

**A SOCIOLOGICAL STUDY OF LIVES OF
THE HOUSEHOLD MAIDS FROM SLUMS
IN CUTTACK CITY**

*Dissertation Submitted to Jawaharlal Nehru University
in partial fulfillment of the requirement of
the award of the degree of*

MASTER OF PHILOSOPHY

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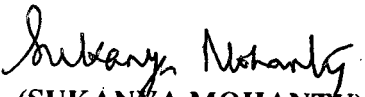
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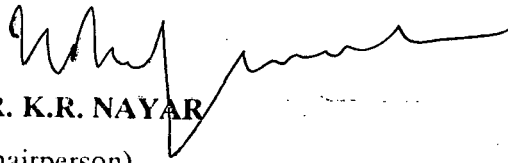
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CERTIFICATE

This dissertation entitled “ *A Sociological Study of Lives of the Household Maids from Slums In Cuttack City*” is submitted in partial fulfillment of six credits for the degree of Master of Philosophy of this University. This dissertation has not been submitted for any other degree of this university or any other University and is my original work.


(SUKANYA MOHANTY)

We recommend that this dissertation be placed before the examiners for evaluation.


DR. K.R. NAYAR
(Chairperson)


DR. ALAPANA SAGAR
(Supervisor)

Dedicated to

My "aace"

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Sukanya Mohanty
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INTRODUCTION

INTRODUCTION

Health is not merely a one to one outcome of any single factor, there are multiple factors which together determine health. These multiple factors are none other than the social and economic factors entwined with our lives. Domestic work, domestic workers and there by their health are little recognized and regarded in a capitalist and patriarchal society. This study aims to understand the lives of those women who take up domestic work as their livelihood. This study is about the lives of the household maids, the various forces affecting their lives and there by, affecting their health. This study attempts to show the interlinkages of such factors which are poverty, gender, working conditions, living conditions and support structures in the family that affect household maids health.

The study presented in this dissertation has been given in six chapters.

The first chapter deals with the **'Review of Literature'** and systematically reviews works related to various issues which are important in understanding and conceptualising the factors involved in pushing women into informal sector to work as domestic workers as well as the factors affecting domestic workers health. These factors are

'gender', 'poverty', 'migrant status'. The under payment and undervaluation of women's work has been explained by various theories. The studies show that certain typical works are feminised and domestic work is one such work and thus, more women than men work as domestic workers. Through the review of literature one views the kind of dilemma faced by married women domestic workers, in doing work at home and at work place due to their multiple roles and multiple burdens. The studies also throw light on the power dynamics implicit in domestic work.

The second chapter on '**Methodology of the Study**' first conceptualises the problem, by considering how the economic and social factors determine women's existence their survival and can thereby, affect their health. It also highlights, the objectives of the study, place of the study, and the methods used in the study which are non-participant observation, informal group discussions, interview schedule and the case study method.

The third chapter focusses on the living conditions of each of the slums namely, Sutahat Tantisahi, Burlabidhisahi, Golibidhisahi, Sutahat Hadisahi and Satyaraobadi, in detail to know '**The Women's Living Conditions**'. The living conditions are looked at in detail as they determine the physical environment in which the women exist.

The social environment has already been looked at in the conceptualisation of the problem and will be looked at in the next two chapters.

The fourth chapter on **'Socio-Economic Profile'** describes the socio-economic characteristics of the household maids in the study. It attempts to understand the impact of husband's actual contribution, other earning members actual contribution to family income on women's work load. It tries to understand the economic pressure on the women to work and earn which has an important bearing on their health.

The next chapter on **'Lives of the Household Maids/Women Domestic Workers'** describes the life of an average household maid/women domestic worker, her social and economic limitations, the 'vicious' circle in which she is trapped, and her struggle for survival. On her shoulders depends her family. However, a household maid has no recognition for her work at home and very little recognition at work place in comparison to what she deserves. This chapters also provides some of the case studies that speak of the agony of these women.

The final chapter on **'Factors Affecting Health'** tries to analyse the relationship between the illness symptoms and the married

household maids work at work place work at home as well as their age, nutrition and total family income. It also looks at what these women do when they are ill, the treatment sought by them and the condition of health when treatment is sought. In addition, it tries to see whether they can take leave without the fear of wage cut to take some rest from overwork and whether they have any family support and how that affects their health.

