





# Empowering Domestic Workers: Achieving Health Care Equity for a Sustainable Future

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DOI: <https://doi.org/10.70333/ijeks-02-11-s-019>

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Article Info: - Received : 02 October 2023

Accepted : 25 November 2023

Published : 30 November 2023



This study aims to visualize the health and wellness issues (physical and psychological) of domestic workers. The working conditions persuade their health and routine care. This paper visualizes the health care sustainability issues such as inability to deal with preventive illnesses, inadequacy and unconsciousness to access the medical help and to explore its impact on work- life balance. Primary data has been recorded from the ground source and recorded by the researchers on the basis of real life experiences faced by respondents. Secondary data includes various reports has been used were published by reputed sources such ILO (International Labor Organization) and furthermore. Results showed the exposure to diseases more often in domestic workers especially in female domestic workers. Lack, of attention and accessing the proper medication due to excessive work were being reported. It also made impact on their lives (physical and psychological wellness) as well. Resulted in nutrition, care, and accessing medication in which they lagged behind. This study highlights the considerable impact of work-life on the health of the domestic workers. Consequently to enhance the health and work life sustainability; practices should be prioritized and prevalent.

**Keywords:** *Domestic workers, Health sustainability, Medication, Wellness.*



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## 1. INTRODUCTION

The role that has been assigned to domestic workers, they have to pay responsibility to domestic work and care for their family along with their work/duties. As simply we could say to raise their income they spend more time or life for work. Undoubtedly the living and working

conditions dragged them to unstable consequences as poor health (physical and mental illness); stress and workloads drained their efficiencies. Several emergencies and pandemic (Covid-19) burdened more uncertain loads to this economic vulnerable section ([WHO, 2020](#)). If we look up at five goals of sustainable development

stated to deal with poverty, hunger, health, education, recognize and value unpaid care and domestic work (UNO, 2016). All these are actual threats through which domestic workers are dealing and suffering at their own level. Less social security measures and benefits offered to these domestic workers were rated of inadequate standards (WEIGO, June 2020). The workers serving in suburban areas are not concerned and attentive towards their physique and wellness subjected in this research article. But concern is the extent of these threats and opportunities, actually accessed by these workers at their workplace. It comes about the tools they used at workplace, health and safety measures they obtained and their engagement to other work practices. It laid focus on common health concerns reported by domestic workers. Though unpaid work and noneconomic engagement of female domestic workers made this section very much sensitive (UNICEF, 2020) and essential subject to study the challenges and find out the proposed solutions could enable to resolve and address situations even at the time of contingencies as well they faced.

## 2. LITERATURE REVIEW

Female domestic workers of Delhi were explored to see the extent of awareness and perceptions to their health and body. It has found women and girls are more often, vulnerable to abuse and exploit as insulted, scolded and slapped. It was suggested that more focus and efforts on Indian public health and education is required by the communities and system for the promising future, health and safety (Svensson Jenny 2018).

Domestic workers of United States have been encountered those acknowledged with inadequate medical access. These workers were poorly documented and witnessed to different on-the-job problems. They have scheduled with heavy loads of work and improper workplace conditions. This led them to several injuries, high exposure to physical and mental health risk. It has discussed domestic work and related jobs are highly physically challenging which influence the mental and physical pressures unevenly. It has been suggested preventative health education could help to minimize these sufferings of domestic workers (Theodore & Gutelius, 2019).

ILO on Occupational Safety and Health Practices (OSHP) at workplace for domestic workers in COVID-19, the objective was to promote the occupational safety and health policies and measures amongst the organizations, employers and workers collectively. At the time of returning back to work after lockdown the risk was high exposure of infection. They stated work policies emphasize assessment of risk and controlling strategies for the protection. These practices were suggested as coordinated actions reinforced to eliminate the risk for both at workplace and outside. These practices directed as for employers –reduction in work and avoid contact; workers apply safety measures as suggested- distancing and cautions at work. Besides this government practices such distributions of safety items, kits and other materials such- mask, sanitizer, etc. (Bhan et al, 2021).

