



Prevalence of Health Problems Among Domestic Workers in Southern India

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ABSTRACT

Introduction: Domestic workers are a major part of the unorganised sector of the workforce which employs women and face many occupation related health hazards like slippery floors, use of chemicals, and handling of sharp and motorized equipments exposing them to many health problems.

Objective: to measure the commonly reported health problems among the domestic workers.

Methodology: cross sectional study design. A multi stage sampling used for selection of study participants

Result: of 263 participants all were engaged in washing and cleaning jobs, 83.2% performed at least 3 types of the job in a day. The average hours of work were 4.4 hours per day with an average income of ₹ 5634 per month. Most common health problem was musculoskeletal pain (77.6%) followed by injuries (68.8%). Health status was associated with hours work ($p = 0.00$) and years of work ($p = 0.02$).

Discussion: domestic workers are neglected workforce and their health problems are related to their occupation

Conclusion: better working conditions are needed

KEYWORDS : domestic workers, occupational health, occupation hazards, India, unorganized sector

Introduction

Domestic workers are of two classes one who do the work in their own home and the other employed by others to do the work at the employer's home. Unfortunately the concept of economic reproduction for a nation does not allow domestic work done by women in their own home as "the productive work," hence they are not included in the labour force of the nation ⁽¹⁾. Domestic workers along with construction workers form a major part of the unorganised sector ⁽²⁾ of the workforce which especially employs women. According to report on working conditions of domestic servants in Delhi by the Ministry of Labour, Government of India, nearly 90 percent of domestic workers are women ⁽³⁾. These women being one of the major labour forces in the unorganised sector of the country are traditionally and culturally least valued as workers. The reason for most women to take up this employment is their poor socio-economic status, illiteracy, and lack of skilled labour ⁽⁴⁾. Although they are called "unskilled," in reality, it is a work, which requires great deal of skill, judgement, decision-making and responsibility

Social issues faced by domestic workers are many ranging from deplorable wages to exploitation and sexual harassment ⁽⁵⁾. Similarly domestic workers face many occupation related health hazards like slippery floors, use of chemicals, and handling of sharp and motorized equipments which exposes them to many health problems ⁽⁶⁾. Given the wide range of occupational hazard exposures little is known about the prevalence of health problems faced by these workers, hence in this study we have tried to meas-

ure the commonly reported health problems among the domestic workers.

Methodology

The study design used for the above objective was cross sectional study design. A multi stage sampling was used for selection of study participants. There are fifteen zone in Corporation of Chennai, out these two zones were randomly selected. A list of slum was acquired from the Corporation of Chennai office, and one slum was randomly selected from the selected zones. Study participants were selected by a house to house visit in the selected slums and a structured interview schedule was used to collect the data regarding their health problem.

The study participants were persons 18 years and above who have been employed as domestic help for at least a year. We included domestic workers who were currently employed and who had stopped working within the past one year after having worked as domestic worker for at least a year.

The data was collected by trained field investigators using a interview schedule that included questions about their work pattern, hours of work, health problem face and income. The data was entered and analysed using SPSS version 16. Mean and proportions with 95% CI were used for presenting the descriptive data and calculation of prevalence. Student t test was used to analyse the association of risk factor like hours of work, years of employment and number of chores done.

Results

In all 263 domestic workers were interviewed in both slums, all of whom were women. The result of the study showed that, the average age at which a woman domestic worker starts her employment is 25.9yrs (ranges from 14 to 63yrs). Reason for opting to work in this sector is due to economic causes (82.3%), convenience of timing (76.5%), lack of skill (12.2%), lack of other job opportunity (9.8%) and other reasons (3.2%). Most of them were married 81.37% (214 out of 263), had children 96.2% (203 out of 214 married women). Number of years of work ranged from 2 to 45 years. The educational status of these women was fair with 53.2% (140 out of 263) educated beyond primary school and 90.6% were educated up to primary level.

Table 1 shows detail of type of job done by domestic worker during their typical work day. All of the workers are primarily engaged in washing and cleaning jobs while most (83.2%) of them perform at least 3 types of the job in a typical working day. They perform these tasks in 3-9 houses on an average. Most (91.5%) women leave home early before 7 am without breakfast. Some eat in the houses (32.3%) where they work while all of them get tea but getting something to eat is not a surety. The average hours of work were 4.4 hours per day (range 3 to 12 hours) with an average income of 5634 per month (range 3000 – 15000). Only 6.8% (18 out of 263) the domestic workers interviewed were employed through man power agencies and were employed full time.