And the **conclusion** puts together the findings and analyses done in previous chapters to get in insight of household maids lives and health are affected by the various forces.

**REVIEW OF
LITERATURE**

REVIEW OF LITERATURE

The review of literature was an attempt to look at the gamut of the various issues that affect the lives of the household maids and their health. It was thus used to define and understand the different facets of the problem. This was done in order to gain an insight into the reality of the women's lives. This insight helped in further evolving and defining the purpose of the study. The various issues looked at were women's multiple roles, multiple burdens, relationships within the family, their work at home and the poverty which pushed these women into the informal sector, mainly domestic work. Their living conditions their nutrition and the inter linkages of these factors with women's health were also looked at.

Multiple roles: Multiple burdens

Roles are indicators of a person's way of living as a member of society. According to Linton, the term 'role' refers to the behavioural prescriptions bearing one to one correspondence with social status.¹ For eg: the status of a wife demands a typical 'role' playing from the status holder in accordance to the norms of the society. Linton went on to observe that each person in society inevitably occupies multiple statuses and that for each of these statuses, there is an associated role.² In other words, all members in society have multiple roles

therefore the statuses of a 'wife', of a 'mother' of an 'employee' all demand different roles attached to them. Merton gives examples of such distinct statuses in which the individuals finds themselves and calls them multiple roles of an individuals.³ These roles are carried out in the spaces allocated to people. Traditionally, men occupy the 'public' space and women occupy the 'private' space. But when the latter steps out of 'private' space to the 'public' space, she can neither leave the 'private space' completely nor can she exclusively confine herself to the 'public space'. As a result women working in the public sphere continue to be recognised only as mothers and wives occupying the private space. Thus, it is women who bear the brunt of these public/private distinction as housewives, confined to 'private space' and they are regarded as 'secondary earners'. Hakim says, part-time employment simply reduces the pressures on husband's wage without increasing wife's influence over finances.⁴

Employed women must juggle the double day, working around childcare and domestic duties.⁵ Generally the women bear the responsibility of managing the family. This consists of keeping the house clean, preparing the food, taking care of the children, washing clothes. When the children are too small, it means a 24 hours vigil duty for the mother. In addition to these physical burden is the mental tension of worrying about things such as what do I need from the

shops? What shall I cook for supper? Do the sheets need changing?, etc.⁶

Additionally, as 'employees' supporting or supplementing the income of the family, women have to adjust their time between the multiplicity of their roles in private space and public space. Thus, this multiplicity of roles means multiple burdens on women.

Multiplicity of roles as such exist for women at home such as the role of a wife, of a mother, of a daughter-in-law, etc. But it is when the role of public space is adjoined to these roles, that the multiplicity of roles heighten the burdens on her. To adjust between 'private' and 'public' space is quite exhausting for them. It is therefore worthwhile to look at the division of labour at home on the basis of gender.

Family: Division of Labour

Marx and Engels in their German Ideology in 1846, said, "the first division of labour is that between man and woman for child breeding".⁷

According to Sue Sharpe, where once members of the family would have worked in and around the house and on the land to maintain themselves, 'work' gradually came to be defined as the activity which took place away from home, carried out by men and

domestic work and childcare was left almost exclusively to women and became their realm.⁸

Therefore, as stated by Alice Kessler- Harris, as household labour is considered women's work, girls are taught household skills more frequently than are boys and they are often required to do more work in their homes as they are growing up.⁹

At the same time the family evolved from consanguineous to punaluan(group marriage) to pairing, to monogamous family. However, this, according to Engels, "does not mean by any means make its appearance in history as the reconciliation of man and woman, on the contrary, it appears as the subjection of one sex by the other, as the proclamation of a conflict between the sexes."¹⁰

Engels has stated that the first class antagonism which appears in history coincides with the development of the antagonism between man and woman in monogamous marriage, and the first class oppression with that of the female sex by the male.¹¹

Sue Sharpe views "male social identity was concentrated in men's capacity to maintain a wife and family and female identity was channeled towards family affairs and personal life, even though vast numbers of working class women also worked outside the home in the

mills, factories or participated in the informal labour force by doing house work, by taking in washing, etc".¹²

