Psychological Issues of Domestic Workers: A Qualitative Investigation

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Abstract

The present study is a qualitative exploration of psychological problems faced by domestic workers in the Islamabad and Rawalpindi regions. The study was conducted with only female domestic workers, including both resident and non-resident workers with an age range from 18 years onwards and having work experience of more than one year. The study was carried out in two phases. In the first phase, six focus group discussions were carried out, while in the second phase, fifteen in-depth interviews were conducted to gain a deeper understanding of the psychological problems faced by domestic workers. The thematic analysis approach revealed ten themes, including depressive symptoms, anxiety symptoms, Stress, helplessness, anger, feelings of insecurity, guilt, feelings of inferiority, repressed and unfulfilled desires, and dissatisfaction with life circumstances. Resident domestic workers reported more psychological issues due to the nature of their workplace environment as compared to non-resident domestic workers. This further hurts their sense of self, physical and mental health, cognitions, relationship with others, and psychological well-being.

Keywords: Domestic Workers, Thematic Analysis, Psychological Issues, Pakistan, Qualitative Investigation.

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1. INTRODUCTION

Since the history of mankind, human beings have been involved in different professions to carry out their life activities. Other professions have different demands regarding education, skills, and training in specific fields. Some occupations are highly respected and valued in society, and those are highly paid professions, while some are considered low profile with less monetary benefits. People with higher education and expertise choose their relevant profession, while uneducated people with limited skills have limited opportunities. It has been observed that most people with little education and limited skills join the profession as domestic workers (Albin & Mantouvalou, 2012; Erdogdu & Toksoz, 2013).

Domestic workers are professionals of house-based tasks who work in others' houses as their occupation (I.L.O., 2013). The convention on domestic
staff characterizes household laborers as individuals involved in activities like cleaning, cooking, servers, valets, head servants, laundresses, gardeners, gatekeepers, chauffeurs, drivers, babysitters, and so on (Lalani, 2011).

Broadly, domestic workers can be divided into two categories: resident workers (full-time services) and non-resident workers (task-specific). The 2014-2015 Labour Force Survey in Pakistan reported almost 0.464 million domestic workers, of which 0.1 million were resident house-based workers while 0.364 million were day- or task-specific (Wageindicator, 2018).

Domestic workers are considered of lower rank status and unrespectable in Pakistani society. The ratio of female house-based workers is far more than males. In Pakistan, it is estimated that almost 70 percent of females are part of the domestic worker profession (Ali, 2017). It was observed in our society that employer’s behavior with domestic helpers was very precarious and abusive, occasionally reported in newspapers, and generally, it was hidden because of threats and disrespect from employers and society. The abuse can be of different kinds: verbal, physical, emotional, and psychological. Most of the reported cases from the Capital and Punjab province indicated that 90% of females were victims. The findings of a research report indicated the profession of domestic workers as one of the only occupations in which workers suffered from hazardous conditions such as physical harm and psychological abuse (IDWFED, 2014).

Psychological issues are described as the affected state of mind, recognized with the psychological and zealous condition of a person or a condition that leads to significant problems in an individual mood, thinking, and behavior (Psychological Issues, 2014).

Power imbalance, such as abusive relationships, bullying, and abuse subjecting, or exposing, towards employees at the workplace may result in psychological trauma, including anxiety, chronic depression, or post-traumatic stress disorder (Dutton et al., 2000).

A study was conducted in Hong Kong among overseas domestic helpers to investigate their mental and physical health. Results showed the prevalence of psychological problems, including suicidal intention, situational Stress, and lack of interest in working (Chung & Mak, 2020).

Female domestic workers and migrants from Sri Lanka to the Middle East are highly vulnerable to adverse working or living conditions in destination countries. Data was attained through focus group discussions and in-depth interviews to explore their problems. Research findings indicate evidence of emotional abuse, sexual abuse, and depression among female workers due to their unhealthy work environment (Weeraratne, 2014).
It was widely recognized that women found it very difficult to report sexual harassment at workplaces and were forced to remain silent. This could be because women were often blamed for the harassment. The power dynamics between employers and employees and the fear of discrimination or dismissal keep them silent. Lack of awareness of laws, little confidence in complaint mechanisms, or stigma due to breach of confidentiality can also be responsible for the silence (Shrivastava, 2015). After a sexual assault, women may feel emotionally shocked or uncertain. A common reaction includes high absenteeism, low work performance, low job satisfaction, depression, and thoughts of suicide (Shahzad & Malik, 2014; Sarwari, 2020). Few domestic workers faced harassment at their workplace and complained to their supervisors, but no or minor action was taken against the accused (IDWFED, 2014).

