

Young female domestic workers perceptions of health and safety

In India, private domestic work operates as an informal, unregulated sector. Because of the limited work opportunities for females aged 15 to 29, domestic work is an increasingly common employment option for millions of women and girls – despite the low wages and employment insecurity.¹ This briefing presents findings on the reported health and wellbeing of young female domestic workers in Delhi. Findings are based on 27 qualitative interviews with young female domestic workers aged 13 to 21, nine parents and three employers, who were interviewed in seven districts of the National Capital Region (NCR) of Delhi.¹ Findings offer insights for interventions to support young female domestic workers' health, welfare and safety and to promote their rightsⁱⁱ as workers and protection from abuse.

BACKGROUND

Worldwide, for many women and girlsⁱⁱⁱ domestic work is their main opportunity for paid labour. Systematic labour market inequalities and patriarchal societal structures limit women's livelihood options and foster normative values around domestic tasks and marital duties for women and girls.² In India, there are different forms of domestic work, which include part-time and full-time workers who live with their own families, full-time workers who live with their employers, and young girls who accompany their mothers to part-time work that is either paid or unpaid.³ The number of part-time workers and girls accompanying their mothers is growing in India.^{4,5} For example, it is not uncommon for girls to accompany their working mothers to work, so that more work can be accomplished at no extra cost.⁶

Although the legal minimum working age in India is 14,^{iv} children enter work at very young ages, as early as five years old.^{7,8} The increasing demand for domestic workers in India has been associated with the growing middle class. As more women from urban middle-class households are entering the work force, household

DEFINITION OF 'YOUNG FEMALE DOMESTIC WORKERS'

"Young females aged 13 to 21 who work in a household other than their own to take care of a child or clean the house or perform other duties under the umbrella of domestic work, either paid or unpaid" (Svensson, 2018)

chores have been relegated to less-privileged women.⁹ The substantial demand for young female domestic workers is, in part, driven by perceptions that girls provide cheaper labour, will be easier to control, less likely to complain, and present little physical or sexual threat to the household.^{10,11} Moreover, domestic workers are generally young females because of their lower social status in Indian family and society.¹² Girls' lower status has been linked to parental preferences for boys, including boys' greater school enrolment and family concerns about the costs of dowries and marriage.¹³ Girls are also frequently engaged in domestic work because of the low wages for women in India.¹⁴

Sector informality

Domestic work is a highly informal sector in India, which means that wages are extremely low. For instance, wages for women in informal work are four times lower than women's wages in the formal work sector.¹⁵ Moreover, the informal nature of domestic work creates opportunities for potentially exploitative recruitment channels.¹⁶ Workers, especially young workers have very limited position or opportunity to negotiate fair employment terms and safe work conditions with recruitment agents or with employers.¹⁷

Young women and girls are particularly vulnerable to abuse. Reports of abuse among young domestic workers are common, including verbal and physical abuse and sexual exploitation. For example, workers report being insulted, scolded and slapped.¹⁸ Workers

i. In line with the ethical approval, all study participants were 14 years of age, apart from one 13-year-old participant who was a former domestic worker.

ii. Within the Indian legal minimum working age.

iii. Although domestic work is predominantly a feminised occupation, a considerable number of boys and men engage in domestic work.

iv. Child Labour (Prohibition and Regulation) Act, 1968.

also report psychological hardship, including confinement and isolation, degrading treatment, substandard food and living conditions, and very long hours which leave little or no social time with peers and family. Workers are frequently given low pay or no pay and put in situations of debt bondage.^{19,20,21} It is not uncommon for girls and their family to be deceived by false promises of education opportunities, which never come to fruition. Young workers frequently describe sexual harassment and assaults by male household members, extended family members or family friends. Reports include being 'touched on private body parts,' 'forced to touch the abuser's private body parts,' 'forced to watch pornography' and 'forced to have sexual intercourse.'²²

Legal protections

Despite increasing evidence of abuse and exploitation, there is no national legislation that specifically protects domestic workers. However, in 2016, "The Child and Adolescent Labour (Prohibition & Regulation) Act, 1986" prohibits all child labour for children under 14 (with some exceptions).²³ In cases where exploitation is identified, children engaged in domestic work between the ages 14 to 18 are removed from their employment under the 'Juvenile Justice (Care and Protection of Children) Act, 2000.'