In fact, Tom Irene found in her study on women workers in the silk industry in south India that, 48.5% of the respondents were solely responsible for housekeeping, 22.1% were assisted by their daughters, 12.8% were assisted by others and only 16.2% had no responsibility 11 cases, of these 5 would sometimes help out but 6 did no housekeeping at all.¹³

Sharpe says, this kind of situation occurs as household labour is considered women's work, girls are taught households skills more frequently than are boys and they are often required to do more work in this homes as they are growing up.¹⁴

"The emotional work of enhancing the status and well being of others is a form of what Ivan Illich has called 'shadow labour', an unseen effort which, like housework doesn't quite count as labour but is nevertheless crucial in getting things done. As with doing housework the trick is to erase any evidence of effort to offer only the clean house and the welcoming smile".¹⁵

In fact in most of the South and South East Asia, the female working poor find themselves at the bottom of the three hierarchies of class, gender and ethnicity/caste.¹⁶

Domestic work in the informal sector is an effective choice for women to adjust between the two conflicting demands of 'economic necessity' and 'time flexibility'. Economic necessity means there is financial need, and time flexibility is required due to their need to divide time between family and home.

Anderson found that in Paris there were those who worked part-time as domestic workers because that way they had a flexibility that enabled them to earn money while caring for their own children and doing the reproductive work of their own households.¹⁷

According to Jones, the choice for a low skilled woman between entrance into a domestic service and employment in the formal sector seems to involve an implicit trade off between economic security and economic freedom or flexibility.¹⁸

Domestic Work/Labour

According to Catholic Bishops Conference of India (CBCI's) commission Justice Development and peace- in November 1980, a

“domestic workers” is a person “employed to do household chores on a temporary, permanent, part time or full time basis. The terms of employment may be expressed or implied. This unorganized sector of society produce materials for consumption in the household, these commodities are not for profit or sale. House workers play an important role in the social life of the community. The household work done by them is vital for the well being of the family.¹⁹ International Labour Organisation uses the following job description for a ‘domestic helper or cleaner’.²⁰

- Sweeping, vacuum cleaning, polishing and washing floors and furniture or washing windows and other fixtures.
- Washing, ironing and mending linen and other textiles.
- Washing dishes
- Preparing, cooking and serving meals and refreshments
- Purchasing food and various other performing related tasks.
- Performing related tasks
- Supervising other workers.

Domestic Work

According to Dr. Jekyll and Mrs. Hyde, theorists have taken two approaches to domestic work which are (i) Unpaid work in the home and (ii) paid domestic labour.²¹

It may be true that women of affluent class can get rid of work at home by appointing someone else to do the work, nevertheless in general, the management of the household till now rests on the female of the household, be it mother-in-law or daughter-in-law or wife. Thus while the women of the affluent class do have an opportunity of lessening their burden, the poor women cannot afford this, hence, for them the traditional gender division of labour at home still holds true. They therefore bear the disadvantages of their 'gender' as well as 'class' positions. In such a situation, poverty as a disabling or burden aggravating factor has to be seen.

Wrigley has elaborated that working class women often have brutally long days rising before the rest of the household to layout their children's clothes, prepare the family's breakfasts and lunches and get themselves, ready for work. When they come home, bringing their tired children with them, they immediately start housework, the endless round of meal preparation and cleaning, intermingled with giving the

children their baths and helping them with their work. Such women do not know the meaning of personal leisure.²²

In such a social and economic environment, these poor women are not equipped with well paying marketable skills. Hence, they have no choice but to do jobs which are highly essential for the functioning of the society but are called as 'manual' jobs. These jobs are not available to them in 'formal' sector such as the jobs of municipality or govt. hospitals. as these are occupied by poor men Hence, these women generally out of circumstances join the informal sector. The causes for the growth of division of labour are poverty, surplus man power, rural-urban migration, disproportionate inadequate growth of industries and pauperization.²³

Poverty

According to the survey conducted in 1971 (TCPO report, 1975) on slum dwellers in Delhi, 14% of the males were industrial workers and 1.4% were in white collar and semi-professional work, i.e. 15% approximately were in formal sector whereas none of the women were employed in the formal sector.²⁴

