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# A CRITICAL STUDY ON DOMESTIC WORKERS HEALTH AND WELL-BEING

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## ABSTRACT

This article discusses on the well-being concept of women domestic workers and their welfare which concentrate on their health, like Mental Health Continuum (MHC), concept of “PERMA” ‘life with quality’. It further explains on the issues pertaining to Challenges and problems by domestic women workers like wage disparities, caste, religion, lack of social security, failure to recognizing as a worker, peaceful environment, working conditions etc. lastly, the chapter focuses on the suggestion which address the few models of well-being. The employer initiatives on well-being of employee as a domestic worker and taking care of physical health, social health and mental health which increase the productivity and peaceful environment of an individual. This sector people need to hunt diligently for the welfare of modern society.

**Keywords:** Well – Being, Domestic worker, Health, Models.

## Introduction

A women domestic workers is said to be one who contributes there works only inside the house of employer. they involves in various works such as cooking, household chores, cleaning, laundry, gardener, care taker of infant and elderly people, ironing etc. some women domestic workers would do part-time work and at the same time do some other works, while few women domestic workers reside within the employer's house. The demand for domestic worker is static but still they are often undervalued. The domestic work category of people are unregulated and are under serious abuse. At times, the employer's fail to provide a comfortable stay or accommodation to live and they were asked to occupy the place to sleep in kitchen at night or they are allotted to reside under the staircase or any small room to accommodate. The mass number of women domestic workers are from thickly populated "low and middle income generate countries like India, Mexico, china which amount to areas of rural at the same time now are employed in many urban cities<sup>1</sup>.

Around 48% of total population are female in India and 25.6% of women are from workforce<sup>2</sup>.The report stated that the total number of female worker who belongs to the age group between 15 - 59 were increased by 17% from 2001 to 2011. In cities, it reached above 70% from 14.7 million in 2001 and 25 million in 2011. Although, as per the report submitted by task force towards domestic women workers, it almost result to the growth of 222% from few decade. But the data is still lacking in exact figures of Women domestic workers in across the world especially in India. Domestic workers woman are in informal employment globally, the report estimated around 50 million of women are engaged in such work across the country. There has been a constant increase in the report as woman domestic worker engage in the work.<sup>3</sup> Only few initiatives are agree to carried by the Indian Government in which to offer social security and to protect legally for the welfare of domestic women workers. The work under domestic worker which been inserted in the act of 'Unorganized Worker's Social Security Act (2008)' and as well as in the 'Sexual Harassment of Women at Workplace (Prevention Prohibition and Redressal) Act 2013'. The domestic women workers are majorly comes out of vulnerable communities, marginalized society, economically and educationally

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<sup>1</sup> Dube,L.(2003).Caste and Women. In A.Rao (Ed.),*Gender and caste*. Kali for women: New Delhi.

<sup>2</sup> Census of India.(2011). Government Of India.

<sup>3</sup> WEIGO. (2014). Women in informal employment globalizing and organizing. Annual Report. Retrieved September 7, 2017, from <http://www.wiego.org/sites/default/files/publications/files/WIEGO-Annual-Report-2013-2014.pdf>.

weaker section, backward community, migrants, unskilled. The women domestic workers are highly caused, suffered to exploitation. 'The ministry of labour and employment' as well as the Indian Government, should recognize Women domestic workers inward visibility in the houses, it has to set the category such as to establish the decent work for domestic work. In the year 2008, domestic women workers have been included in 'unorganized sector social security act, 2008' as a worker. Till today, as none of any explicit legislation which applies to the domestic workers in India. This sector workers face two major obstacles i) non recognition of domestic workers as a worker and they support other family such as employer's family as a worker to lead a peaceful life in which they are supportive to fulfill the daily household chores so the employer engage in their work which increase the GDP to India. secondly, ii) failure of accurate data, as it finds difficult to get a estimate count of the worker engaged in domestic work.

The domestic workers face multiple challenges in this field of work such as i) their won't be any formal agreement between employee-employer relationships no norms would be fixed. ii) lack of bargaining power, iii) There is no any specific authority to taken care. iv) failure in legislative protection, v) inadequate provisions towards welfare. Due to lack of proper legislation towards domestic workers they constantly face several problems such as mental or physical health and they are insulted and been abused utmost daily. So, it becomes great if legislative takes a initiative steps for health and well-being of domestic workers. The study identifies the problems, health conditions and well-being faced by the domestic workers and address to take necessary action which could cause the positive approach for the mental health and well-being towards domestic workers.