2. THE RATIONALE OF THE STUDY

The current Study is based explicitly on the objectives of identifying and investigating in-depth psychological issues of female domestic workers from Islamabad and Rawalpindi. It is essential to highlight that the literature sensitized the researcher to study the psychological issues of female domestic workers in Pakistan using scientific research methods. It has been observed that physical and mental torture of female domestic workers caused psychological problems among them. Domestic workers are suffering from many problems due to their unhealthy workplace environment, which makes their lives miserable (IDWFED, 2014). In Pakistan, around 47 cases of physical and psychological abuse against domestic workers were reported in the media from January 2010 to December 2014, while as many as 24 workers lost their lives from violence committed by their employers, and few of them were compelled to commit suicide (Khan, 2017). Initially, there was no specific law or any other facility for the fundamental basic rights of domestic workers in Pakistan (Wageindicator, 2018). Later, in 2019, a law was passed to provide social security to all domestic workers, regarded as a significant reform. However, the promises made, and protection prioritized in these bills are not implemented in true spirit. That is the reason female domestic worker persistently face exploitation and dehumanization from their employers (Arijo, 2023). The present Study's foremost aim was to uncover domestic workers' sufferings. For the present study, the researcher used qualitative research methodology to explore the psychological problems of female domestic workers. Although many standardized scales for the measurement of psychological problems are available, the researcher has conducted focus group discussions followed by in-depth interviews, keeping
in mind that most of the workers are illiterate or have a low educational background.

2.1. The study

findings would help increase public awareness about the sufferings of female domestic workers. The findings of the Study can also be helpful for the government in making policies and provisions of equivalent protection under labor laws for domestic workers. Imposing these strategies will also help in eradicating disregard for female domestic workers, which is directly linked to the rise of the status of women. This research study is highly contributive to society as this sector has mainly been ignored for scientific research. Numerous types of research have already been conducted on females, including nurses, students, bankers, and local, private, and multinational companies regarding their workplace environmental challenges. Although the research on these above sectors has been remarkably influential, there needs to be more research on crucial problems of domestic workers. It could serve as a source of worthy information about improving the workplace environment and accessibility of the basic fundamental rights for domestic workers. Hence, removing issues related to the domestic worker's workplace might improve their psychological and physical health and social life.

This Study is an addition to academic literature as it focuses on an in-depth exploration of specific psychological issues of domestic workers. Moreover, it provides differences in the experiences of two primary domestic workers (resident and non-resident) groups. However, these aspects of domestic workers were considered more than just in Pakistan. Therefore, it will help policymakers understand the mental state of domestic helpers and give knowledge to household employers while selecting them.

3. METHOD

3.1. Research Design & Sample

The researcher has chosen the qualitative method (Phenomenological Approach) for exploring the psychological problems of domestic workers. The researcher used a convenient and snowball sampling technique for conducting six focus group discussions and fifteen in-depth interviews with (7 residents and eight non-residents) female domestic workers. The study sample was selected from the Islamabad and Rawalpindi regions, who were employed in any private household and were part of that job for the last year with an age range of 18 years and above.
3.2. **Inclusion/ exclusion criteria**

Only female domestic workers were included because the ratio of females in this profession is much higher than males. The sample was selected from the Islamabad and Rawalpindi regions with work experience of more than one year and an age range of 18 years and above. Female domestic workers with work experience of less than one year and below 18 years were also excluded.

3.3. **Procedure**

The present study was conducted in two phases. During phase I of the Study, six focus group discussions were conducted. For each focus group discussion, 6 to 8 domestic workers discussed their problems. The sample was selected from Rawalpindi and Islamabad regions. The duration of the discussion varied from group to group; however, the average time was one and a half hours for each discussion.