These slum dwellers are migrants, first/second/third generation, generally. The 'pull' factors are the city based employment

opportunities and 'push' from the rural areas are because of labour surplus with low productivity and the exploitative relationships that exist in the villages.²⁵

The reasons for migration are poverty in their native place. Nilkanta Rath & V.M. Dandekar have defined poverty in terms of calories taken per day by an individual which is 2250 cal/day according to them. Those who are deprived of this minimum food basket are regarded as below poverty line.²⁶

Poverty, according to Human Development Report, 1997, is the denial of opportunities "to lead a long, healthy, creative life and to enjoy a decent standard of living, freedom, dignity, self-respect and the respect of others".²⁷

A study of four squatter settlement in Delhi in 1975 found that 81% of the respondents had left the village because they could no longer earn a living there (Singh 1977).²⁸ For most, the reason was adverse agricultural conditions (e.g. drought or floods), unemployment or underemployment leading to poverty. Additionally factors such as land fragmentation declining demand for traditional skills and services due to modernisation and overpopulation also contributed to their rural predicament.

Maitreyi Krishnaraj and Karuna Chanana found in their study of 130 families belonging to some Gujrati, Hindu, lower strata castes/communities settled in the city of Ahmedabad, that most of the families were earlier migrants from rural (72%) or small towns (20%) of Gujarat.²⁹

Another study of a predominantly Kumhar (potter) slum in Bombay found that repeated drought and famine in the coastal areas of Gujrat, correlated with a decline in demand for their products had compelled the crafts men to migrate (Desai & Savur, 1974).³⁰

As mentioned above poor migrant women generally join the informal sector.

Informal Sector

According to the reports of the National commission on Self-employed Women and Women in the Informal Sector, June 1988, all the workers who donot belong to the organised sector and remain unprotected are included under the informal or unorganized sector”.³¹ By the nature of their activities, these are classified as under the following broad categories:-

- 1) Homebased producers including artisans and piece rate workers, paid and unpaid family labourers for example agarbati rollers, beedi workers etc.
- 2) Petty vendors and hawkers who do not hire labour but take the assistance of family members.
- 3) Contract labour and sub contract labour.
- 4) Domestic helpers
- 5) Women engaged in processing work in traditional and non-traditional areas such as making papads and making envelopes respectively.
- 6) Those doing manual work like construction labour and those working in agriculture and other primary factors.

Theories of Women's Work

Different theories have been propounded to explain women's work in the job market. Some of the theories have been selected and explained here.

Human Capital Theory: This relates wage levels to the levels of human capital (education, training skill) embodied in the individuals and thereby explain low wages for women accordingly.³²

Segmented Market Theory: This theory holds that the labour is structured and is characterised by inequality. The two sectors of the labour market are different from each other. This theory explores the nature and causes of occupational differences between the sexes and attempts to understand poverty and underemployment.³³

- (i) Primary sector is characterised by high wages, job stability, good working conditions and administration of rules.
- (ii) Secondary sector is characterised by low wages, job instability bad working conditions and personalised relationship between workers and supervisors. Females are generally employed in this sector.

Marx's Analysis of the Labour Process

According to Karl Marx, there is a division of labour among workers and the different functions are arranged according to a hierarchy.

Female wage rates are lower because of the assumption that women are subsidiary workers. Women as part of the reserve army of labour are paid very low wages that not only ensures a discounted rate

of female labour power but also reproduces forms of dependence and subordination found within the family.³⁴

Feminization of Work

It is assumed by job market that women are more suited to certain kinds of work. Hence, such is available mainly for women such as domestic work, baby sitting etc. Feminization of work means that the work is being done more by women. Boserup (1970) claimed that the trend towards modernisation in less developed countries have resulted in the increasing relegation of women to low-status low pay jobs.³⁵ A few examples of India as well as other countries is given below which holds equally true for both the situations.

According to the study conducted by the School of Social Work and Catholic Bishop conference in India, 1977, of the total domestic workers there were only 12.10% males in Kamataka, 17.62% in Ranchi, 9.80% in Bombay and 9.19% in Tamilnadu.³⁶ The rest were always women that is about 83%-91% were women workers in overall in these states.