### **Well-Being concept**

It is a complex construct which addresses the feelings of combinations like emotion, health condition, different emotions, optimal experience, physical and mental issues. The empirical studies focus on the two major types, one is hedonia and the other is eudaimonia. Hedonia term denotes to on-the-spot happiness, pleasure, and enjoyment. Eudaimonia term denotes the consequences of a person's individual growth and social life. The term Hedonia relates to satisfaction towards life and emotions which handle positive which balance the person's well-being <sup>4</sup> On the other hand Eudaimonia relates which also includes the self-actualization of the

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<sup>4</sup> Diener, E. D., Suh Eunkook, M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of

concept of psychological well-being, individual growth, approach to fulfill the purpose of life, emotions with positivity and relations with other persons, based on life psychologists and work of humanistic such as Erik Erikson, Carl Jung, Gordon Allport, Abraham Maslow, and Carl Rogers.<sup>5</sup>

### **Well-Being Models**

The recent models of well-being which are most important conceptual are approached. The few models haven been authenticated towards India and worldwide.

### **Mental Health Continuum Model**

Keyes line up definition with WHO which address the mental health ‘a state of well-being in which the individual realizes his own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community’<sup>6</sup>. the understanding of the definition explains the well-being as functioning effectively at independent and community level. The mental health continuum measures address the three factors which correlated with social, emotional as well as psychological welfare towards health.

### **Perma Model**

Perma model of well-being denotes meaning for each letter P- Denotes for Positive emotions it transforms positive energy by different emotions, support the condition as well address the negativity by encouraging solutions. E- Denotes for Engagement which to achieve a state of challenges with specific skills, build mutual mentorship or relationship, incorporate team support. R- Denotes Relationship build a strong understanding between support system, healthy interactions, peaceful environment. M- Denotes Meaning clarify of personal skills and collective targets to achieve the goal, value the work. A- Denotes Accomplishment when an

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progress. Psychological Bulletin, 125(2), 276–302.

Linley, P.A., Maltby, J., Woods, A.W., Osborne, G., & Hurling, R. (2009). Measuring Happiness: The higher order factor structure of subjective and psychological well-being measures. *Personality and Individual Differences*, 47(8), 878–884.

<sup>5</sup> Lamers, S. M., Westerhof, G. J., Bohlmeijer, E. T., Pm, T. K., & Keyes, C. L. (2011). Evaluating the psychometric properties of the mental health continuum-short form (MHC-SF). *Journal of Clinical Psychology*, 67(1), 99–110

<sup>6</sup> World Health Organization. (2004). *Promoting mental health: Concepts, emerging evidence, practice*. Geneva: World Health Organization. (p.21)

individual achieve praise and celebrate, focus on growth, acknowledge the success. This model study assessed by multiple domain but the result is failure of single score. The perma model has to be function effectively at work place.<sup>7</sup>

### **Quality of Life (QOL)**

The concept of Quality of Life is emotions connect with well-being which influence the health of individual. The current model consist of Environment independence, psychological well-being, health related disease, social – physical and mental health. This concept emerged from decades. The general quality of life is vary from other models as it represents health- related life (HRQOL), an individual should have a regular assessment to lead a quality towards life and (WRQOL) work related quality of life, has a multidimensional aspect which closely associated with health, safety, involvement toward job, security towards job, motivation all this give rise to productivity of an individual will have balance between work and personal life.<sup>8</sup>

### **Domestic Workers Well-being**

Women domestic workers has increased drastically within some countries in Asia out of which India as well as China, especially inter-state workers migrated and has increased mostly, in several countries like Canada, United State of America and Gulf states workers of domestic work migrated to different countries for their growth and it had been proved<sup>9</sup>. Still there is a lack in several empirical study towards psychological welfare towards the health. Several study is based on the gender inequality, lack of legislation, wage disparities, legal frame work for employment, failure of recognition, caste discrimination, socio- economic conditions, and placement agencies role.