Focus group discussion is a planned series designed to perceive a defined area of interest in a permissive, non-threatening environment (Casey & Krueger, 2000). Six open-ended questions were asked during each focus group discussion to understand the problems female domestic workers face due to their workplace environment. The demographic sheet was designed to acquire personal information from the participants of focus group discussions. The demographic sheet included name, age, education, marital status, income, family system, family members, number of earners, number of houses where they work, number of houses from where they left their employment, timings of work, duration of work, accommodation category (resident or non-resident domestic workers). The saturation point was achieved after conducting six focus group discussions, and the researcher found no new ideas coming from participants' discussions. When a study delivers maximum information about a particular phenomenon, and no further analytical information emerges, it is said to have reached data saturation. At that stage, the researcher stopped collecting more data per Moser and Korstjens's guidelines (2018).

Data from the focused group discussions was transcribed into written form. The thematic analysis approach analyzed written data. The analysis followed these steps: that is, initial encounter of the researcher with the data, (ii) identification of the themes, (iii) clustering of the themes, and (iv) synthesizing the codes into descriptions (Smith et al., 1999). Seven themes regarding psychological issues of female domestic workers were extracted, including depressive symptoms, anxiety, Stress, sleep disturbances, anger,
inferiority feeling, and helplessness. Based on these themes, an interview record sheet was developed to collect data for the primary Study.

During phase II (Main Study), based on finalized interview guidelines, fifteen in-depth interviews were conducted, and before conducting interviews, the researcher briefed the participants about the study objectives and assured them about the confidentiality of their information. After obtaining consent from participants, they were given a few necessary instructions. Interviews were conducted on an individual basis in a separate room and comfortable environment. Participants took a maximum of about one hour, and the average interview duration was about 30 to 40 minutes. Interviews were audio recorded after obtaining consent from the participants, and the interviewer also preserved the field notes during interviews and reviewed them one by one at the end. At the end of each interview, the participants were warmly thanked for their cooperation.

Considering field notes and audio recordings of the interviews, all the information gathered from study participants was transcribed on an answer record sheet, and later themes were extracted.

The A.P.A.’s research ethics guidelines have been considered in this Study. Before obtaining permission from the participants, they were informed of the Study's aim and purpose. Moreover, the interview was recorded using smartphone app recorders with the consent of the participants. In addition, they were assured about the confidentiality of their information, and the identification of the participants has been kept confidential in the current Study. The participants were also instructed to be able to withdraw from the research at any time without any hesitation.

4. RESULTS

Each interview was audio recorded and transcribed on a white page. Researchers first translated those verbatim interviews into the English language in regional and national languages to perform a thematic analysis. However, as English is not Pakistani's native language and the sample was illiterate, the researcher listened to all the recorded interviews individually to transcribe it in English. This methodology involves translation, as it is required in qualitative studies if the target publication language differs from the data collected in another source language.

After that, we performed data analysis. The Study used a manual thematic analysis approach for importing, organizing, and exploring data for analysis. While conducting thematic analysis, the researcher followed six steps: familiarization, coding, generating themes, reviewing themes, defining
Researchers carried out this data analysis process to ensure the rigor of qualitative interviews (Syed & Nelson, 2015). A thematic analysis approach was used to analyze the data. Major and sub-themes were extracted by separating the repetitive and common themes. Thematic analysis is considered the most widely recognized form of analysis in qualitative research (Guest, MacQueen & Namey, 2012). Ten sub-themes emerged regarding the psychological issues of domestic workers, as listed in Figure I.

Figure I. On the continuum of themes, psychological issues emerged from in-depth interviews.

Table 1 indicates that the majority of the resident workers’ age group was between 18 and 22 years old and mostly were able to read Quran-e-Pak, and all were unmarried. On the other hand, the average age group of non-resident workers was between 35 and 45 years; most were illiterate, and all were married.
Table I. Frequency of age group, education, and marital status for both resident and non-resident female domestic workers (N=15)

<table>
<thead>
<tr>
<th>Demographic details</th>
<th>Resident workers</th>
<th>Non-resident workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-22</td>
<td>4</td>
<td>25-35</td>
</tr>
<tr>
<td>22-26</td>
<td>2</td>
<td>35-45</td>
</tr>
<tr>
<td>26-30</td>
<td>1</td>
<td>45-55</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quran-e-Pak</td>
<td>3</td>
<td>Quran-e-Pak</td>
</tr>
<tr>
<td>Primary</td>
<td>1</td>
<td>Illiterate</td>
</tr>
<tr>
<td>3rd Grade</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2nd Grade</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>7</td>
<td>Married</td>
</tr>
<tr>
<td>Widow</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Table II. Frequency of Psychological Issues for both resident and non-resident female Domestic workers (N=15)

