

Health Issues and Healthcare seeking behaviour of Female Domestic Workers

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ABSTRACT: Paid domestic work in India, included in informal sector, is unregulated and unreported by labour laws. Living, as well as working conditions shapes mental and physical health of workers. Place of work and its environment has substantial bearing on human health. Deficiencies in working conditions results into under utilization of labour. At present government has initiated a number of schemes to provide health cover to the deprived class of the society but due to lack of proper information, some demand side and supply side obstacles the actual benefits of these schemes cannot be transferred to the society in the desired extent. This study is an attempt to understand the health problems and health care availing behavior of female domestic workers in Meerut city of Uttar Pradesh.

Key Words: Health Issues, Healthcare Seeking Behaviour, Female Domestic Workers.

Introduction

Societal factors of human well being can be termed as the essential condition in which individual live and work. Human health is one of the most important sustainable development goals (SDG) of agenda 2030 of U N. Living, as well as working conditions shapes mental and physical health of workers. Place of work and its environment has substantial bearing on human health. Paid domestic work in India, included in informal sector, is unregulated and unreported by labour laws. Majority of the workers are females. These workers face severe deprivations, in terms of education, training, job opportunities, working conditions and social security. Deficiencies in working conditions results into under utilization of labour. Adverse working conditions and job insecurity make them respective of health problems which are often ignored. Ill health is a levy on their meager earnings. Due to absence of decent working conditions and malnutrition they very frequently encounter health problems. Irony is that, despite of health service providing schemes initiated by the government for the deprived class, this class of workers is not availing these facilities. Domestic worker as defined by International Labour Organization include, "Any person engaged in domestic work, within an employment relationship." Domestic work, as an employment opportunity is expanding rapidly for the impoverished, uneducated, unskilled women workers in the informal sector. As per Human Development Report (2015), globally an estimated 53 million people ages 15 and older are in paid domestic work, of these, 83% are women. According to the Report of International Labour organisation (2015), In India 3.05 million women are involved in domestic work. This study is an attempt to find the health problems of female domestic workers and services approached by them when required.

Review of Literature

Malhotra et al. (2013), examines the literature available on health related problems of female domestic workers in a well organised manner within time duration 1990-2012. The main objective of this study is to recognize the health concerns, constrains faced by these workers, to propose suggestions so that appropriate steps may be taken by the government. Both qualitative and quantitative techniques have been adopted in the research. Results infer that unfavourable working conditions have serious health outcomes in terms of physical and mental health problems.

Sevenson J. (2018), examines the health issues of girls working as domestic workers in Delhi. Whole research is based on the data collected from 27 respondents (female workers), 9 parents and 3 employers. In this qualitative research the researcher concludes that domestic workers, their parents and even employers were unaware of the health hygiene and issues pertaining to it and its role in the well being of these young workers.

Bhattacharya and Goswami (2019), investigates the socio-economic status of domestic workers along with their health issues tackling behaviour within limited resources. Study is conducted over 300 sample respondents residing in south 24 pargans, West Bangle. Findings suggest that these vulnerable workers enter this job due to economic compulsions and try to supplement family income. These workers are not protected by any labour (law) legislation. Informal nature of job, insecurity of work, lack of paid leaves converts into stress and exposes them to serious health problems.

Objective of the study

The objective of this study is to recognize and discuss the health problems and health facilities availed by the female domestic workers of Meerut city.

Hypothesis

H_{o1} : There is no association between educational attainment and health facility seeking behavior.

H_{A1} : There is association between educational attainment and health facility seeking behavior.

Data and Methodology

This is a descriptive study based on primary data, collected from the respondents by direct interview and observation method. An interview schedule was prepared inclusive of questions related to the health problems of domestic workers including the health facilities availed by this specific class of workers living on the margins. Ninety domestic maids were selected from Meerut city of Uttar Pradesh by purposive sampling method. Despite Simple arithmetic tools like percentage, correlation by SPSS have been used to represent the result.

FINDINGS OF THE STUDY

Table 1: Age structure of the respondents

FACTOR	PARTICULARS	NO.OF RESPONDENTS	PERCENTAGE
AGE	15-25	6	6.67
	26-35	33	36.67
	36-45	31	34.44
	46-55	14	15.56
	56 and ABOVE	6	6.67
TOTAL		90	100.00

Source: Based on field survey

Table 1 discloses the age of female domestic workers, 6.67 % are in the age group of 15- 25 and 36.67 % of the workers fall in 26- 35 age category, while 34.44 % are in 36-45 age group , only15.56 % are in 46-55 age group and 6.67 % are in 56 and above category . There is a very wide variation between the lower and upper age limit of entry in this field.

