

Caring Hands, Fragile Health: Unravelling Women's Occupational Health & Well-being in Domestic Work



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TABLE OF CONTENTS

Executive Summary	Acronyms	List of Key Informant Interviews
<hr/>	<hr/>	<hr/>
1	6	7
 Chapter 1: Background and Rationale	 Chapter 2: Methodology	 Chapter 3: Respondent Profile and Demographic Details
<hr/>	<hr/>	<hr/>
8	17	20
 Chapter 4: Conditions of Work and Workplace Facilities	 Chapter 5: Occupational Health Hazards	 Chapter 6: Access to Healthcare and Health-Seeking Behaviour
<hr/>	<hr/>	<hr/>
31	41	71
 Chapter 7: Experiences of Violence	 Conclusion	 Way Forward
<hr/>	<hr/>	<hr/>
77	87	94

Executive Summary

Professional care workers, whether health-care workers or domestic workers, are overwhelmingly women and among the least protected and most exploited. Over the last 15 years, Jagori has worked with women domestic workers (WDWs) living in resettlement and low-income colonies in Delhi to mobilise and organise them, build their worker identities and leadership and advocate for fair and violence-free working and living conditions. The absence of both National and State legislations for WDWs and their exclusion from Labour Codes means that private homes are still excluded from the definition of a “workplace” and the nature of domestic work remains precarious – with the livelihoods of WDWs completely dependent on negotiations with employers. **So who is responsible for the safety of WDWs at workplaces?** There is no universal definition of occupational safety and health for domestic workers. There is also uncertainty regarding the duties and responsibilities of employers in providing safe workplaces. Our experience shows that this not only affects their income and working conditions, but can also have a significant impact on their health. **Even as they shoulder the burden of the care economy, the potential impact of the physically-demanding nature of domestic work on their health is neglected.** The lack of attention paid to this area is echoed by the dearth of literature and concrete evidence on the issue.

This research is thus an attempt to address the knowledge gap surrounding the occupational health hazards faced by women domestic workers (WDWs), their access to healthcare and their health-seeking behaviour.

Consistent with Jagori’s long-standing commitment to undertake action research, it aims to answer the *key research question of “What is the effect of the nature of domestic work and ‘worksites’ of WDWs on their health and well-being?”*. A mixed-methods approach was employed to undertake research with part-time, full-time and live-in WDWs and key stakeholders. The sample consisted of 524 purposively selected WDWs from Delhi-NCR (261 respondents) and Jaipur, Rajasthan (263 respondents) and 14 stakeholders. Informed consent was taken from all respondents and confidentiality was strictly maintained.

The largest percentage of WDWs belonged to the Scheduled Caste category (36.8%) - reiterating the hierarchical connotations of caste and the concentration of this population in unskilled and menial labour. 85.9% of the total respondents were Hindus. An overwhelming majority of respondents (90.4%) were migrant workers.

64.6% of respondents lived in a single room - usually in congested and low-income areas that lacked proper sanitation and basic services - with as many as 7 other family members. The socio-economic background of WDWs therefore suggests pre-existing morbidities and their susceptibility to communicable diseases. Part-time WDWs worked in an average of 4 houses and most earned wages between Rs. 5,000 and Rs. 10,000 a month. 16.8% WDWs were single earners and 90% of them had children to support.

Essential work, not decent work: WDWs performed tasks like cleaning, cooking, dusting, washing utensils, childcare and elderly care – performing integral reproductive labour.

However, their working conditions were dismal, with 32.6% WDWs having no access to lunch breaks, 23.8% having no access to toilets, 17.7% with no access to food and water at the workplace, 25.8% prohibited from using the same utensils as their employers, 40% prohibited from using the same furniture as their employers, 21.6% prohibited from wearing footwear, 12.8% with no access to leave for illness, and only 6.1% WDWs reporting availing salary advances. However, it is significant to note that when asked if they were satisfied with their working conditions, 80.5% of WDWs surveyed replied 'Yes'. It is possible that this is because limited or no access to workplace facilities was so normalised that WDWs did not factor it into their perception of job satisfaction.

Insights into health: With WDWs reporting over 25 health issues, 3 emerged as the most prominent; pain in body parts (20.4%), "common ailments" such as cough, cold, headache, fever and weakness (12.6%) and blood pressure issues (12.2%). Thyroid issues, anaemia, diabetes or high sugar levels, gastric issues (like indigestion, heartburn, acidity etc.), typhoid and kidney stones were the other health issues prominently stated. **It is relevant to note here, that a large number of respondents - 41% - mentioned having multiple health issues.** Some of the more serious health problems that emerged included uterine prolapse, temporary paralysis, issues of nerve damage, spinal cracks, tumours and fractures, hernias and ulcers.

Mental health issues were not directly reported, but respondents elaborated on this when asked about the triple burden of work. **Mental health issues manifested in forms of anxiety, stress, frustration and sleeplessness.** A large percentage of WDWs (30%) mentioned that their work exacerbated their medical illnesses or health conditions, leading to pains, weakness, and difficulty performing tasks.

Identifying health hazards: While health issues cannot be attributed to the nature of domestic work alone, **an overlap was observed between health issues, and the tasks WDWs perform.** Activities undertaken by WDWs as a part of paid domestic work were thus explored as potential health hazards. **63% respondents reported discomfort due to bending, 53.2% reported discomfort due to standing for long hours, 32% reported discomfort due to working for long hours without food, 30% reported discomfort due to the use of cold water to perform cleaning tasks even during winter and 21% reported discomfort due to working with chemicals.** Depending on the nature of the activity, this discomfort included fatigue, weakness, joint pain, bodyache, acidity, dizziness, skin discolouration, allergies, stiffness in fingers and toes and breathing difficulties. Respondents also mentioned getting cuts, burns and electric shocks and falling off heights while working. **While there is no definition of occupational health hazards for domestic workers, these discomfort-causing activities could be categorised as hazards.** Even as WDWs reported these discomforts in great detail, it is extremely important to note here that they perceived them as part and parcel of their work and daily lives and did not identify the tasks they performed as hazardous. The responsibility taken by employers for these hazardous conditions was minimal – with both WDWs and their employers not considering the safety of WDWs as the primary responsibility of the employer. This unwillingness to take responsibility for the safety of WDWs is mirrored throughout the findings of the study.

Reproductive labour affecting reproductive health? 33% respondents experienced discomfort due to not being able to change their menstrual aid for long hours during work – suffering from vaginal infections, swelling, foul discharge, rashes, and burning sensations. This was hazardous and was attributed to WDWs not being able to use employers’ toilets – with 40% WDWs saying that they had no access. 22.9% WDWs also reported going back home to put on their menstrual aids if they started menstruating at work. Running back and forth to their homes could mean additional physical exhaustion for WDWs as well.

30.7% of respondents reported working during their pregnancies - with many opting to work until the last month of their pregnancies and rejoining work shortly after childbirth. **Stressing on the fear of losing their incomes and of financial instability, 37.8% of WDWs who worked during pregnancy reported working until their 7th-9th month, some even up until the last day.** While 6-8 weeks of rest is suggested post-delivery, some WDWs reported going back to work between 15 days and a month later. Furthermore, the WDWs who joined back early had issues breastfeeding their infants – often having to run back home to feed their infants, weaning them off breastmilk early and experiencing breast heaviness and pain when they could not breastfeed. **Working until the last week of their pregnancy and re-joining early could put WDWs health at risk and can therefore be identified as potential health hazards.**

No consideration for care workers: Even though 87% WDWs started working post the first COVID-19 lockdown, the spread of the virus was still extensive. **WDWs were branded as vectors of the virus and were thus subjected to extreme “precautionary” measures by employers - prolonged mask usage and heavy sanitizer use. These proved to be hazardous and led to issues like breathing difficulties and often-severe skin irritation for 53.4% WDWs.** 41.2% of respondents mentioned employers’ family members contracting COVID-19, but only 32.2% ensured safety arrangements for WDWs. It was also reported that employers were sometimes not transparent about them or their family member(s) contracting the virus, thus putting WDWs at risk.

Accessing healthcare at high costs: Medical attention was sought only when health issues escalated to a point where they could no longer be ignored – indicating that WDWs could not prioritise all their health needs. Most respondents (66.2%) sought allopathic treatment and preferred visiting private healthcare facilities – with 25.8% accessing private hospitals and 23.1% accessing private clinics. **WDWs preferred private healthcare facilities over public ones because of time constraints, over-crowding and long-lines at government-run facilities. Responses from some WDWs also indicated that medical professionals were perhaps not clearly explaining diagnosis of health issues and treatment options at public hospitals.** Financial constraints and time-poverty emerged as the primary barriers for WDWs in accessing healthcare and in leaving treatment midway. This was compounded by the responsibility of funding treatment for family members.

Most respondents (50.4%) spent up to Rs. 10,000 in healthcare expenditure. However, 13.7% spent up to Rs. 1,00,000, and in some instances, even more (up to Rs. 5,00,000). Some of the largest expenses were those made on surgeries and they varied widely. **It is interesting to note that a majority of respondents (52.5%) said that they paid for treatment out of their own pockets. Notably, only 4% of respondents said that they were able to access free public healthcare fully and did not have to pay for anything.** A negligible fraction of respondents (0.01%) reported using health insurance – indicating the urgent need for health schemes at the State level and improved access to Central health schemes like Ayushman Bharat.

Experiences of violence: It would be remiss to discuss factors impacting WDWs' health, without mentioning gender-based violence. While sexual harassment at the workplace was enquired into during the study, other forms of violence were not included. This was done with the intent of not retraumatising survivors, especially given insufficient time for rapport-building for that kind of investigation. Despite this, WDWs felt comfortable enough to share their experiences of violence – noting how it impacted their daily lives. Pre-empting this, it was ensured that a violence counsellor was part of the data collection team in case WDWs needed support.

Therefore, while this information was not available consistently, **47% of respondents mentioned experiencing some form of violence. 7% respondents reported sexual harassment at the workplace** that manifested in forms like lewd or suggestive remarks, indecent exposure, attempts to solicit sexual favours, molestation, showing of porn etc. **In the absence of active Local Committees (LCs) constituted under the POSH Act 2013 and the lack of awareness about them, WDWs were left with no recourse except leaving employment at the houses they were harassed in, leading to loss of income from those houses.**

Further, domestic violence (DV) was also reported. Beyond physical abuse, WDWs reported experiencing emotional and economic, abuse; a few respondents reported control over social mobility and restrictions. **Other forms of violence reported by WDWs were sexual harassment in public spaces (lewd comments, indecent exposure, catcalling, stalking etc.), child marriage and early childbirth.**

Conclusion

It is crucial to once again emphasise that the absence of National and State legislations for domestic workers and their exclusion from the Labour Codes are glaring lacunae and as a consequence of this, WDWs constantly have to negotiate with employers about their terms of employment - with the ever-present threat or fear of losing their jobs or being replaced hanging over them. As care workers, WDWs perform tasks that are necessary for sustenance and nurturance of human life, though unlike health care workers, they are not categorised as Frontline workers, which in itself is an indicator of how undervalued their work is. The precarity of paid domestic work influences the health-seeking behaviour and access to healthcare of WDWs. Domestic work is also underpinned by caste, class and feudalism, adding to the vulnerabilities of WDWs and tilting the balance

in favour of employers – often causing them to get away with exploitation and discrimination. These exploitative practices and poor working conditions themselves become potential health hazards – causing physical and mental distress.

In the Indian context, occupational safety and health has not been defined for informal workplaces. Yet it is something that has very real ramifications for WDWs. Jagori sees this research as a positive step towards identifying potential health hazards for WDWs and trying to establish interrelationships between domestic work and the ill-health experienced by WDWs. At the same time, we would like to stress on the need for more studies and literature on how occupational health hazards can impact WDWs' health – given the existing morbidities resultant of their socio-economic conditions and the precarity of domestic work. While there have been multiple studies in India investigating the living and working conditions of WDWs, this study is a first-of-its kind attempt to focus on the issue of occupational health at this scale. It is therefore hoped that research findings shall contribute to a more comprehensive understanding of what occupational safety and health looks like for the informal sector.

Way Forward

The findings of this study can be used to re-iterate key demands and recommendations on policy advocacy, research and collective action:

- Urgent need for a comprehensive National Legislation for Domestic Workers and registration of WDWs and their employers on priority.
- Define occupational safety and health for domestic workers in the Code on Occupational Safety and Health in addition to including them in the Code on Social Security.
- Ratification by Government of India of ILO Convention 189 on decent work and Convention 190 on violence free work environment.
- Acknowledgement of WDWs as 'workers' and their inclusion tax-funded public health programmes as well as Employees' State Insurance (ESI) Scheme to insure them against health-related eventualities.
- Large scale, multi-centric longitudinal studies for in depth analysis of occupational health and safety of domestic workers
- Setting up of tri-partite Welfare Boards with representation of employers, Trade Unions and WDWs.
- Ensuring that the LC mechanism for the redress of sexual harassment at the workplace is functional, well-funded and accessible for WDWs through large-scale awareness-generation.

Along with government action, it is important to constantly engage with WDWs on the issue of occupational safety and health. Sometimes, this issue takes a backseat to demands for better wages and working conditions. Unions and CSOs need to constantly create awareness on the issue with WDWs, engage with employers, encourage reporting of any health or violence-related issues and negotiate compensation with employers on behalf of WDWs in cases of workplace accidents or violence. Other collective actions can include organising campaigns and outreach on the issue of occupational safety and health of WDWs.

Acronyms

AICCTU	All India Central Council of Trade Unions
AIDWA	All India Democratic Women's Association
ASHA	Accredited Social Health Activist
BP	Blood Pressure
CSO	Civil Society Organisation
CSCD	Community for Social Change and Development
DV	Domestic Violence
ICSSR	Indian Council of Social Science Research
IC	Internal Committee
IIHS	Indian Institute for Human Settlements
ILO	International Labour Organization
ISST	Institute of Social Studies Trust
IWWAGE	Initiative for What Works to Advance Women and Girls in the Economy
KII	Key Informant Interview
LC	Local Committee
MOHFW	Ministry of Health and Family Welfare
NFHS	National Family Health Survey
NHRC	National Human Rights Commission
PCOS	Polycystic ovary syndrome
POSH Act, 2013	The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013
RWA	Resident Welfare Association
RMKU	Rajasthan Mahila Kamgar Union
SMKU	Shehri Mahila Kamgar Union
UTI	Urinary Tract Infection
WDW	Women Domestic Worker
WIEGO	Women in Informal Employment: Globalising and Organising

List of Key Informant Interviews

- Anita Kapoor, Union Leader, Shehri Mahila Kamgar Union, Delhi-NCR
- Anganwadi Worker, Jaipur
- ASHA Worker, Jaipur
- Aya Matsuura, Gender Specialist, ILO Decent Work Team for South Asia, International Labour Organisation
- Chairperson, Local Committee, Jaipur
- Counsellor, Aparajita Centre, One Stop Centre, Jaipur
- Doctor, Government Clinic, Jaipur and Public Health Manager Government Clinic, Jaipur
- Elizabeth Devi Khumallambam, Union Leader, Community for Social Change and Development, Delhi-NCR
- Harkesh Bugalia, Lawyer providing legal counsel to Rajasthan Mahila Kamgar Union, Jaipur
- Meva Bharati, Union Leader, Rajasthan Mahila Kamgar Union, Jaipur
- Unlicensed Medical Professional, Madanpur Khadar, Delhi-NCR
- Member, Resident Welfare Association, South Delhi
- Nandita Pradhan Bhatt, Member, Local Committee South-East Delhi
- Neha Wadhawan, National Project Coordinator, International Labour Organisation
- Subhash Bhatnagar, Union Leader, Nirmana, Delhi-NCR

Chapter 1: Background and Rationale

Jagori has been mobilising and organising women domestic workers living in resettlement and low-income colonies of Delhi (such as in in Madanpur Khadar) for more than 15 years. This work included research, networking with other organisations taking up issues of domestic workers as well as campaigns and advocacy. Keeping in line with its core agenda of building leadership of community women, Jagori has strived to build the identities of domestic workers as ‘workers’, and nurture and promote their leadership. The agitations and campaigns focused on issues like lack of data on the exact number of domestic workers in India, absence of any National/ State legislation codifying what constitutes the workplace and lack of a protection and entitlement framework - tilting the power balance almost completely in favour of the employer - robbing domestic workers of any tangible bargaining power and right to decent work and violence-free worksites.

As ‘care workers’, domestic workers play the crucial role of sustaining and nurturing human life and yet their contribution is not valued and not accorded dignity. Feminist researchers have been studying and writing about the feminisation of care work. There is a steadily growing discourse on the demography of workers, working conditions and remunerations but there is one major lacuna. There is virtually no research on the many occupational hazards that women domestic workers face, having potential for serious impact on their health. This is especially important since there is no legislation that has codified occupational health and safety for domestic work to begin with. This research owes its genesis to this huge lacuna.

In this Chapter, we have collated the significant and relevant findings and insights from some of the India level as well as international studies. They provide a broad canvas of the issues and concerns facing domestic workers.

Who are domestic workers?

The International Labour Organisation characterises domestic workers as workers who perform domestic work for pay and remuneration (ILO, 2018). Globally, there are 75.6 million domestic workers over the age of 15 and 76% of these are women (WIEGO & ILO 2022). In urban India, the number of domestic workers, particularly women, has steadily increased within the informal sector (Neetha, 2008; Chandramouli & Kodandarama, 2018; Hanu, 2018; Beri, 2020). However, obtaining precise data on the number of domestic workers in India is challenging. The National Sample Survey (NSS) estimated the figure at 4.75 million (NSSO, 2012), while the Periodic Labour Force Survey (PLFS) carried out in 2017-18 estimated 5.255 million domestic workers in the country, 80 to 90 % of whom are women. However, these numbers are believed to be massively underestimated. National Domestic workers’ Movement (NDWM) estimates the total number of domestic workers in India from anywhere between the official statistic of 5.2 million to more than 50 million, based on statistics from non-government organisations (NDWM n.d.).

What makes domestic workers vulnerable?

Domestic workers are overwhelmingly women and among the least protected and most exploited. Their wages remain low and there are no formal terms of work – which means that they constantly have to negotiate with employers for wages and leave. Further, they receive no increments in their wages even after many years of working for the same employers. Domestic workers are highly replaceable due to the ever-growing number of women migrating to cities to become domestic workers – this creates a power imbalance between them and employers, leaving employers free to exploit them for their labour. The absence of both National and State legislations for domestic workers and their exclusion from Labour Codes means that private homes are still excluded from the definition of a “workplace” and the nature of domestic work remains precarious. There is therefore no definition of what occupational health and safety looks like in the domain of paid domestic work.

Our experience shows that this not only affects their income and working conditions, but can also have a significant impact on their health. Like millions of other women, domestic workers perform reproductive labour not only as workers, but within their own homes as well. They shoulder the burden of the care economy by performing essential reproductive labour – and they continued to do this even during the COVID-19 pandemic, often taking care of COVID-19 patients at significant risk to themselves. While this should have led to assignment of the status of ‘frontline workers’, it was not. Instead, they are discriminated against and dignity is not afforded to their work. Domestic workers face multiple discriminations on the basis of caste and class and exploitation is rooted in historical master-servant relations. Gender-based violence, extending beyond sexual harassment at the workplace, is experienced by them – often with no recourse and no access to redress.

Increasing numbers of domestic workers

The growth in the number of domestic workers can be attributed to the demand for cheap household labour, the scarcity of employment opportunities and the expansion of the urban middle class with enough disposable income to hire domestic workers (Ghosh, 2014). Despite the increasing demand for these services, especially in urban areas, the wages and conditions of work for domestic workers have not improved (Neetha, 2021). Another reason for this could be the supply-side factors, largely an outcome of distress-driven rural–urban migration (Moghe, 2013). Domestic work is primarily informal and exposes domestic workers, particularly those from disadvantaged backgrounds, to vulnerabilities (Jagori, 2010). The perception of domestic work as unskilled contributes to its inferior status in the minds of both domestic workers and society (Vasanthi, 2011). These workers often receive low wages, work long hours, lack access to social protection, and operate within a personalised and informal employment arrangement.

Lack of National and State legislations for domestic workers

Since domestic work primarily occurs within private households and relies on interpersonal relationships between employees and employers, it has evaded recognition as formal

employment, excluding domestic workers, especially women, from the protective measures provided by state regulations and legislation (Neetha & Palriwala, 2011; Theodore et al., 2019) Even with the new Labour Codes in 2020, which consolidated 29 labour laws into four codes, the concept of “home” as a workplace remains unrecognised, leaving domestic workers outside the scope of protection and social security benefits (Working People’s Charter, 2020). The definitions of terms like “workman,” “employer,” or “establishment” within these codes also present ambiguities, posing challenges for legislation on domestic workers.

Numerous attempts have been made to regulate the domestic work sector by introducing bills at the National and Delhi state levels. However, their progress indicates limited success in transforming the working conditions of domestic workers, especially issues of remuneration. The Domestic Workers (Regulation of Work and Social Security) Bill, 2017, which was introduced in the Parliament by the efforts of National Platform for Domestic Workers, new draft of National Policy for Domestic Workers in India, 2015; the Domestic Workers Rights Campaign in 2010 and The Domestic Workers (Registration, Social Security and Welfare) Bill, 2008, proposed by the National Commission for Women in 2008, are some significant initiatives. In Delhi, Delhi Domestic Workers (Regulation of Work Social Security Bill), 2022 has recently been introduced by the National Policy for Domestic Workers. Another critical legislation relevant to domestic workers was the Unorganised Social Security Act 2008, which recognised domestic workers as eligible for various social security provisions. However, this act has recently been subsumed under the new labour code on social security. Paid domestic work continues to be excluded from the central list of scheduled employment under acts such as the Minimum Wages Act, 1948; Payment of Wages Act, 1936; Workmen Compensation Act, 1923; Contract Labour (Regulation and Abolition) Act of 1970; and the Maternity Benefit Act, 1961. As a result, domestic workers are denied minimum wages, reasonable working hours, safe working conditions, and essential social security benefits (Beri, 2020; Chandramouli & Kodandarama 2018; Neetha, 2008). Domestic worker collectivisation efforts also pose a challenge since they exist within a diverse set of labour arrangements (Chen, 2011). Organisers of domestic worker face the reality of the intersectionality of class, caste, gender, ethnicity, and other identities when they enter the residential areas of domestic workers, a context in which ‘worker consciousness’ is only one among others. As domestic workers are spread throughout the city, labour NGOs do not have a single ‘union’ office. The dispersal of domestic workers makes it necessary to claim spaces that may legitimise their struggle. Thus, as a good first step towards effective collectivisation, labour NGOs have devised an organisational model in which they conduct ‘area-level’ meetings every month in different domestic worker residential neighborhoods, and complement this with block-level and Executive committee meetings every month (Natrajan & Joseph, 2018).

The box below outlines some progressive legislations providing domestic workers with social protections like medical insurance, annual leave, compensation for workplace injuries etc.

Some progressive legislations for domestic workers across Asia-Pacific

Singapore: The law, Employment of Foreign Manpower Act, 1990 requires that employers provide adequate accommodation for their maids. Maids also have a right to insurance and medical care, which must be sponsored by their employers.

Philippines: Under the ‘Batas Kasamnahay’- Domestic Workers Act, the main rights of domestic workers, such as minimum wage, mandatory benefits such as daily (8 hours) and weekly (24 consecutive hours a week) rest periods, social security coverage and the right to form, join, or assist a labour organisation are stated.

Thailand: Several labour law provisions under Ministerial Regulation 2012 No. 14 were extended to domestic workers, including a weekly day of rest, annual leave and sick leave.

Vietnam: The new Labour Code 2019 regulates domestic work. A few salient aspects of the Codes are the clauses regarding ‘agreement on salary and bonus between employers and employees,’ ‘agreement on working hours and rest periods,’ ‘payment of social insurance and health insurance premiums by employers in addition to salary,’ and ‘ensuring occupational hygiene and safety of employee’.

UAE: The bill, Federal Decree-Law No.9 of 2022 concerning Domestic Workers requires employers to provide domestic workers with accommodation, food, 30 days of annual paid leave and daily rest of at least 12 hours. It also guarantees 15 days of paid sick leave, 15 days of unpaid sick leave, and compensation for work-related injuries or illnesses. The bill sets out a weekly rest day but permits the employer to make the domestic worker forego the rest day if paid.

Occupational health of domestic workers

The lack of state regulation and legislation for paid domestic work has significant implications for the occupational health of domestic workers, as their well-being is often disregarded in the workplace and the nature of domestic work often puts them in harm’s way, where they face potential hazards like workplace accidents and injuries. The occupational health and safety of women informal workers has remained an under-researched and low-priority area. The World Health Organisation (WHO) defines occupational health as a public health domain aimed at promoting and maintaining the highest level of physical, mental, and social well-being for workers across all occupations. Research indicates that many domestic workers suffer from occupational health issues, such as backaches, joint pains, and allergies, exacerbated by their heavy workload (Neetha, 2008; Moghe, 2013). Moreover, domestic workers are frequently exposed to unhealthy and hazardous working conditions, including using harmful

chemicals during cleaning, which can lead to skin problems. Studies have reported that Domestic workers undertake several physically demanding tasks like – climbing to clean hard-to-reach places, lifting heavy weights and other such activities. These activities put the workers at risk for injuries. There are no regulations or legal recourse to protect domestic workers from hazards and no provision for treatment or compensation in case of injuries. Thus, in most cases, if a domestic worker does face injuries at the workplace, they have to bear the cost of medical attention and treatment on their own (Theodore et al., 2019). Furthermore, lacking basic facilities like drinking water, toilet, washing, and the inability to eat throughout the working hours diminish the well-being of the domestic workers (Panneer, 2019). In depth interviews with young domestic workers on health and safety in Delhi highlighted that their main concerns were centred around (in)access to food and water, bodyaches and injuries, allergies, physical/sexual/verbal abuse and menstrual health (Svensson, 2018).

Domestic workers' lack of access to healthcare

Numerous studies highlight various barriers that hinder domestic workers from accessing adequate healthcare. One crucial obstacle is the financial burden associated with healthcare expenses (Carrillo et al., 2011). For many domestic workers, accessing overcrowded government-run hospitals poses a challenge as it would result in a loss of a day's wages from their already precarious employment. As a result, they often opt for nearby private healthcare facilities for convenience – these facilities could also be those of untrained medical professionals within the communities they live in. However, the high cost of such services significantly limits their ability to seek medical care. Access to healthcare is influenced by multiple factors and intersecting positions, including age, marital status, disability status, the burden of care work, negotiating capacity, women's vulnerabilities and dependencies, and the internalisation of gender norms (Ravindranath & Iannotti, 2019; Ram Prakash & Lingam, 2021). Migrant domestic workers face even greater difficulties in accessing healthcare due to their inferior social status. These workers are excluded from government health schemes and often lack access to healthcare services in both their home regions and workplace destinations. In situations of pregnancy, it has also been noted (MOHFW 2008) that low wages and issues of leave lead to maternal health not being considered a serious “illness”, and it does not take precedence in the family.

Insufficient coverage for antenatal care, high rates of anaemia, and other reproductive health issues further highlight the distressing state of healthcare available to women migrant workers (Nandita et al., 2002). Access to postpartum care is also limited for most women, as many are compelled to return to work shortly after delivery, well before the recommended rest period, due to fears of losing income or even their jobs. Domestic workers continue to work well into their pregnancies, thereby risking their own life as well as that of the child. They take admission in health centers which often lack basic amenities (Bhattacharjee & Goswami, 2019). A SEWA (Self-Employed Women

Association) study observed that women identified sickness among themselves or a family member as a major stress event in their lives (Chatterjee & Vyas, 1997). Medical expenditures are sometimes defined as ‘catastrophic’ (Flores et.al, 2008). In the absence of past savings, loans are taken from the employers or money lenders. Repayment of loans in both these instances imply major setback on the household income, leading to curtailment of basic requirements (Bhattacharjee & Goswami, 2019).