<table>
<thead>
<tr>
<th>Issues</th>
<th>Resident workers</th>
<th>Non-Resident workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive symptoms</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Anxiety Symptoms</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Stress</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Anger</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Feeling of insecurity</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Feeling of inferiority</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Guilt feelings</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Helplessness</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Repressed desires</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Dissatisfaction with life circumstances</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Results in Table II presented the prevalence of psychological issues among both resident and non-resident domestic workers; however, table values indicated that resident domestic workers have high levels of depression, anxiety, anger symptoms, feelings of insecurity, feelings of inferiority, guilt, and helplessness as compared to non-resident domestic workers.

5. DISCUSSION

The present study explores the psychological issues of female domestic workers from the Islamabad and Rawalpindi regions. The demographic sheet collected information about each participant's details,
including their age, education, and marital status. Overall, domestic workers' age range was from 18 to 55 years, including the majority of the resident domestic worker's age range between 18-22 years, and most non-resident domestic workers' age ranged from 35-45 years, as shown in Table I. An earlier study reported that the average age for female domestic workers was between 19 and 45 (Nazir, 2011). Female domestic workers were illiterate or had primary education; it is primarily evident that women with low education levels or moving from rural parts of the country to cities because of poverty and had no chance for any other employment joined the profession of domestic workers (Erdogdu & Toksoz, 2013).

Regarding the marital status of female domestic workers, in the present study, all resident domestic workers were unmarried, and non-resident workers were married, as indicated in Table I. These results align with already conducted research, which indicated that ninety percent of resident domestic workers were unmarried. However, after marriage, to support their family economically, they start casual or part-time work and spare extra time for their spouse and children (Mubugua, 2014).

From in-depth interviews with domestic workers using thematic analysis, ten sub-themes of psychological issues emerged, i.e., depressive symptoms, anxiety symptoms, Stress, helplessness, anger, feelings of insecurity, guilt, feelings of inferiority, repressed and unfulfilled desires, and dissatisfaction with life circumstances emerged as shown in Figure I. Approximately 72% of female household servants faced psychological maltreatment at the workplace by their employers (Lalaani, 2011). Another study showed that 54% of domestic workers had poor psychological health (Anjara et al., 2017).

Results of the present study showed that resident domestic workers faced more psychological issues as compared to non-resident domestic workers, as indicated in Table II, because resident workers spent 24 hours each day at their workplace and were physically, verbally, and sexually abused, which leads them toward mental health-related problems. Studies indicated that more than two out of every ten resident domestic workers are categorized as having poor mental health (Mubugua, 2014).

The resident domestic worker reported their depressive symptoms as, R.D.W. 2: “She used to beat me a lot, cut my hair and left me bald. I missed my parents too much. They love me a lot. I do not want to do any work. I am broken from inside and even sometimes become too disturbed and want to eat poison”.

An investigation revealed that because of abuse and the way that domestic laborers regularly feel as though they are bad enough or inhuman, they may lose confidence and self-esteem, and this may negatively affect their
psychological wellness (Tolla, 2013). In the current study, resident domestic workers reported more depressive symptoms (crying spells, fatigue, sadness, suicidal ideation, poor concentration, and low self-esteem) than resident domestic workers, as shown in Table.

Non-Resident female domestic worker explained Stress as, NRDW 4: “My husband demands money even when I have nothing to give him. When I take leave from work because of children or personal sickness, she (employer) pressurizes me, then my mind begins to burst, and at that time I become exhausted”.

NRDW 4: At their last workplace, where she quit doing her job, she reported her experience as, “I was in high fever and took two days to leave from work, as I entered in the employer's house, her husband misbehaves with me and starts shouting on me, and she remains silent. When I tried to say something, that man started beating me with shoes. It was a very miserable day in my life. That day, I cried so much and felt stressed because I did not have money”.

Consistent with present findings that domestic workers were significantly associated with Stress, they became more isolated, which leads to poor quality of life (Sales & Santana, 2003). Due to the nature of their duties, domestic workers indicated Stress related to their occupational and personal life.

Domestic workers presented anxiety complaints when investigated, including high palpitations, apprehension, and feeling of going to die (Sales & Santana, 2003). In the current study, resident domestic workers indicated more anxiety symptoms (irritability, restlessness, choking, sweetening, and trembling) as compared to non-resident domestic workers, as shown in Table II.

