Managing health issues with low Wages – A study of female domestic workers

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Introduction

Health is considered to be a consumption good that gives direct satisfaction and utility and an investment good, which yields satisfaction to consumers indirectly through increased productivity, fewer sick days and higher wages (Grossman, 1972). Therefore a good health condition is a pre-requisite for a stable income of the household. The present study is an attempt to explore how female domestic workers cope with health problems with poor household income and limited resource.

Poor households are especially vulnerable to health risks. The crowded living conditions, unhygienic surroundings and inadequate amenities such as clean water, sanitation facilities, garbage disposal system and lack of primary health care facilities have an adverse impact on the health of the poor (Montgomery and Hewett, 2005). Poor health can reduce the earning capacity of an individual. Expenditures on treatment eat up past savings at a rapid rate. This directs households to take loan from informal sources. As Kabir et al. (2000) points out, in poverty-stricken households, even a small expense on medical treatment or loss of wage can activate the process of impoverishment through asset depletion, indebtedness and cuts to essential consumption.

To that end, a primary survey was conducted among 300 part-time domestic workers in the district of South 24 Parganas, West Bengal for the time period January'16- July'16. Part-time domestic workers are so called because they do not stay with the employer and are not expected to be on call 24 hours a day. They either work all day for one employer or repeatedly perform specific tasks like washing clothes, utensils, or cooking for a number of employers. They live with their families and run their home as well as those of their employers. The choice of the district is prompted by the inter-linkage between availability of work and job-seeking workforce within the urban (Kolkata) centric development, the rising population and the growing informal market of domestic work. The major source of manual labour in the above mentioned process comes from within the district.

Methodology

The study has been based on both primary and secondary data. Secondary information on the district, were collected from the District Census Handbook. This information are useful in understanding the nature of the village in terms of availability of infrastructure, access to basic amenities such as health services, education and the like. The primary survey on domestic workers (informal sector) has been collected through personal interview to get diversified responses. This helped us to identify socio-economic parameters, as well as, to understand both the individual and the collective experiences of people living within the household.

The questionnaire had provisions to collect details on the following aspects:

- Personal information on age, education, caste, occupation (primary/secondary), family income, women's contribution to family income, etc.
- Living and working conditions, like housing, type of house, number of living rooms, water supply, sanitation, drainage of water, household waste disposal, access to electricity, etc.
- Household information on aspects such as possession of assets, consumption expenditure, borrowing, expenditure on education and health, etc.

Besides very few descriptive open-ended questions, the questionnaire primarily consisted of short, close-ended questions, with appropriate coding categories. The interviews were carried out with the consent and voluntary participation of the respondents, safeguarding confidentiality and their right to privacy at all times. Data on the economic status of the households were validated with the consumption expenditure approach of Himanshu and the multi-dimensional approach by Sabina Alkire and James Foster. All general and economic factors relevant to the study were explained with descriptive statistics. Appropriate statistical methods were used for economic analysis of the data.

The main objective of the study was to examine:

1. Socio-demographic profile of the domestic workers' household
2. Intensity of poverty of the households
3. Health vulnerability and the methods of coping with such issues.

Findings of the preliminary survey

In our survey, 300 domestic workers were selected on the basis of the objectives mentioned. This enabled us to divide the paper into three sections. Section I studies the socio-demographic profile of the workers' household, section II discusses the economic condition of the female domestic workers. This section has been divided into two parts. The first part deals with the intensity of poverty of the household as indicated by poverty thresholds or economic

benchmark used by government of India to identify individuals and households in need of government assistance and aid. The second part does a descriptive study of their actual economic status. Section III captured the health vulnerability and measures of coping with such issues among respondent household.

Section I

1. Socio-demographic profile of the workers

Keeping in mind the discussions that have taken place on female domestic workers in literature, we looked into the socio-demographic profile of the workers under study. In our sample all the domestic workers were between the age group 20-60 years working for 1-7 hours on daily basis. Female workers could find easier entry into this sector with their meagre assets of very low skills and a desire of having flexible working hours. Their priority issues were to supplement household income, child education and health care.