Impact of COVID-19 on domestic workers and their health-seeking behaviour

While COVID-19 has certainly exacerbated risks faced by domestic workers, it also highlighted the significance of care work for sustenance of human life and its importance for the global economy. The unexpected arrival of the COVID-19 pandemic brought along with-it major transformations in the world of informal work, with domestic workers being one of the populations hardest hit. Studies across India show that domestic workers not only lost their jobs during the pandemic, but also lost the wages that were owed to them. A survey by the Domestic Workers Sector Skill Council (DWSSC) says that nearly 85% of domestic workers have not been paid for the lockdown period. According to IWWAGE’s study, nearly 60% of the 795 domestic workers interviewed in December 2020-January 2021 said that their employers did not pay them during the lockdown. A telephonic survey with 500 domestic workers in Jaipur showed that only 51% of the workers were paid salary for the work they did in the month of March 2020 and 44% of the workers ended up borrowing money from money lenders at exorbitant interest rates (Bharati, 2020). The findings of a survey conducted by ISST in 2020 with women domestic workers indicated that 77% respondents reported severe to moderate economic crises for their families. For a population whose household expenses were predominantly met by the income they earned, their loss of livelihood meant that they were unable to pay rent, water and electricity bills or get enough food. Besides, since women are always the ones to sacrifice food for men and children in the family, food insecurity in families had a disproportionately negative impact on their health and well-being. Although both men and women had started spending more time at home, it disproportionately affected women more with increased and stressful household responsibilities. During the pandemic, some domestic workers were the only ‘breadwinners’ in the household. This, coupled with their reproductive and caregiving responsibilities, resulted in their mental and physical exhaustion.

A study found a significant rise in the proportion of participants resorting to over-the-counter drugs and there was also a drop in their visits to medical practitioners. This could be because of severe monetary constraints but also because of social discrimination and stigma associated with a diagnosis of COVID-19 (Gupta et al., 2022). It was difficult for domestic workers to go back to work due to the stigma associated with being COVID positive; many women were denied work because their employers were under the false impression that workers who came into the house were ‘COVID carriers’ (AIDWA, 2020). A follow-up survey by ISST indicated that 85% of these part-time

domestic workers highlighted a significant decline in the number of households that they could now work in compared to pre-COVID days. Those who were able to get back to work pointed out that their employers asked them to follow new norms like washing of hands and feet, changing clothes and wearing masks all the time during work.

Experiences of discrimination, exploitation and violence

Employers, most specifically, the Resident Welfare Associations, were reluctant to allow them to enter the buildings or gated communities where they worked. Not only this, they were exposed to newer forms of discrimination where they were not allowed to take the elevators or lifts or to use toilets in the buildings (Project Muse). A study by Rajasthan Mahila Kamgar Union (RMKU) and India Institute of Human Settlements (IIHS) conducted in 2020 highlighted that this lack of access to basic facilities (even water) and maintenance of physical distance during the pandemic taken to an extreme undid the progress to overcome untouchability.

However, it is relevant to note that although such forms of discrimination are more visible to us post- COVID, such inequalities have always been entrenched in the unequal class and caste character of Indian society. Domestic workers face the triple oppression of caste, class and gender (AICCTU, 2021). Existing literature suggests that there has been a long history of domestic workers being subjected to unfair treatment, including using different utensils for food or not being permitted to eat in the employer's home, as well as sitting on the floor and being denied access to the bathroom (Vasanthi, 2011; Muttarak, 2004). There is also literature that says that many times these domestic workers opt for segregation themselves owing to their perceived inferior position. They are often seen not using their employer's furniture, rather choosing to sit on the floors, eat separately, and so on (Rollins, 1985). Domestic workers also face routine harassment as they are seen as objects of suspicion, where the employer's mood can decide the infringement of their civil liberties without any consequences – they face the perennial threat of being searched to ensure that they have not stolen from the 'upper' caste, upper class rentiers and landowners (Ray, 2022). It is important to note here that while all domestic workers face discrimination, their caste, class and worker identities can deepen discrimination. Certain categories of domestic workers face greater disadvantages. Live-in domestic workers experience more isolation, less privacy and more limited mobility and work longer hours (WIEGO & ILO, 2022). An IWWAGE and ISST 2021 report also points out that 9 out of 10 Muslim workers in India earn their livelihood in the informal economy, however, they face further marginalisation due to their religious identity.

A large amount of literature suggests that this kind of discrimination has its roots in the history of master- servant relationship that confers domestic work as an occupation of low social status (Vasanthi, 2011; Muttarak, 2004). As is noted by ILO (2010), even the public perception of it is that domestic work is regarded as 'low status work

undertaken by destitute men and women'. With domestic workers' labour not being given statutory recognition as 'work' by the government, RWAs in some complexes have entered the vacuum left by policy makers to set the wages and work conditions (Sarkar, 2021). Through a web of verification, rating systems, security checks, segregated entries and increasingly digitised surveillance, RWAs are creating a work environment of pure servitude (Ray, 2022). In such a situation, physical aggression against domestic workers in the form of slapping or beating and also verbal abuse are common reactions of angry employers. Many domestic workers are exposed to forms of sexual harassment and abuse from their employers. Live-in workers, particularly, are at greater risk for sexual and physical abuse. Physical forms can range from touching without consent, groping, fondling and sexual assault. Verbal harassment includes lewd remarks, sexist jokes, repeated and unwelcome requests for sexual favours as well as unwelcome compliments of a sexual nature. Such a situation is so common now, that it is considered a part of everyday reality for many women domestic workers (Muttarak, 2004; Jagori, 2008; Gulati, 1997)

Lack of access to justice

Aggrieved domestic workers also face significant barriers in accessing justice for these rights violations; they are unfamiliar with reporting channels, do not trust governmental authorities, or simply do not have access to the justice system under national laws. Ultimately, an asymmetry of power between domestic workers and their employers constitutes an obstacle to accessing justice. The burden of proof on the survivors increases their difficulty in substantiating coercion and abuse. Domestic workers also rarely seek compensation for exploitation as they do not always identify as victims. Additionally, these women are unable to report employers who abuse them because of the social shame linked to it and the financial pressure to keep working no matter what. Because of shame and fear, women frequently choose not to disclose physical and verbal abuse. The redressal mechanism for tackling complaints of sexual harassment at the workplace in the unorganised sector is found in Section 7 of the POSH Act 2013 which discusses the composition, tenure, and other terms and conditions of the Local Committee (LC). While Local Committees (LCs) have been mandated as independent redress mechanisms with powers of the civil court at the district level under the POSH Act 2013, access to these continues to be low and their functioning continues to be challenging and erratic. As such, the majority of verbal and physical abuse occurrences are only viewed as 'occupational hazards' rather than violent crimes that call for intervention. (D'Souza, 2020). In addition to violence at the workplace, there is evidence from across the world that the impact of domestic violence has also become an important workplace issue, recognising how power and control interconnect work and private life (Pillinger et al., 2016). For example, economic violence has a direct impact on women's ability to work, such as preventing women from having sufficient money for bus fares to get to work or to buy clothing suitable for work, and sometimes violent partners

break women's work tools or physically remove women from their workplaces. Research indicates that women who experience domestic violence are employed in higher numbers in casual and part-time work, and their earnings are up to 60 per cent lower, compared to women who do not experience such violence (UN Women, 2016b; Vyas, 2013).

A study by Mukherjee & Mukhopadhyay (2022) has revealed that despite such poor terms of employment and working conditions, many domestic workers report satisfaction with their jobs. In their research, the writers have concluded that the job satisfaction of domestic workers results in the satisfaction of their basic economic and familial needs. However, there is a lack of literature on job satisfaction, especially in the informal sector. Given their high degree of informality, absence of any robust legislation, data and literature on domestic workers' job satisfaction are almost minimal till date.

Jagori's current attempt

Against this background, it is crucial to raise the question of occupational safety and health of domestic workers. As seen above, much research has been conducted on the working and living conditions of domestic workers, the discrimination and exploitation they face and their experiences of violence. However, in the absence of clear definitions of what occupational safety and health constitute for informal sector workers, there are no focused studies on the issue. No attempts have been made by state institutions either to address the issue. There is also very little discussion on this amongst domestic workers' networks, Unions and mainstream media.

This study by Jagori thus focuses on the often-neglected and under-researched occupational health hazards faced by women domestic workers (WDWs). The research has been carried out through a systematic inquiry into the health hazards WDWs face, their perceptions of well-being, their health-seeking behaviour, their access to health services, constraining and facilitating external factors, impacts of domestic and workplace exploitation and harassment and also the social security available for them, such as health insurance. The research with WDWs, thus, seeks to address this knowledge-gap by focusing on the current challenges and vulnerabilities regarding occupational health and safety.

Chapter 2: Methodology

Jagori aimed to explore the interrelationship between the conditions of domestic work and the health hazards WDWs face, through an in-depth investigation into this relatively unexplored domain. Hence, an action research was undertaken with the following Research Objectives and subsequent Research Questions.

Research Objectives:

1. To determine the specific health hazards faced by different categories of WDWs, based on the type of work they do
2. To examine the health-seeking behaviour of WDWs, including their access to healthcare and the challenges they face while accessing it
3. To understand their perceptions of health, well-being, and experiences of discrimination, exploitation and violence

Research Question:

Based on the above-mentioned objectives, the study aimed to broadly address the question of **“What is the effect of the nature of domestic work and ‘worksites’ of WDWs on their health and well-being?”**

This question was investigated by breaking it down into smaller sub-questions:

- What are the health hazards being experienced by WDWs during their work and how do they deal with these?
- How do they perceive their own health and well-being?
- What are their experiences of exploitation and discrimination at the workplace, and what are its implications for their physical and psychological health?
- What are their major healthcare access points, and who bears the associated costs?
- Do employers take any accountability for the health and safety of WDWs?

Sample Size, Tools and Methods:

Jagori has pioneered feminist approaches on creating safer and more inclusive cities for women and girls and has been working on the issue for almost two decades. For more than a decade, Jagori has been working with WDWs living in low-income communities – on their rights and identities as workers and on building their leadership. In 2020, Jagori catalysed the formation of the Network on the Rights and Voices of Domestic Workers in Delhi-NCR with 17 other organisations to focus specifically on issues of women domestic workers, such as redress for gender-based violence and safe working conditions. Jagori conducted a rapid survey with WDWs on their coping strategies during COVID-19 pandemic (See Chapter 6: Access to Healthcare and Health-Seeking Behaviour for more details) and also produced a paper on their experiences of lockdown.

This study is consistent with Jagori's long-standing commitment to undertake action research on lived experiences of WDWs. It categorises domestic workers into three main types: **part-time workers**, who work in multiple households, **full-time workers** who undertake all household chores throughout the day mainly in one house, and **live-in workers** who perform all household tasks in one house and are provided with accommodation by their employers at their own residence.

The two research geographies of Delhi-NCR and Jaipur were selected for this study, primarily due to Jagori's long-standing work in Delhi for over 40 years and the strong Union built by Meva Bharati, a former Jagori fellow, in Jaipur. The presence of Unions and Civil Society Organisations (CSOs) in these areas enabled access to the target population. This was facilitated through Jagori's networks. Jagori collaborated with various CSOs, Unions and collectives in Delhi-NCR and Jaipur (see Acknowledgements) to reach respondents and schedule interactions. In both cities, an attempt was made to reach WDWs residing in diverse localities of Delhi-NCR and Jaipur (see Demographic Details). All respondents were above the age of 18 years, as per Jagori's mandate.

The study utilised both quantitative and qualitative data collection methods - to generate data but also to reflect the lived experiences of WDWs. Surveys were used to capture both qualitative and quantitative data. Case studies were also conducted with select respondents based on survey responses. Key Informant Interviews (KIIs) were conducted with 14 stakeholders. The sample size of the study was 524 women domestic workers, purposively selected, across Delhi-NCR and Jaipur, Rajasthan. Respondents were almost equally divided across Delhi-NCR and Jaipur, with 261 in Delhi-NCR and 263 in Jaipur. The study employed a sampling technique where CSOs and Unions were contacted to select respondents within the geographies they worked in. The respondents include live-in, part-time, and full-time WDWs engaged in diverse activities.

The survey guide was designed to capture both quantitative data (through Yes/No and multiple-choice questions) and qualitative data (through open-ended questions requiring descriptive responses). The survey questionnaire encompassed multiple sub-themes that explored the experiences of domestic workers. It focused on physical and mental health issues faced during work, perceptions of health and well-being, changes experienced post-COVID, access to healthcare, employer accountability and experiences of discrimination, exploitation, and harassment at work and their subsequent impact on physical and mental health. Each survey interview lasted between 20 and 45 mins and these were held at either the residential areas of respondents, or in union/CSO offices. Case studies were conducted with select survey respondents – to highlight unique experiences and to detail certain survey findings. These lasted 45 mins to 1 hour and were also held at either the residential areas of respondents, or in union/CSO offices. In addition to the survey and case studies, KIIs with other stakeholders, such as Union leaders, CSOs working on the issue, doctors, residential welfare associations (RWAs), lawyers, the International Labour Organisation (ILO), Local Committee members and ASHA and Anganwadi workers were also conducted to enrich the findings. These lasted between 45 mins-1 hour and were held at the participants' place of work.

This approach enabled us to explore pivotal trends and patterns, generate data on the occupational health of WDWs, understand WDWs' working conditions, and bring forth stories of exploitation and discrimination. It also helped us understand the knowledge gaps as far as occupational safety and health of WDWs is concerned.

Ethical Considerations: A 3-person external Ethics Committee was convened for the research and all ethical considerations were approved by them. Informed consent for (voice) recording and manually documenting responses was taken from all participants and anonymity and confidentiality were strictly maintained. **Names of Key Informants have been used with their permission and names of WDWs in case story boxes have been changed (denoted by ‘**’) to protect their identity.** Respondents of this study were not incentivised by cash or kind and their participation was entirely voluntary. Further, wherever respondents expressed discomfort with their answers being recorded or written down, the team respected their wishes.

There were no questions in the survey guide on violence except regarding sexual harassment at the workplace. This was done to be mindful of not retraumatising survivors, especially given insufficiency of time for rapport-building for that kind of investigation. However, even within the brief duration of surveys, WDWs felt comfortable enough to share their experiences of violence – noting how it impacted their daily lives. Pre-empting this, it was ensured that a violence counsellor was part of the data collection team in case WDWs needed support.

Limitations of the Study:

1. The prolonged COVID -19 pandemic drastically curtailed the time available for completion of the study as we didn't want to compromise on the in-person interviews with WDWs. The third wave of the pandemic in 2022 further pushed back the timeline of the study, resulting in an extremely short time-frame for the completion.
2. Our research team lacked any comprehensive research framework to refer to during this study. The field of occupational health in India remains under-researched; this is especially prominent in the case of paid domestic work. As a result, there is scarcity of literature on the subject.
3. There was limited access to full-time workers as their work timings are longer and it was difficult for them to give us time. It was also hard to reach live-in workers as they live with employers and therefore research could not be conducted at their worksites.
4. WDWs had limited time and this sometimes led to some loss of qualitative data about their lives and experiences, where there was not enough time to delve into responses requiring more detailed answers.
5. While an orientation was conducted to streamline researchers' methods of data collection and mitigate potential bias, interpretation of qualitative nuances remained subjective.
6. Due to the absence of questions on forms of violence other than sexual harassment at the workplace in the questionnaire (for the reasons mentioned in Ethical Considerations), data available on other forms of violence was inconsistent.
7. There was no control sample for the study, so Jagori would hesitate to attribute the health conditions obtained from the data solely to the workplace.

Chapter 3: Respondent Profile and Demographic Details

The respondent profiles and demographic details of respondents provide insights into their socio-economic background, income, living conditions, mobility patterns and family structures, along with the nature of domestic work and WDWs' workload.

Age Profile:

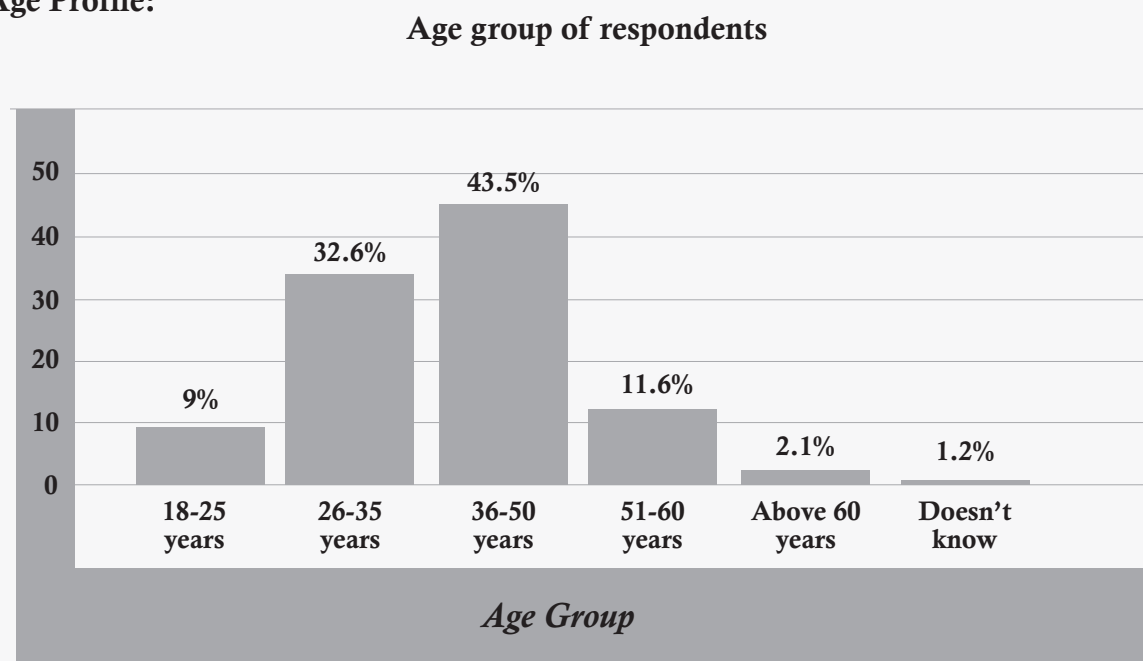


Figure 1

The data presented in the graph indicates that the age group of 26 to 50 years comprises the most significant proportion (76%) of women engaged in domestic work in both Delhi-NCR and Jaipur. Notably, in Jaipur, 4.2% of respondents were over the age of 60 and still working while in Delhi-NCR, no WDWs surveyed were over the age of 60.

Religion and Caste Profile: The majority of the respondents identified as Hindus, comprising 85.9% of the total sample. This indicates a significant Hindu presence among domestic workers in Delhi-NCR and Jaipur, followed by Muslims (10.5%) and Christians (2.3%). The largest proportion of domestic workers belonged to the Scheduled Caste (SC) category (36.8%), followed by the General Unreserved caste (26.1%), Other Backward Classes (12.4%) and Scheduled Tribes (2.1%).

Marital Status: Of the total respondents, 74.4% were married and 16.6% were widowed. However, only a measly 12.6% of widowed WDWs mentioned receiving widow pension. The percentage of divorced women was 0.8%, but the percentage of WDWs separated from their husbands without any legal proceedings was higher (5.5%). Of the 5.5% of separated WDWs, 10 respondents shared details about their separation. Some were abandoned by their husbands. A respondent quoted,

“Pehle mere saath hi rehta tha. Piyakkar tha. Ek din saara paisa lekar bhaag gaya”

“Earlier, he (my husband) used to live with me. He was a drunkard. One day, he ran away with all our money.” – live-in worker, 46 years old

Another respondent shared,

“19 saal pehle chhor ke chala gaya, aur wapas hi nahi aaya. Mujhe nahi pata ab kahan rehta hai”

“He left 19 years ago and never came back. I do not know where he is now.”
– full-time worker, 42 years old.

Family Structure: 68.5% of respondents reported living as a nuclear family. This meant that the respondent lived with her husband and children, and/or she was unmarried and living with her parents. Respondents who were married mostly had nuclear families. 27.5% of respondents lived in a joint family, and 4% reported living alone. On average, respondents lived with 2-4 family members - with 28.1% living with 3 other family members, 18.3% with 4 members and 15.1% with 2 members. Across our data set, in Jaipur and Delhi-NCR, the highest number of family members living with a respondent WDWs was 16!

Accommodation, Water and Toilet Access: WDWs' areas of residence are mostly low-income colonies and slums in both Delhi-NCR and Jaipur, with high rates of poverty. A few, like Madanpur Khadar and Gautampuri in Delhi-NCR are resettlement colonies. A majority of respondents (93.7%) reported living in pakka houses, often with thatched roofs. The rest of the 5.9% noted living in kaccha houses. Largely, these WDWs lived in houses on rent, which cost them a considerable fraction of their earnings. 64.6% of respondents lived in a one-room house with as many as 7 other family members. These houses were usually in congested, low-income areas that lacked proper sanitation and basic amenities – 42.9% respondents did not have piped water in their houses and had to rely on tanker supply, community handpumps and other sources. 50.6% of all respondents mentioned having toilets built inside their house, 27.7% used community toilets that they shared with many other people, 10.7% had no access to toilets and went out in the open, and 10.7% reported using public toilets.

Literacy: Low rates of literacy prevailed amongst respondents, with poverty being the primary factor contributing to this. Responses were coded into four categories, namely, 'non-literate', 'can sign', '(n)th pass' (which refers to whether WDWs had any formal education) and 'uneducated but can read'. For Jaipur, the statistics for each category are- 49.4%, 3.8%, 42.5%, and 1.1%, respectively. On the contrary, for Delhi-NCR, the percentage of respondents who are 'non-literate' is 60.5%, and for 'can sign', it stands at 4.6%. For '(n)th pass', the data stands at 32.6% of 261 respondents; for 'uneducated but can read', it is 0.7%. The literacy rates among respondents from Delhi-NCR, therefore, seem to be lower.

Overall, many of the respondents who reported having a formal education in schools reported dropping out in the middle or, at most, finishing education only up to 10th standard. A respondent noted,

“Main class 10 ke baad padh nahi paayi, kyunki paison ki dikkat thi”

“I could not study after the 10th standard because of money issues.”

– part-time worker, 18 years old

It was observed, however, that WDWs tried to ensure that their children got a formal education, despite financial constraints. It was also noticed, that some WDWs in both Delhi-NCR and Jaipur would leave their kids behind in their native villages after a certain age, since education is cheaper there and other social resources are more easily accessible.

Nature and types of domestic work:

The nature of domestic work is such that it encompasses tasks aligning with women’s traditional gender roles. Narratives from WDWs in the study showed that a majority of WDWs had had this occupation for a long time, going up to 20-25 years or more – with some of them starting domestic work when they were very young. Approximately 25% of the respondents took the initiative to actively search for work themselves through various means, such as personally visiting households, or approaching potential employers directly to inquire about available positions. 21.4% of the respondents relied on social networks of other WDWs to secure employment. Like in other kinds of informal work, new workers are recruited through social networks the domain of paid domestic work as well.

Part-time workers constituted a majority of the respondents surveyed (85.7%). The rest were full-time (8.8%) and live-in (4.2%) workers. Here it is relevant to note that the nature of part-time work makes it easier for Unions and CSOs to organise and mobilise these workers and they therefore constituted the largest proportion of workers. These WDWs worked in an average of 4 houses. However, it was observed that on average, part-time workers in Jaipur worked in at least one more house than those in Delhi-NCR. This is clear when the data for both cities is disaggregated and analysed separately. In Delhi-NCR, part-time WDWs work in an average of 4 house, while in Jaipur, this number is 6. There were also a few respondents in Jaipur who managed to work in as many as 10 houses.

Respondents detailed the various kinds of tasks they engaged in at the houses they worked in - with 76.9% cleaning the floors, 44.5% dusting, 44.1% washing utensils and 43.1% reporting cooking. In addition to these, WDWs also washed clothes and undertook child care, patient care and elderly care duties. While part-time workers were often engaged in various combinations of these tasks in multiple houses, the responsibilities of live-in and full-time workers often encompassed complete housework in one house. A

substantial proportion of WDWs were Dalit. However, it was surprising to discover that they were not restricted from kitchens and some were even hired as cooks.

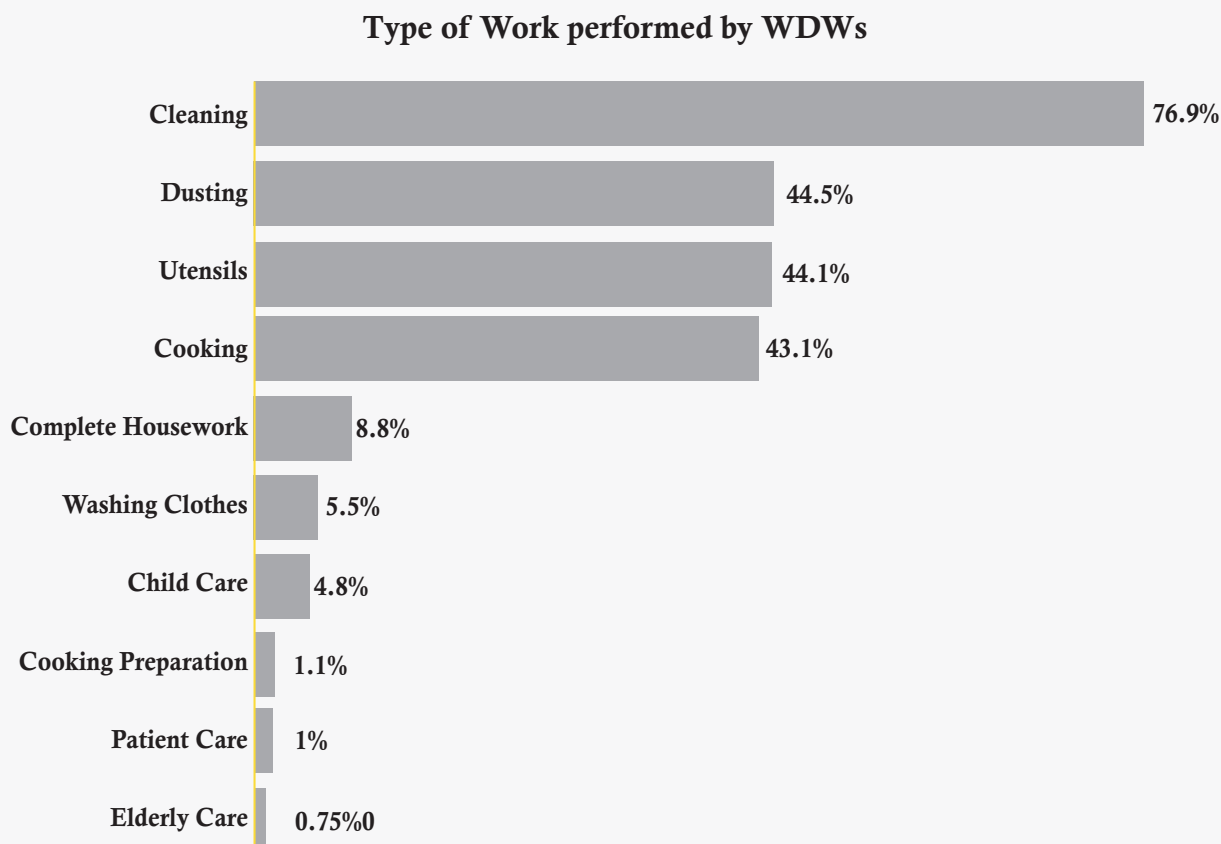


Figure 2

Respondents' Income: WDWs' earnings depend on multiple factors – such as the category of domestic work, the tasks they perform and what geographical areas they work in. It was noted that WDWs who engaged in cooking (whether as a standalone task or in addition to other tasks) were earning more than those who did not cook.

Earnings of WDWs

Earning of WDWs'	Frequency	Percent
Below Rs.5,000	113	21.6
Rs.5,000-10,000	244	46.6
Rs.10,000-15,000	118	22.5
Rs.15,000-20,000	36	6.9
Above 20,000	10	1.9
Others	1	.2
Not mentioned	2	.4
Total	524	100.0

Figure 3

Overall, most part-time workers earned between Rs. 5,000 and Rs. 10,000 a month despite working in multiple houses during the day. Full-time and live-in are paid more than part-time workers, even though they work in just one house. Only 1% (approx.) of full-time workers earned below Rs. 5,000; the rest usually earned upwards of Rs. 5,000, up to Rs. 15,000. The live-in workers surveyed had the highest incomes.