Table 2: Educational status of the respondents

FACTOR	PARTICULARS	NO.OF RESPONDENTS	PERCENTAGE
EDUCATION	ILLITERATE	47	52.22
	PRIMARY	26	28.89
	MIDDLE	8	8.89
	HIGH SCHOOL	6	6.67
	AND ABOVE	3	3.33
TOTAL		90	100.00

Source: Based on field survey

Table 2 presents the educational status of the respondents. 52.22% are illiterate, 28.89 % are educated up to primary, 8.89% has middle education, 6.67% are high school, and 3.33 % are above high school.

Table 3: Marital status of the respondents

FACTOR	PARTICULARS	NO.OF RESPONDENTS	PERCENTAGE
MARITAL STATUS	UNMARRIED	3	3.33
	MARRIED	72	80.00
	WIDOWED	14	15.56
	DIVORCED	1	1.11

TOTAL	90	100.00
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Source: Based on field survey

Table 3 shows 3.33 % of the ninety respondents are unmarried , 80% are married, 15.56 % are widow , 1.11% are divorcee. Majority of the workers are married.

Table 4: Monthly Income of the respondents

FACTOR	PARTICULARS	NO.OF RESPONDENTS	PERCENTAGE
MONTHLY INCOME (Rs.)	UPTO 3000	14	15.56
	3001- 6000	60	66.67
	6001- 9000	11	12.22
	9001 and ABOVE	5	5.56
TOTAL		90	100.00

Source: Based on field survey

Table 4 represents that 15.56% of the workers are earning up-to 3000, 66.67% falls in the category 3001-6000, 12.22% have income up to 6001-9000 and only 5.56% are earning above 9000.

Table 5: Health status of the respondents

FACTOR	PARTICULARS	NO.OF RESPONDENTS	PERCENTAGE
HEALTH ISSUE	Facing Any Health Problem.		
	Yes	86	95.56
	No	4	4.44
TOTAL		90	100.00
	Nature of disease:		
	1. Pain (muscular pain)	14	16.28
	2. Headache	24	27.91
	3. Knee and back problem	55	63.95
	4. Respiratory	7	8.14
	5. skin problem	11	12.79
	6. Anemic	48	55.81
	7. Heart problem	2	2.33
	8. Diabetes	5	5.81
	9. Tuberculoses (T.B.)	4	4.65
	10. Miscellaneous	13	15.12

Source: Based on field survey

Table 5 presents that, 95.56% of the total respondents are suffering from some permanent nature of disease; remaining 4.44% have no complaints. As it is clear that 16.28% are facing body and muscular pain, 27.91% are suffering from headache, majority of the female workers 63.95% have knee and back pain. While 8.14% respondents frequently have respiratory disorders, 12.9% are having skin issues, 55.81% are found anemic. 5.81% are patients of hypertension, 4.65% suffer with tuberculosis and 15.12% have various problems such as kidney stone and indigestion.

Table 6: Health facility availed by respondents

FACTOR	PARTICULARS	NO.OF RESPONDENTS	PERCENTAGE
HEALTH FACILITY AVAILED BY THE RESPONDENT	1. Govt. Hospital	36	40.00
	2. Private hospital	54	60.00
TOTAL		90	100

Source: Based on field survey

Table 6 reveals that, 40.00% of the total respondents are approaching government hospitals, while 60% prefer private doctors. When asked why they were not approaching government hospitals they told that the reason behind this was shortage of time and non availability of medicines in the government hospitals.

Result and Interpretation

Correlations

		Education	Health Facility
Education	Pearson Correlation	1	.251*
	Sig. (2-tailed)		.017
	N	90	90
Health Facility	Pearson Correlation	.251*	1
	Sig. (2-tailed)	.017	
	N	90	90

*. Correlation is significant at the 0.05 level (2-tailed).

Educational attainment and health facility seeking behavior have a statistically significant linear relationship ($r=.251, p < .05$).

The direction of the relationship is positive (i.e. Educational attainment and health facility seeking behavior are positively correlated).

Conclusion

This study depicts the health problems of a minor cross-section of female domestic workers and their normal behavior in accessing medical facilities. Lack of nutritious food, unhealthy living conditions, long working hours, work related stress adversely affect the health of these workers. At present government has initiated a number of schemes to provide health cover to the deprived class of the society but due to lack of proper information, required necessary documents on demand side and some other supply side obstacles i.e. non availability of doctors and medicines in the government hospitals the actual benefits of these schemes cannot be transferred to the society in the desired extent. It is the need of the hour that government should take necessary steps for the smooth functioning of these schemes so that the majority of the deprived class may be benefited and we may have a healthy nation.

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