Table - 1 Profile of the Domestic Worker

Sector:	Domestic Work
Age:	20-60 years
Education:	Illiterate (40.67), Primary education (20.00), Middle (4.00)
Religion:	Hindu (83.67), Muslim (16.33)
Social Category:	General (36.33), SC (38.34), OBC (9.00)
Location:	Locals (35.03), Commuters (25.15), slum dwellers (22.75), Squatter Settlers (17.07)
Economic Status:	APL (8.67), BPL (83), Can't say (8.33)
Family Size:	1-3 (16.77), 4-5 (76.05), 6-7 (7.17)
Reason for this Employment:	Economic compulsion, Insurance against unemployment, Unskilled, Easy to get, Active Social Network
Working Hour:	1-7 hours
Priority Issues:	Employment Opportunity, Recognition as a worker, Better living Conditions, Protection against dismissal, Child Education, Health Care
Wages:	Negotiable
Organising Challenges:	Invisible in homes, long working hours, lack of holidays, harassment, termination from work, not protected by Labour Laws
Outcomes:	Low wage leading to low consumption, Multiplicity in work, High degree of informality of work, Vertical gradation in wages, escape from regular mundane work and abuse

Note: Figures in parenthesis denote percentages
Source: Field survey, 2016

Categorising the survey respondents into four groups, we found 41.6 per cent of workers belonging to the age group of 30-40 years and 23.8 per cent to the age –group of 20-30 years as well as 40-50 years and only 10.8 per cent workers were more than 50 years old. Study of the literacy level of 300 female domestic workers showed that 40.6 per cent (21.3 per cent + 19.3 per cent) of women never attended school. 20 per cent had only primary education. Women with secondary or post-secondary education merely formed 2 per cent.

An area wise categorisation of the domestic workers facilitated their classification into rural, sub-urban and urban. The development of transport and better connectivity enabled local and rural female workers to take advantage of the miniscule wage gradient for better living. Most of the workers could reach their workplace on foot (75.4 per cent). Others were commuters - 12.5 per cent travel in local trains, 6.9 per cent travel in bus and 5.2 per cent travel in bicycles or auto - rickshaws. This trend is an indication of the growth and expansion of South 24 Parganas creating informal job opportunities; especially opening up the domestic labour market for female workers within the area. In urban areas, workers have more opportunities and people from different backgrounds performed a variety of off farm jobs. Hence, as compared to rural women, poor women settled in urban areas or its fringes can easily get access to an informal job and benefit from variety of services including education and health care.

Section II

2.1 Intensity of poverty of the households

In our survey of households apart from 25 families reporting an above poverty line status, and 8.33 per cent being unable to state anything, all others (83per cent) had an economic status below poverty line. This is interesting to note that a review of the household factors indeed puts forward a gap between estimated and identified households enlisted in the BPL category. In India there exists a government recommended poverty line for each state. Following Himanshu (EPW, Feb-10, 2007) the official updated urban poverty line in West Bengal for 2004-2005 was Rs 446 per-capita per month consumption expenditure. To get the per-capita consumption expenditure, total consumption expenditure on food was divided by the number of family members (a child member of 2-6 years was considered equivalent to ¼ th of an adult member and a child of 6-12 years was considered equivalent to ½ of an adult member). Following this, the consumption expenditure of most family (> 88per cent) on food (expenditure on cereals and pulses + vegetable, meat and fish + milk, spices, sugar etc.) was calculated to be very near or less then the recommended poverty line of Rs 446. The acuteness of poverty further increased with the increase in cost of living.

Now, identification of poor through multidimensional approach of Sabina Alkire and James Foster, gave totally different results. This methodology considered three dimensions and twelve indicators. The three dimensions were equally weighted and the indicators given a poverty cut-off following Alkire and Seth (2013).