It is worth mentioning that there is a disparity in earnings of WDWs between Jaipur and Delhi-NCR, as shown in the graphs

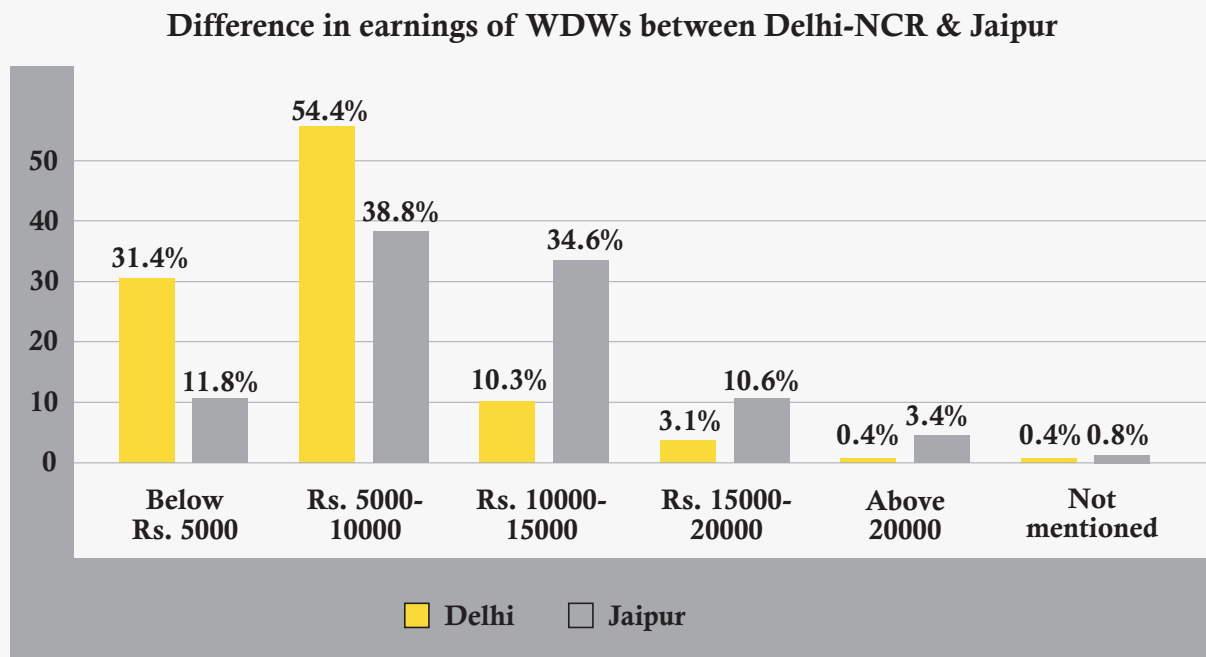


Figure 4

The earnings of WDWs in Delhi-NCR was lower across all categories of work when compared to their counterparts in Jaipur. This is evident as data shows that the largest percentage of WDWs in Delhi-NCR earn between Rs 5,000-Rs.10,000 a month. In contrast, in Jaipur, WDWs earning above Rs. 10,000 a month were more. In both Delhi-NCR and Jaipur, WDWs are categorised as unskilled workers. The minimum wage in Delhi is Rs. 16, 800 per month and in Haryana (NCR) it is 18, 243 per month, which means that a majority of WDWs who were a part of this study are earning below minimum wage in Delhi-NCR. In Jaipur, it is a different story. The minimum wage in Rajasthan is Rs. 7,000 per month, so here WDWs are earning above minimum wage. This could be because in Rajasthan, wages are defined according to the hours of work and types of work performed.

Family Income: The majority of the respondents’ family members who were engaged in some kind of paid work were also predominantly engaged in the informal sector. The most common occupations of family members were daily wage work like construction work, cleaning, driving autos/cabs, or other kinds of informal labour.

46.8% respondents said that their family income (their income plus the income of other family members) was between Rs. 15,000 and Rs. 30,000. 32.1% noted that it was in the Rs.5,000-15,000 range and 3.4% of the surveyed WDWs mentioned that their monthly family income is below Rs. 5,000. 7.1% respondents noted that their family income was between Rs. 30,000-45,000, and only 5 respondents informed that the monthly earnings of their families exceeded Rs. 45,000.

The total family income in Delhi-NCR seemed to be lower than Jaipur. In the former, the maximum percentage of earnings reflected in the Rs. 5,000 – Rs. 15,000 range, while on the latter, they were in the Rs. 15,000 - Rs. 30, 000 range. This means that not only were WDWs' own incomes lesser in Delhi-NCR, this was also true for the overall family income. This could be because being a larger urban city, migration to Delhi-NCR for work is higher and therefore informal sector workers are more replaceable and have lower bargaining power. This is significant because family incomes in Delhi-NCR are lower but the cost of living in Delhi-NCR is much higher as compared to Jaipur.

Here, it is also important to note that 16.8% of our total respondents in Jaipur and Delhi-NCR were single earners and therefore they constitute women-headed households. Of them, 20% lived alone, and the others had dependent family members living with them. Of all the single earners, 90% had children they had to support. WDWs also frequently shared their experiences of their husbands or sons not earning at all, or not contributing to the household expenses even if they were. One respondent quoted,

“Mera beta Kolkata mein driver hai, par wo paise nahi bhejta. Meri saas aur beta gaon mein rehte hain, unke liye bhi mujhe paise bhejne padte hai”

“My son is a driver in Kolkata, but he does not send me money. I have to send money to my mother-in-law and other son, who are in the village.”
– live- in worker, 46 years old

In the absence of sufficient income or in times of financial distress, it is well established that women often tend to give more priority to the needs of their family than their own (ISST, 2020) - this can be seen with regard to access to food, clothing, healthcare, etc. Glimpses of this could be seen in this study as well. A respondent said,

“Mere ghar mein, main akele hi kamaati hoon. Paise bachaane ke liye din mein ek hi baar khaana kha paati hoon”

“I am the breadwinner in my family. To save money, I eat only once a day.”
– part-time worker, 44 years old

WDWs' Place of Residence: Delhi-NCR and Jaipur

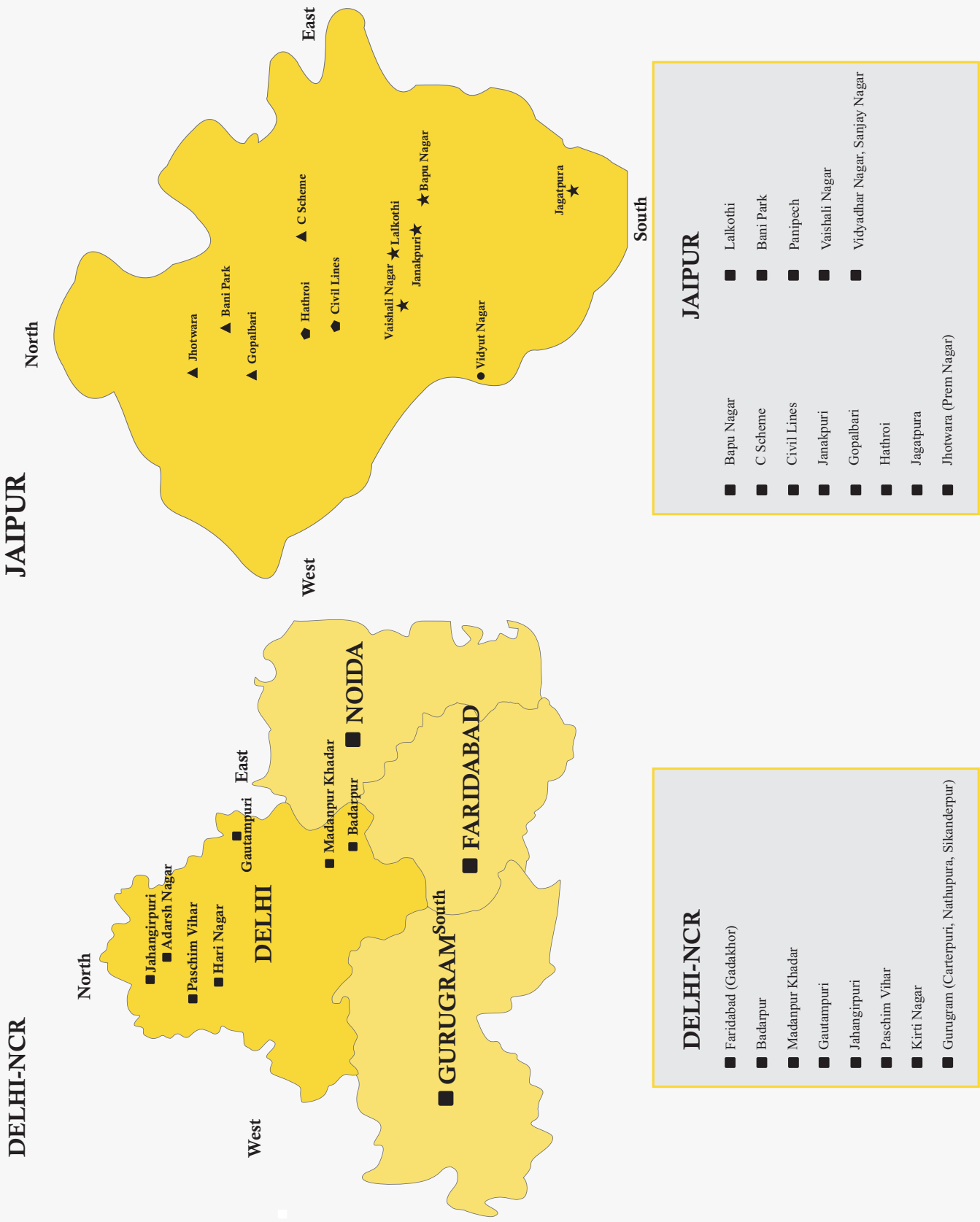


Figure 5

Workplace Locations of WDWs in Delhi-NCR



Figure 6

Workplace locations of WDWs in Jaipur

Jaipur

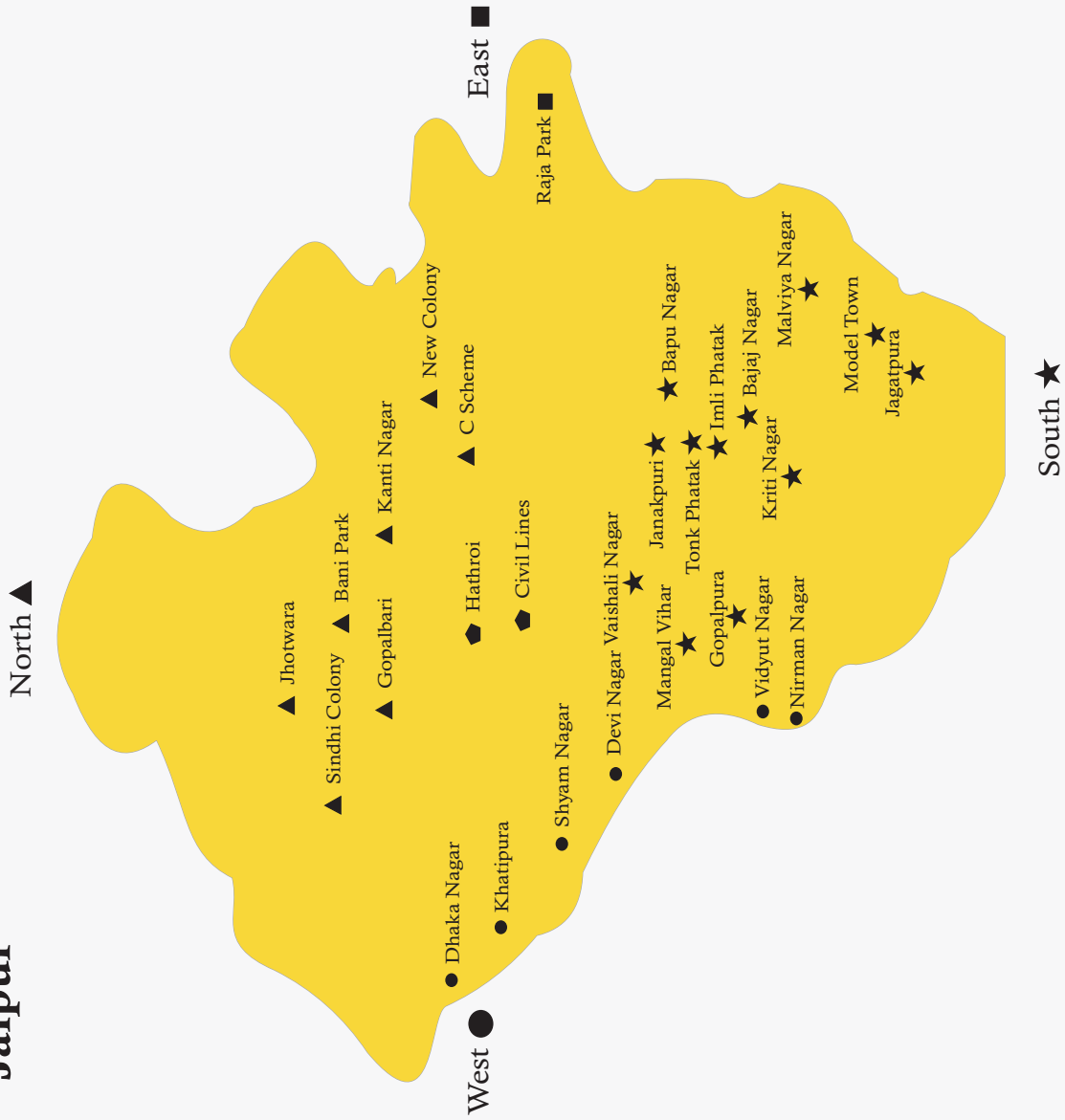


Figure 7

Patterns of mobility

i) Travel to and from work:

Most WDWs worked in areas that were close to their residences. 64.9% of respondents reported that they walked to their places of work as that didn't involve any expenditure. Part-time workers who worked in multiple households preferred houses in close proximity to each other, saving time, enhancing convenience and probably allowing them to work in more houses. Of those who walked to work, 63% of respondents said that it took them up to 30 minutes while a few women reported walking for almost two hours to reach their workplaces.

“Ghutne me soojan rehti hai, dard bhi hota hai, par roz do ghante paidal aana jaana padta hai”

“I have swelling in my knee and it hurts, but I still have to walk for two hours every day.”
– part-time worker, 74 years old

While most respondents walked to work, in those with longer commutes preferred public transportation, such as buses, autos, or local vans. A noteworthy finding specific to Jaipur was that respondents there reported using cycles to travel to work. It was also noticed that a small percentage of respondents in both cities (9.5%) were using multiple ways of travelling or more than one mode of transport.

ii) Migration and Reasons for Migration:

An overwhelming majority of respondents were migrant workers – with only 8.8% WDWs native to Delhi-NCR and Jaipur. Migration in search of work was found to be the most common reason among the respondents at 56.5%. This was followed by migration due to marriage or shifting with their natal families, at 13.4% and 11.8%, respectively. Many respondents who reported living alone migrated to their workplace destination for work, with the rest of their family living in their native locations. 52.3% of all respondents had migrated from West Bengal, the highest for the total dataset. While the maximum number of respondents migrated from West Bengal to both study sites, this migration was much higher in Jaipur, with over 75% of the respondents in Jaipur migrating from West Bengal (further, many specifically belonging to the Cooch Behar district), as compared to 28.7% in Delhi-NCR. This finding was also substantiated by Union Leader Meva Bharati (RMKU)- who noted that a vast majority of workers in Jaipur were, in fact, from West Bengal. She further notes that migrant status brings along many issues - discrimination being the all-pervasive one. Migrants from Uttar Pradesh follow this at 15.3% and 9.7% from Bihar. The rest of the respondents, i.e., 13.9%, migrated from various states of the country- Haryana, Jharkhand, Madhya Pradesh, Rajasthan, Tamil Nadu, Uttarakhand, Maharashtra, Chhattisgarh, Odisha, Assam etc.

Overall, this chapter presents a picture of the living conditions of WDWs, speaking to their socio-economic status. Two significant observations can be made here. First, that living in cramped spaces with limited access to basic amenities can indicate existing morbidities in WDWs. Second, that low wages, high expenditure on rent, being financially responsible for other family members etc. all contribute to WDWs' experiences of poverty even as most of them remain above the poverty line.

This section also highlights some key features of domestic work. WDWs do physically demanding work – with each category of work coming with its own challenges. Part-time workers constantly shuttle between multiple houses, performing the same tasks repeatedly with barely any time to rest, for significantly lower wages. Full-time workers experience being overburdened since they have only one employer and often have to do anything their employers ask them to - even tasks not agreed upon earlier. Live-in workers face unique challenges of always being on the clock, no free time and sometimes lacking private accommodation. Due to such vulnerable working conditions, a few domestic workers surveyed in our study revealed how they had previously worked as live-in workers but left that to become part-time workers. The next chapter delves deeper into the working conditions of WDWs.

Chapter 4: Conditions of Work and Workplace Facilities

The informal nature of domestic work means that WDWs' working conditions and worksites are not regulated – there are no formal contracts, no guidelines or legal agreements on the provision of basic facilities, no fixed salaries or timings, no compensation for any injury or accident suffered at the workplace and no way to ensure job security. Therefore, domestic work is often characterised by interpersonal relationships with employers, the strength of which dictates income, timings, access to facilities, working conditions etc. This chapter explores the working conditions of WDWs, historically rooted in caste, class and feudalism. It also details their access to workplace facilities, the discrimination they face, the interpersonal relations they have with their employers and their own perception of their working conditions. These are also areas that are opaque, in the absence of any legislative framework codifying protection of WDWs.

I. Negotiating work with employers

At the time of their employment, WDWs enter into a kind of 'informal contract' with their employers that lists out the work that they will do and not do. A majority (60%) of respondents asserted that they could refuse or deny tasks that they do not want to perform. Among the tasks that WDWs expressed a reluctance to undertake, cleaning toilets emerged as the most common, evoking a sense of indignation due to its association with 'dirty work'. The aversion to cleaning toilets further sheds light on the deep-rooted notions of caste, reflecting the social stratification that influences what type of work they consider worth doing. Other tasks WDWs mentioned refusing to do included cleaning dog poop and washing undergarments and dirty handkerchiefs.

However, despite setting the terms of work with employers, many WDWs reported being subjected to extra work by employers, without extra pay. A 30-year-old part-time worker expressed that she felt taken advantage of, "*Kabhi kabhi khaana khila ke bahut saara kaam karwa lete hain*" ("Sometimes, they make me do a lot of work in exchange for just some food").

Full-time and live-in WDWs, especially, are subjected to more work. Harkesh Bugalia (lawyer providing legal counsel to RMKU) says that part-time workers usually have a higher negotiating capacity because they are comparatively less dependent on their employers. One full-time worker revealed how she was only hired for child care work but with time she was made to do other chores like sweeping, dusting, and bathroom cleaning, which was not decided upon earlier. Such experiences of WDWs were also mentioned by Elizabeth Khumallambam (CSCD), "Many of the WDWs also say that the employers make them work extra; more than what is pre-decided, but there is no just remuneration for that." Elizabeth also mentioned how there were differences in negotiating capacities even among migrant workers, "In my experience, WDWs from Bihar have a lesser negotiating agency but the WDWs from West Bengal are able to

better bargain and negotiate their work. Some WDWs gain negotiating capacity with time. New employees, or someone who is re-joining work after a while or has struggled for employment – they usually do not bargain”.

When asked if their employers ever raised their voice at them, 36.1% of the WDWs responded affirmatively. The most common reasons cited by WDWs for being scolded by their employers were taking more leave than permitted and arriving late for work. However, it was noted that such employer interactions were seen as normal by WDWs, with some even saying “Galati kareng toh daant toh padegi naa” (“If we make a mistake, it is valid that we shall be scolded”). Some other WDWs gave a glimpse into interpersonal relations with employers where they could answer back playfully or assertively to their employers when scolded.

II. Access to Workplace Facilities

Even though WDWs were able to define the tasks that they would perform to a certain extent, they had little to no control over their workplace facilities. For this study, 9 parameters were defined as basic facilities that should be accessible to all WDWs. These include access to i) lunch break ii) food and water, iii) employers’ utensils, iv) employers’ furniture, v) toilets, vi) rest breaks vii) leave due to illness viii) salary advances and ix) footwear/slippers.

Malti*, a 37-year-old part-time worker relates her experiences of multiple forms of exploitation and discrimination:

“Kothiyo me kaam karna kutte ki zindagi barabar hai” (“Working in people’s houses is akin to a street dog’s life”).

She says that she is not allowed to leave before she finishes all her work, no matter how sick she is. She is not even allowed to use the toilets at her employers’ homes. She shared that she and two other WDWs go to urinate or defecate in the open behind the houses they work in, covering each other with dupattas. They have to change their menstrual aids the same way as well. In addition, she has to drink unfiltered water and has to sit on the floor at her workplaces, no matter what. Even when her employers have parties or gatherings, she is not allowed to eat the food prepared for that - she has to take her own.

One time, she got hurt while working and her employer deducted money for the leave she had to take to recover. Overall, she laments that no matter how many years WDWs work for someone, their work is not valued and they are always replaceable - highlighting the precarity of domestic work. Malti continued working at this house saying “*Unhein toh aur mil jaati kaam vaali, meri toh majboori hai*” (“They would have found another WDW, it is a compulsion for me”).

Malti’s case is one of extreme discrimination and exploitation, but also one that is not uncommon, as will be seen below.

- i) **Access to lunch break:** Findings highlighted that 63.9% of the total respondents had access to a lunch break during their work hours. However, it is important to note that

most of these respondents were part-time workers who tended to eat at their homes after finishing their work or between working at one house and the next. In the absence of a time-bound lunch break, their meal-time was erratic and often later in the afternoon. This was both because WDWs and employers both wanted work done quickly. 32.6% of the respondents reported not receiving any lunch break at all during working hours, indicating that their meals were probably pushed to inconvenient timings.

- ii) Access to food and water:** 74.2% WDWs reported in the affirmative when asked about getting food and water at the workplace. A WDW who does cooking work said,

“Hum hi banaate hain na khana, bhukh lagti hai toh ek roti apne liye bhi bana lete hain”

“I only cook food, if I am hungry, I can cook for myself”
– part-time worker, 33 years old.

It is noteworthy here that while a majority of respondents reported access to food, a very small fraction received proper food at their workplaces. They mostly received tea, which cannot be categorised as food, even though WDWs considered it so. In case of water, a few respondents mentioned that they are asked to drink water that is unfiltered and unsuitable for drinking, which could potentially have an impact on their health.

What is more disturbing, however, is the fact that 17.7% of the respondents were not provided with any food or water at any of their workplaces. This lack of access to food and / or water during working hours could lead to various health issues (see next Chapter) and negatively impact the overall well-being and productivity of the workers. A respondent shared how even when she is given food, it is stale. She says that, in that case, she prefers to go hungry. Anita Kapoor (SMKU) says that in her experience, this is often a reality for many WDWs. Other WDWs shared their experiences of lack of access to food and employer insensitivity too.

“Ek deti hai chai, baaki toh kuchh nahi. Kaam karo or jao. Aisa lagta hai woh hamaare se bhi gareeb hain”

“Only one employer provides tea, others provide nothing. They just want us to work and leave. It feels as if they are poorer than us” – part-time worker, 37 years old

“Khate peete hain, par hume nahi dete. Ek din sar dard ho gaya tha, toh bhi maang ke chai liya. Fek denge bacha hua khana , kisi ko dete nahi hain”

“They eat in front of us but don’t provide for us. One day I had a headache and even then I had to ask for tea. They are okay with wasting and throwing the food away rather than giving it to someone” – part-time worker, 64 years old

Subhash Bhatnagar (Nirman) said that in his long-term experience of working with WDWs, lack of access or insufficient access to food is more acute for live-in WDWs. This is because in his experience, migrant workers who become live-in WDWs are used to a larger quantity of food and less nutrient-rich diet in their villages. They are not able to get these quantities in Delhi-NCR, adding to the experience of hunger.

iii) Access to the same utensils as their employers: Only 67.6% of the respondents reported that they could use the same utensils as their employers. This means that over a quarter (25.8%) of the WDWs were still prohibited from eating in the same utensils as their employers. This discriminatory practice highlights deep-rooted caste bias and notions of purity. Around 5.3% of the part-time workers noted that the practice of separating utensils can vary from house to house. A respondent relates how she was told by an employer that her utensils were separate because she ate meat. Further, some employers went one step further in terms of discrimination and provided only disposable or plastic cups for water and tea instead of allowing WDWs to use the utensils they use. In one case, the respondent mentioned being given an empty yogurt container to drink water.

“Humaare haath se dhule hue bartan me kha rahe ho, hume bhi bura lagta hai aise bhedbhaav”

“They eat in utensils which I wash, but don’t let me eat in the same utensils. I am also hurt by this discrimination” – part-time worker, 24 years old

iv) Sitting on the same furniture as employers: Around 40% of respondents reported that they are not allowed to sit on their employers’ furniture, and are instead asked to sit on the floor or use separate plastic chairs or stools. However, it was noticed that even when they were asked to sit on separate chairs and stools, they still perceived this as “employers’ furniture” and therefore said that they were allowed to use the same furniture as their employers. These practices again seem to be based on the ideas of purity and pollution, often influenced by caste or class-based discrimination.

Elizabeth Khumallambam (CSCD) opined, “If we look at the reality, the usual scenario, the middle class and upper-class people consider domestic workers beneath them- like they are meant to serve only.” She asserts that class, caste, and community play a significant role in such instances of discrimination. Meva Bharati (RMKU) also touched upon the irony of how WDWs are asked to cook but are not allowed to use the same utensils as their employers or at times, eat the food that they had cooked themselves. It was noticed that these social hierarchies are internalised by WDWs themselves that they themselves don’t feel equal to their employers. Some respondents shared that they felt embarrassed to use the same utensils or sit on the same furniture as their employers, even when their employers did not mind or refuse.

“Dekho unki barabari toh nahi kar sakte naa, naukar maalik thode hi ban jaayega. Sharm aati hai na apne aap ko bhi, bada aadmi ke saamne kaise baith jaayein”

“We are not equal to our employers; how can a servant become the master? We feel embarrassed; how can we sit in front of our employer” – part-time worker, 44 years old

- v) **Access to toilets:** 23.1% of respondents said that they have no access to toilets while working, and 4.8% said that they have access to the toilet in only some of the houses they work in.
-

“Nahi jane dete, bolte hai hum logo ko infection ho jayega, isliye paani hi kam peete hain”

“Employers don’t allow us to use the toilet, saying that they will get an infection if we use it. So, I drink less water.” –part-time worker, 26 years old

71.4% WDWs mentioned that they had access to toilets, but there were a few caveats. These were often separate toilets (sometimes on the rooftop) for servants or toilets built in parking lots of housing societies – used by other workers and guards as well. Some respondents shared that these were often unclean, not easily accessible, and in many cases, locked. Therefore, respondents often had to hold-off on urinating for long hours. An RWA member in South Delhi mentioned that most employers do not give access to toilets in their homes, and there are no toilets in the colony/block for domestic workers (or even guards and other workers!). When probed further, the RWA member noted that, while there were talks of building toilets for these informal workers in the colony, but they never decided upon it since there would always be the issue of cleanliness and upkeep of these toilet facilities.

“3rd floor pe tha ek toilet, bolte wahan jao agar nahi rok sakte toh”

“There was a toilet on the 3rd floor, my employer asked me to use that toilet if I couldn’t control” – part-time worker, 27 years old.

Live-in workers had access to toilets, but part-time workers, sometimes even those in the same house as live-in workers, were not allowed to use the toilet. In one case, a respondent shared that the employer had instructed the live-in workers to lock their toilets so that the part-time workers couldn’t use them. Another respondent mentioned that her employer shouted at her for using the toilet without permission.

“Toilet ke liye sakht manaa hai, neeche society me hai ek, wo itna ganda sada hua hai ki ghuste hi bahar aajao. Toh pet bhi dard hone lagta hai kayi baar, fir dekhti hu baahar aake koi nahi hai toh khule mein hi baith jaati hoon”

“Employers strictly forbid using the toilet in their homes. There is a separate toilet in the society’s parking, but that’s very dirty and smells badly so one cannot even enter. Sometimes my stomach starts hurting from holding off urinating for so long. If there is no one outside, I squat and relieve myself in the open” – part-time worker, 24 years old

The lack of access to toilets was an issue that came up in almost all the KIIs, highlighting its significance. Anita Kapoor (SMKU) mentioned how in emergencies WDWs have to secretly use the toilets - sometimes risking losing their jobs over this. Labelling it as a form of discrimination, Elizabeth Khumallambam (CSCD) says, “They are asked to clean the toilets but are never allowed to use them.” Subhash Bhatnagar (Nirman) also noted how lack of access to toilets affects part-time workers the most, “They have to control the urge to urinate and it leads to severe problems, like infections.” The fact that health issues like urine infections, and over a longer period, kidney stones, do arise from holding urine was further substantiated by the ASHA worker who said that it can create health risks and negatively impact sexual and reproductive well-being; further mentioning that many WDWs living in the area she works in have shared this problem with her.