Table 1: Type of job done by domestic workers*

Type of job	Proportion N (%)	95%CI
Washing utensils	263 (100)	-
Cleaning and mopping floor	263 (100)	-
Washing clothes. Extra washing when guests arrive.	231 (87.8)	(83.46 – 91.38)
Cooking	149 (56.7)	(50.61 – 62.55)
Dusting and cleaning vehicles, furniture's, television sets, etc.	113 (43)	(37.08 – 49.01)
Cleaning basins and toilets with acids	93 (35.4)	(27.76 – 41.29)
Taking small children to school and fetching them back home	38 (14.5)	(10.58 – 19.09)
Queuing up for various essential commodities (ration shops, markets, paying of bills, fetching milk etc)	19 (7.2)	(4.54 – 10.85)
Looking after infants and young children	13 (4.9)	(2.78 – 8.1)

***Multiple response totals will not add up to 100%**

The details regarding the prevalence of certain health problems faced by the domestic workers interviewed are given in table 2. The most common health problem faced by these workers was musculoskeletal pain like low backaches, pain in knee and extremities followed by injuries (one woman sustained fracture will on work due to fall from slippery floor).

Table: 2 Prevalence of health problems among domestic workers*

Health problem	Prevalence N (%)	95% CI
Musculoskeletal pain	204 (77.6)	(72.2 – 82.3)
Injuries	181 (68.8)	(63 – 74.2)
Diabetes mellitus	33 (12.5)	(8.9 – 17)
Hypertension	20 (7.6)	(4.8 – 11.3)
Contact dermatitis	14 (5.3)	(3.1 – 8.6)
Psychological	66 (25.1)	(20.1 – 30.6)
Sexual harassment	6 (2.3)	(0.9 – 4.7)
Abused (verbal)	61 (23.1)	(18.4 – 28.6)
Others	21 (8)	(1.4 – 5.9)

***Multiple response totals will not add up to 100%**

Analysis of risk factors showed that presence of at least 3 health problems among domestic worker was associated with number of hours of work per day (p value 0.00) and duration of employment (p value

0.016) but was not associated with number of job (chores) performed (p value 0.31) by the domestic workers (table 3).

Table 3: association between risk factors and health problem

Risk factor		Less than 3 health problem	At least 3 health problem
N		152	111
Hours of work per day	Mean	3.6	5.5
	SD	1.67	2.31
	P value	0.00	
Duration (years) of employment	Mean	3.7	4.8
	SD	3.77	3.41
	P value	0.02	
Number of jobs (chores) performed per day	Mean	3.2	2.9
	SD	2.67	
	P value	0.31	

While answering questions on financial assistance 62.3% (164 out of 263) said that their employer helped by lending money or paying advance from their salary, 88.9% (16 out of 18) of women who were employed through a man power agency said their employer gave no financial assistance other than salary advance. While women who were not employed via the man power agencies 82.4% (202 out of 245) said that their employer helped them with salary advance and 1 to 2 days of paid leave per month while the women who were employed fulltime through man power agencies had a week off. All of them access health care from both private and government dispensaries for outpatient services while they preferred government hospital for inpatient care.

Discussion

The study has been able to measure the health burden of domestic workers and shows a very high burden of chronic health condition due to their occupation. The health problems of domestic workers are related directly to the nature of work, low wages, lack of benefits, such as paid leave, sickness leave and maternity benefits leading to continuation of being in the lowest economic strata, and result in inadequate nutrition, inappropriate time of food intake and over burden of workload and ultimately leading on to ill health. This finding was similar to other studies⁽⁷⁾. Most of them attribute their ill health to lack of proper nutrition, lack of rest and childbirth. They all realise that they are being physically tasked and are paid less, but they do not have many other better options.

Workers who are under some man power agency have some benefits like weekly off, limited working hours and minimum wage pay. These organisations enrol the women and give them a few days of training like their behaviour with the employer, method of work, rules of the organisations etc. The people who are hiring the domestic workers are asked to pay a certain amount of registration fee and are briefed about the salary to be paid for a certain type of work and duration of work and are also asked to sign a contract. The domestic worker to a particular household is assigned by the organisation. The employer, if not satisfied with the domestic worker, would complain to the organisation that sends an alternate person. Though this system is working well and protecting these workers to a certain extent, not many women are willing to join these organisations. The reason some women say is that they do not have some benefits which they have; like acceptance of food, gift and money during festivals and family functions (marriage, child birth) and other time to time help like clothes, books for their children.

The work is an extension of housework and physically strenuous. The working hours of women domestic workers are not fixed, and hence they rarely get any free time to rest. This increases the workload without any prospects for overtime payment. The women domestic workers have neither weekly off, nor paid leave. According to a study of women domestic workers in Bombay, most of the domestic workers work right through the week and through the year⁽⁸⁾. The national survey comments, though the hours of work are regularised in Kerala, 76 percent of its workers do not enjoy any holidays, the part-timers were supposed to arrange for a substitute before going on leave.

Although there is a national bill to protect the workers in unorganised sector which includes persons employed in domestic help but these legislation a particularly aim at workers who migrate to other countries for their employment and does not regulate the workers employed within the country⁽⁹⁾ despite domestic work being the major avenue for wage employment for women in low economic strata making them vulnerable for exploitation.

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