 035 (INDIA)
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Dr. J.K. Reddy		Mr. V. Prabhakar Rao

Date: 09-Jun-2021

To,

Dr.Tarvinder Kaur,
Principal Investigator,
Sankara IEye Hospital
Coimbatore — 641 035

Subject: Approval of Study Protocol

Protocol Title	Assessment of Impact of "Vision Care Technician Training Programme" on Empowerment of Women at Sankara Eye Foundation, India.
Proposal Number	SEH/CBE/EC/202.I/RS/01
Principle investigator	Dr. Tarvinder Kaur

With reference to your Ethics Committee submission of protocol and Study related documents dated 01-Jun-2021, the Chairperson and Member secretary of the Institutional Ethics Committee of Sankara Eye Hospital-Coimbatore has reviewed your Protocol of the above mentioned study on 08-.}un-2021.

The Following listed documents were reviewed and approved by Ethics Committee:

1) Protocol
2) Questionnaire
3) Indexing

We hereby approve the protocol and all protocol related documents submitted for further conduction of study under the supervision of Dr. Tarvinder Kaur at Sankara Eye Hospital, Coimbatore.

Jaya Jaya Sankara

SRI KANCHI KAMAKOTI MEDICAL TRUST

Hara Hara Sankara

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You are requested to inform the IEC of

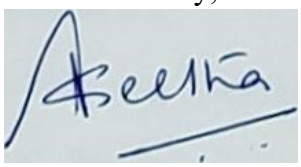
- Any amendments in the Protocol for which fresh approval needs to be taken.
- The principal investigator is required to submit a progress report along with adverse events if any, every three months to the ethics committee and final report at the end to the study.

The following members of the IEC has reviewed this study under the Exempted review process

S.N0	Name of the Member	Qualification	Designation	Affiliation with the Institution
1	Dr. Chandrasekar.P.	MBBS, MS	Chairperson	No
2	Mrs.Seetha	B.Com. ACA	Member Secreta	Yes

This is to confirm that only members who ore independent of the Investigator and the Sponsor of the clinical trial have voted/provided opinion on the study.

Yours Sincerely,



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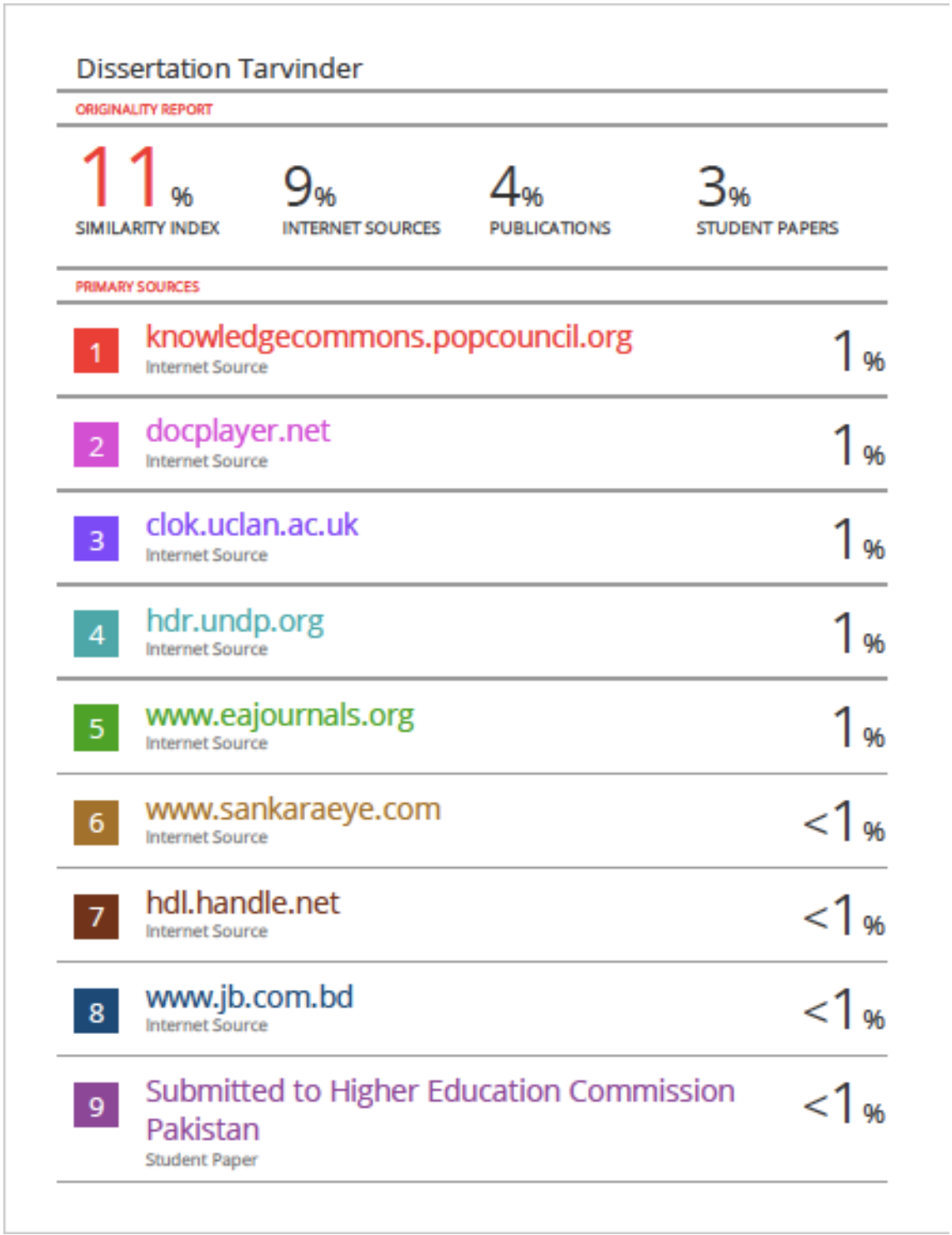

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