In Jaipur, some WDWs shared that they must go home between work if they need to use the toilet. They also said that they try not to drink much water so that they do not have to use the toilet frequently. Most of those who reported having access to toilets in Jaipur have asserted that right with employers over the last few years with the support of the Union there. In fact, Meva Bharati (RMKU) recollected a conflict in Model Town, Jaipur, between employers and WDWs for toilet access as recent as during the data collection of this study.

vi) Time for rest breaks: Many part-time workers chose not to use breaks because they were in a hurry to finish their work and move on to their job at next house. They said that one of the reasons for this was that they were scared of their employers’ reactions to them being late.

On the other hand, around 22.9% of respondents reported having no option to rest. This could put additional strain on them both physically and mentally while already performing physically demanding tasks. Given the lack of rest breaks at their employers’ homes, it was found that some part-time domestic workers resorted to resting in public spaces like stairs, roads, or nearby parks between jobs to catch a moment of rest before heading to the next household. The RWA member in South Delhi corroborated, “They rest in public places like the park. They take their lunch there in the winters or sit in the shade there in the summers”.

Even when WDWs have a chance to rest, they may not have much time or they may be constantly contacted by their employers hurrying them up.

“Aawaaz dete rahte hain beech beech mein, baithne nahin dete”

“Employers keep calling in between, don’t even us let rest for a moment.”
– part time worker, 34 years old

The issue of rest breaks has to be examined differently when it comes to live-in workers. Live-in workers are more vulnerable to the whims and demands of their employers as they are confined in their employers’ homes. Live-in workers’ mobility is often restricted by their employers, they have to work when unwell and sometimes they lack private accommodation and a fixed number of leave. “Their work is not time-bound and sometime they even have to work late at night”, said Harkesh Bugalia (lawyer providing legal counsel to RMKU). Subhash Bhatnagar, whose union works more closely with live-in WDWs, shared that many live-in workers do not get a room of their own and are made to sleep in the drawing room, in the passageway near the bathroom, staircase or even the balcony, “If they have to take rest in the morning or during the day in the drawing room they cannot because people would be using that room. If they have to work from 6 am in the morning and from 5:30 pm to 11:00 pm at night, it is bound to affect their health.”

vii) Access to leave in case of illness: Most respondents (85.5%) reported that they are granted leave in cases of illness, indicating some recognition of the need for sick leave. However, 12.8% of the respondents mentioned that they do not receive any leave for illness, suggesting that they have to manage with whatever leave they have in a month (usually 3-4 days in a month). Further, several respondents mentioned that they could not take two or more days of leave consecutively, even during sickness.

“Goli leke kaam karna padta hai, chhutti koi deta nahi hai. Dawai lene jana hai toh bhi dawai lekar aa ke kaam karna hi padta hai”

“I have to take painkillers to work, no employer gives leave due to illness. Even if I have to go get medicines from the chemist, I have to get back to work after coming back.” – part-time worker, 40 years old

Respondents further stated that employers deduct money from their salary if they take leave beyond the decided monthly limit. Some respondents mentioned cases where they took leave due to illness, but their employer fired them from the job and hired new WDWs. This brings forth the extreme job-security WDWs face.

“Koi baayi ko nahi puchhta, pehle kam thi toh accha tha. Ab bahut hain toh nikaalne ko bol dete hain”

“No one cares about domestic workers; earlier conditions were better when there were fewer domestic workers. Now when there are always other domestic workers available employers can easily fire us.” – part time worker, 60 years old

There was a difference in the number of negotiated leave per month between Delhi-NCR and Jaipur. In Jaipur, due to the Union’s collective efforts over the years, all WDWs associated with the union are granted 4 days of leave, each month. But our survey findings point out that only 36.8% of the respondents received 4 days of leave per month. In contrast, in Delhi-NCR, most WDWs get only 2-3 days of monthly leave. While this data represents part-time workers, most live-in workers reported not getting any days of leave in a month and that the most they could get was a half-day off. One live-in respondent mentioned that she hadn’t taken a single leave in the last two years. The RWA member from South Delhi mentioned an incident highlighting the lack of leave given by employers, where a live-in worker fell from the balcony. She was trying to escape because her employer would not give her leave. Elizabeth Khumallambam (CSCD) mentioned that leave is the issue that WDWs raise most frequently during union meetings. She noted how some WDWs hesitate to ask for leave, even when sick, out of fear of losing their jobs. “If they take leave for a considerable duration, no matter the reason, they risk being replaced by another WDW”, she said.

viii) Access to salary advances: While 66.4% of respondents were found to be unable to ask for salary advances from their employers in case of emergencies, only a miniscule 6.1% reported availing such advances in their times of need/emergency. This implies that access to salary advances, is not be consistently available to all WDWs. In fact, some respondents mentioned that they do not even receive their salaries on time, let alone salary advances. A 50-year-old part-time worker said that her employer does not pay her full salary in one go. Instead, she is paid in instalments of Rs. 200- Rs.300 at a time. This too only when she asks for it.

ix) Wearing slippers/footwear while working: A majority of respondents reported being able to wear slippers while working (74.2%) which is a positive aspect suggesting that a significant majority of workers have the comfort of wearing appropriate footwear during their work. However, the fact that 21.6% of the respondents cannot wear slippers while working is concerning. Working without slippers, especially during winter, can be extremely uncomfortable and detrimental to foot health with consequences like swelling and numbness in their feet. Subhash Bhatnagar (Nirman) notes, “In many houses, they ask you not to wear slippers inside the house. So, their (WDWs’) legs start hurting due to the cold”. A few respondents also mentioned that they work wearing socks and, on most days, socks get wet while working and cause irritation and allergy.

Access to Select Workplace Facilities Indicating Discrimination

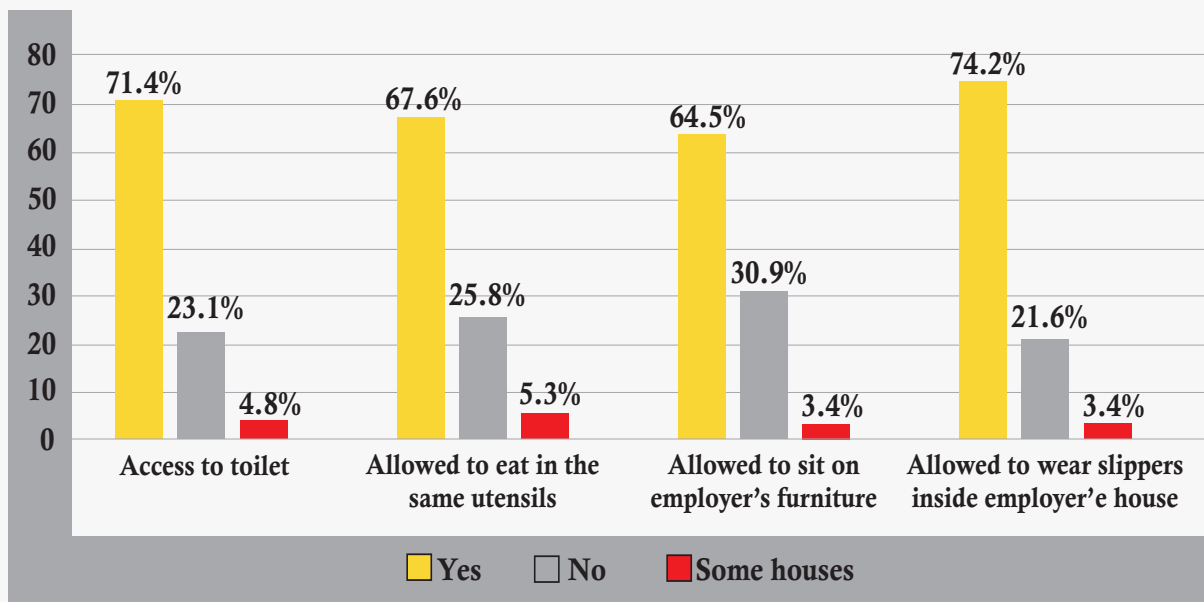


Figure 8

While the lack of access to any of the above-mentioned workplace facilities is concerning, four of these were used as indicators to determine clear signs of discrimination against WDWs. These were: whether WDWs could eat in the same utensils as their employers, sit on the same furniture as their employers do, use toilets in the employer homes and wear slippers while working. Lack of access to one or more of these was used to clearly indicate discrimination by employers. A majority of respondents (57.1%) explicitly mentioned some kind of discrimination. The data also highlights that discrimination based on denial of using the same utensils and restrictions to sit on employer's furniture appears to be more prominent compared to the discrimination related to access to toilets and wearing slippers inside the households.

Perceptions of Work and Job Satisfaction

The above-mentioned indicators, along with WDWs experiences of being overworked, underpaid and having negative employer interactions in their day-to-day lives not only reassert discrimination, but also exploitation – taking advantage of the informal nature of domestic work and the vulnerabilities of WDWs.

It is significant to note that when asked if they were satisfied with their working conditions, 80.5% of WDWs surveyed replied 'Yes', as opposed to a mere 18% who said 'No'. The main point of discontentment amongst WDWs with employers was the lack of increments in salaries, even after many years of work. Limited or no access to workplace facilities was so normalised; possibly owing to their caste and class locations in addition to their status as 'migrants' that WDWs did not factor it into their perception of job satisfaction.

“Main bhi khush, woh bhi khush. Bas paise bahut kam hain”

“I am also happy and they (employers) are also happy. They just give me very little money.” – part-time worker, 47 years old

The higher job satisfaction levels among WDWs despite limited or no access to workplace facilities and poor working conditions strongly underscores how their precarious socio-economic context leaves them no other option but to continue doing work that is undervalued. Instead of desiring better working conditions, they want mere fulfillment of their financial needs. Many WDWs feel compelled to continue working under unfavourable conditions due to their financial obligations and economic hardships, which is evident in comments like,

“Khaane ke liye kamaana toh hai hi”

“We need to work to earn money.” – part time worker, 32 years old.

“Kaam mil raha hai toh ghar chal raaha hai”

“I am able to meet my household expenses only because I am able to work.”
– part-time worker, 32 years old

Overall, the findings for this section were the same across Delhi-NCR and Jaipur, except wherever indicated otherwise. While WDWs could mostly set their terms of work, they still experienced a less than enabling working environment. Limited or no access to workplace facilities are not only discriminatory and often inhumane, but could also have very real impacts on the health and well-being of WDWs. The health repercussions of lack of access to workplace facilities like toilets are explored in detail in the next chapter.

Chapter 5: Occupational Health Hazards

The work undertaken by WDWs as part of the care economy remains undervalued and underpaid, even though it is indispensable. In attempting to explore the interrelation between domestic work and the health of WDWs, it is critical to first acknowledge that care work, whether paid or unpaid, is accorded secondary status. Any potential health hazards, therefore, are normalised.

It is important to explore the relationship between domestic work and WDWs' health via multiple facets. In order to examine potential occupational health hazards and their impact on WDWs health and well-being, this chapter shall record the health issues reported by WDWs and identify factors (in relation to their workplaces) contributing to their ill-health. These factors can be activities or tasks that WDWs have to repeatedly perform, their working conditions, the triple burden of work and the lack of onus on employers in terms of workplace safety (such as ensuring safety of gas and electric fittings, proper ventilation, help in case of climbing ladders to clean etc.). In addition to unsafe working conditions, hazards can also be identified in relation to WDWs' reproductive health and the COVID-19 pandemic.

I. WDWs' Health

WDWs were asked in detail about past and ongoing health issues since the time they started working as domestic workers. This section will examine if and how these health issues and illnesses affect their work and whether their work, in turn, exacerbates these. There are roughly 25 health issues or illnesses that have been extrapolated from respondents' responses.

Reported Health Issues

Pain in the body was reported by 20.4% respondents. This included pain in the back, joints or entire body. 12.6% respondents said that they dealt with "common ailments" regularly, such as cough, cold, headache, fever and weakness. 12.2% respondents reported having BP issues (either high BP or low BP). Overall, these 3 categories of illnesses were the most frequently reported. Thyroid issues, anaemia, diabetes or high sugar levels, gastric issues (like indigestion, heartburn, acidity etc.), typhoid, kidney stones, swelling of the liver and legs, accident-related injuries, malaria, chikungunya or dengue, chest congestion, asthma, breathing issues or pneumonia, abdominal pain, vision issues and stomach, throat or ear infections were the other health issues that emerged. These health issues include both those that were treated but also health conditions which would require continuous treatment. 23.1% respondents reported ongoing treatment for health issues and another 14.7% said that they were on medication for ongoing health conditions such as thyroid issues, high BP and diabetes. A small percentage of respondents (6%) reported having to leave treatment mid-way, mostly because of financial restraints (see next chapter).

The team conducted KIIs with doctors and CSO and Union leaders to enquire about the health issues WDWs come to them with. What they said largely corroborated with what the team heard from respondents:

“Women work in others’ homes and their own homes. They face issues like joint pain, high BP, headaches and weakness. Anaemia is also prevalent but it is something that is not paid attention to. They also come with accident-related injuries like cuts and burns. Illnesses are also caused by their living conditions – there are no basic services, the water is unfit for use and the sewage system is abysmal. There are also no hospitals in the vicinity.” – Unlicensed medical professional at a local clinic, Madanpur Khadar

“(They come to us with) fractures, injuries like cuts/burns (from utensils, knives and cutters), body pain, fever, hypertension, dehydration in summers, arthritis, back ache, diabetes, stress, skin issues due to Lyzol, phenyl.” – Doctor at a public clinic, Jaipur

Meva Bharati, a Union Leader (Rajasthan Mahila Kamgar Union) in Jaipur said that joint pain was prevalent amongst WDWs. Workplace injuries like cuts or accidents such as slipping and falling and fractures were also reported. She pointed out that WDWs who were single earners had a harder time dealing with health issues.

Harkesh Bugalia, a lawyer for the Rajasthan Mahila Kamgar Union spoke about the mental health challenges faced by WDWs, especially during the COVID-19 pandemic, affected by economic hardships and the ever-increasing double burden of work.

Reported health issues

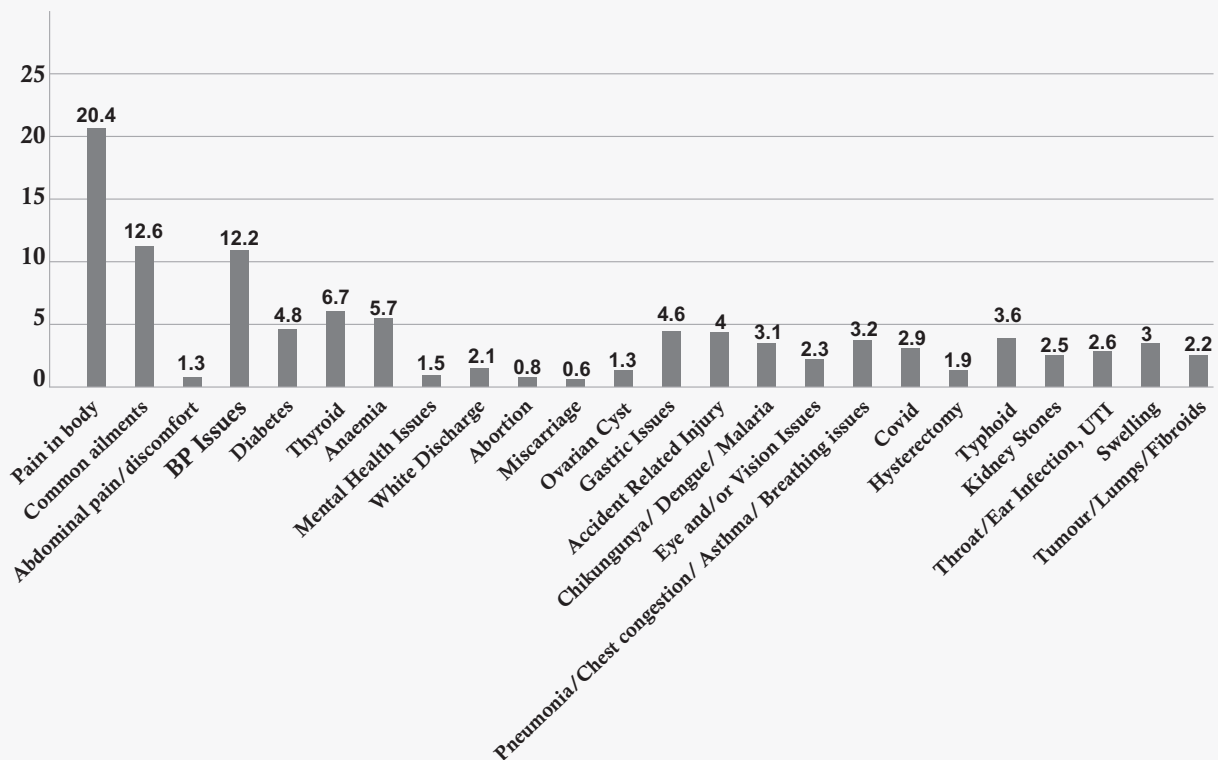


Figure 9

It is relevant to note here, that a large number of respondents - 41%, mentioned having multiple health issues. In addition to the health issues mentioned above, some of the more serious health problems that emerged included uterine prolapse, temporary paralysis, issues of nerve damage, spinal cracks, tumours and fractures, hernias and ulcers. Elizabeth Khumallambam (CSCD) says, “The WDWs usually have one ailment or another. Even if they don’t, they often have issues /complications related to childbirth or ovarian issues like cysts”. While lower in frequency, these had the most impact on WDWs’ lives and ability to work. A 38-year-old part-time worker related that two years ago, she had temporary paralysis three times over a period of 6 months, and she could not work for a year. Further, she did not get any monetary support whatsoever from her employers.

The three most reported categories of health issues mentioned above were not really perceived as health issues by respondents. Their perception of these was that they were facts of life and not out of the ordinary in their reality. This is also reflected later, in their perception (or lack thereof) of potential occupational health hazards (see section on Health and Safety at the Workplace). Respondents mentioned irregular periods as a health concern but none related it to anaemia as a possible cause. Also, barely a handful of respondents reported mental health issues and even then, not as something they would go to the doctor for. This could indicate that mental health is still not acknowledged as a “health issue”. However, they elaborated on the mental health impacts in greater detail later, when asked about the effect of the triple burden of work. Some Respondents mentioned feeling weak due to excessive white discharge and related it to the onset of menopause. However, anaemia also can be the reason behind excessive white discharge.

Overall, 15.1% respondents reported being hospitalised. In Jaipur, respondents were hospitalised for roughly one week or less, but in Delhi-NCR, those who were hospitalised were at the hospital for more than one week, up to two weeks. This could indicate that in Jaipur women were able to seek attention for moderately serious health issues but perhaps those in Delhi-NCR were only seeking medical attention for extreme health issues requiring longer hospitalisation. 7% respondents reported having some sort of surgery or procedure. Almost all of these were performed in private healthcare facilities.

II. Occupational Health Hazards

As mentioned in the Methodology chapter, all these reported health issues and illnesses cannot be directly attributed to domestic work. However, it is worth examining the connection between the health issues reported and the types of tasks performed by WDWs as well as between reported health issues and reported occupational health hazards.

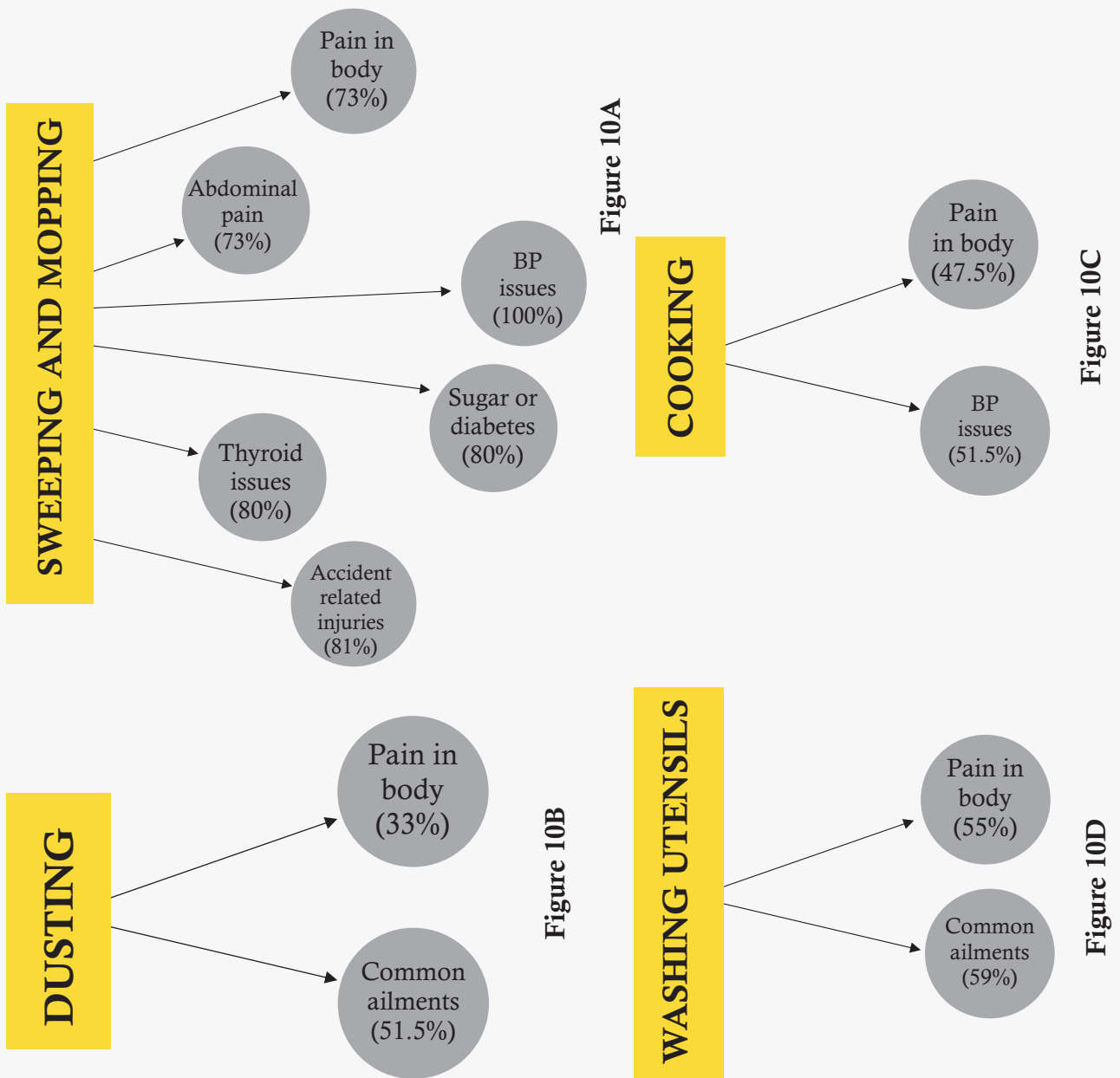


Figure 10

The figures above show the interrelationship between activities like sweeping and mopping, cooking, dusting and washing utensils to the percentages of respondents who reported health issues like pain in the body, common ailments, blood pressure issues, diabetes, abdominal pain etc. For example, 73% of those who experienced pain in their body also reported undertaking sweeping and mopping, 51.5% of those experiencing common ailments also reported undertaking dusting etc. *(Please read the rest of the figured as indicated by the example)*

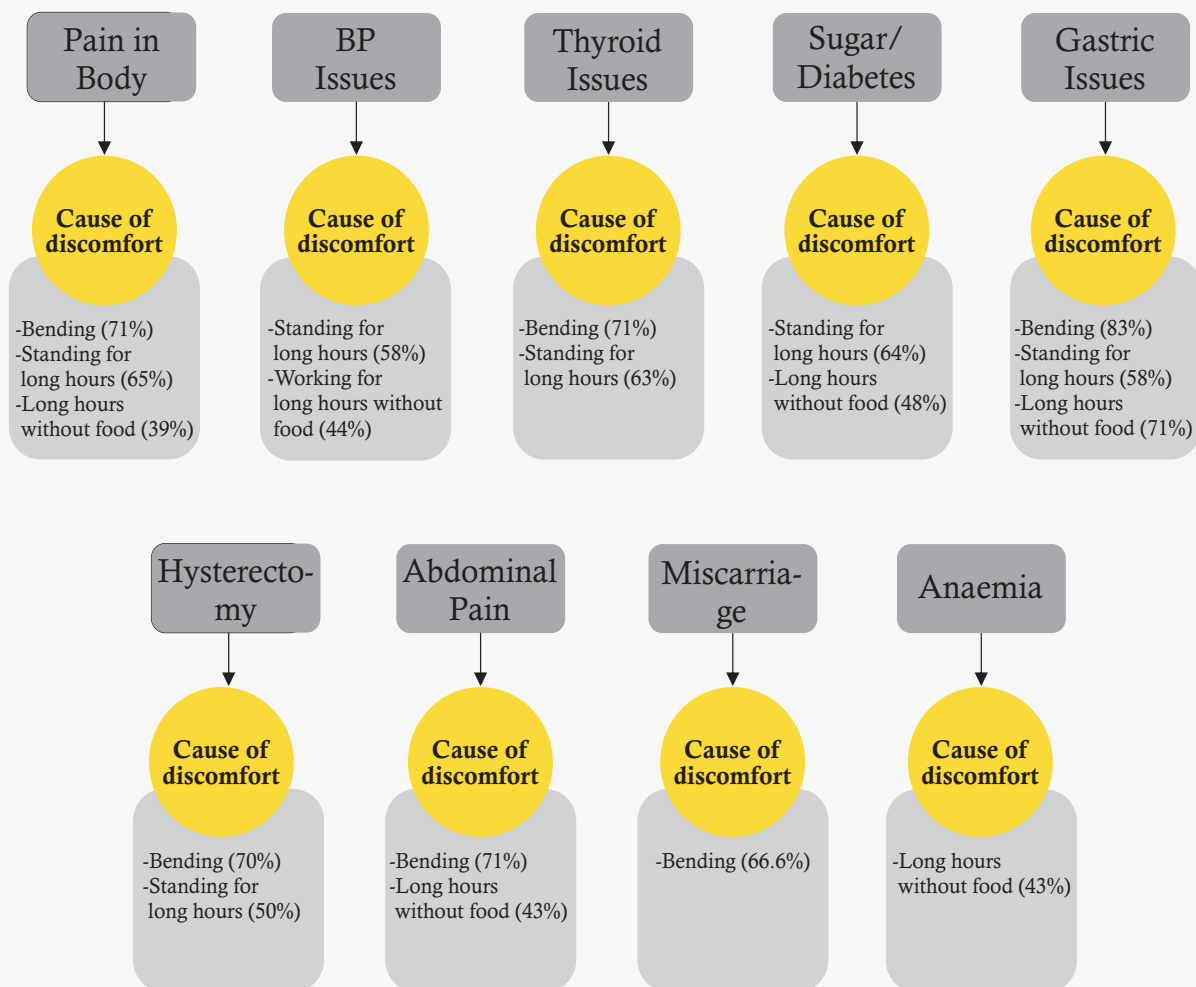


Figure 11

This figure shows the interrelationship between the health issues reported by respondents and the discomfort reported by respondents due to bending, standing for long hours and working for long hours without food – all of which are common repetitive activities that they have to perform daily in paid domestic work. For example, out of those who experienced gastric issues, 83% also reported experiencing discomfort due to bending, out of those who experienced abdominal pain, 43% also reported discomfort due to working for long hours without food. *(Please read the rest of the figure as indicated by the example)*

Through the handful of examples shown here, in no way can these percentages directly relate health issues to the type of work WDWs do and the occupational health hazards they face. However, they do indicate that performing tasks such as cleaning (that includes sweeping and mopping), dusting, cooking and washing clothes and utensils have a potential to cause some health issues and conditions. Similarly, repeated activities like bending, standing for long hours and working for long hours without food can lead to health issues like body ache, gastric issues, weakness, dizziness etc. These interrelations need to be explored further and require more research focused

on the issue. They also bring up questions of how the nature of domestic work can exacerbate existing health issues and morbidities and how health issues in turn can hinder WDWs’ ability to perform their tasks. These questions are addressed in upcoming sections.

