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A CROSS-SECTIONAL STUDY TO ASSESS THE SOCIO DEMOGRAPHIC DETERMINANTS OF HEALTH OF WOMEN DOMESTIC WORKERS IN SELECTED AREAS OF RAIPUR CITY IN CHHATTISGARH

Nisha Meshram	Department Of Community Medicine, Pt. Jawaharlal Nehru Memorial Medical College, Raipur, Chhattisgarh.
Manish A. Prasad*	Department Of Community Medicine, GMC Ambikapur, Chhattisgarh. *Corresponding Author
Nirmal Verma	Department Of Community Medicine, Pt. Jawaharlal Nehru Memorial Medical College, Raipur, Chhattisgarh.
Neha Shrivastava	Department Of Community Medicine, Pt. Jawaharlal Nehru Memorial Medical College, Raipur, Chhattisgarh.

ABSTRACT Various works performed by Domestic workers are washing (clothes, utensils), Cooking, gardening, marketing & purchasing daily needs. Health issues of domestic workers are musculoskeletal health problems, socioeconomic problems, as well as mental, reproductive and other health problems. Therefore this study was conducted with the following objectives (1) To find out the socio demographic profile of women domestic workers in selected urban slum of Raipur city (2) To assess the morbidity pattern of women domestic workers in selected urban slums of Raipur city. It was a cross-sectional community based study conducted in the selected urban Raipur slums in Raipur. It was observed that as the socio economic status increased, the morbidity status decreased. It was also observed that more than half of women domestic workers, who used addiction, complained of increased morbidity status.

KEYWORDS : Domestic Workers, Health Assessment, Washing, Cleaning

INTRODUCTION

A domestic worker may work full-time or part-time, live in the house of the employer (live-in) or have his or her own place of residence (live-out). [1] Around the world, millions of domestic workers clean and cook, look after children, take care of elderly people in need of help, and do other tasks for private households. Their work has been crucial for greater participation of women in the labour market, often in the absence of work-family reconciliation policies, and enabled elderly people to stay independent and receive care at home. Total 52.6 million domestic workers are employed globally in this job and out of these, women domestic workers are 46.3 million (83%). [2] Workers constitute a large and important sector of the world population. The global labor force is about 2600 million with 75% of these working people in developing countries. [3]

Various works performed by domestic workers are [1] Household maintenance (cleaning, sweeping, dusting, etc.), Washing (clothes, utensils), Cooking, Gardening, Marketing & purchasing daily needs. Health issues of domestic workers are [4] Musculoskeletal health problems, socioeconomic problems, as well as mental, reproductive and other health problems.

It is one of the informal sector activities where the conditions of work are disgusting with long working hours, low pay and absence of job security. The modern system of domestic work is an outgrowth of the system of slavery, though its nature, function and relation have undergone considerable changes over time, though the character of the industry did not change much, certain temporal and spatial distinctions could be traced [4].

Most of the domestic workers are vulnerable to health problems due to excessive physical work for long hours and deprivation of nutrition and timely rest. Very less study has been carried out among domestic workers in India as well as in Chhattisgarh; therefore the current study was carried out with the following objectives;

(1) To find out the socio demographic profile of women domestic workers in selected urban slum of Raipur city.
(2) To assess the morbidity pattern of women domestic workers in selected urban slums of Raipur city.
(3) To find out the association between health status & socio demographic determinants.
(4) To suggest recommendations based on the study findings.

MATERIAL & METHOD:

It was a cross-sectional community based study conducted in the selected urban Raipur slums in the field practice area of urban health training centre at Gudhiyari under the Department of Community Medicine, Pt. JNM Medical College Raipur. All the women domestic workers aged more than 18 years and were residing in urban slums of Raipur city for atleast 1 year were selected for this study. This study was conducted in between September to November 2017. A sample size of 68 was determined with the help of Statcalc. Software of epi. info. Those patients who were willing to participate were selected for the study purpose and their consent was taken. A pre-design, pre-tested, semi-structured, questionnaire with 3 parts; Part 1: Socio-demographic characteristic [4, 5, & 7], Part 2: Occupational history Part 3: Health problems [6] Simple random sampling method, considering time and resource constraint 3 urban slums were selected randomly by lottery method. After obtaining the informed consent, pre-designed, pre-tested, semi structured questionnaire was used for data collection by face to face interview.