Through this study it has been visualized the concern about safe return to work of domestic workers after COVID pandemic. It has mentioned the challenges faced by domestic workers after losing their jobs in pandemic and after that rejoining. They have relieved without pay and this occupational stress has been attributed by the chronic factors and hazardous environment. It has included economic vulnerability framed and raised their hurdles to stress and sufferings. It has recommended by ensuring the healthy and safe workplace and open employer-worker communication could help to address several difficulties (Bardhan et al, 2021). Furthermore, it was investigated about the adverse effects laden by two phases of lockdowns on domestic workers survival. In this research article it was discussed in terms of job status during lockdown, health emergencies and medication, exposure to COVID and status of vaccination during lockdown first and second. The difficulties endured by domestic workers during that time were tried to capture through this article. Also it explained about initiative that government took for the help of domestic workers such free rationing, vaccination, medication, sanitization etc. It accessed the help part of domestic workers from other sources too, as from employers and certain organizations were also played well to help this vulnerable section of the society. It has been concluded inclusion of domestic workers in our society needs positive

approach at both ends (Vij Dimpal & Anjana, 2021).

### 3. OBJECTIVES

- To investigate the impact of work sustainability on health and life of domestic workers.
- To access the Occupational Safety and Health Practices at workplace (OSHP) obtained by domestic workers including pandemic.
- To suggest the further prospective solutions that could help to maintain the work-life sustainability.

### 4. RESEARCH METHODOLOGY

This research study consists of primary and secondary both sources of data. Secondary source is being used to gather information on problems related to domestic workers, their health and

survival in emergencies. Different research journals, magazines, websites, government and other reports by ILO, UNO, WHO, UNICEF, WEIGO were concerned. Researcher collected data from primary source themselves to explore the field reports as detailed in secondary data. The study was aimed to gather information subjected their health and experiences in relation to their work. The data has been accumulated and complied from suburban areas of Ghaziabad (Uttar Pradesh, India) and use of convenient method of sampling has done. Due to time and money constraint sample size is restricted to 160 only. Data analysis has been done with the help of different statistical tools and results were interpreted.

### 5. DATA ANALYSIS AND FINDINGS

Researchers have been collected data by themselves through survey in sub-urban areas of Ghaziabad (Uttar Pradesh, India).

**Table-1:** Sample characteristics

<b>N=160</b>	<b>Female (N=120)</b>	<b>Male (N=40)</b>
<b>Age</b>		
18-30 years	33.33%	45%
30-42 years	36.67%	25%
42-54 Years	20%	20%
> 54 Years	10%	10%
<b>Marital Status</b>		
Married	43.33%	50%
Unmarried	35.83%	35%
Other	20.84%	15%
<b>Education</b>		
Illiterate	3.33%	2.5%
Primary	40%	10%
Secondary	30%	40%
Higher Secondary	18.33%	30%
Other	8.34%	17.50%

**Source :** (Prepared from data collected)

As results show the contribution of female domestic workers and male domestic workers is about 75% female and 25% male domestic workers respectively surveyed. Out of female domestic workers 33.33% were the age group of 18 to 30 years and male 45% of the same age group. Data collected shows decreased participation of workforce in domestic services as

age grown and change in marital status. It reflects the contribution of unmarried to married domestic workers is respectively raised in females 35.83% to 43.33% and male workers have raised upto 35% to 50%. It was found that domestic work opted by these workers, after marriage more workers engaged in this works in comparison of unmarried workers because of several other