Identifying potential health hazards

i) Health and safety at the workplace

This study examines components of domestic work that have the potential to lead to occupational health hazards. Based on Jagori’s work with WDWs over the last 15 years and an extensive review of literature, 11 different factors like bending, lifting heavy weights, climbing heights, standing for long hours, working with chemicals, working with sharp objects, working with fire, working with electronic equipment, working with cold water during winter, working without food for long hours and working in non-ventilated spaces were identified. This section explores the various types of “discomforts” reported by respondents. It is important to note that respondents did not perceive the impact these had on their health as hazardous. Again, in the absence of National and State legislations or Labour Codes defining health and safety measures in for WDWs in India, this leads to the normalisation of health hazards in informal workplaces. Due to this, the team also had to use multiple probes during data collection in an attempt to understand the potentially hazardous conditions WDWs were working under.

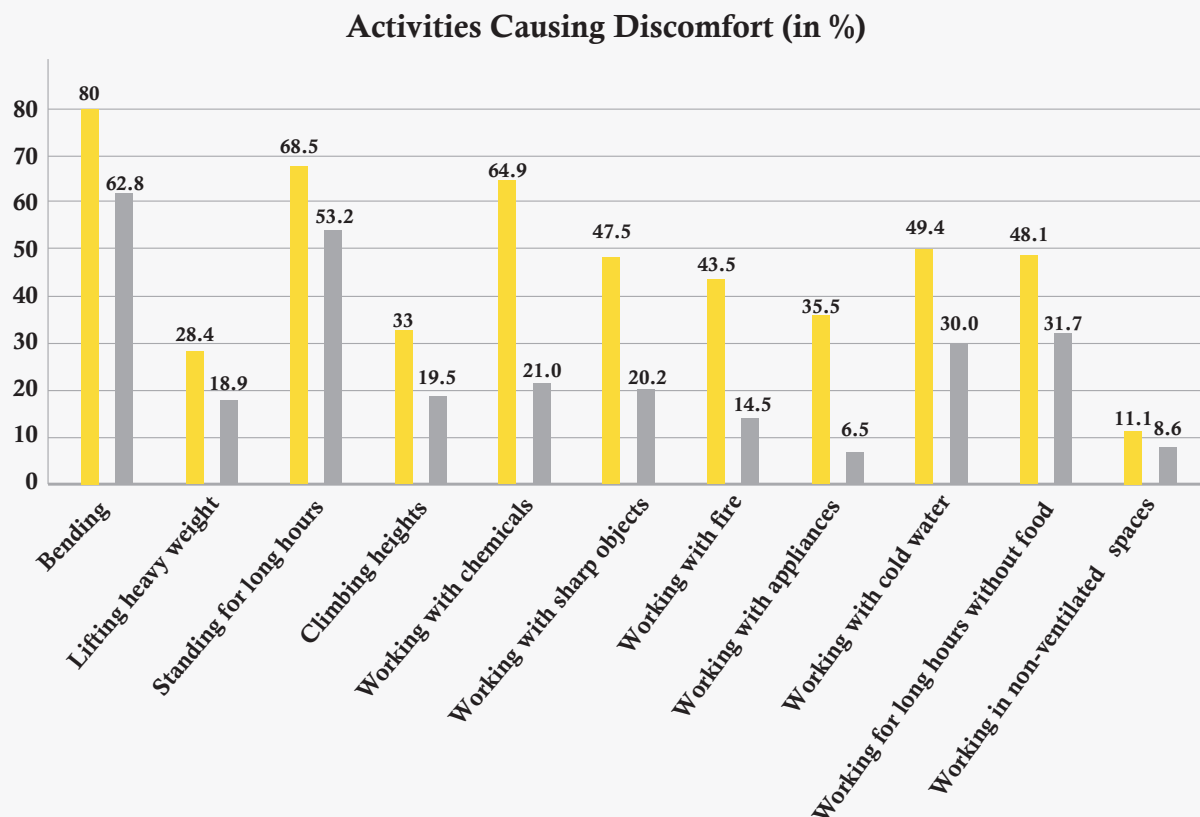


Figure 12

a) Bending:

80% of respondents said that their work involved bending to perform tasks like sweeping and mopping the floor, cooking, dusting and washing clothes. Bending was the most hazardous factor with 63% of total respondents mentioned feeling discomfort. Respondents reported experiencing **tiredness/fatigue, weakness and dizziness and (often chronic) pain in their back, knees, legs, hips, neck and arms as a result of constant bending at work.** Respondents also said that over a period of time, this has caused difficulties in sitting down and standing up. According to survey findings, there are some ways that supportive employers assisted WDWs in easing their pain - including giving them mop sticks to clean so that they do not have to bend and giving them time to rest when they felt tired. There were also two unique cases - one where employers paid for and took their WDW for physiotherapy for her knee pain and the other where the employer herself massaged the WDW when she had body ache. However, in most cases, employers were either oblivious to the discomfort being faced by the WDW or knowingly unhelpful. A 55-year-old part-time worker recounts that when she told her employers about her severe back pain due to bending, they said *“Jawaan dhundh lenge agar nahi karna toh”* (“We shall find a younger WDW if you don’t want to do it”).

b) Standing for long hours:

68.5% WDWs reported standing for long hours to perform tasks like dusting, washing utensils and cleaning the floor using handheld. This emerged as the second-most hazardous factor, with 53.2% of total respondents saying that this caused discomfort. They reported experiencing **extreme pain in their legs and soles of their feet, often causing swelling, and pain in their back, knees, shoulders, neck and hips. WDWs also reported feeling dizziness, tiredness and weakness.** A WDW working in childcare stated that she had to be on her feet all day and run after the children, which also contributed to exhaustion. WDWs in Jaipur (74.5%) reported discomfort due to this in larger numbers than in Delhi-NCR (60.1%).

c) Lifting Heavy Weights:

28.4% respondents said that their work involved lifting weights, mainly to perform tasks like cleaning, cooking, dusting and washing utensils - where they had to carry buckets of water or washed clothes, gas cylinders and suitcases. A respondent said,

“Maalik aaya hai tour se toh unki attaichi utha ke lani padti thi”

“When my employer used to come back from travelling, I had to carry his suitcases in”.

19% of total respondents reported discomfort due to this. They reported experiencing back pain, stomach ache, pain in hands/arms, knees and legs, shoulders and lower abdomen. For WDWs undertaking childcare work, even lifting toddlers and carrying them around for hours was strenuous. The ASHA worker in Jaipur mentioned that

some WDWs in her area have reported bleeding during pregnancies due to lifting heavy weights. Additionally, the unlicensed medical professional in Madanpur Khadar noted that in his experience with WDWs, heavy lifting can lead to issues of stomach ache and nausea. In some cases, employers told WDWs that they could refrain from doing “heavy work” if they were facing discomfort. However, such cases are very few.

“25 kilo chawal mathey pe utha ke 3 manzil chadh jati hai”

“I climb 3 floors with 25kgs of rice on my head.” – part-time worker, 33 years old

d) Climbing Heights:

33% of respondents said that their work involved climbing heights while cleaning, dusting, doing all household chores and washing utensils, specifically to perform tasks such as cleaning fans and cleaning cabinets/cupboards. Interestingly, the respondents’ interpretation of this also included climbing multiple flights of stairs. 19.5% of total respondents reported discomfort due to these tasks **mainly due to it causing dizziness. Many respondents said that they were afraid of heights or of the possibility of accidents, with some reporting falling while cleaning fans. They also reported pain in their shoulders, neck, legs and knees.**

e) Working with Chemicals:

65% of respondents reported working with a variety of chemicals while cleaning, washing utensils, dusting, cooking, doing all household chores and providing elderly and patient care. Out of the total respondents, 21% reported finding this hazardous. Most chemical-related hazards were about their impact on the skin of respondents. Respondents **said that long-term exposure to these chemicals had caused calluses or hardening of skin on their hands, peeling of skin, skin discolouration, swelling, allergic reactions, and fungal infections.** They also reported experiencing cracked skin on their hands and feet and skin problems intensifying in winter. The unlicensed medical professional in Madanpur Khadar said that many WDWs come to him with issues of skin irritation. He said, “Itching and burning sensation between the toes and fingers is quite common. This happens due to use of phenyl and other cleaning agents.” The doctor at the public clinic in Jaipur also noted that skin issues due to the use of Lysol and phenyl are common among WDWs.

Respondents also said that they felt nauseous, especially due to the smell of phenyl.

A few respondents mentioned that their employers gave them alternate soaps or cleaning agents if they conveyed their discomfort. However, most did not.

f) Working with Sharp Objects:

47.5% respondents reported working with sharp objects while cooking, cleaning, dusting and washing utensils, with 20.2% of the total getting injured in some way while handling

sharp objects. **A majority of respondents working with knives or glassware reported getting cuts (sometimes very deep ones).** The most common reason respondents gave for this injury was cutting their hands on glass when they wash utensils. Respondents shared that employers did give them ointment or band-aids if they asked for it. However, they were insensitive to more serious cuts. A 28-year-old full-time worker said that she cut her hand while washing glass utensils and the wound bled for over two weeks, however, she received no monetary or other help from employers.

g) Working with Fire:

43.5% respondents said that their work involved working with or around fire, with only 14.5% of total respondents reporting discomfort or injuries due to it. While cooking was the only activity where respondents were in direct contact with fire, they also reported working around fire (mostly in the kitchen) during cleaning, dusting and washing utensils. **A large number of respondents reported minor burns caused by hot oil, steam or coming in contact with hot utensils. These burns were mostly on the hands or arms but one respondent even reported hot oil splashing into her eyes.** In such cases, respondents said that some employers provided them with ointment or toothpaste to apply on the burns (see next section).

h) Working with Electronic Equipment:

35.5% respondents reported using or working around electronic equipment while cooking, cleaning and washing utensils. However, only 6.5% of the total reported facing any accidents due to these. **Surprisingly, only a few respondents (less than 3%) seemed to use washing machines - thus indicating that WDWs engaged in washing clothes do so by hand, causing more physical strain. Respondents shared that sometimes they get minor shocks from electrical appliances.** Some also reported that they get cuts when they work with appliances such as mixer-grinders. Findings show that employers remained unconcerned about these incidents, telling WDWs that they should be more careful.

“Washing machine se jhatke lagte thhe, unhe bolo toh bolte thhe ki sirf tujhe lagte hai, kharaab ho gayi toh paise kaatungi”

“I used to get shocks from the washing machine. When I told my employer, she said that only I was facing this issue. She said that if her washing machine broke down because of me, she would deduct my salary.” – part-time worker, 24 years old.

i) Working with Cold Water during Winter:

49.4% respondents said that they had to work with cold water, even during winter, while washing utensils and vegetables and cleaning the floor. 30% of total respondents reported facing extreme discomfort. **They said that they experienced swelling and stiffness in their fingers, numbness in their hands or feet, skin dryness and peeling of skin.**

Subhash Bhatnagar (Nirman) notes, “If they (WDWs) are working regularly in the winter their hands swell or skin peels”.

Significantly, respondents used the word “frozen” to describe how their hands felt when working with cold water in winter.

“Haath jam jata hai fir bhi bolte hai zor lagake pochha lagao”

“My hands freeze, even then employers tell me to scrub the floor more diligently”
– part-time worker, 31 years old.

They also said that working with cold water led to them catching a cough or cold, especially in winter. All these were further hindrances to their work and respondents reported difficulty in performing their tasks due to these. While respondents said that some employers provide warm or hot water, others said that they don’t.

A 50-year-old part-time worker who cleans offices said *“Office waale hain, mard log kaahan sunte hai”* (“The people in office are men, they don’t listen”).

j) Working for long hours without food:

48% of respondents said that they worked for long hours without food, with 32% of the total confirming that this caused them discomfort. Mostly, WDWs who engaged in tasks like cooking, cleaning, dusting or doing all household chores reported working for long hours without food. **Respondents shared their experiences of hunger and facing issues like acidity, indigestion, gas, stomach ache, dizziness, headaches and weakness or fatigue.** A 32-year-old part time worker shared that she has acidity every day and she told her employers, they said that she was always sick and threatened to fire her. Another respondent shared that she was not allowed to eat at any time other than when the employer is eating, even if she was hungry.

Some respondents said that working for long hours without food had actually resulted in a loss of appetite over the years as they got used to not eating for a long period of time (sometimes for as long as 10 hours!). Part-time workers, specifically, find it difficult to eat while shuttling between multiple houses and they are rarely offered food. Some respondents also attributed low BP and diabetes to long hours of work.

k) Working in non-ventilated spaces:

Only 11% of respondents reported working in non-ventilated spaces while cleaning, cooking, dusting and washing utensils, with only 8.6% of total respondents feeling discomfort due to this. When talking about lack of ventilation, respondents mostly referred to the kitchen. **They reported experiencing suffocation, extreme sweating, nausea, dizziness and breathing difficulties, especially in summer.** One respondent

said that she tried to finish kitchen work as quickly as possible because the space is suffocating. Respondents also said that non-ventilated spaces caused them to feel anxious (they used phrases like “*dil ghabrata hai*” or “*ghabrahat hoti hai*”). Very few respondents said that they can take breaks when they feel this way. A 77-year-old part-time worker shared how during cooking in the kitchen, smoke aggravated her asthma and when she told her employers, they just said that she was getting old.

Accidents at the workplace and employer behaviour

Accidents at the workplace - whether major or minor - are common. The repercussions of these on the health and lives of WDWs are compounded by the informality of domestic work and the lack of social protections such as health insurance. These are also exacerbated by the complete apathy displayed by employers towards WDWs. Anita Kapoor (SMKU) highlighted this, saying, “WDWs’ health and safety is not seen as their (employers’) concern.” On a similar note, Subhash Bhatnagar (Nirman) also mentioned how people (employers) do not pay much attention to the health and well-being of WDWs. Sometimes even when the WDW is in really bad shape health-wise, they continue making her work.

The findings of this study reveal that 11.8% respondents said that they had suffered workplace accidents. Injuries were usually sustained due to being burnt by hot oil, water and utensils (usually hot pans or skillets) or appliances (mostly pressure cookers), slipping on the stairs or wet floors and falling and cuts sustained while washing glass(ware). These sometimes led to more grievous injuries like fractures and injuries to the back and legs. The unlicensed medical professional in Madanpur Khadar said, “I have treated cases of fractures, one from when the WDW was cleaning a ceiling fan”.

Workplace Accidents

Age of Respondent	City	Accident/Injury	Employer Response
18 years old Part-time worker	Delhi	A heavy mirror she and another domestic worker were carrying broke and they both got hurt.	One of her employers wanted to take them to get a tetanus shot but the employer’s mother-in-law refused. So eventually, no responsibility was taken by employers and no support was provided.
48 years old Full-time worker	Delhi	She was deep frying food. When she was taking the pan with the hot oil off the gas when it fell on her and she sustained burns.	Employers did not provide any support.

24 years old Part-time worker	Delhi	She slipped on water on the floor and hurt her head and foot. Her foot was swollen.	Her employer only asked her to work carefully and the respondent had to work even though she was in pain.
40 years old Part-time worker	Jaipur	A pressure cooker burst and she sustained burns on her stomach.	Her employers gave her ointment and one week of leave.
36 years old Part-time workers	Jaipur	She was electrocuted by an open socket while cleaning the floor and fell on her back. The electric shock affected her left hand and it is still weak. She cannot lift anything heavy with it.	Her employers gave her water after she got electrocuted but nothing else.
39 years old Part-time worker	Jaipur	She slipped on a grape lying on the floor and fell. She fractured both knees and could not work for 3 years.	Her employer provided no monetary or medical support.
29 years old Part-time worker	Jaipur	She was cleaning the stairs when she slipped and fell and her employer also slipped and fell on her. She fractured her leg and could not work for one month. Her leg still hurts sometimes.	Her employer provided monetary support for treatment and retained her services post-recovery.

Figure 13

Even though most WDWs said that they had the option of asking for basic medical help from employers, this was only true for small injuries and they did not elaborate on how many times they had actually been able to do this.

“Kabhi kabhi haldi laga dete hain cuts me khoon aa jaye toh”

“Sometimes they apply turmeric on cuts if there is bleeding”

– live-in worker, 46 years old

Anita Kapoor (SMKU) shared that WDWs who are a part of her union shared incidents where, when they were ill, they were given painkillers by their employers and were asked to join work the same day. When one WDW requested financial support for her medical

treatment, her employer said, *“Bas kar, humaare kacche bhi utarwaayegi kya?”* (“Enough is enough. Do you expect us to give you our underwear too?”). Respondents shared experiences of having to work through their pain when employers did not provide them with basic medicines and did not allow them to go and buy medicines. One respondent said that when she cut her hand, her employer gave her a plastic bag to wrap it in and continue working. It is therefore unsurprising that WDWs were hesitant to take leave to fully recover or to tell their employers about minor accidents. Respondents said that this was because they were afraid of being fired or replaced. They also said that employers would not understand their difficulties and it would be pointless to ask.

“Sab bolte hai dwai khake dheere dheere karlo, kaam karne se toh koi mana nahi karta ,chahe jitne bhi beemaar kyun na ho”

“ All employers ask us to work slowly, but we still have to work no matter how sick we are” – part time worker, 32 years old.

Further, respondents shared that even when employers acknowledged health hazards and injuries, they were still expected to finish their work for the day. Respondents aptly noted that *“unko bas apne kaam se matlab hai”* (“employers are just concerned about whether their work gets done or not”) and *“humari dikkat se koi problem nahi”* (“our difficulties do not bother them”).

“Bolne se na bolna behtar hai, unko hamari takleef nahi dikhti”

“Not saying something is better than being ignored, they are blind to our problems”
– part-time worker, 34 years old

Even those employers who were “supportive” did the bare minimum - they would provide hot water during winters, replace discomfort-causing chemicals, or provide basic first-aid for cuts and painkillers for aches and pains. For burns, employers would provide just toothpaste to apply to the burn to soothe it, and nothing else. Respondents shared that many employers told them to “be careful” when they sustained any accident-related injuries. This indicates that they did not take responsibility for the safety of the WDW or did anything to rectify the situation. For example, when WDWs got electrocuted by appliances, rarely did employers get the power source or appliance repaired. Meva Bharati (RMKU) emphasised that employers need to do more – they should at least give WDWs leave and pay for their treatment in case of workplace accidents. Subhash Bhatnagar (Nirmana) said that in the absence of employers taking responsibility for WDWs’ injuries caused by workplace accidents, him and his team took live-in WDWs to *mohalla* clinics or doctors they knew through personal networks.

Asha* a part-time worker from Jaipur relates her experience of getting seriously injured at her workplace.

During Navratri celebrations in 2021, Asha suffered a workplace accident. She was at a height, removing the curtains in her employer's home and she lost her and fell onto a glass table. The impact shattered the table, resulting in cuts and bleeding from her face, along with significant hip and back injuries.

Asha's cries for help alerted her employers, who immediately called an ambulance. However, due to the delay in its arrival, her employers took the initiative and took her to the hospital on their own. Medical intervention followed, which included X-rays, glucose administration, and comprehensive tests. However, despite suffering significant injuries, Asha was not admitted to the hospital. She received a lumbar belt and was prescribed medications.

The aftermath of the incident brought many challenges. Asha's medical condition necessitated a three-month bed rest, leaving her unable to go to work. This subsequently led to the loss of employment in multiple households. Even the employers, who had initially been helpful, withheld her salary during her recovery period, adding to her financial strain.

Asha's experience underscores the need for employers to shoulder more responsibility for the health and well-being of domestic workers.

It is important to note here, however, that respondents shared some instances where employers took full responsibility when they were injured, not only in terms of paying for treatment but also paid leave and taking them to medical professionals themselves. It is also relevant here, that often, employers for whom WDWs have worked for many years were more supportive, almost as if they were worthy of support only after working for them a certain number of years. It is also noteworthy that in comparison to Delhi-NCR, employers seemed to be more supportive in Jaipur – with 23.2% reporting that their employers took some responsibility to help them. Meva Bharati (RMKU) said that the Union had once talked to 100 employers on whether they think there should be a law for WDWs, and 60 of them had agreed. This indicates that in Jaipur, there is some willingness shown by employees to engage in dialogue regarding employer responsibilities.

Stuck in a vicious cycle

WDWs are stuck in a never-ending cycle of their health being impacted by their work and their ill-health impacting their work. 30% of respondents mentioned that work aggravated their medical illness or health condition. 54.4% of respondents in turn said that their ill-health also impacts their ability to work. They reported pain, weakness and difficulty in performing their tasks. WDWs mentioned that they started having joint pain, backache and mental exhaustion due to the physical strain that comes with repetitive tasks such as cleaning the floors and house and standing for long hours for

cooking. They also reported work aggravating already existing similar health conditions. Those who already had joint pain said that this gets worsened by tasks such as sweeping and mopping floors and repeatedly going up and down the stairs. Most of the respondents who mentioned difficulty in sitting and getting up due to pain in their joints also reported developing their own ways of coping, to be able to continue working, like cleaning the floor on their knees. However, this also led to other issues like swelling of their knees over time. WDWs also mentioned that due to the workload, they have to miss their meals - this was especially true for part-time workers. They said that due to this, they experience hunger pangs. A small section of respondents also mentioned that their allergies flare up while dusting or engaging in other cleaning activities. One respondent also mentioned developing allergies due to dog care duties! Respondents also reported that it was difficult for them to work for a few days when they were on their period due to cramping.

WDWs often needed leave for urgent medical attention and time to recover. To cope with their health issues, some WDWs had to ask for reduction in their workload or leave employment in some houses altogether. Both of these could add to the financial strain they experience. In addition to this, respondents often had to go back to work before the suggested rest and recovery period. Even for common illnesses, WDWs could not take a break or rest.

“Iccha nahi karti, sar ghoomta hai, dard chaalu hota hai, fir bhi karna padta hai kaam”

“Even when I am in pain, my head is spinning and I don’t feel like working, I have no option but to work” – part-time worker, 32 years old

This was mostly because WDWs were not allowed to take more than two leave a month consecutively. WDWs also mentioned that they had to leave work in houses where their employer didn’t allow them sufficient leave during illness. One respondent shared that because of pain in her hand, she was not able to use that hand and had to manage all the work with a single hand. Yet, if she ever took a leave due to illness, she was made to work extra the next day. It is things like these that put additional pressure on WDWs to work even when they are unwell. A respondent narrated how she was treated when she was doing childcare work. She had no leave even for illness, due to which she could not get her dry cough checked by a doctor. She believed that eventually her condition was aggravated to asthma.

As mentioned in the Chapter on Conditions of Work and Workplace Facilities, fear of losing their jobs if they take too many leave for rest, even when prescribed by doctors, is adding to WDWs not being able to recover fully or quickly. A respondent shared how she had to take leave for one week to treat an infection, after which she was replaced by her employers. This highlights a lack of job security and stability in their employment.

A 31-year-old part-time worker laments,

“Dard uthhta rahta hai, par baar baar chutti bhi toh nahi kar sakte”,

“Pain keeps emerging from time to time, but I cannot take leave again and again for it”.

Additionally, the lack of concessions in duties and hours and no monetary compensation by employers for workplace accidents is making it even more challenging for these women to manage their pain and continue working. It is essential for employers to recognise the physical toll that work can take on their employees, especially those with pre-existing health conditions.

The potentially hazardous, repetitive tasks that WDWs perform, their susceptibility to workplace accidents and the lack of responsibility taken by employers and the lack of social protections and defined leave structures can all eventually contribute to escalating pre-existing health conditions of WDWs and the development of new ones. It also adds to feelings of despair.

Triple Burden of Work and Health Impacts

As postulated earlier, the occupational health hazards aren't solely responsible for contributing to the ill-health of WDWs. The triple burden of work, namely, productive, reproductive labour and community work that WDWs perform is also a significant factor. For WDWs, their productive labour is also paid reproductive labour in someone else's home. They not only engage in domestic work at their workplaces but also shoulder the same responsibilities at home. 82.1% of respondents said that they have to perform the same tasks like cooking, cleaning, washing utensils, and childcare at home too, at times much more than their paid work demands. WDWs reported finishing a portion of work within their houses before going to work (by waking up extremely early), and then finishing the rest after coming back.

“Bojh toh lagta hai, wahi kaam bahar karo, wahi kam ghar pe bhi karo, par or kya hi karun”

“It feels burdensome, doing the same work outside and the same work at home, but what else can I do?” – part time worker, 44 years old

When asked whether they have any help at home, 63% of respondents reported receiving some form of help within their families in carrying out household work, primarily from their children. Even here, it was seen that daughters, daughters-in-law or other female members of the family shouldered more responsibilities than male members. In Delhi-NCR, the percentage of WDWs getting such help is 26% while in Jaipur the percentage was much higher at 58.9%. Even when sons and husbands helped, it was only in doing “outside work” such as buying vegetables or groceries. Therefore, the burden of unpaid care work was often solely or largely fell on women.

This additional workload further accentuates the physical and mental health of WDWs. 50.4% reported physical strain like body pain, tiredness, headaches, and a feeling of weakness. Significantly, the use of painkillers was widely observed. Although WDWs didn't much articulate about mental stress arising from their work, upon probing, 32.3% revealed experiencing some form of mental stress. Sleeplessness (9.9%), anxiety (3.6%) and loss in appetite (2%) were some of the manifestations of such mental stress. However, it was not just overwork that was troubling them. Many WDWs face additional distress due to their financial condition- many reported being in debt taken for medical purposes or children's weddings, others worry about getting their children married, especially seen in the case of girls. Both medical professionals interviewed for this study reiterated that WDWs often go to them with complaints of headaches, high blood pressure etc., which can possibly be attributed to tension or stress.

"Kabhi lagta hai chhorke chali jaun. Phir sochti hoon bacche kya khaayenge?"

"Sometimes, I feel like leaving everything and going away. But then I think about what the children will eat?" – part time worker, 32 years old

It is a serious concern that mental stress is often normalised among WDWs, resulting in them adopting a stoic approach to their challenges, viewing mental discomfort as an inherent part of their lives, which can mask the need to seek professional help.

ii) Reproductive Health

An often-neglected area within the ambit of domestic work is the reproductive health of WDWs and how this could be negatively affected by potential health hazards. Menstrual health and pregnancy are focused on specifically because they are both impacted by the strenuous nature of domestic work, lack of access to basic facilities and lack of employer-sensitivity. It was thought to highlight these separately as these are critical but overlooked aspects of the lives of WDWs.

A) Menstrual Health:

The lack of access to toilets, coupled with social and cultural norms, makes it difficult for women to perform their daily sanitation routine with dignity and safety (Koonan, 2019). The experiences of WDWs, when it comes to reproductive health and well-being in the context of paid work, are unique and need to be examined. There is a lack of dialogue on how domestic workers manage their work during menstruation, the availability of sanitary facilities in their workplaces, and the overall impact on their general well-being.

Use of menstrual aids: On being asked what menstrual aid they use, 57.3% of respondents reported using sanitary pads, 26 % mentioned cloth as the aid, and 7.3% used both. It was also observed that older domestic workers said that they switched from using a cloth to using pads over the past few years. Some respondents reported bleeding

very little during menstruation and therefore using no aid at all. Amongst these, a few have consulted doctors, with no concrete diagnosis being given. However, many did not feel it to be an issue that requires much attention.

Managing menstruation at work: When asked how they manage if they start their menstrual cycles during work, 37.4% of respondents said they ask for a menstrual aid (cloth/pad) from their female employers. 22.9% reported going back home, and 8.4% reported that they carried their aids along with them around the time of their menstrual cycles. In Jaipur, the percentage of WDWs who reported going back home was higher (at 29.7%) as compared to Delhi-NCR (16.1%). A respondent said that in case she needed a menstrual aid during work, her employer did not extend any support. She said,

“Tum log apne saath kyun nahi rakhte?”

“Why don’t you all keep such things with you?” – live-in worker, 25 years old

When she gets her period and is unprepared, a part-time domestic worker mentioned that she had to find cloth in the kitchen and use it as an aid because her employer would not give her pads, even when she asked for them.

Another WDW shared,

“Main ghar aake hi change karti hoon, takleef hota hai, lekin kya karein?”

“I come home to change, it is inconvenient , but what can we do?”
– part time worker, 38 years old.

A few respondents also noted that they feel embarrassed asking for a menstrual aid or talking to their employers regarding menstruation - reflecting the social stigma and silence attached to it. A respondent said,

“Mereko sharam aati hai, TV pe advertisement dikhaate hain toh mujhe woh bhi achha nahi lagta”

“I feel embarrassed. I also do not like when they show such advertisements on TV”
– full-time worker, 59 years old.