Table - 2 Dimensions, Indicators and Cut-offs for poverty measure

Dimensions	Indicators	Poverty Cut off
Standard of Living	1.Type of House	Live in a kutcha house (29%)
	2.Household with electricity	No access of electricity (4%)
	3.Sanitation	Uses no facility/ uses bush/ composting toilet, pit latrine without slab
	4.Type of cooking fuel	Uses coal, animal dung, wood
	5.Source of drinking water	Uses unprotected well and spring, river, pond
Occupational Status	6.Means of livelihood	Unemployed, agricultural labourer, casual labour and vendor, driver (100%)
	7.Household assets	Owns (any one) a TV (53%), radio, mobile phone but does not own a refrigerator, two wheeler, AC etc
Social and Health Status	8.Literacy Status	No members completed primary education (T1)
	9.Health	No member suffers from chronic disease
	10. Status of the women	No women has the right to take decision alone in: own healthcare, purchase of household needs, visits to family, decision on child education/health, participate in political affairs

Source: Alkire and Seth, 2013
Note: Figures in parenthesis denote table numbers

They followed two approaches: The Union Approach and the Intersection approach. If the household failed to move beyond poverty cut-off even for a single dimension, it would be considered poor using the Union approach. On the other hand, if the household failed to move beyond poverty cut -off in all dimensions, it would be considered a poor household using intersection approach.

In our sample in the first dimension we had 29 per cent household living in kutcha house, more than 96 per cent had electricity in their homes (though there are cases of hooking, especially for slum-dwellers), and the source of fuel in most cases was LPG (77 per cent) with few exceptions of using kerosene. In the livelihood indicator of the occupational dimension 100 per cent failed to move beyond poverty cut-off as in most cases the male member or the head of the household were engaged in some informal activity or worked as casual labourers. As for household assets, everyone had a mobile phone, more than 53 per cent had televisions and only two households (1.5 per cent) had a two-wheeler. In the third dimension 40.67 per cent have no primary education (illiterate + literate without schooling).

Majority of the informal workers suffered from substandard housing and overcrowding. To investigate about the living conditions of the domestic workers, we initially considered the housing condition of respondents. The sample survey showed that out of 300 part-time domestic workers 61 per cent had own house (29 per cent live in 'kutcha' house), 1 lived in the employer's house, 28 per cent lived in rented houses and 11per cent lived in shanties or temporary settlements in make shift houses near husbands work place. Temporary accommodations were often situated in encroached land and the occupants had to live in fear of eviction. The sanitary condition of temporary settlers were unhygienic and they had no access to proper sanitation facilities. In localities of urban and sub-urban areas, the sanitation had improved with much work from the government.

The main source of drinking water was the community municipal tap or shallow tube well which they bored with their own expense. Source of lighting in urban and sub-urban areas were mainly electricity and some houses had sonar panels donated by the government. Only 10 households located in rural areas used hurricanes.

2.2 Financial Status of the workers' household

Our study is in line with the findings in literature, which assures that participation of poor women in wage-earning activities, provides men and the society in general protection against unemployment, sickness, inflation, wage cuts or losses in their petty ventures. Though the basic transaction needs of the domestic workers' household are generally met by the male member (when he is the head of the family), but often the remittances the domestic worker create are critical source of sustenance strategies for the receiving households. They use it for investment in child education, health care, improvement in household food and security, water and sanitation.