Data was compiled in MS excel and descriptive data has been presented in the form of frequencies, percentage and bar chart, chi square test was applied to find association between health status and socio demographic determinants.

RESULT:

Table 1 Socio demographic distribution of study subjects

Variables	Frequency (n=70)	Percentage
Age groups in years		
18-24	10	14.10
25-34	25	35.72
35-44	23	32.86
45-54	10	14.10

55-64	02	02.80
Education status		
Illiterates	37	52.90
Primary school	13	18.60
Middle school	16	22.90
Higher secondary school	04	05.70
Religion		
Hindu	66	94.30
Muslim	04	05.70
Marital status		
Married	51	72.90
Unmarried	08	11.40
Divorced & Separated	03	04.30
Widowed	08	11.40
Socio economic status (Modified BG Prasad)		
Upper Middle	04	05.70
Middle	17	24.30
Lower Middle	39	55.70
Lower	10	14.30
Type of Addiction		
No Addiction	31	44.29
Any form of Tobacco	30	42.86
Alcohol	04	05.71
Both	05	07.14
Type of House		
Kaccha House	36	51.40
Pucca House	25	35.70
Semi pucca	09	12.90
Working Hours per day		
≤ 8 Hours	48	68.57
> 8 Hours	22	31.43

Figure 1 Distribution of study subjects according to morbi dity pattern (Multiple Responses)

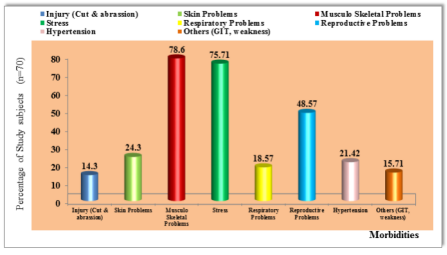

Figure 2 Distribution of study subjects according to Anatomical site involved due to musculoskeletal problems (Multiple responses)

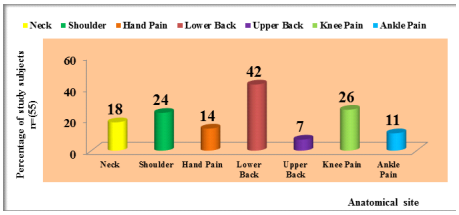

Table 2 Association between socio demographic factors and morbidity status of the study subjects

Variables	Morbidity		Total N=70 (%)	Chi square test
	Present n= 48 (%)	Absent n=22(%)		
Age Group in Years				
18-44	39 (81.25)	19 (86.36)	58 (82.85)	Yates Chi square =0.034 Df=1, P=0.853 Non Significant
>45	09 (18.75)	03 (13.63)	12 (17.14)	
Duration of employment				
1 to 10 years	37 (77.08%)	14 (63.63)	51 (72.85)	Chi square = 1.379 Df=1, P=0.240 Non Significant
>10 years	11 (22.91)	08 36.36%)	19 (27.14)	
Education				
Illiterate	25 (52.08)	12 (54.54)	37 (52.85)	Chi square = 0.037 Df=1, P=0.847 Non Significant
Literate	23 (47.91)	10 (45.45)	33 (47.14)	

Table No. 3- Association between socio demographic factors and morbidity status of the study subjects