Further, it was reported that employers were strict about certain taboos related to menstruation- the most common being the restriction on entering the kitchen. A WDW said,

“Kitchen mein nahi jaane dete thhe, corridor mein baith ke bartan dhone padte thhe”

“They would not allow me in the kitchen, I would wash utensils in the corridor itself” – part-time worker, 50 years old.

They were asked to do certain other types of work but maintain these restrictions. A WDW said,

“Bas thoda bahut bartan wagehrah dho do bas, chutti lekar ghar jaana padta hai”

“Just wash a few dishes and other things, and then I have to take a leave and go home” – part-time worker, 42 years old

WDWs also bemoaned that they had to use up their monthly predetermined leave during their monthly cycle due to these restrictions. A WDW said,

“Kitchen ka hi kaam rehta hai, toh mahine ka chutti lena padta hai. Woh log kitchen mein jaane nahi dete hain”

“I work in the kitchen only, so I have to use one of my monthly leave. They do not allow entrance into the kitchen” – part-time worker, 38 years old

Changing menstrual aids and access to toilet facilities: Out of the respondents who reported changing their menstrual aids during work (48.7%), 38.3%% reported having access to the employers’ toilet and 20.9% used separate toilets (in employers’ houses). The rest reported that they did not have access to their employers’ toilets. A respondent noted,

“Wall ke peechhe, khulley mein change karna padta hai. Public bathroom se infection ho jaata hai, aur didi apne bathroom mein karne nahi deti hain”

“I have to change in open spaces, behind walls. I get infections if I use the public bathrooms, and my employer does not let me use her bathroom”
– part-time worker, 38 years old

In addition, 14.2% WDWs mentioned coming back home to change, 3.5% used public toilets and 1.9% had access to toilets that were reserved for workers in the society buildings. It is also important to note that while WDWs had some access to public and society toilets, it did not mean that these were always clean and safe.

Discomfort due to not being able to change menstrual aid: On being asked whether they faced any discomfort due to not being able to change their menstrual aid for long hours, 33% replied in the affirmative. This is a potential health hazard as respondents noted that it caused vaginal irritation and infections, swelling and itching in the genital areas, foul discharge from the vagina, rashes and cuts (especially during the summer) and burning sensations while urinating (which might indicate a UTI). WDWs also noted the possibility of staining clothes as a stressor. WDWs reported dealing with these issues themselves, and only a small fraction of them went to consult doctors in such situations. They would use home remedies like applying coconut oil or powder on the areas or getting medicines from nearby chemists or medical dispensaries.

Experiences of irregular menstruation or menopause: 26% of the respondents reported that they had stopped menstruating and 31.9% reported irregular periods. The WDWs who had stopped menstruating were either menopausal or had had hysterectomies.

While most respondents who reported having irregular periods were in the 35-50 age group, over 14% were between 18 and 35 years old. This could indicate that WDWs may be experiencing early onset of menopause. However, irregularity can also be due to a multitude of other reasons. When probed further regarding the irregularity of their menstrual cycle, it was found that most had not consulted a doctor, and if they had, the remedies had not been helpful to them. Only one WDW had a medical diagnosis of PCOS. 6.1% respondents brought up white discharge as an issue when talking about menopause – saying that it got worse around this time and often caused dizziness. 17.2% of the respondents reported having hot/cold flashes, which, again, could be a symptom of menopause, but it is noteworthy that respondents did not think that these could be signs of menopause. 29.8% reported fatigue during their periods or after menopause, in carrying out activities they could more easily undertake earlier. 26.9% WDWs under the age of 35 reported all three- irregular periods, hot/cold flashes and fatigue. This could indicate early onset menopause.

Only 22.3% of the total WDWs who had issues related to menstruation discussed this with their employers. This lack of conversation regarding these issues stemmed from a lack of awareness, as well as the stigma attached to menstruation. After being informed about the health discomforts, 18.1% of the WDWs' employers made concessions or extended support at the workplace, and 5.2% did not. A respondent whose employer made concessions, reported that they would let her go back home from work whenever she needed rest, due to fatigue. Another noted that her employers even took her to a doctor for medical consultations. But on the other hand, A WDW shared,

“Woh mera dukh kyu sunenge. Majboori mein kaam toh karna hi padega”

“Why would they listen to my woes? I am obligated to work, no matter what.”

– part-time worker, 44 years old

B) Maternal health

While those in the organised sector are entitled to maternity benefits under the Maternity Benefit Act, 2017, informal sector women workers remain deprived of them. Here, an attempt is made to understand how WDWs address challenges during their pregnancies, what the potential health hazards are during this time, whether they are able to prioritise their needs and how they balance work and childcare.

Work during pregnancy: 30.7% of respondents reported working during their pregnancies. Due to financial concerns, many WDWs opted to work until the last month of their pregnancies and rejoined the workforce shortly after childbirth. 37.8% of women who worked during pregnancy worked until their 7th-9th month of pregnancy, some even up until the last day!

“Main toh bacche hone wale din tak kaam kari thi”

“I worked till the day of my delivery.” – part-time worker, 29 years old

Another WDW had noted,

“Main bacche hone ke ek hafta pehle tak kaam kar rahi thi. Bacche hone ke ek hafta baad wapas aa gayi thi”

“I worked up until a week before delivery, and I joined back a week after delivery as well.”
– part-time worker, 42 years old

Among the women who worked during or soon after their pregnancies, 24.6% managed to continue working in all the houses they were employed at. However, around 6% of those who worked had to compromise with the number of households they worked in, leading to income loss and financial insecurity for many.

Out of the WDWs who worked during pregnancies, 7.4% reported going back to work within 15 days and 11.1% reported going back to work in about a month – both are much below the suggested 6-8 weeks of rest. A respondent even mentioned that she started working just 3 days after her delivery! The reason behind the short period of rest and re-joining work shortly after delivery was primarily driven by the fear of job loss. Many WDWs took the initiative to replace themselves while they were on leave. By doing so, they tried to secure their positions and ensure a smoother transition back to work after delivery without losing their jobs. Pregnancy, thus, seemed to come at the cost of income loss for many. This financial insecurity is also underscored by the absence of any legislation defining employer-responsibility to pay for the full duration of maternity leave and other benefits.

One notable observation was that many WDWs said they returned to their native village for their pregnancies and deliveries.

A respondent mentioned,

“Main gaon chali gayi thi. Wahan parivaar aur aas paas waalon ka sahaara rehta hai”

“I went back to my village. There, I have support from my family and neighbours.”
– part-time worker, 48 years old

This movement back to native villages is prevalent among migrant workers. This is due to a more emotionally secure environment, social support and care for the rest of their children, if any, in their villages (ICSSR, 2011; Chatterjee, 2006; MOHFW, 2008). In addition, due to their migratory status, they rarely get health benefits from the schemes and policies at their work destinations. Studies have found that migrants are rarely able to access urban health services despite increased proximity to these services in the city (Ravindranath, 2018). Thus, despite the availability of better healthcare services in urban work destinations than in their villages, they prefer delivery in their native place. Many respondents returned to their work destination years after their delivery, after their children were a little older.

A WDW mentioned that she returned to work 5-6 years after her delivery. Another WDW said,

“Main pehli baar pregnant hui thi tabhi chali gayi thi. Phir, chaaro bacche hone ke baad gaon se wapas aayi”

“I returned to my native village when I was pregnant with my first child. I came back after giving birth to all four of my children.” – part-time worker, 30 years old

This migration back to their villages to give birth indicates that WDWs had to give up their source of income entirely in order to give birth to and raise their children in an environment where they had more family support.

Leave for delivery and employer support: 60% of WDWs who worked during their pregnancies reported getting leave from their employers for some duration - whether during pregnancy or post-delivery. However, only 10.9% of those who worked during pregnancy and post-delivery received support, benefits, and concessions from their employers. These benefits usually entailed employers not asking WDWs to lift heavy weights or climb heights, allowing children to be brought to the workplace, etc. In some cases, employers also made gifts of healthy food and money to the WDWs, but this was not common.

One respondent said,

“Ek ghar toh delivery ke 10 din baad hi bula liya thaa. Main aur chhutti karna chahti thi par nahi maane”

“One employer called me back to work after 10 days of delivery. I wanted to be on leave a little longer, but they did not agree” – part-time worker, 39 years old

For those, who returned to work early, post-delivery benefits were necessary, especially since paid domestic work involves labour-intensive tasks. Unfortunately, this was not a given reality for many WDWs. 26.5% of WDWs responded that they received no concessions or help from their employers and they had to carry on their work as before. This was especially harmful to women who joined very soon after their deliveries.

Health implications of going back to work early: The effects of strenuous labour on post-partum women who are not able to rest for the suggested time period are well documented and this presents as a health hazard for WDWs. There are multiple serious risks to the mother’s body if they rejoin work too soon - a respondent related how she suffered a uterine prolapse due to lifting heavy weights at her workplace post-delivery. While the association of prolapse to heavy work was not diagnosed medically in this WDW’s case, studies suggest that the non-obstetric strain on the pelvic floor due to heavy lifting can increase the risk of prolapse, along with multiple other factors. Further, a respondent who had lost her baby half an hour after birth due to a rise in blood pressure associated this distressing incident with an increased workload during pregnancy. The doctor interviewed in Jaipur noted, “The suggested rest period post-delivery is at least a month, which is important for the uterus to come back to its original size and position. If it is not taken, it increases the risk of uterine prolapse and also lactational issues”. Other health workers, such as the ASHA and Anganwadi workers in Jaipur and the unlicensed medical professional in Madanpur Khadar also shared that in their experiences, if women start undertaking labour-intensive work soon after their deliveries, they usually complain of backache, swelling of the feet, excessive vaginal bleeding and abdominal pain.

Multiple pregnancies and abortions can also impact a woman’s body, leading to the risk of prolapse (Shrestha, 2015). Not many WDWs reported undergoing abortion. However, one that did, shared that she still feels pain since she has gotten an abortion. Although, it was unclear whether she had had an abortion at a medical facility.

WDWs, usually due to their low economic status and other constraints, struggle to care for their postnatal bodies. During the KII with both ASHA and Anganwadi workers in Jaipur, they mentioned that most women in their area, many of whom worked as WDWs, could not take proper nutrition post-delivery, leading to weakness, swelling in legs, weight loss, and such. The Anganwadi worker further said that the lack of proper

nutrition in mothers, both antenatal and postnatal, increases the possibility of children being born nutritionally deficient.

Breastfeeding and childcare responsibilities: In the context of gendered labour, care work falls under ‘women’s work’; thus, inadvertently, the WDWs were the ones primarily responsible for their children’s care. For WDWs, the erratic work timings meant compromising with childcare. Furthermore, the WDWs who joined back early had difficulties breastfeeding their infants. Many part-time WDWs said they had to go home in the middle of work to feed their babies - meaning that they had to constantly travel back and forth between their homes and worksites. Moreover, WDWs also reported having to rely on supplements or formula feed if they did not have time to breastfeed. This was especially true for WDWs whose workplaces were not near their homes.

“Kutto ke tarah bada karna pada- doodh pilao, aur jao”

“I had to raise them like puppies. Feed them and leave.”
– part-time worker, 45 years old

While none of the respondents of this study mentioned any specific health issues related to breastfeeding, inability to breastfeed at regular intervals can be a potential health hazard. A few WDWs mentioned breast heaviness and pain in the chest due to their inability to feed babies at regular intervals.

A WDW shared,

“Din ko bottle se pilaati thi, raat ko apna doodh; poore din bhar chhaati mein dard bann jata tha”

“I would bottle feed during the day and breastfeed at night; I would have pain in my breasts throughout the day” – part-time worker, 33 years old

The Anganwadi worker interviewed shared her experience with a WDW who developed knots in her breast, leading to difficulties in breastfeeding.

Literature suggests that failure to breastfeed is associated with an increased incidence of premenopausal breast cancer, ovarian cancer, retained gestational weight gain, type 2 diabetes, etc. (Stuebe, 2009; Walters et al., 2019). Not being breastfed can raise risks of infectious morbidity, elevated risks of childhood obesity, type 1 and type 2 diabetes, leukemia, and sudden infant death syndrome, in children (Stuebe, 2009).

Childcare was also highly dependent on the structure of the family and the availability of other family members to care for the children in the mothers' absence. WDWs who had older children (usually daughters) or family members who could care for the baby reported fewer issues with childcare and breastfeeding. Some WDWs would take their young children to work when no one could care for them at home. However, this depended on individual employers and whether they would allow WDWs to bring their children to work. A WDW mentioned how she had to leave her infant at home, with food and milk in front of her, "*Kabhi kabhi potty karke udhar hi so jaati thi*" ("Sometimes the child would defecate there, and sleep like that, only") – live-in worker, 25 years old

Another WDW said,

"Main kaam pe le jaati thi, par madam ne bola ki bacche ko ghar ke andar naa lau kyuki woh ganda kar dega. Isiliye mujhe usko bahar sidhiyo mein khana aur khilaune ke saath rakhna padta tha"

"Initially, I would take my baby to work, but then my employer said not to bring him inside since he would make a mess. I had to then leave him on the stairs outside with food and toys" – part-time worker, 32 years old

While recollecting a harrowing incident, yet another WDW mentioned,

"Ek baar main bacchon ko ghar pe akele chhod ke gayi thi. Ghar mein aag lag gaya; padosiyon ko chatt se ghus ke bacche bachaane pade"

"Once, I left my kids alone at home when going to work. The house caught fire and neighbours had to break-in through the roof and save my kids."
– live-in worker, 25 years old

Despite these distressing incidents, there were a few WDWs who mentioned some positive instances of how sometimes their employers would look after their children while they were working.

A respondent recollected,

"Woh didi hi sulaati thi mere bacche ko jab main kaam karti rehti thi"

"Didi (employer) would lull my kid to sleep when I would be working."
– part-time worker, 35 years old

From WDWs experiences of working during their pregnancies, a few things were apparent. Financial considerations often pushed WDWs to work well into their pregnancies and join work much earlier than medically advised. However, it was not only this that was hazardous to their health and well-being – it was also the job insecurity that taking leave for maternity created, childcare responsibilities and lack of benefits like paid maternity leave and creche facilities.

iii) COVID-19

It would be negligent to talk about occupational health hazards without also examining the effects of the pandemic on WDWs. The COVID-19 lockdowns had a particularly severe impact on India's informal economy, creating numerous layers of disaster (ILO,2020). The crisis led to loss of jobs and thus livelihood in the informal sector. WDWs were not only severely impacted, but also unjustly branded as “corona carriers”- indicating that there was discrimination against WDWs as vectors of the virus due to their caste and class. This study attempts to examine the impact of the pandemic not only on deepening job security, but also on the health of WDWs.

Job-loss during COVID-19: 36.6% of respondents reported being unable to work during the first COVID-19 lockdown, imposed in March-May 2020. This can be attributed to two primary reasons:

- Voluntary leave due to fear: Out of 36.6% WDWs who did not work during first COVID-19 lockdown, some chose not to work out of fear of contracting the virus. The uncertainty and risks associated with the pandemic led them to make the decision to temporarily leave their work and prioritise their health and safety.
- Restrictions on mobility: Since they were not recognised as frontline workers, WDWs faced restrictions on their mobility during lockdowns and this would have prevented them from being able to work. These restrictions also included not being allowed to enter housing societies or specific guidelines being issues by RWAs for hiring domestic workers.

Additionally, it is important to note that many WDWs were denied work during this time because their employers erroneously believed that they were carriers of the COVID-19 virus.

“Jo bahar se aata hai wahi lagaata hai”

“Those who come from outside are the ones spreading it”
– part-time worker, 37 years old

This discriminatory misconception was corroborated by Elizabeth Khumallambam (CSCD) who said, “Additionally, the stereotype also existed that since the areas the WDWs reside in are unhygienic and risky, and there would be easy transmission of COVID-19”.

The COVID-19 lockdown and resultant job-loss itself was a hazard as it had a significant impact on the mental health of domestic workers – often causing stress and anxiety.

Domestic work during COVID-19: During the first COVID-19 lockdown, approximately 9.5% of domestic workers (WDWs) continued to work. However, an overwhelming majority, approximately 87% of WDWs, reported that they were able to continue to work only after the first lockdown was lifted. They reported going back to work within 2-3 months of it. It was noticed that WDWs in Delhi-NCR were able to go back to work a few months later than WDWs in Jaipur. This could be because the spread of the virus was not as extensive in Jaipur as it was in Delhi-NCR and because mobility restrictions were implemented more strictly and for longer in Delhi-NCR.

The fact that WDWs were able to resume work after a few months suggests that the demand for domestic work remained relatively high. Many WDWs were able to retain their jobs in the houses they were working in before the first lockdown. However, others were not and had to find new employment altogether. Elizabeth Khumallambam (CSCD) said, “They had to struggle a lot to find employment. WDWs who used to work in 4-5 houses before COVID-19 could find only 1-2 houses to work at; the employers were also sceptical about hiring. Respondents reported that the wages for domestic work decreased after the first lockdown. This was also mentioned by almost all the Union Leaders, who spoke about the experiences of the WDWs associated with their Unions. Meva Bharati (RMKU) shared that WDWs’ wages and the number of households they worked in reduced considerably post-lockdown. This reduction in wages had a significant impact on the financial stability and livelihood of domestic workers. Additionally, the strife created by the pandemic ensured a decrease in negotiating capacities of WDWs. Anita Kapoor (SMKU) said, “Live-in DWs used to get a monthly wage of 12-15k earlier in one home, but when they joined back after the first COVID lockdown, they were getting only 8-10k”.

COVID-19 precautionary measures and their impact on WDWs’ health

Precautionary measures were enforced by employers all throughout the pandemic. WDWs who were working during the lockdown had to undergo security checks and wear masks for prolonged hours. Even after lockdowns, around 76% domestic workers reported use of single/double mask while 70.2% mentioned use of mask for prolonged hours. A majority of respondents (76.9%) also reported the extensive use of sanitisers. An RWA member from South Delhi corroborates this and said that WDWs were asked to sanitise at the gates and were asked to change their masks before entering the housing society. In fact, in some housing societies, the use of sanitisers was excessive, to the point of inhumane, where respondents reported that sanitizers were sprayed on them at entry gates. Elizabeth Khumallambam (CSCD) relayed that many WDWs associated with her Union reported experiences of being sprayed with sanitisers in certain housing societies of Delhi-NCR. Similarly, in Jaipur, Meva Bharati (RMKU) mentioned that incidents of spraying sanitiser on the WDWs had led to skin irritation for them and their clothes being ruined.

While the use of masks, and sanitisers were supposed to be “safety” measures against the spread of the virus, they often became hazardous for WDWs. 53.4% of respondents reported experiencing side-effects like skin irritation, discoloration, rashes, excessive sweating, skin peeling or dryness, nausea, skin allergy, anxiety, suffocation, and difficulty in breathing. During the initial months of the pandemic, 60.9% of employers also wore masks while the WDW was working around them. Also, it is important to point out that it was easy for employers to wear masks, but considerably harder for domestic workers, who had to perform strenuous tasks while masks affected their breathing. One respondent who was engaged in child care mentioned the double burden of carrying a child around while wearing a mask the whole time. She reported difficulty in breathing. Another said,

“Ghabrahat hoti thi mask se”

“I felt anxious due to the mask” – part-time worker, 32 years old

Comparison between Delhi-NCR and Jaipur for precautionary measures (in %)

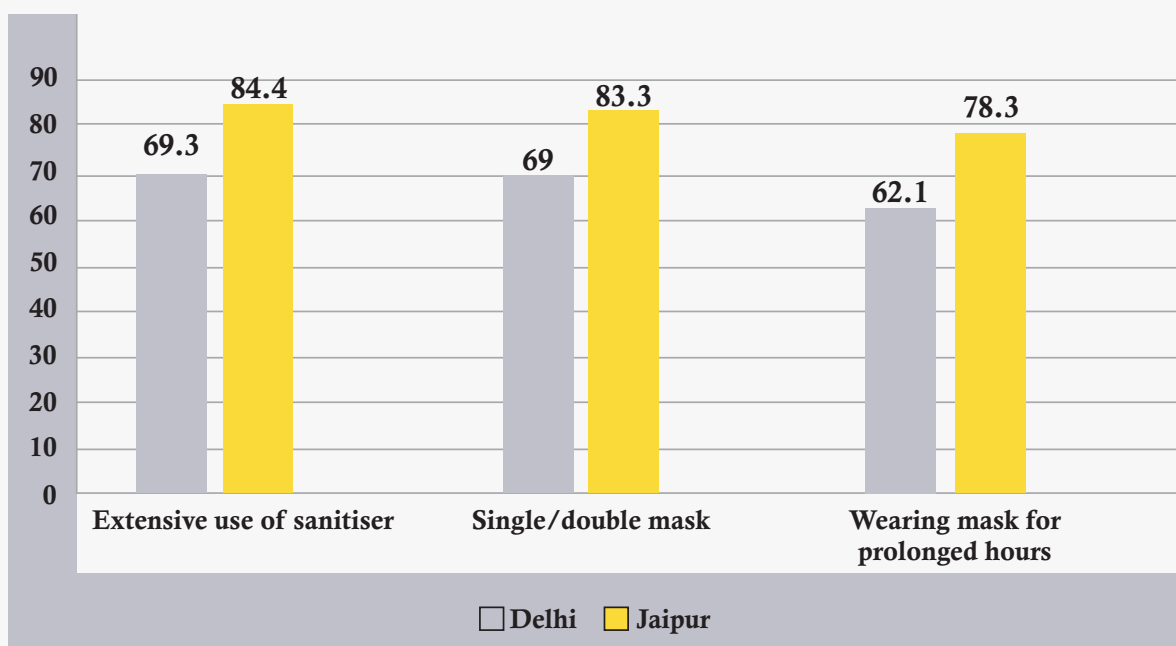


Figure 14

Contracting the virus and employer accountability:

41.2% of respondents reported that someone from their employers’ family had contracted COVID-19. However, only 32.2% of WDWs said that their employers made necessary safety arrangements for them. Based on the information given by respondents, it was gathered that:

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- Overall, 9.1% of employers reportedly took no safety measures for the WDWs and many of these workers ended up contracting the virus from their employers. Many respondents who contracted it report symptoms of long-COVID, saying that they still feel dizziness, weakness, joint pain and brain fog.
 - Employers who contracted the virus sometimes did not even tell WDWs about it - with 4% of total respondents reporting this. This lack of communication made WDWs' work environments hazardous with the potential of serious consequences as many workers were unknowingly exposed to the virus and continued to work without taking any necessary precautions. In Jaipur, 5.7% respondents explicitly mentioned that their employer didn't inform them about being infected.
-

“Mereko toh pata hi nahi chalne deta tha. Kaam toh karna hi padta tha”

“They made sure that I did not find out. I had no option but to work”
– part-time worker, 74 years old

“Unhone bataaya hi nahi ki corona hua hai, unki wajah se hume bhi hogya. 14 din ka chutti karna pada fir humein. Ilaaj ke kharche mein bhi koi madad nahi kari”

“They didn't tell us that they had COVID-19. I also contracted it from them and had to take leave for 14 days. They did not help with medical expenses for treatment.”
– part-time worker, 46 years old

- Approximately 16.6% of respondents mentioned that the patient was isolated in a separate room while the WDWs continued to work in the house. This suggests that some employers took measures to ensure that the virus did not spread from the infected family member to others. However, this was not always foolproof.
-

“Alag kamre mein rahe fir bhi hume corona hua unse aur zyaada beemaar hogyi. 20 din kaam par nahi ja payi, fir bhi koi paise nahi diye”

“The patient was isolated but I still contracted the virus. I got really sick. I had to take 20 days of leave and they did not even pay me” – part-time worker, 32 years old

- About 15.6% of WDWs reported that they were informed when their employers contracted the virus and given leave ranging from 14 to 30 days. However, it is important to note that these were mostly unpaid leave, which may have put financial strain on WDWs

Many of the above-mentioned points highlight the blatant disregard and refusal to take responsibility for the safety of WDWs on the part of employers. This is paradoxical as they rely on WDWs labour to run their households but in turn, put them at risk, forcing

them to work under hazardous conditions. Some WDWs who had good interpersonal relationships with their employers mentioned that they voluntarily continued to work for their employers even when the employer contracted the virus. Some others went above and beyond their regular duties, cooking food and delivering it to their employers' doorstep. It is important to also highlight here that the risks of working during COVID-19, were far higher for live-in workers. In two cases, in Jaipur, the employers forced WDWs' daughters to provide care for affected family members, which resulted in WDWs' daughters getting infected as well. The employer did not provide any compensation, either financial or otherwise, in this situation.

This section brings attention to the severe economic hardship created by the COVID-19 pandemic, the compulsion to work for lower wages and in hazardous conditions due to financial insecurity and the discrimination against and disregard for WDWs practiced by employers. WDWs risked their own well-being to carry out care work for others. Further, they did this without being provided with proper protective gear or health insurance or precautionary measures by employers. This once again brings in sharp focus the urgent need to accord them the status of Frontline workers. Such status will not only ensure their mobility during crisis situations like lockdowns and resultant job security but it will also bring them under the purview of tax-funded public health measures like vaccination and protective gear on priority, health insurance and compensation in case of death. It is equally critical to have a National legislation and a Labour Code that will provide a framework to improve the working conditions,, provide them proper protection, and will codify the onus and responsibility of the individual employer vis-a-vis occupational hazards.

“Chaahe jaan nikal ke haath mein naa aa jaaye, kaam toh karna hi hai”

“Even if I am on my deathbed, I will have to work” – part-time worker, 37 years old

“Beti apna sambhaalti hai, pati bolta hai tera kaam hai tu jaane”

“My daughter manages her own work, my husband says household work is your work, you manage.” – part-time worker, 41 years old

Chapter 6: Access to Healthcare and Health-Seeking Behaviour

Along with exploration of the past and ongoing health issues of WDWs and identifying potential health hazards, it is important to examine their access to healthcare, their own perceptions of their health and therefore subsequent expenditure on health. In the previous chapter, we have explained how potential risks to WDWs' health are not considered as hazards either by them or by their employers. This chapter will therefore also explore whether WDWs are able to prioritise expenditure on their own health. Possible constraints and barriers faced by WDWs in accessing healthcare will also be enquired into.

Access to Healthcare

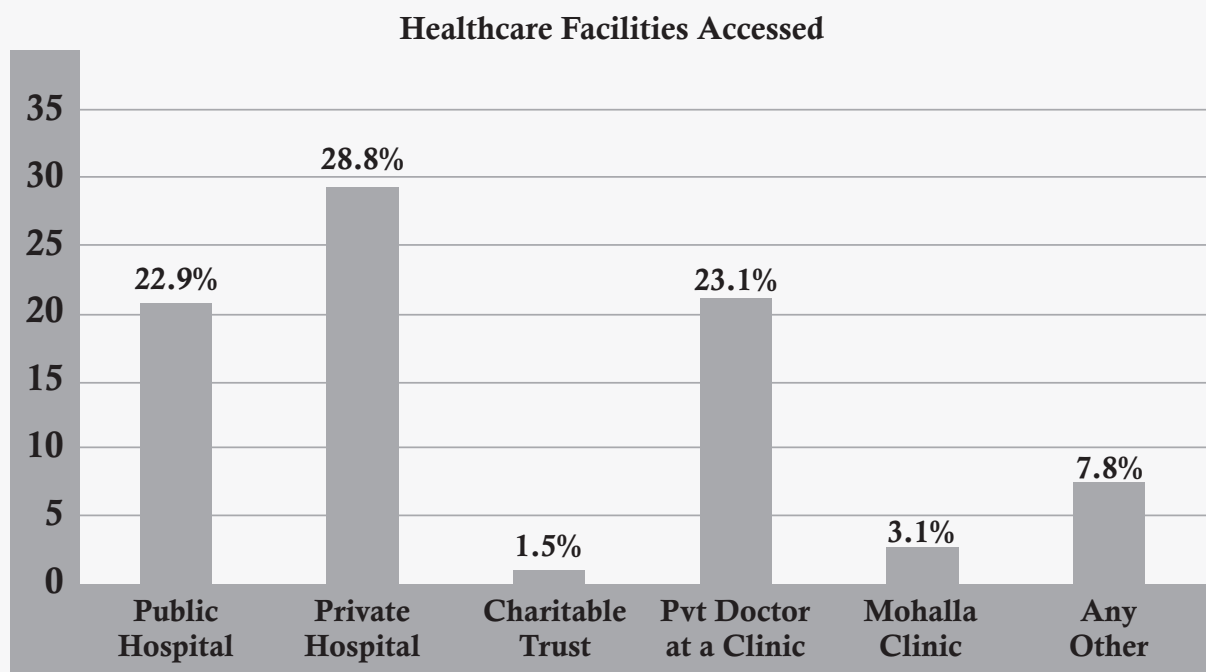


Figure 15

Respondents were asked about what kind of treatment they accessed and the nature of health facilities they could access. A majority of respondents (66.2%) reported getting allopathic treatment or medicines for their illnesses and health problems, with very few mentioning homeopathic, ayurvedic, naturopathic or other forms of treatment. The maximum percentage of respondents reported getting treatment in private hospitals (25.8%), followed by private clinics (23.1%). Combined, this shows a strong preference for private healthcare facilities, despite these being more expensive than public healthcare facilities. It was also noticed that even those who accessed public healthcare got medical tests done in private facilities - these included blood tests (for thyroid issues, diabetes etc.), ultrasounds, X-rays etc. 14.5% respondents reported accessing both public and private healthcare facilities. It is surprising that only 3.1% respondents said that they had accessed *mohalla* clinics in Delhi, raising questions on why they had not been able

to access these. This could be because of lack of awareness about these clinics, their location, the quality of upkeep and care provided there or these not being functional in the areas the respondents lived in. Anita Kapoor (SMKU) sheds some light on why WDWs are unable to access *mohalla* clinics, “*Mohalla* clinics are a very good step, but all kinds of medicines are not available there. Sometimes medicines available there have passed the expiry date. Medical tests are not conducted in these clinics, either. Moreover, the locations of these clinics are sometimes far off from where the WDWs live. Time definitely remains a constraint as well. WDWs would have to stand in long queues and miss out on a day’s work, sometimes losing their salary as well.”