The (WHO) been expected the behavioral as well as mental disorders states that around twelve percent are globally encumbrance by diseases the divisions of Epidemiology are ‘St. John’s National Academy of Health Sciences, St. John’s Research Institute, Bangalore, India’. In the

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<sup>7</sup> Seligman, M. (2011). What you can change... and what you can't: the complete guide to successful self-improvement. UK: Hachette.

<sup>8</sup> Rethinam,G.S.,& Ismail,M. (2008). Constructs of quality of work life: A perspective of information technology professionals. European Journal of Social Sciences.

Vijaimadhavan, P., & Venkatarama Raju, D. (2013). An empirical study on relationship among quality of work life and its factors. Journal of Business and Management, 12(3), 20–28.

<sup>9</sup>Moors, A. (2003). Migrant domestic workers: Debating transnationalism, identity politics, and family relations: A review essay. Comparative Studies in Society and History, 45(2), 386–394.

current concept lots of efforts to be taken for physical health disease not to the behavioral and mental disorder. In urban areas, the low paid persons face a plethora of challenges, which affects the environment and working conditions of their well-being. These marginalized women are residing in slums and involve them as a domestic worker. Several evidential studies states that life associated with poor financial status which give rise to risk in mental health disorders<sup>10</sup> and women are consider to be more vulnerable compare to men towards mental health disorder such as self-inflicted injuries, schizpherenia, depression<sup>11</sup>.

A research made in South India especially in urban with the members of 26,001 conveyed around fifteen (15.1%) addressed their occurrence of their depression. It observed that depression arise majorly to the woman who falls under economically weaker section<sup>12</sup>. the cause of depression could be as per the living conditions of Women domestic workers the challenging problems faced by day to day life and the environment they reside it approach them towards socio-physical challenges which march them towards mental health<sup>13</sup>. the problems are identified as they face different situational challenges as they belong to low poverty line, alcoholic family members, poor living and working condition, marital conflicts, uneducated, violence of members in family, all these amount to depression. Few women attempt to do suicide<sup>14</sup>. Similar quantitative research carried out in the Bangalore on low – income working women<sup>15</sup>.

Concussion study towards domestic workers work and lifestyle of their family. It is found and pointed out problems faced in the work life and family life, balance by woman domestic workers. Most of the woman face difficulties in the family life with the fight which aggravated by alcoholic husband. It further addressed by a researcher in the research as majority of woman involve in work for more than two or three hour and they are paid within the range of 1000 to

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<sup>10</sup> Parkar, S. R., Fernandes, J., & Weiss, M. G. (2003). Contextualizing mental health: Gendered experiences in a Mumbai slum. *Anthropology and Medicine*, 10(3), 291–308.

Patel, V., & Kleinman, A. (2003). Poverty and common mental disorders in developing countries. *Bulletin of the World Health Organization*, 81, 609–615.

<sup>11</sup> World Health Organization. (2005). *Mental health atlas*. Geneva: World Health Organization

<sup>12</sup> Poongothai, S., Pradeepa, R., Ganesan, A., & Mohan, V. (2009). Prevalence of depression in a large urban south Indian population—The Chennai urban rural epidemiology study. *PloS One*, 4(9), e7185.

<sup>13</sup> Gruebner, O., Khan, M. M. H., Lautenbach, S., Müller, D., Krämer, A., Lakes, T., et al. (2012). Mental health in the slums of Dhaka—A geoepidemiological study. *BMC Public Health*, 12(1), 177.

<sup>14</sup> Kermode, M., Herrman, H., Arole, R., White, J., Premkumar, R., & Patel, V. (2007). Empowerment of women and mental health promotion: A qualitative study in rural Maharashtra, India. *BMC Public Health*, 7, 225–234.

<sup>15</sup> Travasso, S. M., Rajaraman, D., & Heymann, S. J. (2014). A qualitative study of factors affecting mental health amongst low-income working mothers in Bangalore, India. *BMC Women's Health*, 14(1), 22.