Similarly, according to the NSSO (1977-78) there were 16.8 lakh female domestic workers as against 6.2 lakh male domestic workers.³⁷

Similarly, historical census figures of Philippines show a steady growth overtime in proportion of domestic servants who are female. In 1975, 81.75% of domestic workers were females in Philippines.³⁸

Studies on Domestic Work/Labour

Domestic Work has been seen as unpaid work in the home and paid domestic labour at work place by theorists. In both the places domestic work has not been given its due regard. Anderson has stated in his study that, domestic work as social reproduction is profoundly rooted in community. Through the doing of domestic work we literally reproduce our communities and our place within them.³⁹

Domestic Labour in job market has been looked down upon. This has always been women's domain. Glenn's study of three generations of Japanese Women in Domestic service reflects that the labour market allocates particular jobs to certain types of people. On the basis of gender, colour and class, reserving unskilled unprotected poorly paid jobs for women and people of colour.⁴⁰ Due to systemic discrimination women are regarded as fit for domestic labour.

Davidoff's work on the role of domestic workers in reproducing gender identities in Victorian households (1974) throws new light on the role of migrant domestic workers. Polarities of male/female,

middle/working class and urban/rural are played in the household, these are explored by her. There is splitting of women and this functions into two mutually dependent but antagonistic stereotype i.e. pure/dirty, emotional/physical, madonna/whore and these stereotypes were expressed and reproduced in the employer/domestic worker relationship.⁴¹

According to Sharpe, for women domestic workers their paid work is intermixed with unpaid domestic labour at home, but women domestic workers are generally aware of this low rates of pay and accept them because they have no other option if they cannot or do not wish to get a job outside the home.⁴² As found by Gopal and Vijaya on their studies on workers in informal sector, women join informal sector as they have no option.⁴³ A study done by Sagar found that domestic work in informal sector is done by slum women as they have no choice.⁴⁴

Domestic labour is a result of the implicit dynamics of social, political and economic factors. This as paid work is done by women, of poor status of low caste, of migrant community, generally. Some of the studies have been looked at in the following to see how far this holds true.

Political Economy of Domestic Labour

Industrialisation brought changes in the life style of the people especially in the urban areas which led to an increase in the demand for the domestic workers. Many women from the middle class now have taken up jobs outside their home to supplement their income. It is for these people that the domestic workers are an inevitable necessity. In many families, it is cheaper to employ domestic workers than to purchase the expensive gadgets and in many upper class homes, the employment of domestic workers is a symbol of status, wealth and luxury.⁴⁵

✓ Increase in the number of working women and the nuclearisation of family has increased the demand for domestic help. This is because an average Indian cannot afford to buy labour saving gadgets to minimise labour. It is cheaper for her to employ a domestic worker. According to ISI study, menial occupation which includes employment in personal service has been exclusive profession of lower castes of so liberation of one group of women implicitly depends on the exploitation of another group of women.⁴⁶)

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According to Elsa Chaney and Mary Castro, three conditions are conducive to large scale retention of servants in Latin American countries which are:⁴⁷

- i) Impoverished peasants who are being forced off the land i.e. have to sell their land.
- ii) Middle and upper-middle classes with high income i.e. the capacity to employ servants.
- iii) Lack of infrastructure to provide effective social services i.e. the need to employ the servants.

According to Chaney and Castro, in U.S., although there is no peasant population willing to work as domestics, it does not need one as the third world serves as its population hinter land.⁴⁸

Such are the conditions in different countries which make to different groups of population working as domestic servants. In India also similar factors lead to migration of rural poor to urban areas and their employment in the informal sector such as domestic labour is done by many of them.

✓ The domestic labour debate in 1970s raised the question of the value of women's domestic labour being given to it in capitalist societies.⁴⁹

✓ According to Engels, "monogamy was a great historical advance, but at the same time it inaugurated along with slavery and private wealth, that epoch, lasting until today, in which every advance is likewise a relative regression, in which the well-being and development of the one group are attained by the misery and repression of the other".⁵⁰

Migrants Working as Domestic Workers

According to Kasturi's study cited in ICSSR report, most of the women working as part time domestic servants in Delhi were of South Indian Origin.⁵¹

According to Anderson, many women from Ghana, Zaire, India, Sri Lanka, etc who aspire to go to Canada first go to Greece and from there try to go to Canada but if unfortunately, they fail to go to Canada, they stay back in Greece as illegal migrants, they usually work as domestic workers, is a major problem for them. Similarly in Spain, the Filipino community, one of the oldest migrant communities in Barcelona, has almost all of its women working as domestic workers.