Respondents said that they often preferred private healthcare facilities because public hospitals were crowded and it was time-consuming. This speaks to the time-poverty of WDWs, who also reported that they could not go to doctors for their health needs because they did not have sufficient leave from work. It was also observed that maybe government clinic timings were inconvenient for WDWs as they could not leave their work during the day. This was confirmed in the KII with the Public Health Manager of a government clinic in Jaipur, who said that WDWs often said that the timings of the clinic clash with their work timings. A respondent said that she was not explained anything properly at a government hospital. However, respondents did say that doctors in private hospitals explained properly. This could also be a reason why respondents chose private healthcare facilities over government ones.

Here it is critical to bring up the issue of not only what type of healthcare facilities WDWs were able to access, but also whether they were being explained what kind of treatment they were receiving. In a few worrying instances, respondents said that they had been advised to get surgeries by their doctors for white discharge, but they were not clear on why. This brings up the question of whether medical professionals were properly explaining illnesses, their causes and treatment options to WDWs. One WDW did not even know what she had gotten surgery for! Another respondent shared how she was not sure what procedure she had undergone. She used words like “*jaali nikaal di*” and “*safai kar di*” with relation to her reproductive system - but she said she was under anaesthesia and it was unclear to the team whether she had had a hysterectomy, tubectomy, abortion or some other procedure entirely. It was also observed by the team that respondents were joking about how sometimes medical professionals do not even examine them before prescribing medication.

Champa Devi*, a 45-year-old part-time worker encountered a harrowing incident that left her confused and uncertain about her health.

One day, her employers requested that she clean their blankets. However, while lifting a particularly heavy blanket during washing, Champa experienced intense and sudden pain in her lower abdomen that persisted throughout the night. Assuming that the pain might be related to her impending menstrual cycle, Champa went to work the next morning. However, her condition rapidly deteriorated, and she began to experience heavy bleeding.

Concerned for her well-being, she informed her employers about her condition, and they provided her with a pad to manage the bleeding. Unfortunately, the bleeding worsened, and Champa eventually fainted due to the severity of her condition after she came back home. Alarmed by her sudden collapse, her son and daughter-in-law immediately rushed her to the hospital for urgent medical attention.

Upon arriving at the hospital, Champa underwent a medical procedure. However, she does not remember much about the procedure since she was under the influence of anaesthesia, and the doctors had not directly communicated with her. Instead, her family members interacted with the medical staff on her behalf. Throughout the ordeal, Champa remained uncertain about her diagnosis and the exact nature of the medical procedure she underwent. She was not informed if her uterus was removed or what the medical intervention entailed. The lack of direct communication with the medical professionals left her with unanswered questions and a profound sense of unease. To this day, Champa remains unaware of the specifics of her medical condition and the nature of the procedure she underwent.

It is notable that WDWs were seeking medical attention only when health issues escalated to the point where they could not be ignored. A 40-year-old part time worker with continued backache and knee pain said that she takes painkillers to manage the pain and only goes to the doctor when the pain is unbearable. It was also observed that WDWs with multiple health issues had to prioritise which ones they got treatment for. However, those who got treatments for multiple health issues had to bear the brunt of high medical costs, as evidenced by a 36-year-old part-time worker who spent lakhs of rupees on treatments for her breathing issues (unspecified), liver issues, tuberculosis and on a tubectomy procedure. WDWs said that for common ailments, they usually took medicines on their own from the local chemist. An interesting trend that emerged was that WDWs in both Delhi-NCR and Jaipur reported often taking painkillers to be able to go to work - which is in line with the often-chronic pain in their body that they reported. While this pain was clearly reported as a result of occupational health hazards by many respondents (see section on Health and Safety at the Workplace), it was also often a result of past injuries, surgeries or ongoing health conditions.

Expenditure on Health

Information on health expenditure was collected across categories like cost of doctors' consultations, cost of medicines and tests, cost of transport to medical facilities and any other expenses. While many respondents did not provide a breakdown of their expenditure, it can be extrapolated from those who did that doctors' consultations at private hospitals or clinics cost anywhere between Rs. 100 and Rs. 600 per visit. Money spent on tests in private clinics and medicines cost anywhere between Rs. 100 and Rs. 2,000, with a few respondents saying that it could even go up to Rs. 4,000. Transport to and from medical facilities cost roughly between Rs. 100 and Rs. 500. Other expenses were incurred on things like regular check-ups, physiotherapy where needed and nutritional supplements. One respondent even said that food for relatives visiting her

in the hospital was an added expenditure! However, it is important to point out that expenditure on these things may be much more than what is reported because there is no uniform data on how many times respondents visited doctors, got tests done etc.

Overall, a majority of respondents (50.4%) spent up to Rs. 10,000 on healthcare. 13.7% respondents spent up to Rs. 1,00,000 and in a few instances, even more than that (up to Rs. 5,00,000). Some of the largest expenses were those spent on surgeries and varied widely. A 41-year-old part time worker who had a surgery for uterine prolapse and subsequently, a hysterectomy, reported her total surgery and post-surgery cost at Rs. 1,50,000. With individual incomes of mostly a maximum of Rs. 20,000 or less per month, it is clear that WDWs health expenditure often exceeded their income. 46.6% respondents earned between Rs. 5,000-Rs.10,000 a month. However, within this category, 14.8% respondents spent between Rs. 1,000 and 10,000 and 7.4% spent over Rs. 10,000, up to Rs. 1,00,000. Only 4% of respondents said that they were able to access free public healthcare fully and did not have to pay for anything.

How Medical Expenses Were Met With

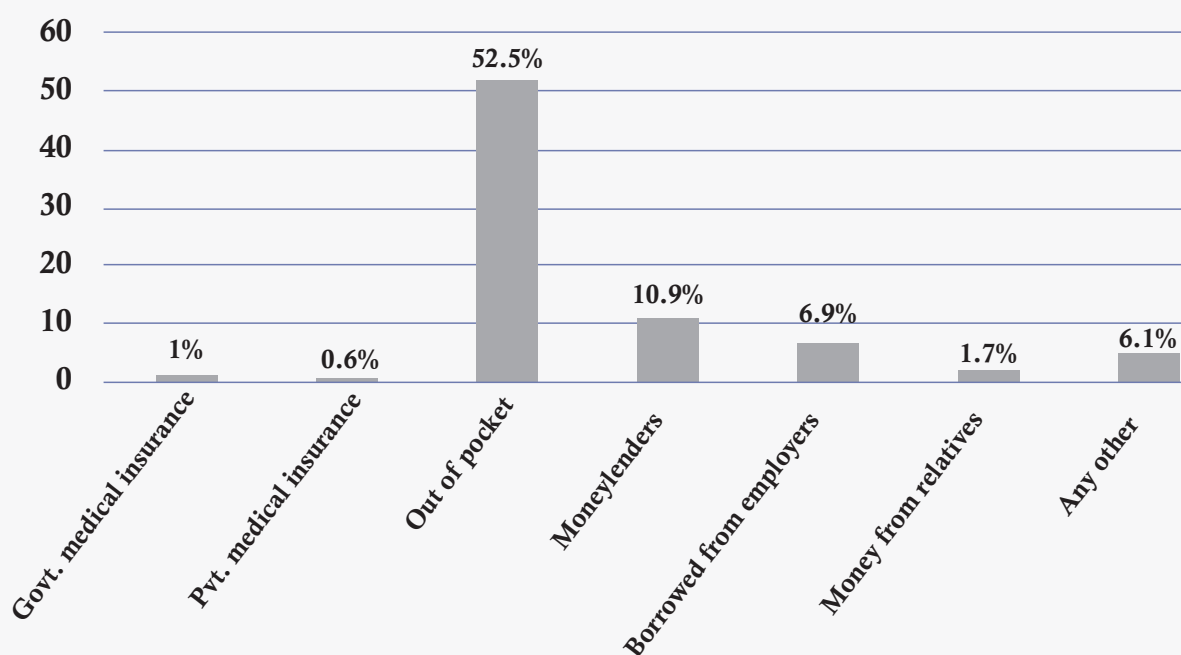


Figure 16

It is relevant to note that a majority of respondents (52.5%) said that they paid for medical expenses out of their own pockets. It is possible then that they used their savings for medical expenditure. However, it was later observed by the team that respondents' understanding of "out of pocket" included borrowed money (not on interest) from family, friends and neighbours. 11% respondents also reported borrowing money on interest from family, friends and neighbours. Jagori's rapid survey – "Livelihoods on Loan"¹- conducted with WDWs in 2021 also indicates that meeting medical expenses

¹ Livelihoods on Loan, (May-June 2021) http://www.jagori.org/sites/default/files/Domestic_Workers_Infographics_2.pdf

was one of the key requirements for which WDWs needed to borrow money. Those who borrowed money from employers to meet medical expenses reported repaying it slowly, with fixed amounts being deducted from their monthly salaries. A few other ways healthcare costs were met with by WDWs included full financial support from their children or employers. In a few cases, respondents said that they used their widow pension to pay for health needs. In one heartwarming case, a respondent said that she was diagnosed with a stomach ulcer and could not afford to pay for treatment herself, so all her friends who were also WDWs contributed to her treatment - an amount that totalled approximately Rs. 1,50,000.

Barriers to Accessing Healthcare

Here, it is important to note that insufficient income, time and financial distress (with WDWs paying high rents and supporting other family members financially) were the largest constraints on WDWs accessing healthcare. As some respondents shared, they also bore the financial responsibility of treatment for their family members and therefore could not prioritise their own health needs. Further, some respondents even reported leaving prescribed treatment midway because they could no longer afford it. They also said that this was also the reason that they could not get prescribed lab tests done. A respondent shared how she paid Rs. 20,000 a night for her daughter's treatment at a private hospital. Another related how she had been advised to get a surgery for her gall bladder but she did not and even stopped taking medication due to monetary issues. However, her husband had a surgery and even though he got it in a government hospital free of charge, other expenses in private hospitals cost up to Rs. 6,000. Yet another respondent with body ache, migraine and issues of white discharge said that she could not afford to get any tests done because of poverty.

For the past four years, Deepa*, a part-time worker, has been grappling with diabetes, a condition that leaves her perpetually tired and drowsy. This chronic health issue hinders her productivity, making it challenging to fulfill her work responsibilities efficiently.

Unfortunately, her health struggles did not end here. Deepa was struck with a severe bout of typhoid accompanied by pneumonia, a debilitating combination that kept her bedridden for two to three long months. Her prolonged absence from work led her employers to replace her with another WDW, adding financial strain to her already burdensome situation.

Adding to her health woes, Deepa faced stomach ache and excessive bleeding, which she initially attributed to menstruation. A sonogram done at a private facility revealed that she was suffering from stomach ulcers, likely aggravated by the numerous medications she had taken to treat her previous ailments.

With mounting medical expenses and no financial safety net, Deepa found herself in a desperate situation. She lacked the funds required for her treatment, prompting her to take a loan of three lakh rupees. As a last resort, she even pawned her cherished jewellery to meet the overwhelming medical costs.

To make matters worse, Deepa had to borrow substantial amounts from her son's employers, further adding to her debt burden. Faced with pressing medical needs and limited options for affordable healthcare, she sought assistance at a public hospital. However, the lengthy process and lack of attentive care compelled her to go back to a private hospital, where her condition could be addressed with more urgency.

Deepa's case illuminates the harsh realities faced by many part-time workers who struggle to balance their health challenges with meagre finances. The absence of adequate health insurance or comprehensive healthcare support puts them in a vulnerable position, leaving them with limited access to quality medical treatment

It can be seen that even for large healthcare expenditures, WDWs had to come up with ways to meet these on their own, often having to take loans. Only a fraction of respondents (0.01%) reported using any kind of health insurance (whether public or private). A 48-year-old part-time worker with knee pain who says that she does not have any government support or health insurance said that *"Aankho se ansoo beh jata hai, itna dard hota hai"* ("It hurts so much that tears well up in my eyes"). However, it is important to note that while in Delhi-NCR, WDWs did not have any health insurance (including Ayushman Bharat² or under the Employees' State Insurance Scheme³), in Jaipur, some respondents had Bhamashah⁴ and/or Jan Aadhar⁵ cards, under which they could potentially get health cards for free medical treatment. Some others also reported having a Chiranjeevi⁶ Card, which is the health insurance scheme in the state of Rajasthan. Respondents had this card because RMKU has been actively working to assist WDWs apply for these. However, most respondents had not availed benefits under this yet.

Among the many factors that affect WDWs access to healthcare and health-seeking behaviour, poverty and lack of time/leave emerged as the two main barriers to WDWs accessing healthcare. It is also seen that WDWs could often not give priority to their own needs if they were bearing the financial responsibility of other family members. Regarding maternal health, one gap that was noticed was that apart from visiting hospitals for deliveries, WDWs did not much mention seeking natal and post-natal care. This brings us back to the point of them seeking healthcare only in medical emergencies with other health needs being neglected. WDWs do not seek medical attention until absolutely necessary getting into a trap of unending cycles of treatment and debt. It is therefore crucial to ensure that state-sponsored health schemes and benefits are reaching WDWs and they are able to access them.

2 Ayushman Bharat Yojana, also known as Pradhan Mantri Jan Arogya Yojana (PMJAY), is a healthcare scheme launched by the Government of India. It aims to provide health coverage to the economically challenged sections of the society.

3 The Employees' State Insurance Scheme is an integrated measure of Social Insurance embodied in the Employees' State Insurance Act and it is designed to accomplish the task of protecting 'employees' as defined in the Employees' State Insurance Act, 1948 against the impact of incidences of sickness, maternity, disablement and death due to employment injury and to provide medical care to insured persons and their families.

4 Under this scheme, every eligible member is provided treatment benefits of upto Rs. 30,000 for general illnesses and Rs. 3 lakhs for critical diseases.

5 In this Rajasthan-specific scheme, the cash and non-cash benefits of various government schemes are directly and transparently transferred to the eligible actual beneficiaries by adopting information technology by reducing human intervention for distribution of benefits.

6 The Mukhyamantri Chiranjeevi Yojana was introduced in 2021 by the Rajasthan government to provide health insurance worth Rs. 10 lakhs for certain segments of society which may not be financially independent.

Chapter 7: Experiences of Violence

Experiences of gender-based violence are often a harsh reality of women's lives – especially women belonging to vulnerable groups. Since the primary focus of this study is occupational health, the scope of enquiry into the forms of violence was limited to sexual harassment at the workplace (refer to section on Ethical Considerations, pg.19). However, it was foreseen that WDWs would still share experiences of violence. Therefore, while this information was not available consistently, 246 out of 524 respondents (47%) mentioned experiencing some form of violence and it is important to acknowledge that the experiences of violence impact the lives and work of WDWs.

Violence experienced by WDWs has been divided into 5 categories.

i) Sexual Harassment at the Workplace

There is a wide array of literature (as indicated in the Background chapter) documenting the prevalence of sexual harassment at the workplace for WDWs. In this study, 7% WDWs mentioned facing sexual harassment at the workplace. Some forms of this harassment included lewd remarks, indecent exposure, attempting to solicit sexual favours, molestation, showing of porn etc. Some respondents explicitly shared their experiences.

Live-in workers are often at higher risk of sexual harassment by employers. A 25-year-old live-in worker shared that her 55-year-old male employer used to enter the bathroom while she was bathing, molest her, and wait for her in her room at night. She reported this to the female employer, but no action was taken.

Another instance of this was related by a 31-year-old part-time worker. She shared that two of her previous employers demanded sex in the absence of their wives. When this continued, she reported it to the wives of these male employers and left employment in both houses. She voiced her fear, saying, *“Mard hai, peechhe se kuch kar de toh hum kya bigaad lenge. Aise galat aadmi ke ghar me kaam karna hi nahi hai”* “He is a man, who knows what harm he is capable of; I would be helpless. I would rather not work in such a man's house”.

As can be seen, in some instances of sexual harassment, WDWs left their jobs, however in others, they stayed. A 24-year-old WDW shared that her male employer would try to take videos of her working when she was performing tasks like sweeping the floor. This was done without her consent and she reported these incidences to his mother, who lived in the same house. Since then, the mother made sure that she remained in the room whenever the WDW was sweeping or mopping the floor – to prevent her son from repeating his behaviour. This is a case where the employer took some measure to try to prevent sexual harassment. The WDW still works there out of fear of losing her income.

WDWs also reported facing sexual harassment from male workers, such as security guards of the building/s or drivers employed in the same house. A WDW (live-in

worker, 30 years old) shared that in one of the houses she worked in, the driver used to say inappropriate things. She had informed her employers, but they did not take any substantial action, only verbally reprimanded the driver.

It was observed that there is no awareness at all about Local Committees (LCs) constituted under the POSH Act 2013 - the redress mechanism for sexual harassment at the workplace for informal sector women. Therefore, it is not surprising that WDWs felt that the only way to deal with this was to quit their jobs in houses where they were being harassed. Meva Bharati (RMKU) estimates that in her experience, if she were to quantify it, only 10% WDWs were able to continue working in houses where they were harassed. Even though LCs are supposed constituted in each district, in both Delhi-NCR and Jaipur, there were challenges in the functioning of LCs or they were unfunctional. Nandita Pradhan Bhatt (LC member, South-East Delhi) and the LC Chairperson, Jaipur both pointed to the fact that there are no funds available for LCs, no physical space is allotted to them and LC members do not even receive travel allowances. Further, no information is displayed on notice boards or signages anywhere about where these LCs are and how to reach them – especially not in the areas WDWs live and work. Nandita says, “Even if WDWs have heard of LCs, it is an abstract concept – they do not know whether they will get help. LCs are also geographically located in areas that are not near their homes”. In both Delhi-NCR and Jaipur, not a single case reported was that of a WDW.

KIIs with Unions and CSOs working with WDWs revealed that there was low awareness about LCs amongst them as well. Some had heard of them but no one was sure where these were or whether they were functional. Anita Kapoor (SMKU) said, “When WDWs come to us, we counsel them but we are not professionals. We have heard of LCs but they are not functional and WDWs do not know where they are”. Subhash Bhatnagar (Nirman) talked about live-in WDWs and said that when they were made aware of cases of sexual harassment, they intervened themselves and made sure the WDW left her employers house and was helped in going back to her village. Harkesh Bugalia (the lawyer providing legal counsel to RMKU) said that WDWs were sexually harassed by placement agents as well – in these cases RMKU intervened to make sure that WDWs got some financial compensation. In the absence of a robust redress system, Unions and CSOs provided support to WDWs the best they could. Besides they pointed out that WDWs were hesitant to bring up issues of sexual harassment with them – often only speaking up when another WDW reported it.

This could be because often, the blame falls on women themselves. This, along with the fear of losing their job income and livelihoods, could also be a barrier to reporting sexual harassment at the workplace. Elizabeth Khumallambam (CSCD) corroborates this by saying that WDWs are scared of victim-blaming. She related an incident where a live-in worker was harassed by her employer for one month. She was able to finally escape and went to the police, who in turn, sent her to a One Stop Centre. However, when she came to the Union after this, she did not wish to take legal action against her employer because she was fearful of how this would reflect on her family back in the village, and what people would say.

The respondents of this study held certain biases when it came to sexual harassment. A few said that such incidences of harassment happen only to a certain type of women.

One WDW expressed,

“Jab khud mauka dogey, tabhi ye sab hoga”

“These things happen when you give them a chance.” – part-time worker, 60 years old

Another said,

“Ye sab badtameez auraton ke saath hi hota hai”

“These things happen with obnoxious women.” – part-time worker, 36 years old

This perception of what happens to “bad” women is a prime example of internalised forms of patriarchy and is extremely divisive and detrimental. It was also noticed during this study that while some respondents openly talked about their experience of being sexually harassed, others were hesitant to share details despite saying that they felt unsafe at their workplaces. This could be because of a multitude of reasons – including not wanting a negative image amongst their peers, feelings of shame, fear of accusing a rich or powerful employer, and of course, loss of job and income.

Sexual harassment is also often connected to other kinds of violence. A respondent (part-time worker, 33 years old) shared that when her male employer stood before her in his towel and flashed her. She told her female employer about this. However, instead of addressing the incident, she was later accused of theft in this house and fired. Another WDW voiced her fear about reporting sexual harassment saying, *“Naya ghar nahi mil raha hai kaam ke liye; aur kya pata wo log galat baat faila denge ki main chori karti hu.”* (“I was unable to find new employment. And what if they accuse me of theft and spread the rumour”). – part time worker, 24 years old

Neha Wadhawan, National Project Coordinator, ILO, said, “Sexual harassment in the workplace is often linked to other forms of violence experienced by women workers at the workplace. It’s not always a standalone act, e.g. the threat of sexual harassment could be linked to longer working hours, isolated workplaces and lack of labour inspection in informal employment. A comprehensive framework and more resources to study different forms of violence linked to poor working conditions is much needed”.

ii) Other kinds of workplace harassment

Other than sexual harassment at the workplace, WDWs faced other kinds of violence at their worksites as well. Baseless accusations of theft were also found to be pretty

common, especially in Jaipur. Multiple respondents reported such accusations, making it difficult for them to find new jobs. In two cases of such accusations, they were beaten brutally by employers and the police had to be notified. Some situations involving such unfounded accusations also led to jail time for a few respondents.

Aarohi* narrates an incident that is a prime example of another form of violence WDWs face:

Five years ago, she was working in a house where she was accused of stealing a mangalsutra (traditional gold necklace). One day, her employers (husband and wife) brought in a policewoman in plainclothes, took away Aarohi's* phone and brutally beat her inside a locked room. The male employer threatened her - *"maar ke rakh doonga kisi ko pata bhi nahi chalega"* ("I could kill you and no one would know"). However, this is not where the violence stopped. She was taken to the police station, where she was beaten again. Aarohi was 18 weeks pregnant when she was beaten and suffered a miscarriage due to the beatings.

A few days later, her employers called her and said that they had found the mangalsutra. They apologised over the phone and offered her Rs. 10,000, which she refused. Aarohi asked them to apologise to her publicly since this incident had led her neighbours and others in her community to brand her a thief. Her employers did not agree to this.

As a result of these incidents, Aarohi sustained physical injuries so severe that she could not stand for 15 days and one eye was badly hurt. It took her 4-5 months to heal. She can still feel the pain in her limbs sometimes.

While Aarohi's story is one of extreme inhumane behaviour and violence, accusations of theft against WDWs by employers are not uncommon.

One WDW (full-time worker, 28 years old) who worked as a live-in worker earlier recalled an incident when she and other WDWs living in the same employer's house were strip-checked based on a theft allegation.

Employers sometimes even physically assaulted WDWs. A WDW recounts how an employer assaulted her over the question of wages,

"Kaam mein kami nikaalte thhe. Paise bhi nahi dete thhe. Paisa maangney gayi toh mera gala dabaa diya. Thaane mein likhwaya, Union se bhi sab aaye, samjhauta karwaaya, par phir bhi poore paise nahi miley"

"They used to find faults with my work and did not pay me on time. One day I went to ask for my money and they choked me. I registered a complaint against them with the police – Union members accompanied me. But eventually, the employers and I came to a compromise about this and they agreed to pay me. But I still did not get what I was owed"

– part-time worker, 36 years old

Harkesh Bugalia (lawyer providing legal counsel to RMKU) also shared an incident where a WDW was ruthlessly beaten by her employer. He said that no law talks about compensation for the aggrieved in these cases. It then has to be an informal negotiation with employers. Having participated in such negotiations, he said that the amount of compensation employers are willing to give depends on the nature of injuries sustained – for beatings, they are ready to give up to approximately Rs. 1.5 lakhs, for murders, it is up to Rs. 5-10 lakhs. He also pointed out that since taking the legal route is long, tedious and expensive for WDWs, they usually opt for out-of-court settlement. Even in serious cases (such as murder by employers), chances of conviction are perhaps more likely only after it is dragged out in court for over 5 years.

Verbal abuse by employers and them firing WDWs at their whim were also reported as other forms of harassment. One WDW said that her employer was very rude to her and threatened her, saying things like.

“Chappal se maarungi”

“I will beat you with slippers.” – part-time worker, 70 years old

Another WDW mentioned,

“Gaali galoch bahut karte hai, meri beti ke baare me bole- kitno ke sath ghoomti hai, wo randi hai”

“They would verbally abuse me and use expletives, even about my daughter— saying that she roams around with so many men, she is a prostitute.”

– part-time worker, 40 years old

Yet another shared,

“Ek baar bhaiya- madam mein kuchh jhagda hua tha. Uss din dinner mein maine khichdi banaayi thi- unhe nahi pasand aayi toh bura-bura bola, aur bola ki is khichdi ko baahar fek dunga”

“Once, the employers fought amongst themselves. I had cooked khichdi that night; they did not like it and started raising their voices at me and said they would throw away the food.”- part-time, 26 years old

A 45-year-old live-in worker narrated her experience of working with a previous employer,

“Ek baar sabji mein namak kam tha; wo bole boriya bistar uthaalo, apna hisaab baad mein hota rahega”

“Once, there was not enough salt in the food; they asked me to pack my things and leave. They said would pay me later.”

She was then fired from this job.

iii) Domestic Violence

Though lesser in number, detailed narratives of domestic violence did emerge. Despite its distressing nature, respondents seemed to have come to accept it as an inevitable part of their reality. This could be because it is still considered something that is not to be spoken of outside the house. Reporting of domestic violence could also be low because WDWs may not have time to make this a priority – with other concerns like wages and leave taking precedence.

WDWs in the study attributed incidences of physical and verbal domestic violence majorly to the prevalence of alcoholism and unemployment of their husbands.

One WDW said,

“Mere pati jab kaam pe nahi jaate thhe, aur poora din daaru peete thhe, yeh sab tabhi hota tha. Padosi aur union ne samjhauta karwaaya, police tak kabhi nahi le gayi baat”

“When my husband was unemployed and drank all day, that was when all the domestic violence happened. Neighbours and the Union intervened, and we reconciled. I never went to the police regarding this.” – part-time worker, 32 years old

Another said,

“Nashedi bhi hai toh bhi apna aadmi hai”

“Even though he is a drunkard, he is still my husband.” – part-time worker, 45 years old

A live-in WDW who had migrated from her village to Jaipur with her two daughters, narrated her experiences of domestic violence and how she had to come to a new city to escape it. Even though many years had passed, she was still worried that someday her husband would show up and hurt her younger daughter. Another WDW shared how she got a fracture due to domestic violence, which in turn, affected her job.