Variables	Morbidity		Total N=70 (%)	Chi square test
	Present n=48(%)	Absent n=22(%)		
Socio Economic Status				
Upper & Middle	13 (27.08)	08 (36.36)	21 (30.00)	Chi square =0.619 Df=1, P=0.431 Non Significant
Lower & Middle	35 (72.91)	14 (63.63)	49 (70.00)	
Domestic violence				
Yes	23 (47.91)	14 (63.63)	37 (52.85)	Chi square = 1.496 Df=1, P=0.221 Non Significant
No	25 (52.08)	08 (36.36)	33 (47.14)	
Addiction				
Yes	34 (70.83)	05 (22.72)	39 (55.71)	Chi square =2.021 Df=1, P=0.155 Non Significant
No	14 (29.14)	17 (77.27)	31 (44.28)	
Working hours per day				
< 8 Hours	35 (72.91)	14 (63.63)	49 (70)	Chi square =0.619 Df=1, P=0.431 Non Significant
> 8 Hours	13 (27.08)	08 (36.36)	21 (30.00)	

DISCUSSION:

The socio demographic characteristics of the women domestic workers revealed that most of them belonged to age group 25-34 years followed by 35-44 years. 1/2 were illiterate, 1/2 belonged to lower-middle socio economic status and lived in Kuccha house. A little less than two third of them worked more than 8 hours per day and less than 2/3rd of them used to consume tobacco.

In a similar study by **Adin R.M.** [4] it was observed that, 56% of respondents belong to above 30 years age group, 42% of respondents are belongs to 21-30 years and only 2% of respondents are 18-20 years age group.

In a study by **Roy S** [8] it was observed that maximum number of the study population (77.5%) are in the reproductive age group and none are below 14 years. 82.5% are married, 87.5% are literate, 78.8% of the married women had two or less than two children. Most of them belong to poor socioeconomic status. 60% of the women are in this occupation for more than ten years and most of them spend about five hours for the 'papad' making work over and above their household job.

A majority of them complained Musculo-skeletal problems, stress, reproductive tract and skin problems. A few have also complained about respiratory problems, headache, hypertension and gastro intestinal problems. In a study by **Roy S** [8] it was observed that musculoskeletal problem is their commonest health problem. Neck is the most commonly affected part followed by the low back. Statistically significant relationship ($^2 = 20.11$, df = 1, $P = < .001$) was found to exist between duration of occupation and musculoskeletal problem. Their other problems include generalized weakness, acidity, menstrual problems, insomnia, headache,

excessive sweating, burning sensation during micturition, swelling of feet and problem with vision. Pallor (75%), angular stomatitis (25%), pedal edema (17.5%), poor oral health (15%), hypertension (12.5%), epigastric tenderness (10%), scabies (7.5%) were found on examination It was observed that as the age advanced, morbidity status decreased. As the duration of employment increased the morbidity status of women domestic workers decreased, which suggest younger age group used to perform more household works than their older counterparts. As the literacy increased the morbidity status of the study subjects was observed to decrease a little. It was also seen that as the socio economic status increased, the morbidity status decreased. The morbidity status varied very less with respect to domestic violence face by the study subjects. It was also observed that more than half of women domestic workers, who used addiction, complained of increased morbidity status. All these socio demographic factors had no significant association with the morbidity status on the application of chi square test.

CONCLUSION:

Most of the domestic workers were either less educated or illiterate. They belonged to lower-or lower middle socio economic status and lived in Kuccha house. Most of them worked more than 8 hours per day and were addicted to tobacco. Most of them complained Musculo-skeletal problems, stress, reproductive tract and skin problems. As the literacy increased the morbidity status of the study subjects was observed to decrease a little.

RECOMMENDATIONS:

Based on the study findings it can be recommended that literacy status of the women domestic workers should be increased as well as their socio economic status and living condition should be improved. Women domestic workers should be educated regarding various health problems faced by them and be suggested to seek appropriate health advised in order to get diagnosed at the earliest & received prompt treatment. Women domestic workers are more prone to various morbidities at younger age groups and their negligence to seek timely health advised results into chronic health conditions. Young domestic workers must receive preventive, promotive and curative health care. As women domestic workers were subjected to domestic violence and addicted to tobacco and alcohol it is suggested to properly counsel them about their addictions and also inform them about women rights regarding domestic violence, empower them by various social security measures and motivate them for de addiction. It is suggested to initiate Behaviour Change Communication (BCC) among the women domestic workers.

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