Accommodation is a particular problem and as has been seen, workers may live in to solve this problem. But those with families have to work in live out jobs.⁵²

According to Brigitte Croff, the migrant community enters into domestic work as the public sector is not open for them, they are forced into the private sector, whether it be private households or private retirement houses.⁸ Along with their work at home and work at work place, their living conditions and food affect their health.⁵³

Living Conditions

The urban poor generally, stay in the slums. According to Ashish Bose, a slum is a deprived human settlement in extremely overcrowded, has high density, high levels of mortality and fertility. It has extreme poverty and lacks access to basic needs like water, sanitation and clean environment.⁵⁴

Gupta in her study of New-Seemapuri settlement colony in Delhi has described the kuccha roads, kuccha houses, poor toilet facilities, hand pumps, and municipality water connections etc.⁵⁵ Sagar in her study of Gautam Nagar slum in Delhi has elaborated its characteristics which are mud huts, open drains, no toilets, no bathing facilities, hand pumps and municipality water connections as

source of water. The above two study throw light on the typical characteristics of a slum.⁵⁶

According to a case study of one bustee settlement, Bankimpalli- a Bengali-speaking, a Hindu settlement with 138 households having a total population 910 in Calcutta. The settlement grew in an area of two acres of private and illegally occupied by some fifty migrant families from Bangladesh and other region from South Calcutta in the early 60s. most of the inhabitants came from poor families belonging to rural areas.⁵⁷

Food

According to Salalhuddin, lower incomes have direct links with the poor availability to multinational food for the women themselves as well as for their children.⁵⁸

An analysis of health in Bangladesh shows that health is determined by access to food at a minimal if not decent level of nutrition. This analysis comes to the conclusion that “the right to food is the basic requirement for the right to health. Improvement of people’s health cannot take place without recognition and enforcement of this political right.⁵⁹

Sheila Zurbrigg in a study (Rakku's story) found that the majority of the rural poor subsist on coarse cereals which are cheapest stomach fillers available. In Rakku's area, coarse millet called Ragi is the main source of nourishment for the majority of families. She says about Rakku, "though she was aware of the hunger in her stomach, Rakku did not eat. Only after her two children had eaten would she take anything that remained from the second packet".⁶⁰ This shows that poor mothers have a poor nutritional status. This study was carried out in rural areas but the finding about women sacrificing their food for others in the family also holds true for urban poor women. The women are always the last to take food in the family, they first serve food to others and then only take food for themselves. In a poor family when the food is not sufficient for all the women on her own sacrifices her food for others. This reveals a lack of availability of food to the poor. The pattern of food distribution within families commonly has an age and sex bias in this is especially true in some of the poorest world economies".⁶¹

In Debabar Banerji's study, 27.8% of the respondents had not taken food for 3 to 6 months, 4.5% had not taken food for more than 6 months, 10% had not taken food for 3 months, 1.5% had no food for 1

month and the 52.3% were fully satisfied with daily food. 4% were listed as irregulars.⁶²

Health

Health problems of domestic workers are caused not only due to their employment but also for other issues discussed above which affect their lives.

According to Salahuddin, domestic workers have postural problem as well as problems from working in water and with household chemical based products such as detergents. They suffer from frequent colds, chronic body aches, bruises, exhaustion, spice grinders suffer from back pain, body ache, chest pain, cough, abdominal pain, eye problems dizziness and exhaustion. Extremely limited access of these poor working women to health services or formal or informal social support service have undesirable effects not only on the health of these women, but also on the mental and physical development of their children.⁶³

According to Widge, “occupational related health problems for domestic workers are backache, tiredness, problems with hands and feet as a result of them being constantly wet and because of the use of hazardous washing detergents.⁶⁴