Table - 3 Descriptive Statistics of economic factors of the worker Household

Variables	Mean	Median	Mode	Standard Deviation	Range	Minimum	Maximum
Hrwage	31.42	33.33	33.33	9.93	54.17	12.50	66.67
Inc_mem	5393.08	5700	6000	2581.21	14000	0	14000
Edu_Med_ex	446.85	300	200	419.84	2200	0	2200
Savings	649.23	500	500	311.85	1800	200	2000
Ol_katha	0.78	0	0	0.27	20	0	20

Source: Computed from Author's data

The descriptive statistics reveal the following economic condition of the workers' households:

- Average land owned is 0.78 katha. 29.3per cent of the household has own land. The maximum land owned is 1 bigha (20 kathas) and that is owned by three household in the sample. Most households living in urban and sub-urban areas do not possess any agricultural land. They have nominal chhataks (1 katha = 16 Chhatak) of high land where in they cultivate vegetables for subsistence use with household labour. In most cases it is the female of the household who is responsible for vegetable cultivation. Households with large cultivable areas are located in the rural or fringes of the sub-urban areas.
- The income of other members (husband or other working adults) of the household ranges between Rs 700- Rs 11,000. Only one household has reported of having a monthly income of 14000/- (in the last month of the three referral months).
- Mean hourly wage is Rs 31.42. Total number of years in this occupation and in the same household is a reliability factor that earns them a higher wage. In our sample more than 90 per cent of the respondent reports of a yearly increment at the rate of 10 per cent or between Rs 100-Rs 200. Therefore, the middle-aged and elderly workers receives higher wage then a new entrant in the job market.

The wage rate is high for 'cooking' and most of the workers try to get this work. This enables them to increase their earning and avoid 'dirty work'. The wage rate of domestic workers also varies with the location of places (Rural or Urban), experience of working in the same locality and type of unit she is working in (Residential complex or '*para*'). The two tables below (4 and 4a) shows the variation of wage rate in urban and sub-urban areas as per working hour and type of work.

Table - 4 Working hours and wage rates of the domestic workers

	Part-time workers	% of part-time workers	Wage Rate	
			Sub-Urban	Urban
1-3	20	10%	2000-2500	2500-4000
3-5	94	47%	3000-3500	4000 – 5000
5-7	68	34%	4500-5500	6000-7000
7-9	18	9%	6000-7500	8000- 9500
Total	200	100%		

Source: Primary survey, 2016

The above table shows that 47 per cent of the population in our sample are working 3-5 hours in a day. 34 per cent are working for 5-7 hours and only 5per cent work for more than 9 hours. What comes up from our study is that the workers try to maximise income by increasing the number of houses and working hours. Wage rate differs with the location, type of work and the composition of population in different localities. Further, the rates prevailing in the housing complexes and 'paras' within the same locality are also different igniting a craze to flock towards the estates for higher wages.

Table - 4a Prevailing Wage rate as per type of work in our survey area

Type of work	Wage Rate	
	Sub-Urban	Urban
Cleaning and mopping floor	500-600	600-800
Washing Utensils	500	600
Washing Clothes	600	700
Cooking	1500	2000-2200
Baby sitting	3000 (for 6 hrs)	4000 (for 6 hrs)
Caring for the sick/adult	Hourly Rate	

Source: Primary Survey, 2016

- Expenditure on education is seen in households with children below 15 years. Though the students are exempted from paying fees in government schools, but there are other expenditures like remuneration of private tutors and purchase of necessary books and other educational equipment. Medical expense is also more for such households where there are children or adult members in the household.

- The mean savings for the sample household is Rs 650/-. Savings is high for households with higher income or lower number of family members which implies less mouth to feed. 66.9 per cent of the workers have a savings bank account and operate it individually under the guidance of their employer. Household savings is also found among the respondents and they have a joint account where the monthly deposit ranges between Rs 200-Rs 2000 in our sample. 18 respondents (14 per cent) have reported having life-insurance coverage.

Section - III

3.1 Health Vulnerability

Medical expenditure can be classified under three categories: (a) direct or medical costs (fees, medicine, diagnostic charges etc.), (b) transportation, (c) indirect costs that include loss of income of the sick and caring person and the interest levied on debts. Medical issues are higher for households having adult members or children. This specifically implies that the workers ignore their own health conditions since poor households are most vulnerable to consequences of funding health treatments through debt and food reduction. Findings further show that such problems aggravate with age. The risks of long term ergonomic disabilities, chronic pain and occupation induced diseases amongst domestic workers receive slightest attention. Many workers expressed inability to seek access to public health care as out-patient schedules in the government hospitals are not convenient to them.