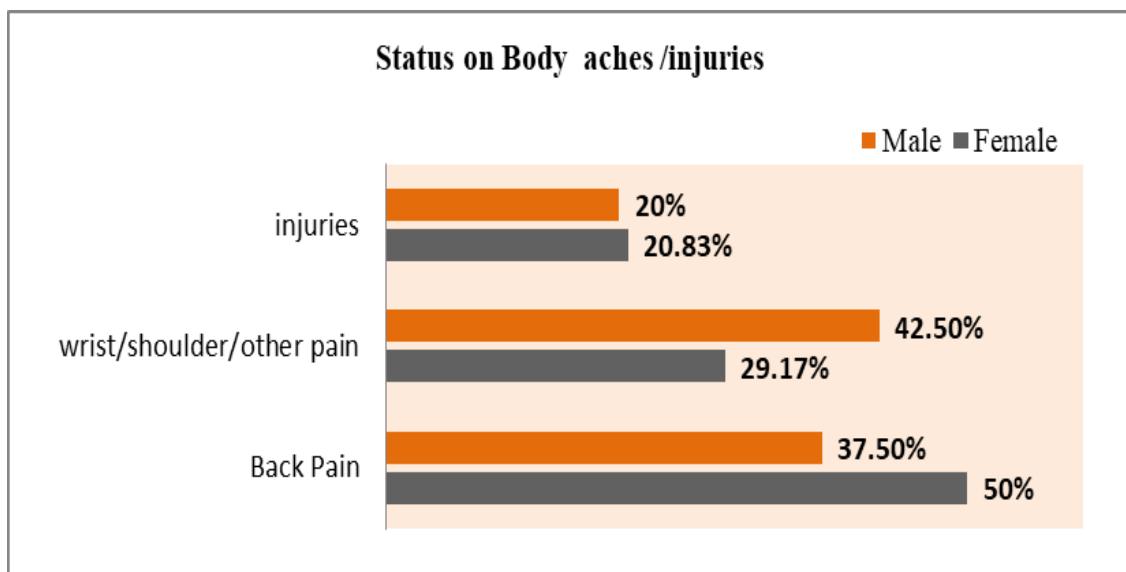
issues such easy access to work, no specific eligibility criteria eventually it has seen after moving towards grown age workers participation has decreased because of family and other responsibilities. Regarding health concerns (physical & psychological) of domestic workers their experiences were recorded.

**Table-2:** Health concerns (physical and psychological) reported by domestic workers at workplace.

Health concerns (physical, mental)	Workers experiences
1.Body aches and injuries	Heavy workload and continuous work resulted pains and body aches and sometimes injuries too.
2.Allergies	Allergies from dust, detergents and other chemicals caused skin problems, breathing problems and other allergic reactions.
3. Refreshment intake	Unable to access food and water during work as repetitive work or no time to have in between.
4. Menstrual health & Pregnancy	For female workers restless work, no access to healthy or hygienic products, stress and pain.
5. Psychological health	Work pressures, stress and anxiety, emotionally degraded.
6. Exploitation	Verbal abuse (scolding, shouting), physical torture (slapping, hitting).

Health related issues of these workers were concerned on which the responses were being collected for instance body aches and injuries reported. Back pain found at on high extent 50% in female workers while male workers found 37.50%.

Other pains (wrist, shoulder etc.) were reported 42.50% in male while in female domestic workers was 29.17%. Status on injuries in male workers found, 20% were injured during work while 20.83% female workers got injuries during work (figure-1).

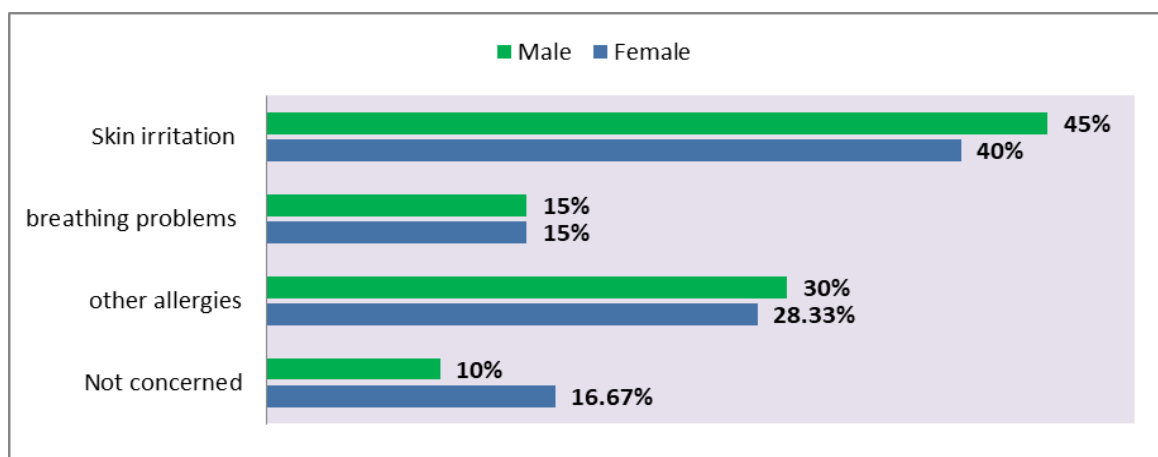


**Fig-1:** Body Aches and injuries

Source: (data collected by researchers (Authors' own))