Domestic workers may also have legal protection via their inclusion in the 'Unorganised Workers' Social Security Act, 2008'²⁴ and are now recognised as workers and included in the labour law. Domestic workers are covered if they are within the legal working age and 'self-employed,' 'home-based' or working for an hourly payment.²⁵ They have also been included in the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act (2013). Even prior to the adoption of the ILO's Domestic Workers Convention (C189), India's Ministry of Labour and Employment (MoLE) convened a Task Force on Domestic Workers in 2009, which submitted a draft National Policy that defines the domestic worker, the employer and the clear cut terms of employment. It recommends providing wage and social security protection to domestic workers, starting with the Rashtriya Swasthya Bima Yojana (RSBY) national health insurance scheme, under which domestic workers can also be included since 2012.²⁶ This scheme covers hospital costs up to INR 30,000 (approximately £360) for families living below the set poverty line in India with a maximum of five members, subject to the family being enrolled in the scheme.²⁷

In response to recruitment abuses, the state government of the National Capital Territory (NCT) of Delhi introduced the Private Placement Agencies (Regulation) Order in 2014; however, due to inconsistencies regarding the age definition of domestic workers and the scope of the regulations, the Order is still under development.²⁸ Currently, the MoLE,

with the ILO are working on regulations for private employment agencies, which also covers agencies recruiting and placing domestic workers.

Despite these legal initiatives, there has been limited progress on the protection of young domestic workers. This briefing note aims to provide new evidence to promote more targeted policy and programme responses to improve working conditions and protect young female domestic workers in India.

RESEARCH METHODS

Findings are based on qualitative fieldwork conducted by Dr. J Svensson in seven districts of the NCR of Delhi (which also includes states of Haryana and Uttar Pradesh) from January to December 2015.²⁹ Practices regarding young domestic workers in NCR are likely to differ from other locations in India as circumstances vary across states, between larger urban areas and smaller cities and between rural and urban spaces. The study drew on principles of participatory research and critical ethnography to give voice to the participants, elucidate locally defined priorities, and explore the social context of domestic work for young Indian females. Methodological techniques included: observation; group sessions; and in-depth interviews with 27 workers aged 13 to 21. In addition, nine interviews were conducted with parents and three with employers.

Participants worked as full and part-time domestic workers, and live-in and live-out domestic workers. Participants were current and former girl domestic workers, rescued girl domestic workers and girls who accompanied their mothers to their domestic work jobs.

The study aimed to gather information on girls' 'subjective health', which was defined as girls' own experiences and perceptions about their health and wellbeing in relation to their work. This study did not include clinical diagnoses.

RESULTS

Table 1 shows the main health concerns reported by young female domestic workers. Participants described health concerns related to access to food and water, body aches and injuries, allergies, verbal abuse, physical abuse, sexual harassment and abuse and menstrual health.

1. Food and water

Food and water are substantial health concerns reported by the young domestic workers. They noted how hunger and thirst can cause mistakes and injuries when girls feel tired, exhausted or depleted. Young females also reported restricted use of household lavatory facilities during work, which meant that many

TABLE 1: Common health concerns reported by young female domestic workers

Health concerns	Examples of lived experiences
1. Food and water	Hunger and thirst during work; no access to food or water; no time to eat during or between work shifts
2. Body aches and injuries	Aches and pains from heavy and/or repetitive tasks
3. Allergies	Skin problems and allergic reactions to dust, detergents and chemicals
4. Abuse	
4.1 Verbal	Employers scolding and shouting
4.2 Physical	Slapping and hitting
4.3 Sexual	Rape and sexual harassment
5. Menstrual health	No access to hygienic products; increased work-related pain

Source: Svensson, 2018

tried to avoid eating and drinking during work. Young workers who worked long hours in one household reported that employers would withhold food or offer only little or stale food. The effects of time constraints were also highlighted by participants, especially part-time workers. Because of their hectic schedule, juggling multiple employers during a single day, girls have little to no time for breaks, food or water. It should be noted, however, that in households where food was provided, some girls reported better food than at her family home, which was considered as a valuable aspect of the work.

2. Body pain and injuries

Participants reported that pain and injuries affected numerous parts of their body. Aches and injuries were related to different tasks. For example, girls suffered headaches from harsh cleaning chemicals; neck pain from working on high surfaces; shoulder pain following repetitive heavy lifting; back pain after squatting and bending for long periods while washing clothes or mopping floors; leg and knee pain from kneeling while mopping; arm, hand and finger pain from hand-washing clothes; and pain in feet and heels from standing or sitting for long hours while performing work tasks. Findings further show that the body aches increased with age. To date, the risks of long-term ergonomic disabilities, chronic pain and occupation-induced disease in adulthood have received little attention.