Out-of-pocket payments becomes a major source of funding for treatments received at both public and private health facilities and poor household income act as a major constraint. Day in and out work in their own houses as well as their employers are associated with a lot of health problems that remain unaddressed.

The most common health issues are

- As they were refrained from using lavatory facilities during work and had to juggle multiple houses during a single day, they had little to no time for breaks, food and water. That resulted in weakness and serious health problems.
- Back and joint pain along with muscle strains were common. This generally were caused due to heavy work like washing bed linens, sitting on the floor to sweep or swab the floors and carrying buckets of water.
- Skin diseases are common among them due to regular exposure to dust and corrosive use of detergents for washing dishes and clothes. Use of harsh chemicals also caused severe headaches.
- Cold and fever due to handling water continuously.

- Indoor air pollution leading to respiratory diseases is another gendered dimension of health risks. Women are the main victim of these diseases as they do cooking in the households (Bruce et al., 2000).

The health problems are not restricted to physical health issues alone – all workers reported severe mental stress as well. They often suffer from sleeplessness often leading to more absenteeism and hence more stress and fear of losing work.

Consequent uncertainty of job make it difficult for domestic workers to develop future expectations. Low wage rate, uncertain income of other members of the household often forces the workers to take informal loans either from their employers or from money lenders to meet medical emergencies.

To develop a clearer understanding of the factors responsible for arising health issues in a household, we carried out a linear regression analysis where medical expenditure is considered a proxy for ill health and is taken as the categorical dependent variable.

(i) The Explanatory Variable and Hypothesis

Wage of the domestic worker (WAGE): The wage of the worker is positively related to medical expenditure. In most cases the remittances the domestic workers create are used for child nutrition and medical expense of the household.

Age of the household Head (AGE): Age of the household head is considered to be an important determinant. Older heads as compared to their younger counterparts are more prone to health issues. Thus the hypothesis is that there is a positive relation between the age of the household head and the value of the dependent variable.

Education of the household head (EDU): Education in our study is measured by the number of years in schooling. It is likely that education of the household head would exert some influence on the nutrition intake of the members of the house. This may be due to the higher income as a result of the education of the worker. Thus this is bound to have a negative relation with the value of the dependent variable.

Year of Schooling of the worker (YOSC): Year of schooling of the worker should have a positive effect on nutrition and child health. Therefore, the hypothesis is more years of schooling makes her aware of the benefits of immunisation and therefore medical expenditure rises.

Children below 15 years (CHILD): Households with children below 15 years are more likely to have a positive relation with medical expenditure.

(ii) Regression Results

Results of the linear regression are presented in Table 5. Although most of the results are broadly in line with the hypothesis outlined above, age of the household head does not have a statistically significant result. This may be because in our sample households the maximum age of the household head is 59. Only 17 households have people above 50 years of age. Of the 17 households only 10 household report their member to be above 55 years. Therefore, age of the household head is not associated with the medical expenditure of the domestic worker.

The value of R squared is low and indicates that the model explains only 18.6per cent data around its mean but the F value is significant at 1per cent level.