Figure-2 given below, shows the results on several allergic reactions diffused by domestic workers at workplace such from dust, detergents and other chemicals caused skin problems, breathing problems and other reactions. It has been reported that more male domestic workers (45%) faced skin irritation issues rashes; allergies etc. due to external tasks, they had performed along with their duties while 40% female workers face this problem, also not a small number. Now on breathing problem it shown adequately similar results as 15% female workers and male workers

faced this problem caused by dust and chemicals (acidic cleaners). On other allergic reactions 30% male domestic workers and 28.33% female domestic workers were reported got eyes, nose or other infections. Whereas number of domestic workers (male 10% and female 16.67%) not taken these as serious issues to their health and remarked as not concerned about these issues. Survey resulted as more female workers were not attentive about these issues in respect of male workers.

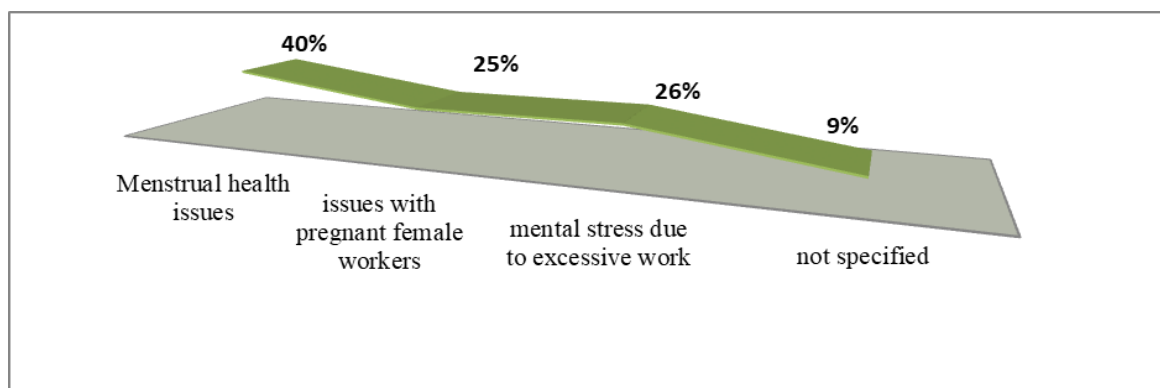


**Fig-2: Allergies and infectious diseases**

Source: (data collected by researchers (Authors' own))

Coming on related health issues to female domestic workers, this study subjected on majority of an adequate age group of female workers 18 years to 42 years. Hence menstrual health and pregnancy etc. have considered seeing their concern for themselves. And results implies that female domestic workers 40% population, deal with their menstrual issues at the same time they worked, faced difficulties and pain instead of

having relax. It was reported about 25% female domestic workers worked when they were pregnant without any rest time; else they continued their work till they could do before child birth. Respectively 26% female workers confessed they suffered with mental pressure and anxiety due to excessive workload while 9% were not comfortable to discuss these issues and did not specify (figure-3).

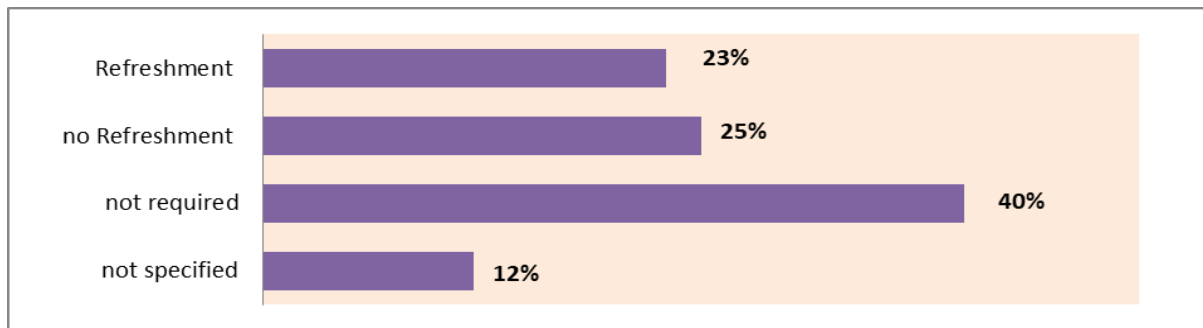


**Fig-3: Health issues over workload**

Source: (survey done by researchers (Authors' own))

Figure-4 given below, results shown on food and water (necessities) required and availability, to domestic workers at workplace during work shifts. This study revealed about the refreshment or meal availed by workers. 23 % reported they got refreshment during work when

they needed while 25 % workers admitted they did not get any refreshment even they tired or they need it. 40% of domestic workers denied the requirement of any intake of food or refreshment during work time because of hustle to work done while 12% did not specified about it clearly.