In an extreme case of violence, a WDW shared,

“Mera pati daaru peeta tha aur bohot maarta tha, toh mai 15-16 saal pehle apne beti ke saath wahan se nikal aayi aur apne 2 beto ko uske saath rehne diya. Mera bada beta 22 saal ke umar pe TB se mar gaya, aur chote wala 16 saal ke umar mei baap se pit kar mar gaya”

“My husband would drink alcohol and beat me. Some 14-15 years ago, I left that house with my daughter and left behind 2 sons with my husband. The elder one was 22 when he died of TB; the younger one was beaten to death by his father when he was 16 years old.”
– part-time worker, 40 years old

Preeti* shared her experiences of multiple types of continual violence:

She experienced violence first in the form of child marriage, when she was married at only 15 years of age. The extremity of violence quickly escalated when her husband tried to kill her. However, this incident was never reported to the police. At this time, her natal family was supportive and she got married a second time to her paternal aunt's son. After a few months of marriage, her husband left for Bombay and started threatening her about marrying someone else. Since getting married a second time, Preeti was living in her natal family home – where her family displayed cruelty towards her by allowing her to only live on the roof and sleep in the kitchen at night, with her two young children (7 and 3 years old).

In addition, whenever her husband visited her at her natal family home, he would subject her to constant physical and sexual assault. She underwent two abortions for pregnancies caused by marital rape. In another instance, she tried to break up a fight between her husband and his brother and got physically hurt herself. She was pregnant at the time and suffered a miscarriage due to her injuries. Her current husband regularly taunts her about her first marriage. He gets verbally abusive towards her even in public places. She says that she has no financial support from him either.

“Pati se toh mujhe kabhi kuchh nahi mila, mai agar nahi rahu to baccho ko dekhne wala koi nahi hai” (“I never got anything from my husband. If I die, my children will have no one to look after them”).

In most cases, WDWs who experienced physical and/or verbal domestic violence resolved these issues within the family, with some intervention from neighbours, or at most, with the Union's help. However, they never made a formal complaint. This could be because of the taboo still attached to domestic violence and that it was something that should stay and be dealt with within the house.

WDWs also mentioned experiences of abuse beyond the physical. Respondents shared some instances of emotional abuse and control. A 32-year-old part-time worker said her husband scolds her, tries to control her social mobility, and puts many restrictions on her. Another shared that her marital family would abuse her because she bore 5 daughters. They would keep tabs on her periods and check what medicines she takes. She also shared that she wanted a tubectomy, but her marital family would not allow it.

Another form of domestic violence that was reported by respondents was abandonment by their husbands. Many WDWs said their husbands left them without warning and remarried without legally separating, leaving WDWs in both financial and mental distress. Some WDWs reported having no information about the whereabouts and well-being of their husbands for many years. A WDW said,

“20 saal pehle kahi chala gaya, uske baad se koi ata pata nahi hai”

“My husband left 20 years ago; I do not know anything about him since then.”

- full-time worker, 42 years old

Another respondent said,

“Woh (husband) saara paisa leke bhaag gaya; meria hi kamayi thi sab, woh kuchh nahi karta tha”

“My husband ran away with all the money. I had earned all of it, he was unemployed.”
– live-in worker, 46 years old

Kusum*, a 39-year-old part-time worker shared the harsh reality of her life:

Kusum’s husband is physically and verbally abusive and everything sets him off. She said that she is beaten whenever she asks for anything or when she is even a little delayed in serving him food. He hits her even in front of other people with whatever he can get his hands on – utensils, belts, brooms. She also described in vivid detail how he pulls her hair and drags her by it often. In addition, he himself has an extramarital affair and sometimes doesn’t come home for 2-3 months. He beats their daughter too. Kusum has frequent backache - “peeth pe laath maari toh haddi toot gayi” (“he kicked me in the back and my spine was fractured”). She had to lie at the hospital for treatment and told them that she slipped and hurt her back.

During her second pregnancy, Kusum worked all 9 months. Right after she gave birth, her husband told her to leave the hospital immediately, despite the nurse warning that Kusum could experience a uterine prolapse if she left so soon. In a horrifying turn of events, he made her walk back from the hospital hours after giving birth because he did not want to spend Rs.30 on an auto. He also forced her to go back to work 3 days after delivery. Kusum* laments,

“Gaadi bhi pati ke naam se li hai, bank account bhi unhi ke naam tha, bolte hai kya karegi tu, bhagne ka plan hai kya” (“Our vehicle, bank account – everything is in his name. He tells her that she cannot run even if she wants to”).

Kusum’s experience brings forth the ugly reality of domestic violence with its various forms of coercion and control. Coupled with economic dependence on husbands, this often forces marginalised women to stay in abusive relationships.

iv) Sexual harassment at Public Spaces

During their commute to and from work, WDWs were vulnerable to harassment in public spaces. Interestingly, when asked about feeling uncomfortable or unsafe at work, they mentioned instances of public space harassment. These could be in the forms of lewd or sexually charged comments, catcalling, indecent exposure and stalking.

A WDW shared,

“Ek baar ek aadmi Maruti mei mera peechha kar raha tha bohot der; mujhe kisi gharki gaadi ke peechhe chhupna pada 10-15 mins tak, unse bachne ke liye”

“Once, a man followed me in his Maruti for a while. I had to hide behind someone’s car for 10–15 minutes to escape him.” – full-time worker, 40 years old

Another WDW recollected a disturbing experience,

“Ek aadmi khada thaa raaste pe, jahan se mai jaati hun; wo pant khol ke, apna nikaal ke khada tha aur gande ishaare kar raha tha”

“Once a man was standing on the path I take to get to work; he had his penis out and was making obscene gestures.” – full-time worker, 48 years old

An 18-year-old full-time respondent shared that she works till 7-8 pm and there are no street lights on her way back home,

“Kabhi kabhi log chhedhte haina, dar lagta hai. par kaam khaatam ho jaaye toh bhi nahi nikalne dete hain jaldi”

“Sometimes, men make lewd comments, and I get scared. But my employers do not let me leave early, even when all the work is done.”

Most WDW saw public space harassment as the norm and rarely took any action or reported it – possibly indicating the fear of further violence if they did. Only one out of all the WDWs who talked about public harassment mentioned taking action. She said,

“Pehle do ladke peechha karte thhe jab main kaam se der se laut ti thee. Ek din maine chappal maari unko aur phir police ko bata diya. Agle din police baahar ke kapdo mein aake unko pakad liye”

“Two boys used to follow me when I was returning home late from work. One day I took hit them with my slippers and reported them to the police. The next day, the police came in civil clothes and got a hold of them.” – part-time worker, 41 years old

v) Child marriage and early childbirth

Findings reveal that 15.6% respondents had early or child marriage. This was especially true for migrant WDWs from West Bengal. They reported being married usually between the ages of 13 and 15, a finding corroborated by the Census and NHFS-5 (2019–21). According to NHFS-5 report, although it is declining now, West Bengal is one amongst the states with a high percentage of women getting married before the age of 18.

A consequence of early/child marriage is early childbirth. The World Health Organisation defines early childbirth as instances when women below 20 years of age give birth. 41% WDWs had children while they were still adolescents – 19 years and below. Even though those who gave birth to children in adolescence did not always mention being married at a young age, it is safe to assume that most WDWs who gave birth to children early in their lives also had early/child marriages. A respondent related

her experience of being married at 12 years of age, and having her first child at 14. She started working as a WDW at age 15, indicating the presence of another type of violence experienced by WDWs, namely, child labour.

A sad social reality is that India is the home to the world's largest number of child labourers. A growing phenomenon is the use of children as domestic workers in urban areas. Some respondents reported that they started working as domestic workers when they were only 11-12 years of age. Financial distress compels many young adolescents to enter domestic work at an early age. The absence of parents or guardians can also leave children vulnerable, pushing them into work to support themselves and their families. Another notable trend observed is the involvement of young girls in domestic work accompanying their mothers or other female family member, who are already engaged in paid domestic work. This intergenerational transmission of domestic labour perpetuates the cycle of child labour.

Very few WDWs tried to report or address the violence they were facing. It was also noticed that except in cases of sexual harassment at the workplace, WDWs did not discuss other types of violence much with the CSOs and Unions they were connected to. There could be a multitude of factors for this. From KIIs with CSOs, Union leaders and lawyer, it was clear that WDWs' reasons for not reporting violence included the fear of victim-blaming and bringing shame to their families. Key informants also said that there is often a lot of pressure on WDWs to not report instances of violence – either by families or by upper-caste/class perpetrators.

The belief that only sexual and other forms of workplace harassment have a direct impact on WDWs is deceptive. Other kinds of violence, while not related to work, also affect WDWs both mentally and physically. Domestic violence, for example, adds to their vulnerability and compels them to remain in domestic work – with is low-paying, exhausting and replete with health hazards. Accusations of theft undermine their work and raises questions about their honesty and integrity – with WDWs losing out on employment due to this. Sexual harassment in public spaces create unsafety during their commute – and they have no other option but to take these routes to work, risking their safety. The impact of early childbirth on WDWs bodies can also be severe and merits more research. It is also extremely important to note here that WDWs are subjected to these various forms of violence within the broader framework of structural violence, thus compounding existing vulnerabilities.

Conclusion

This study was designed to fill a crucial knowledge-gap about the occupational health hazards of women domestic workers (WDWs). This was done through an examination of what these could be, given the nature of domestic work, how these were perceived by domestic workers themselves and what impact they had on the health and well-being of WDWs. The findings of this study have also captured the nature and key features of domestic work, discriminatory practices, the burden of unpaid care work in their own homes and experiences of violence.

An attempt to explore occupational health and safety of WDWs

In the Indian context, occupational health and safety has not been defined for informal workplaces. Yet it is something that has very real ramifications for domestic workers and other informal sector workers. It is extremely critical to note that there is no clarity in the minds of WDWs about the debilitating effect of paid domestic work on their health. This research is a positive step towards identifying potential health hazards for WDWs and trying to establish interrelationships between domestic work and the ill-health experienced by WDWs. While there have been multiple studies in India investigating the living and working conditions of WDWs, this study is a first-of-its kind attempt to focus on the issue of occupational health at this scale. It is therefore hoped that research findings shall contribute to a more comprehensive understanding of what occupational health and safety looks like for the informal sector.

Who were the survey respondents?

Across the sample size of 524 in Delhi-NCR and Jaipur, it was observed that the largest percentage of WDWs belonged to the Scheduled Caste category- reiterating the hierarchical connotations of caste and the concentration of this population in unskilled and menial labour. In fact, casteist and feudal undertones are prominent in responses of WDWs for this study and strongly characterise the employer-employee relation in domestic work. Earnings in Delhi-NCR were lower than those in Jaipur. A possible explanation for this could be stronger unionisation in Jaipur. While WDWs are not under the poverty line defined for urban areas (monthly per capita consumption expenditure of Rs. 1407), experiences of poverty strongly emerged in this study. A majority of respondents reported living in one room with their families, paying high rents, adjusting in cramped spaces and facing an ever-present dilemma on which and whose needs to prioritise in expenditure.

Working conditions: Exploited, discriminated-against and expendable

Further, the informal nature of domestic work ensures that WDWs constantly have to negotiate with employers about their terms of employment - with the ever-present threat or fear of losing their jobs or being replaced hanging over them. The findings of this study also bring out the way in which employers often took advantage of the lack

of formal contracts - deducting money for leave even for health emergencies, extracting extra work and threatening replacement in the face of whatever they considered non-compliance. The internalisation of being expendable was seen in the responses of WDWs, many of whom were anyway driven into domestic work out of necessity and the responsibility of providing for their families. It was perhaps because of this necessity that WDWs put up with less than the bare minimum in terms of workplace facilities and working conditions. Even though many respondents reported no increase in salaries over the years and over a third reported being scolded or talked rudely to by their employers, an overwhelming majority reported being “satisfied” with their working conditions. In some cases, it was also noted that this satisfaction depended on WDWs’ perceptions of a “good” employer and the compassion displayed by them, which in turn was driven by the employers’ perceptions of WDWs’ loyalty and long-term work with them.

When asked about workplace facilities, while a majority of respondents mentioned that they had access to a lunch break, they often said that this was only after finishing their work, or in between one house and the next (in the case of part-time workers, who constituted a majority of the sample). Further, it is interesting that when asked about whether they are ever given food by employers, they often mentioned being given just tea. A quarter of WDWs reported still not being allowed to eat in the same utensils as their employers and almost half of them reported not being able to sit on the same furniture as their employers. However, it is important to note that respondents often felt embarrassed taking these “liberties” themselves since they believed that they did not have equal status to their employers. WDWs are still associated with the notion of pollution, evident in the segregation practiced within households and the lack of access to facilities like toilets (reported by one-fourth of the respondents). This is an issue that has been widely documented and has sparked discourse on the often-inhumane treatment of WDWs. This is also highlighted by things like employers not providing hot water to WDWs for their tasks as it is seen as a waste of their own resources or not worth the effort; or not allowing WDWs to wear slippers while working, even in winter.

Identifying occupational health hazards

While enquiring into the occupational health hazards of WDWs, it was important to bring out the above-mentioned nuances of work environments and discrimination as these become factors for the overall health and well-being of WDWs. WDWs also reported the toll the triple burden of work takes on them, with them feeling physically tired and having aches and pains. Sleeplessness emerged as a trend amongst all categories of WDWs and they reported often feeling stressed and anxious. WDWs reported that their children (mostly daughters) or their daughters-in-law contribute to household work in their own homes. The burden of reproductive labour therefore largely remained on women. With not enough sleep, no time to rest or eat properly at work and the mental distress caused by economic hardship and insecurity of work can all be factors contributing negatively to the well-being of WDWs.

With the strenuous and hazardous nature of domestic work, it is natural to wonder how it affects WDWs' health or contributes to existing health issues. Taking into account the health status of WDWs, with pre-existing morbidities, it is not entirely possible to establish direct causality. However, this modest effort does propose the possibility of it. Tasks such as cleaning, cooking, dusting and washing clothes and utensils and actions such as repeated bending, standing for long hours and working without food for long hours seemed to contribute to ailments reported by them - such as pain in body, BP issues, diabetes, abdominal pain and gastric issues. In fact, one-third of respondents said that domestic work contributed to exacerbating health issues and more than half said that these health issues often hinder their work. The latter is poignant because respondents also report not being able to take enough time to rest or recover due to the precarious nature of their employment - making it a vicious cycle.

Talking about occupational health hazards, bending and standing for work emerged as the two main hazards - causing joint ache, body ache, swelling, tiredness/fatigue and weakness. Working with fire and sharp objects were the main causes of cuts and burns – with WDWs reporting getting accidentally burnt by hot oil or getting cuts on their hands while washing glasses. Other hazards at the workplace included working with chemicals (causing skin irritation, rashes etc.), working for long hours without food (causing hunger, acidity, heartburn, dizziness etc.), working with cold water (causing stiffness, cold, swelling etc.) and working in non-ventilated and cramped spaces (causing lightheadedness and excessive sweating). WDWs also reported that climbing heights to clean and repeatedly lifting heavy weights caused discomfort. The latter can be particularly dangerous for pregnant women. It is important to note here that these were not seen as hazards by WDWs and neither have workplace hazards been defined in the context of domestic work. There is therefore normalisation of these even though they clearly negatively impact WDWs' health and long-term exposure to these could potentially lead to more serious health issues. While some employers tried to ease the discomfort, most were reported being unhelpful and nonchalant about these hazards - unwilling to take responsibility, put safeguards in place or compensate WDWs in case of workplace accidents and injuries. WDWs also reported not telling employers about their discomfort due to the fear of being replaced or fired.

One-third of respondents reported working during pregnancy, with many working until the very last week (or even day) of pregnancy. However, they did not talk about antenatal (or postnatal) care. Necessity and financial constraints pushed WDWs to go back to work after just 2-4 weeks of giving birth, some even going back as early as 3 days after delivery. This puts their body under further duress in an already physically demanding job, and at risk for serious health issues like heavy bleeding and uterine prolapse. Also, going back to work so soon meant leaving new-borns at home, either weaning them off breast milk rather quickly or running to and from workplaces trying to feed them. WDWs reported breast pain and soreness when they were unable to breastfeed their newborns. No breastfeeding also meant lack of proper nutrition and therefore increased vulnerability for their children. Without a formal structure of maternity leave and benefits, employers rarely gave any concessions or post-delivery benefits to WDWs.

Another important issue to flag here is that of menstruation. In the absence of access to toilets, one-third of WDWs reported feeling discomfort when they could not change their menstrual aid for a long time. This discomfort included vaginal irritation, infection, rashes, cuts and foul-smelling discharge. However, WDWs did not seek any medical attention for these, indicating that these were probably not prioritised in any way. Even respondents who had irregular periods rarely consulted a doctor. WDWs also said that during the initial days of their period, they found it hard to work due to the pain and often had to use one of their few days off a month for this. This meant that they therefore had reduced leave if they needed it for other health issues. It was also noticed that the stigma around menstruation exists - with only a few WDWs discussing their discomfort with their employers and a few reporting that they felt embarrassed asking their female employers for menstrual aids when they got their period at work.

It would be remiss to talk about the health of WDWs without addressing the COVID-19 pandemic and its impact on WDWs, who were one of the worst hit populations. While most respondents lost their livelihoods during the first COVID lockdown, an overwhelming majority went back to work post the first lockdown, within a few months. However, they were not given recognition as frontline workers and faced many challenges in mobility. Going back to work in the middle of the pandemic also indicates that the demand for domestic work remained consistent but also that WDWs needed the income, especially then. They reported constantly being in mental distress due to the loss of their jobs. This crucial need for an income also made them settle for decreased wages, as employers across the country lowered wages and the negotiating capacity of WDWs went down. Further, WDWs were discriminated against as Corona-carriers. More than half of the respondents in this study reported discomfort due to excessive use of sanitisers and prolonged use of masks – pointing to the need for worker-friendly masks, gloves and other protective gear that will cause less discomfort and yet will protect them. Out of those WDWs whose employers contracted the virus, one third said that they were not informed and some ended up contracting the virus from their employers. Even when employers informed WDWs about contracting the virus, the leave WDWs were given by employers was unpaid-adding to their financial concerns.

Perceptions of health and health-seeking behaviour: Can WDWs put their health first?

Normalisation was a continued trend when WDWs talked about the health problems or illnesses they were experiencing. Pain in their body, common ailments (such as cough, cold, headaches, fever and weakness) and BP issues were the most prevalent amongst respondents. Yet, they dismissed these as a part and parcel of life. More serious health issues like typhoid, kidney stone, ulcers, hernias, nerve damage, fractures, uterine prolapse etc. were also reported. However, what was consistent was that WDWs sought medical attention only when absolutely necessary. A majority of WDWs accessed private healthcare and only a fraction of them had any kind of health insurance. Further, the percentage of WDWs who were able to use this health insurance was even lower. Time and money were the two primary constraints for WDWs - whether in relation to seeking medical attention or continuing treatment. What was also a constraint was the low

prioritisation of their own health needs in comparison to those of their family members. WDWs who availed treatment for multiple health issues or had surgeries often had to bear high financial costs, even up to Rs.1-1.5lakhs - which further pushed them into debt as a majority of WDWs' expenditure on healthcare was more than their income. It can be postulated that by not being able to prioritise their health needs, their illnesses escalated to a point where treatment was necessary and expensive.

Experiences of violence

This study corroborates existing literature on WDWs' experiences of violence – both at the workplace and at their own homes. While sexual harassment at the workplace was enquired into during the study, other forms of violence were not included. This was done with the intent of not retraumatising survivors, especially given insufficient time for rapport-building for that kind of investigation. Despite this, WDWs felt comfortable enough to share their experiences of violence – noting how it impacted their daily lives. Almost half the respondents across Delhi-NCR and Jaipur reported facing some form of violence in their lifetime. The respondents who faced sexual harassment at the workplace said that they had never sought redress and usually ended up leaving employment at those homes. It is important to note that even though there is a provision of Local Committees (LCs) under the POSH Act 2013, there was no awareness about this and WDWs had no access to these in either Delhi-NCR or Jaipur – therefore letting go of employment was their only recourse. Unions and CSOs said that even they were not aware of how to access LCs. Besides they pointed out that WDWs were hesitant to bring up issues of sexual harassment with them – often only speaking up when another WDW reported it. Other forms of violence that were reported included domestic violence (manifesting in physical, emotional and financial abuse), sexual harassment in public spaces while going to and from work, early/child marriage and early child birth (as per the WHO's definition of early childbirth – adolescents who give birth between 10 and 19 years of age).

Across the two research geographies: Commonalities and Differences

While the findings of this study have been more or less uniform across Delhi-NCR and Jaipur, there are some differences between the two cities. Apart from a difference in the earnings, as mentioned earlier, WDWs also had more leave in a month in Jaipur as compared to WDWs in Delhi-NCR. In Jaipur, a large proportion of WDWs were migrant workers from West Bengal (specifically the Cooch Behar district), while in Delhi-NCR, there was a more even distribution of migrant workers from other states. It was also noticed that migrant workers from other states in Jaipur were discriminated against more by both employers and within the WDW communities as compared to those belonging to Rajasthan. Respondents in Jaipur also reported going back to work sooner after lockdowns. This could be because the spread of the virus wasn't as rampant in Jaipur as it was in Delhi-NCR. In Jaipur, more WDWs had state health insurance, as a result of the Chiranjeevi Scheme run by the state of Rajasthan. It was noticed that in Jaipur, because of the strength of the Union, WDWs had been able to better negotiate workplace

facilities and working conditions over the years. This indicates that working conditions often depend on the strength of the Union WDWs are associated with. However, toilet access in Jaipur was more limited for WDWs as compared to Delhi-NCR and many reported going home to use the toilet. The incidences of accusations of thefts were also much more prevalent in Jaipur. One noteworthy point is that for sexual harassment at the workplace, the LC mechanism for redress is different in different states and the one in Jaipur was more complicated – with the survivor being able to register a complaint only via the appointed Block Nodal Officer or District Collector, and not to any Committee Member (which is possible in Delhi-NCR). Further, there was only one LC in Jaipur (as it constitutes one district in Rajasthan) as compared to 11 LCs in Delhi-NCR. Lastly, even though the respondents who participated in this study were unionised or organised in both cities, they rarely took issues of violence to the Unions or CSOs they were connected with.

What do the key informants say?

Apart from relaying the key findings of surveys with WDWs, it is also important to mention some key points of analysis from KIIs here. Most of the information given by key informants was corroborated by the information given by respondents in surveys. Union leaders and CSO members highlighted the same issues as WDWs – about low wages, extra work without pay, lack of employer support and wage increments, the range of health hazards and their effect on WDWs' health, WDWs' inability to prioritise health issues until absolutely necessary and the reasons behind WDWs accessing private healthcare more. The lack of access to toilets WDWs face was mentioned by the RWA member interviewed. Some issues faced by WDWs during and after pregnancy were highlighted by ASHA and Anganwadi workers as well. Further, while the range of health issues faced by WDWs mentioned by the doctors interviewed for this study were the same, it was felt that doctors failed to attribute this to WDWs' occupations. Therefore, it is important to hold trainings and orientations of public health practitioners on occupational health and safety. It was felt that medical professionals interviewed did not provide much insights into maternal health of WDWs. On dealing with WDWs' experiences of violence, Unions and CSOs reported that they dealt with these by using collective bargaining and pressure tactics wherever they could. Due to police insensitivity, WDWs' fear of reporting and lack of awareness about redress mechanisms – they did not seek formal redress for WDWs. Awareness about the LC mechanism, especially, remained low – which is a critical gap given that it has already been established that this leaves WDWs with no choice but to leave employment in the houses they are being harassed in. LC members interviewed in both Delhi-NCR and Jaipur confirmed that ever since they had taken on their roles, not even a single WDW had been able to access LCs.

Overall, from KIIs, it was gathered that while all respondents had a strong interest in further investigating the occupational health hazards faced by WDWs, concrete steps had not been taken to address the issue yet. Here, it is necessary to note that in the absence of National and State Legislation for WDWs and their exclusion from the Labour codes, the issue of occupational health, mitigating potential hazards, encourage reporting of

any health or violence-related issues and negotiating compensation with employers on behalf of WDWs in cases of workplace accidents or violence all take a backseat to demands for better wages and working conditions put forth by Unions. Nevertheless, it is important for networks, Unions and CSOs to hasten and intensify the demand for adoption of the Domestic Workers (Regulation of Work and Social Security) Bill, 2017.

CSOs, Unions, collectives and networks need to give priority to the issue of occupational health of WDWs and plan collective action- whether it is creating awareness on the issue, enabling access to healthcare or advocating with employers for better working conditions and workplace facilities. It may be important for Unions and networks to strategise on mitigation of potential risk to migrant workers and strengthen outreach through networks. It is also important to use international instruments such as ILO Conventions 189 and 190 to define and demand decent work for WDWs and a workplace free of violence. It is crucial to generate evidence on occupational health in the informal sector and plan interventions and advocacy at multiple levels and we hope that this study is a step towards achieving that goal.

What this research has achieved

This modest study has successfully identified the potential occupational health hazards. These extend beyond the tasks performed by WDWs as part of paid domestic work and include things like lack of access to toilets, inability to change menstrual aids throughout the day, working until the last month of pregnancy and re-joining work early and working in houses of COVID-19 patients. There is an imminent need for deeper investigation on how to define occupational health in the informal sector, especially in domestic work, where workplaces are peoples' homes and therefore hard to regulate. The findings of this study are consistent with other studies referred to in the Chapter on Background and Rationale – especially in terms of the living and working conditions of WDWs, the impact of the pandemic on them, their experiences of violence and lack of redress and the overall poverty-driven financial decisions they have to make. However, what makes Jagori's research unique is that it examines the afore-mentioned factors first-hand and focuses on occupational health hazards, WDWs' health-seeking behaviour and their perceptions of health. The precarity of domestic work and its connection to the health-seeking behaviour, access to healthcare of WDWs and the vulnerability caused by lack of social protection is strongly demonstrated.

In conclusion, it is necessary to re-assert that WDWs perform reproductive labour (both paid and unpaid) that sustain and nurture life. Even though they have not been given the status of frontline workers, their contribution to the GDP remains crucial. They deserve decent work and workplaces free of violence. The need of the hour is a gender-transformative discourse that will go beyond mere protection of WDWs to accord dignity to the work done by millions of women.

Way Forward

The findings of this study are used to reiterate some long-standing demands of networks, organisations and collectives working with WDWS. These would require actions to be taken at multiple levels by various stakeholders. Some thoughts on policy advocacy, research and collective action are outlined below.

Policy Advocacy

- Urgent need for a National Legislation for Domestic Workers – defining “workplaces”, codifying employer responsibilities, compensation for workplace accidents etc. Draft bills at the National and Delhi level have been proposed, though not yet adopted – issues of occupational health and safety need to be incorporated in the present drafts.
- Define occupational safety and health for domestic workers in the Code on Occupational Safety and Health in addition to including them in the Code on Social Security.
- Ratification by the Government of India of ILO Convention 189 on decent work and Convention 190 on a violence-free work environment.
- Concrete steps for the nation-wide registration of domestic workers and their employers – as is proposed under the Delhi Domestic Workers (Regulation of Work and Social Security) Bill, 2022, which is a good example. This exercise also needs to include linking domestic workers to web-based benefits (e.g. E-shram cards, labour cards etc.), keeping in mind the gendered digital divide.
- Acknowledging WDWs as an integral part of the informal workforce and providing them with coverage under tax-funded public health programmes. Also, their inclusion in the Employees’ State Insurance (ESI) Scheme, which encompasses certain health related eventualities that the workers are generally exposed to; such as sickness, maternity, temporary or permanent disablement, occupational disease or death due to employment injury, resulting in loss of wages or earning capacity-total or partial.
- Strengthening the implementation of the POSH Act 2013 with Local Committees being provided with adequate financial resources and implementing largescale public awareness campaigns to increase access to these.

Research

- Large-scale, multi-centric and longitudinal studies for in-depth analysis of occupational health and safety of domestic workers.
- Public access to the progress and findings of the Labour Bureau’s All India Domestic Workers’ survey, completed in October 2022.

Collective Action

- Building narratives and discourse on occupational health and safety in the world of informal work and organising large-scale campaigns to address occupational health and safety of women informal workers with multiple stakeholders like domestic workers themselves, employers, healthcare workers and Unions.
- Conduct regular outreach with RWAs/citizens' bodies in the areas they work in, encouraging them to monitor safe working conditions for domestic workers.

Jagori's continued commitment to WDWs

As a feminist organisation with the core agenda of ending violence against women, Jagori is committed to raising voice against structural violence that women, including WDWs, traditionally face. Jagori shall use the findings of this study to:

- Take up issues of occupational health and safety in the various networks it anchors and is a part of and highlight these in joint campaigns, solidarity actions and other public forums.
- Take forward efforts to create awareness on Occupational Health Hazards of WDWs and build capacities of Unions and other CSOs on tackling gender-based violence.

We are WORKERS!
NOT Slaves

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