3. Dermatological and allergic reactions

The young women described regular exposure to dust, harsh cleaning agents and chemicals, which often made them feel nauseous and/or made it difficult to breathe. They noted specific products such as: cleaning products including sulphuric acid (*tezaab* in Hindi), and phenyl or other similar detergents that employers required for cleaning the house and toilets.

4. Abuses, including verbal, physical and sexual abuse

The girls discussed how employers rebuked them verbally and meted out corporal punishment such as hitting or slapping in response to what the girls themselves often perceived as trivial offenses. For example, they said they were penalised for arriving late to work, making small mistakes or accidentally breaking something. Findings also indicate that some girls thought they served as targets for household members' pent-up anger. Commonly participants reported sexual harassment and two participants reported rape. Live-out workers, in particular, discussed sexual harassment from community members during their commute to work. Participants also frequently reported that they were asked to give massages to male members of the household. Studies have repeatedly noted that the risk of sexual abuses are substantial among youth in domestic work because their labour takes place in a private sphere where violations often go unseen and victims have little protection or recourse.³⁰

5. Menstrual health

The young workers noted that menstrual health is a regular source of concern. They worried about the stigma, as well as menstrual hygiene because of difficulties accessing hygiene products. Menstruation also made it especially difficult and tiring to perform their tasks, especially tasks that required bending and squatting. Menstruation has been a relatively neglected health concern, even though it is a significant – and regular – worry for young domestic workers.

Social context of young female domestic work

For young domestic workers, systemic social and economic constraints are highly gendered, which limit their ability to make independent decisions about their safety and welfare. Domestic workers, especially young workers, are generally among the lowest socio-economic strata, which accords them few rights. As young females from poor families, they and their work are deemed of low value. Participants noted that wages, when paid, were extremely low and paid irregularly, leaving them few current or future self-sustaining livelihood opportunities. At the same time, participants felt that parents and employers had unreasonable expectations of them and their work. Girls were keenly aware of the conflicting interests between their needs, the financial concerns of their own family and their employer's demands. They

recognised the tensions between household tasks and their safety, education and future welfare. Young workers were rarely, if ever, given training or instruction about how to keep themselves safe and healthy at work – even when working with hazardous chemicals, hot cooking oils, repetitive tasks or heavy lifting. Although many are promised the opportunity to attend school by recruiters or employers, these promises are often forgotten, forestalled or revoked once the young worker is working in the employing household.

CONSIDERATIONS FOR POLICY AND PROGRAMMING

The presence of young females in domestic work is a highly prevalent custom that often helps families manage financial hardship and simultaneously provides employing households with assistance with their daily tasks. The socially accepted nature of this type of work means that the health and welfare of young females is commonly overlooked, if not completely invisible. Addressing the needs of young workers in domestic work calls for actions to support the rights, independence and healthy future of young females.

Addressing the needs of young female domestic workers

- Women's, children's and human rights groups should focus greater attention on the plight of young female domestic workers to combat the highly gendered and age disadvantages that lead to longer-term health, livelihood and generational damage.

Interventions for youth in domestic work

- Government and non-governmental agencies, especially from the education and health sectors, should design and deliver educational and health outreach programmes to meet the needs of working young females.
- Government and advocacy organisations should design initiatives targeted at employing households to promote young worker's rights and access to education and health care. Employing households

should be encouraged to establish safe and reasonable workloads and schedules conducive for school attendance.

- The public health community must prioritise the health and safety of young female workers by developing easy-to-access information and training sessions on occupational health and safety for common and hazardous household tasks, individual security (against abuse); and personal health, nutrition and hygiene. Information sessions should prioritise human rights, methods to assert these rights, resources for assistance and recourse for violations – especially sexual harassment and abuse. Under the Sexual Harassment of Women at Workplace Act, District Committees should be established and leveraged to protect workers.
- Domestic worker rights campaigns should include the plight and rights of young domestic workers, especially gender equity, when promoting the social, economic and employment value of domestic work.

Future research for interventions

- Young females in domestic work are a heterogeneous group. Young workers operate in a wide range of employment, living and family circumstances. A more precise understanding of these different contexts is needed to develop well-targeted interventions that meet the needs of the different young women.

CONCLUSION

The demand for domestic workers in Delhi, as well as in other urban areas in India, continues to grow rapidly. Young women and girls are likely to seek this type of work because of prevailing gender labour market inequalities and discriminatory class and patriarchal structures, which leave underprivileged women with limited educational and work opportunities. Evidence on young domestic workers has included both positive and negative account by young female workers. Findings from this study highlight the important role for the Indian public health and education communities to invest in efforts to secure young female workers' rights to a promising future.

ENDNOTES

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