As one of the resident domestic workers reported their anxiety symptoms as, R.D.W. 3: “When she (employer) scolds me due to stress, my body starts shaking, and the feeling of choking and sweetening continues for almost half an hour.”

In the current study, resident domestic workers reported more insecurity at the workplace than non-resident workers, as exhibited in Table II, because they live at their workplace full-time and remain in contact with their employers all the time. The majority of the resident respondents reported insecurity of being harassed physically and sexually.

Resident female domestic workers explained feelings of insecurity as, R.D.W. 4: "In the beginning, I felt very scared; I was very scared of going to others' homes and their bedrooms, and incidents that happened with other people came into my mind. I was afraid of their family's boys and men. I still
feel so insecure that they may blame me for the robbery and may hand me over to the police”.

NRDW 6: "It happened many times when I feared losing my job and worried about my household expenditures and how it would be fulfilled. Previously where I worked, there I worked for the whole day and bore rape at night.... now all the time I felt afraid”.

Resident domestic workers told their experiences of inferiority feelings as,
R.D.W. 2: “Food is given in separate pots. Everyone hates me; the pots I eat are stinky and ugly; it seems I have no right to live in this world. I cannot use the washroom when needed”.

The findings of the current Study revealed that domestic workers felt aggressive when they were harassed, controlled, and compelled to work again and again. Domestic workers became angry when their employers used foul language and angry words, hit them, or asked them to do some extra work (H.R.W., 2006).

Non-resident domestic workers said that when they felt aggressive,
NRDW 5: “When I take leave, she (employer) usually becomes aggressive, which makes me angry because she does not understand my problems; at that time, I want to leave that workplace. Sometimes, because of annoyance, I do not work properly, give them dodge, and sometimes start self-talking”.

In the present study, resident domestic workers faced helplessness due to the workplace environment, whereas non-resident domestic workers reported their helplessness due to age factors or family problems. Domestic workers suffered from helplessness in which they were bound to work and were not given any rights, and always blamed for robbery if anything was lost (H.R.W., 2006). Table II shows that resident domestic workers felt more helpless due to their workplace environment than non-resident domestic workers.

Resident domestic workers reported helplessness as, R.D.W. 5: “I could not inform any other person about my situation that how they are being cruel with me and forced me to work; if I ever speak about leaving that work (Job), (Male employer) threaten me and my family, that they would hand us over to the police.”

In the present study, 14 out of 15 respondents reported dissatisfaction with their lives. They were tired of their lives and had no specific aim in their lives because of hopelessness and lack of support from their family as well as their employers. A study found that around 72% of domestic workers were unsatisfied with their lives, and just 28% were happy with their present life (Augustine & Singh, 2016).
6. CONCLUSION

The primary objective of the present study was to find out the psychological issues of domestic workers due to their workplace environment. The research was conducted in two phases; during the first phase of the Study, focused group discussions were conducted, while the second phase dealt with in-depth interviews with resident and non-resident domestic workers to understand their psychological issues.

In the present study, research data indicated the prevalence of different psychological problems among female domestic workers, including depressive symptoms, anxiety symptoms, Stress, anger, feelings of inferiority, and guilt feelings. It was found that resident domestic workers suffered from more psychological issues as compared to non-resident workers because resident workers spend more time and face more abuse at their workplace than non-resident workers. This indicated that domestic workers have poor mental health because of their unhealthy workplace environment, so it is necessary to focus and work further on these issues as it is a primary informal sector of our society.

7. Limitations, Suggestions, and Implications of the Study

The present study's data was collected only from twin cities Islamabad and Rawalpindi, and female domestic workers were selected as the study sample. Further studies can also be conducted in other areas of Pakistan, and male domestic workers can be added as a study sample. One of the most critical limitations of the present study was that the sample needed to be more literate, and the researcher needed help in getting irrelevant responses from the participants while conducting interviews with them. The present study took a long time to complete because of its qualitative nature and the need for more interest and awareness among these domestic workers. Future studies can be planned to get more scientific information in the area of Study. It is essential to organize seminars or awareness programs. Moreover, N.G.O.s can also play a more significant role by identifying the psychological issues and sufferings of domestic workers and by raising a voice for their rights. The government should provide referrals for health care and counseling centers to rehabilitate domestic workers, and laws should be formed to provide domestic workers with rights.
REFERENCES


