



Dr Anuja Jayaraman – Research and India Calling!

Profile



Dr. Anuja Jayaraman is a development economist and demographer with a Doctoral degree from Penn State University, USA and a Master's degree in Economics from the Delhi School of Economics. Anuja has a strong statistical background with over a decade of experience in international development programmes. She has an established track record of policy-oriented research in the areas of poverty and non-income dimensions of well-being, including maternal and child health outcomes in South Asia and Africa. She has proven ability in training surveyors and monitoring and coordinating large household surveys, as well as monitoring and evaluation of public health programmes. Anuja's scholarship has been published in national and international journals of repute. At SNEHA, India, where she worked for more than a decade, she was leading the Research, M&E and Information Management functions.

In her Words....

When I completed my PhD in the USA, I had planned to return, but a postdoctoral fellowship presented the opportunity to extend my stay. The fellowship allowed me to travel to various African countries and

trained me in survey methodology. Meeting people from different cultures and understanding their health concerns helped me grow as a researcher and as a person.

I returned to India in 2009. I was clear even when I did return to India that an academic position did not interest me and I wished to apply my knowledge and training to – for want of a better term – real-world scenarios, particularly in the field of public health. I received full support from my parents to both pursue my studies abroad as well as to follow my dreams. You have to understand this was some 20 years ago but I got that support. It's always encouraging to have people around, be it family, peers, colleagues, superiors who continuously instill confidence by affirming 'it is possible' and 'it can be done'.

I have no regrets about returning to India as it enabled me to be closer to my parents and family. One of the reasons for working in the non-profit sector in India was my experience in Africa, where we were working on issues like female circumcision, which deeply affected me. I couldn't comprehend it, and I realized I didn't know the context as intimately as I needed to. It struck me: what do I know about what is happening in my own country? Yes, there are commonalities, such as poverty and health issues, but the social context is crucial for behavioral change, which was the focus of the project at the time. In East Timor, for example, the country was just recovering from war, with soldiers everywhere, and the issue was not population like in India, but access. In India, the high population density results in overcrowded hospitals and access issues. Conversely, in East Timor, the challenge was reaching hospitals that were still under construction. So, context is paramount, and it's essential to convey this to funders or global agencies. It's been a mixed experience; some have given us complete autonomy, while with others, we've had to sit down and explain our stance. Their frameworks provide necessary structure, but they're receptive to hearing our insights, which is crucial. I believe communication is vital, ensuring that everyone is on board with the approach.

Why are more women not in this field in India? I would say that it's not just the research field; we've all seen that after marriage and having children, women do want to work, but there really isn't enough flexibility in organizations. Regarding research, one must understand that it's a field that requires training. Having a Master's degree is not sufficient; further study is necessary, which means women must delay entering the workforce, a difficult feat without some form of financial backing. Thus, support systems need to be in place for women to pursue higher education, and while people are aware of this need, it often goes unmet. Take COVID-19, for example; although some men did share household chores during the pandemic, we observed in the communities where we worked that this support did not continue post-COVID. This is the reality. Encouraging men to take responsibility and fostering such behavioral change related to health or otherwise is not easy. Women rarely get the opportunity to make decisions, and involving men in their health concerns requires going to great lengths, such as scheduling meetings during holidays or after hours, as men are seldom available. That's the truth. Of course, we do try, but it's not easy.

The COVID-19 period was tough because data collection was primarily conducted over the phone and it was difficult to sustain conversations for more than 30-40 minutes. As a result, we adapted by breaking down the data collection process, which included making multiple calls to the respondents and shortening the questionnaire. This required us to unlearn a lot of what we had learned. Also, when one steps out for work, we typically leave our home behind, so to speak. However, working from home blurred the

boundaries between home and office.

Over the years, I have realized that conducting research solely for the purpose of publishing is not what I want to do. The satisfaction I derive from seeing the results of a research study used in policy-making or to strengthen program strategies is immense. While working in the non-profit sector, we can return to communities/stakeholders to assess contributory factors for improvement or identify reasons if something is not working, all based on scientific methods. Being part of an organization like SNEHA, which prioritizes evidence-based approaches, provided me with this opportunity.

As a researcher, I feel that we are trained to think rationally because we have to draw up research objectives, narrow them down, collect data, conduct analysis, and finally draw conclusions. It's a process through which we learn to be patient and listen rather than constantly react. I don't take disagreements personally. I'd say I'm less guarded when dealing with conflicts at home compared to the work sphere. I've realized that my way is not the only way and that I may not be right all the time. I am aware that it's not just about what I want, but that we are ultimately answerable to the communities, the organization, and other stakeholders.

Looking towards the future, public health systems in India may not be adequately geared towards addressing the health concerns of diabetes and hypertension, which I believe are likely to reach the stage of a national emergency. With growing urbanization, I am unsure of how prepared we are for non-communicable diseases and the out-of-pocket expenses they will entail. I see myself working in rural areas and I do hope at some point to transition to be in a policy position as well. For those wishing to enter this field, I'd say that you need to have an interest in the subject, but one has to be prepared for the long haul because changes in public health come slowly. Finally, it is the people who need to recognise and identify their health needs, only then will they come forward so, one must remain invested in it.

Dr. Anuja Jayaraman is set to move to another organisation. We share her excitement and wish her all the best!

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