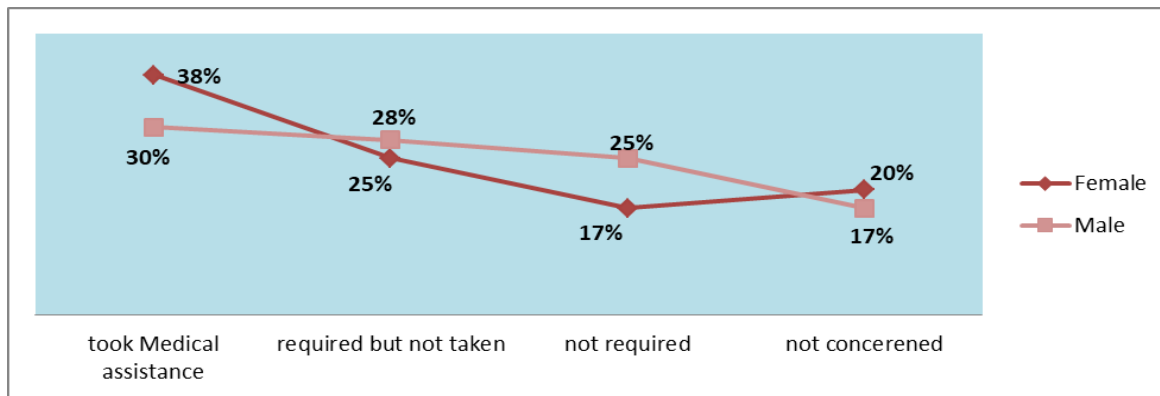


**Fig-4: Refreshment Intake**

**Source: (data collected by researchers (Authors' own))**

These workers faced various hardships related to work which directly reflect on their health and body. Figure-5 given below, disclosed status of medical assistance of domestic workers on body pains, injuries and allergies. Results implied, only 38% female and 30% male workers took medication to recover, 25% female and 28% male did not choose proper medication instead they required. 17% female and 25% male felt that

they did not require medication because of their busy work schedules. They admitted these issues as genuine caused by age factor, tiredness etc. They cured this problems by own with no clinical help required. Results shown the number of female domestic workers was 20% and male 17% who were not concerned to their wellness because of family and work responsibilities though they admitted was needed.