2000 rupees and at the same time they affected with health issues and different physical ailments.<sup>16</sup>

### **Issues and challenges faced by Women Domestic workers**

The sector of woman domestic workers faces multiple challenges and they are not recognized and regulated by laws. The situational approach of an individual women domestic work march towards the troubles and difficulties they face which strike their welfare towards health. Indian women domestic workers are majorly from the marginalized society in an around of the country mostly, now a days people are migrated from north from states like Assam, West Bengal, Rajasthan, Jharkhand, etc. the domestic workers are under aged and involve into the affluent homes to full fill the basic need of life which is less than the minimum wages. The class of people from elite to middle class households required women domestic worker but they face issues such as physical, mental, health and sexual abuse at times. Serving unwanted and leftover foods, not allowed to use rest rooms, unable to take rest or sit for a while to gain energy to continue their work.<sup>17</sup>

This category of domestic workers are from uneducated, unskilled, illiterate, having less job opportunities which leads to failure of bargaining power so they earn low wages. “the Ministry of Labour and Employment, in Final Report submitted to Government of India, stated the following problems faced by domestic workers”(p.46).

- i) Poor working Condition
- ii) Lack of decent wages
- iii) No standard holidays prescribed or any monetary benefits for leave
- iv) Abuse by employer, violence, sexual harassment in the work place. multiple cases addressed in offering sufficient amount of food to have, not making to use restrooms inside the house, not allowed to sit on chair, these are employer’s behavior towards

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<sup>16</sup> Khillare, P. Y., & Sonawane, M. A. (2016). The impact of work—Life of women domestic workers on their family-life. *IOSR Journal of Business and Management*, 18(2), 47–50.

<sup>17</sup> WEIGO. (2014). Women in informal employment globalizing and organizing. Annual Report. Retrieved September 7, 2017, from <http://www.wiego.org/sites/default/files/publications/files/WIEGO-Annual-Report-2013-2014.pdf>.

women domestic workers.

- v) Placement agencies exploitation
- vi) Failure of benefits of social security

The findings towards empirical research as evidence and future reviewing different literature, of pointed out list of difficulties and problems they faced by domestic women workers.<sup>18</sup>

## Well-being Initiatives

Many studies have been made on concept of well-being out of which it identified effectiveness and initiatives to be carried on by government for the mental health of workers in India.<sup>19</sup> It has to be framed in such a way that it takes care of the people of different groups and identifies the problem and takes initiatives. In the study of suggestion given by is the concept of health towards welfare provide the initiatives has to approach the problem related to partner harsh behavior and it connect with content of alcohol as well as major cases are reported with worst health condition.<sup>20</sup> Worldwide, there is a failure in healthy relationship within partners would leads to depression and it has been reported. It leads to suicide ideas and attempts. Several NGOs tackled with situation and provided sufficient counselling and shelters for affected women's but still the problem exist as lack of awareness with uneven access.<sup>21</sup> NGOs face challenges all they need is to address the community educate on women power, social and community norms, male identity, income generation.<sup>22</sup>

<sup>18</sup> Chandrasekhar, C. P., & Ghosh, J. (2007, March 28–30). Recent employment trends in India and China: An unfortunate convergence? Paper presented at ICSSR-IHD-CASS Seminar on Labour Markets in India and China: Experiences and Emerging Perspectives. New Delhi.

Gothoskar, S. (2005). New initiatives in organizing strategy in the informal economy—Case study of domestic worker's organizing. Committee for Asian Women.

<sup>19</sup> Balaji, M., Chatterjee, S., Koschorke, M., Rangaswamy, T., Chavan, A., Dabholkar, H., et al. (2012). The development of a lay health worker delivered collaborative community-based intervention for people with schizophrenia in India. *BMC Health Services Research*, 12, 42.

Patel, V., Weiss, H. A., Chowdhary, N., Nail, S., Pednekar, S., Chatterjee, S., et al. (2010). Effectiveness of an intervention led by lay health counsellors for depression and anxiety disorder in primary care in Goa, India (MANAS): A cluster randomized controlled trial. *Lancet*, 18, 2086.

<sup>20</sup> Travasson, S. M., Rajaraman, D., & Heymann, S. J. (2014). A qualitative study of factors affecting mental health amongst low-income working mothers in Bangalore, India. *BMC Women's Health*, 14(1), 22.

<sup>21</sup> Koenig, M. A., Stephenson, R., Ahmed, S., Jejeebhoy, S. J., & Campbell, J. (2006). Individual and contextual determinants of domestic violence in North India. *American Journal of Public Health*, 96(1), 132–138.

<sup>22</sup> Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *The Lancet*, 359(9315), 1423–1429.