Table - 5 Regression Results with medical expenditure as dependent variable

	Coefficients	*t Stat*	*P-value*
Intercept	-243.46	-0.99	0.32
AGE_HH	4.95	1.12	0.27
YOSC	59.19	2.66	0.01
EDU	-34.05	-1.71	0.09
Wage	0.08	3.44	0.00
CHILD	183.22	3.37	0.00
R^2 = 18.6		F = 5.68 significant at 1 % level	

Source: Computed from Author's data

3.2 Coping with medical expenditure

Medical expenditure are sometimes defined as 'catastrophic' if they force households to reduce their consumption on items necessary for general well- being and economic security, or take out loans as coping strategies (Flores et.al, 2008). This study reveals that health treatment force households to resort to detrimental coping strategies. Though income of households are not always low, it is irregular because of the informal nature of employment of the household head. Household savings often end up in meeting the consumption expenditure, as aftermath of termination from work. In absence of past savings among households, sudden medical emergency leads to reduced food expenditure and greater burden of debt. Loans are taken from the employers or money lenders. Loans form money lenders involve huge interest. Loans from employers are generally free of interest but are repaid back by deduction from their monthly wage. Both the instances imply major setback on the household income leading to curtailment of basic requirements. Many households has to face indirect health costs, such as loss of income due to absenteeism. With the absence of social security, their health problems are often over-looked. Maternity also becomes a crisis for a woman when she is poor, malnourished and lives in remote areas. Domestic workers work into their pregnancies, thereby risking their own life

as well as that of the child. They take admission in health centres which often lack basic amenities. A SEWA (Self-Employed Women Association) study observed that women identified sickness of themselves or a family member as a major stress event in their lives (Chatterjee and Vyas, 1997).

3.3 Policy Suggestions

In terms of findings emerging from analysis of the data, certain areas that require immediate attention by policy makers have been suggested below:

- Ensuring childcare and eldercare support in order to reduce the opportunity cost of female labour force participation in the market. Need of care services at home leads to drop-out mostly among girl-child. The child care for poor should be in the form of financial protection for imparting primary and secondary education to both the boy and girl children of the poor households.
- Maternity leave entitlements and cash benefits during such leave is to be brought under the realm of employer responsibility.
- State assisted health insurance schemes should be introduced with coverage for maternity and women specific diseases.
- Awareness campaigns to encourage workers in personal insurance schemes that will provide financial support to health related issues.
- Insurance schemes for female domestic workers with features like occupational health coverage, life insurance and asset coverage.

4. Summary and Conclusion

Domestic workers are one of the poorest groups of women without clear specification of their terms of employment. They are generally excluded from the ambit of labour legislations. They take up work to sustain livelihood. It is easiest to find and with more middle and upper middle class women taking to work in the formal sector, such households are creating job opportunities for vulnerable women to work as substitute care giver. In south 24 Parganas, these women come from rural, sub-urban and urban sections of the district. Thus they can be categorized as locals, commuters and migrants. They are poor and their income works as security net for households with irregular income. In such households when some medical requirements can be predicted and tackled with the household income, medical emergencies catch them unguarded and they sink in the burden of indebtedness.

Prior to the ILO's Domestic Convention (C189), India's Ministry of Labour and Employment convened a task force on domestic workers in 2009. The task force submitted a

draft National Policy defining the terms 'domestic worker' and the 'employer' and drafted the clear cut terms of employment. It recommends providing wage and social security protection to domestic worker, starting with the Rashtriya Swastha Bima Yojana (RSBY) national insurance scheme. Domestic workers were included in this scheme since 2012. The scheme covers hospital costs upto INR 30,000 for families living below the set poverty line in India with a maximum of five members, subject to the family being enrolled in the scheme. The Bengal Government has also woken up to the plights of domestic workers. In June 2015, the state indicated it was keen to frame laws to determine wages of domestic helps. The short-term objective is to bring them under social security schemes the state has enacted for the unorganized sectors.

Therefore, a proper enumeration of the domestic maids needs to be carried out for the following reasons:

- Enabling the concerned authorities to devise and implement schemes to improve their work and living conditions, and counsel them to fight for protection of their due rights.
- The workers' unions should help them to form an organisation that will fight against the social and economic exploitations they have been subjected to from time immemorial.
- The government should take up measures to set up public health centres and raise the efficiency of existing health services by supplying modern instruments, medicines and staffs.

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