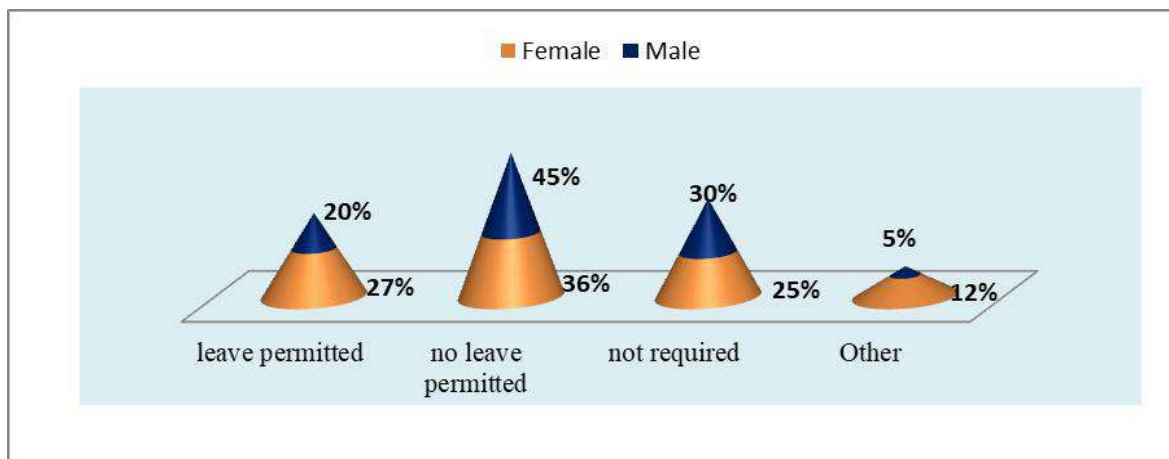


**Fig-5: Medical status on allergies and other health issues**

**Source: (data collected by researchers (Authors' own))**

Figure- 6 shows, 27% female domestic workers permitted by the employer to take leave in medical or other emergencies while male workers were allowed 20% only due to assignment to fulfill respective tasks other than duties as paying bills, market and pick and drop etc. on the other hand 36% female and 45% male workers were not allowed to take leave even in emergencies also (as they have to inform prior

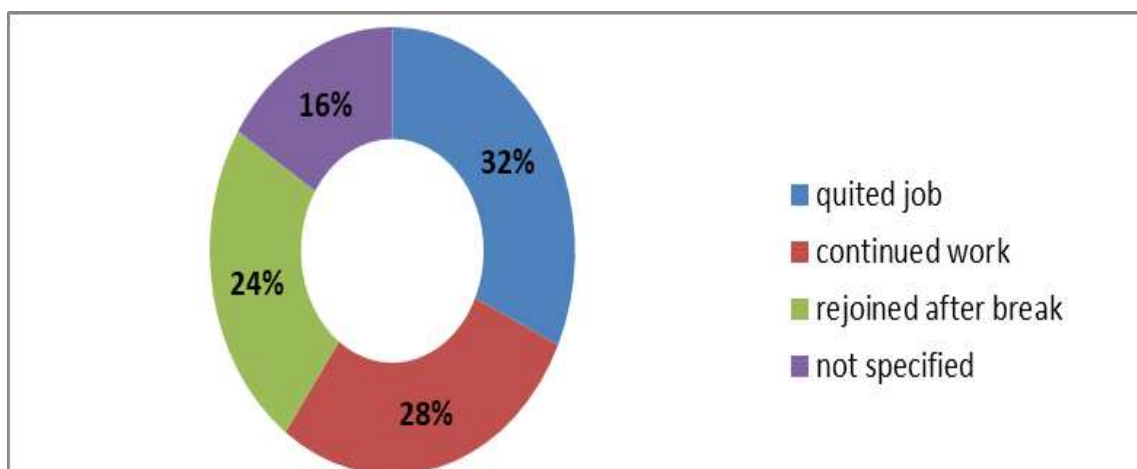
before taking leave with reason). It was found that 25% female domestic workers and 30% male workers took no leave they required even they suffered with issues as they kept work on priority rather their health, for economic reasons or fear of refusal or other reasons. It has observed that 5 %male and 12% domestic workers denied talking over this issue.



**Fig-6: Access to leaves in medical or other emergencies**  
**Source: (data collected by researchers (Authors' own))**

Work and life experiences have been shared by these domestic workers as they revealed about break from work due to some emergencies or they have to switch. 32% domestic workers told they have to quit their jobs due to medical and other emergencies while 28% workers continued their work and managed. 24%

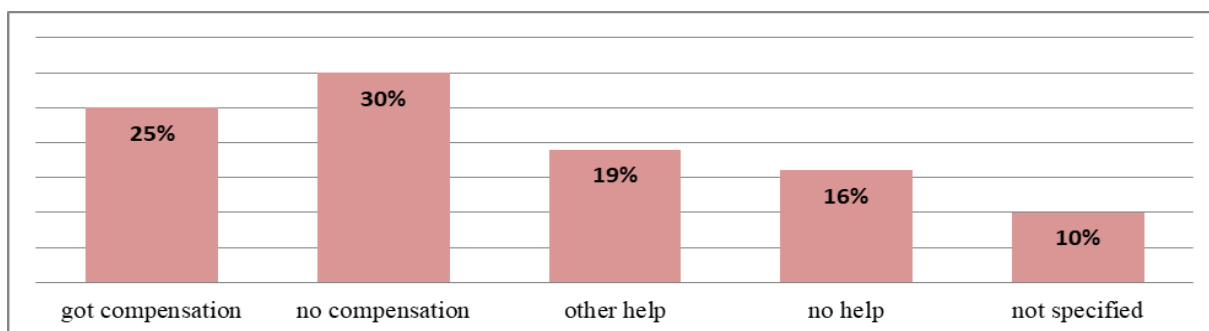
workers were suggested by their employers and they continued work after being recovered. While a number of workers were 16%, did not feel comfortable to share their experience related to this, caused fear of retaliation and other reasons (figure-7).