Krishnan, S., Subbiah, K., Khanum, S., Chadra, P. S., & Padian, N. S. (2012). An intergenerational women's empowerment intervention to mitigate domestic violence: Results of a pilot study in Bengaluru, India. *Violence Against Women*, 18(3), 346–370.



In India there is a high necessity to point the spouse violence in which it avoids mental health, stress and reduce the tendency to commit suicide.

The concept of Dil Mil intervention has been conducted in southern part of India to identify the women workers by primary clinics towards the health and aim is to offer occurrence between the generation assisting to parent of male spouse. This Sessions are conducted by role play, stories involved. It built the empathy and peer support by dyadic peer counselling interaction by two or groups.<sup>23</sup>

When there were insufficient child care facilities, which mandated women to be involved in domestic work, which affected their mental health and well-being. The woman was not having any help or support from their partner or any of the family members. However, in the given ratio the women working in the informal sector is high in India, as to fulfill the basic needs of their child care at the same time it also providing the support service where it's a platform to share their experience that could further helps to reduce the burden and feelings of social isolation.<sup>24</sup> With strong linkage between mental health professionals where there is access provided to psychiatric services. It mandates women to engage in work as it is the only source of income which fulfils the basic needs of a child by sending them to school, the women are filled with positive mental health and economic benefits.

The government of India has come up with few policies which are “(PDS) Public Distribution System”, “(IAS) Indira Awas Yojana”, “(MGNREG) Mahatma Gandhi National Rural Employment Guarantee”, “(RSBY) Rastriya Swasthya Bima Yojana”, “(IGNOAPS) Indira Gandhi National Old Age Pension Scheme”, “the National Policy for Domestic Workers or universal Health Insurance” it mentions the aspects of biological models of well-being. Social or psychological concept of welfare of health are not largely approached by different schemes addressed and captured in the area of food, health and housing needs. The psychological problems addressing the health factor of domestic workers are rarely focused. Thus, it has to

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<sup>23</sup> Kauffman, K., & New, C. (2004). *Co-counselling: The theory and practice of re-evaluation counselling*. Routledge

<sup>24</sup> Kingsnorth, S., Gall, C., Beayni, S., & Rigby, P. (2011). Parents as transition experts? Qualitative findings from a pilot parent-led peer support group. *Child: Care, Health and Development*, 37(6), 833–840.

Ainbinder, J. G., Blanchard, L. W., Singer, G. H., Sullivan, M. E., Powers, L. K., Marquis, J. G., et al. (1998). A qualitative study of parent to parent support for parents of children with special need. Consortium to evaluate parent to parent. *Journal of Pediatric Psychology*, 23(2), 99–109.

strongly identify the problems faced by domestic worker through the awareness and intervention programmes.

### **Recommendations**

The Government, educational sector, institutions and NGO's should consider the mental health and wellbeing of domestic workers. They play a major role in increasing the GDP of the government. If there is an absence of a female domestic worker in a home for a day, the entire day of a family gets ruined, and the employer needs to complete the task of daily household chores. It affects the routine life of an individual or a family. The appropriate government has to create a regional as well as national level health organisation towards mental health to recognise the research gap by monitoring, establishing centres, prioritising problems, and formulating assistance from international funds, providing adequate information, and financial and technical support. The government has to address the mental health research and strengthen the health of women domestic workers with the help of professionals.

Interaction among the social worker and mental health professionals, to be organised so that it improves the mental and physical health, reduces the stress of a worker, effective time management, increases the interpersonal skills and focuses on a peaceful environment with family. The awareness programmes focus on the health and well-being of women domestic workers.

### **Conclusion**

The woman domestic workers are even unrecognised and not regulated by laws and policies, which mandate their health and well-being. Though there are multiple studies made to analyse the suffering faced by women domestic workers, such as anxiety, depression, and Suicide. They face multiple issues and challenges that are interwoven with the problems of the web, which recognise or identify the range of problems related to child care facilities, alcoholic husbands, financial crises of the family, etc. It affects the worker welfare and health of each person. In spite of a few programmes organised to address the problem of mental health. Furthermore, the issues faced in health have to be addressed and a well-designed document should be framed in which they can handle diligently and taken care of in modern society for the welfare of the workers.