**Fig-7: Job status in emergencies**  
**Source: (data collected by researchers (Authors' own))**

Regarding compensation or other help (figure-8) mentioned below, it was found only 25% domestic workers were helped and compensate by their employers at emergencies/crisis. While 30% of domestic workers refused on compensation, stated they did not compensate by their employers in

emergencies. 19% of workers told they got other help by their employers such food, clothes, books, etc. and 16% of domestic workers were unable to access any other help from their employers while 10% did not specified about compensation or other help they got from their employer due to some reasons.

**Fig-8: Compensation**

Source: (data collected by researchers (Authors' own))

## 6. GOVERNMENT EFFORTS FOR THESE WORKERS

- ❖ Moreover, Some schemes launched by the government of India as Jan Dhan Yojna, providing ration during the pandemic brought some relief to these workers in pandemic as well similarly it will more beneficial to these domestic workers if most of these would access these benefits for economic stability.
- ❖ E-Shram card is also one of the scheme inaugurated by government of India to avail the social security in terms of pension to the workers, inclusion of these domestic workers could improve sustainable living of this section.
- ❖ Jeevan Jyoti Bima Yojana (Ministry of Finance, India) launched to help and recover the loss due to accidental injury and life insurance. For this vulnerable section it would helpful if they considered and get economic help to secure their family future.
- ❖ In case of accidental disability or other injuries or loss of life there is one more scheme named Suraksha Bima Yojana offered by government of India to avail the financial help to the high risk categories such as machines, laborers, truck drivers. It would helpful to minimize the loss/struggle upto a level if domestic workers are included in this category.
- ❖ NPS (National Pension Scheme) is a specialized division of pension fund monitored by ministry of finance, government of India, which facilitate pension/retirement benefits on minimum premium inclusion of domestic workers under this scheme could enable them

economic independent even at that stage of age. Such –Atal pension Yojana is also this type of scheme availing pension to individual at age of 60.

## 7. SUGGESTIONS AND RECOMMENDATIONS

Domestic workers faced an array of challenges including physical and mental hazards at work place evident from this study. This condition has been escalated due to burdens of workplace and family responsibilities. In between they lost concern to their wellness as results found. Even critical situations were ignored by these workers rather to access medical help. Consciously decisions took by these workers but they were not concerned to the long term effects of their problems related to their health. On the basis of the findings this study this study it is suggested that-

- ❖ As job profile of domestic workers is such that long hours of physical work is demanding and they have a high exposure to health risks including physical and mental, so it would be beneficial if formal regulatory protections could provide a framework to ensure health and safety at workplace
- ❖ These domestic workers should be brought under 'Digital Health Card' (started by government in 2021) and Ayushman Bharat Scheme to get medication help at the time of health problems and emergencies.
- ❖ Besides this by developing easy-to-access information and training on occupational health and safety hazardous and common household tasks must be prioritized by public health community in terms of personal health, nutrition and hygiene.

## 8. CONCLUSION

This study highlights the concern of health and work sustainability about domestic workers. It seems unconscious practices dragged them to cure the diseases that could be preventive which led them towards the continuing poor health and low work output. Common standards of decency must be applicable in treatment of domestic workers, which they actually deserve though they have health and safety issues at work. An ultimate requirement to resolve this issue is to promote preventive health education that could minimize their strains and hurdles. Undoubtedly the above suggestion could be helpful to heal this critical subject. Easy and expanding access to health and medical care to this vulnerable section of the society could enhance the work-life sustainability of these domestic workers.

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**Cite this article as:** Prof. Dimpal Vij and Anjana Singh., (2023). Empowering Domestic Workers: Achieving Health Care Equity for a Sustainable Future. *International Journal of Emerging Knowledge Studies*. 2(11), pp. 158-166. <https://doi.org/10.70333/ijeks-02-11-s-019>