Leslie Doyal says, “many women have the most important components of their health distributed through the family economy. This includes not only essentials such as food, water, income and access to medical care, but also less tangible resources such as time for sleep, reflection and renewal, emotional support, social status and investment in education to ensure future well-being”.⁶⁵

The multiple roles as discussed are important in the context of working women as they bear the public/private divide, they have to adjust their time and energy between the two. Their poverty adds to the burdens of their multiple roles associated with their ‘gender’ and ‘working status’, when they are poor and migrants, they are very often forced to join informal sector. Being working and married means the responsibility of managing the household i.e. a balance between ‘economic necessity’ and ‘time flexibility’. Hence they opt for domestic work/ labour in the informal sector very often and in such a situation, their food, living conditions, work all affect their health.

The problem has been conceptualized with the help of review of literature in the next chapter and then the objectives and methodology of the study were formulated and chosen.

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***METHODOLOGY OF THE
STUDY***

METHODOLOGY OF THE STUDY

Conceptualisation of the Problem

As seen in the previous chapter every member of society has multiple statuses and thereby multiple roles to play. The married working women play multiple roles, those of the caretaker of the family, of an employee, of a daughter as well as daughter-in-law, of a wife and of a mother. These 'multiple roles' of working women means 'multiple burdens' on them.

The working women of 'lower class' are in a worse situation as due to their "multiple burdens" they suffer from additional disadvantages associated with their 'low class' position. Due to the low income of the family, poor financial contribution by husbands, they have to work to make sure that the family has a regular income no matter how meager it is. Their lives are situated in a vicious circle of poverty. They are underpaid, and undernourished and at the same time they are overworked. In their social environment, they learn very few skills that can be made marketable and even if they do know some skills, they can hardly bring them into use on their own enterprise due to lack of finance. They have to join the labour force, basically the informal sector which offers them employment such as domestic work, construction work, agarbatti rolling.

Being poor and married women, they have to struggle between 'economic necessity' and 'time flexibility'. In our society, 'gender

socialisation' brings up girls and boys differently, girls are taught to do the indoor activities i.e. household chores and the boys are taught to do the outdoor activities i.e. earning a livelihood to support the family. Women can never escape from the responsibilities of managing the household and they have to do all the household chores. They do cooking as well as shopping for the family and take care of the children and other members in the family. Though it is always said that a woman is supported by her father or husband or son, it is often the other way round. This burden may be increased by a husband who is uncooperative, drinks heavily and is always demanding. Many of these women have to take the responsibility of outdoor activities also. They try hard to secure a regular income for the family. These women do not give up hope, they try whatever they can, very often by doing so called 'manual' jobs in order to support or supplement the family income.

Such women work round the clock at home and at the work place. However along with a poor income, they have poor nutrition also. Being a wife or a mother or a daughter-in-law in a patriarchal society, they serve the food to others in the family first and eat whatever remains after that. This may mean little or very often no food. Such lack of nutrition and heavy pressure of work has serious impact on these women's health. Their health gets worse if they are pregnant or lactating and need extra nourishment (which is not available to them). Simultaneously, they continue to work then as

they cannot afford to take maternal rest because they work in the unorganized informal sector.

The only respite in such a situation could be through support structures i.e. if any other member in the family earns and contributes well enough to the family, if any of their kin or friends, stay nearby and help them in need, or help them by taking care of their children when they are away from home for their work.

As such very little credit is given to domestic work done by the housewives at home. This work is essential for reproducing lives, but is little recognised and valued. This is a means of livelihood for poor married women. They are pushed into this due to their poverty and the demands of their home and at the same time their husbands are not co-operative.

What is the plight of married domestic workers in such a situation? Are these married household maids working round the clock with little food and rest for themselves? What is the significance of a co-operative husband, who contributes most of his income to the family income? Who helps these women in carrying out household chores at home? What is the significance of the presence of supporting members in a family when a husband is unco-operative? Is their health affected by a hectic life schedule and poverty? Do they have little money and time to spare from their work to go to a doctor for health problems? Also if they are ill can they take leave, or do they

fear wage cuts? This study aims to look at the complexity of these factors discussed above which influence the lives and health of married women domestic workers/household maids. Such questions inspired to do the study.

The Aims and the Objectives of the Study

The study aims to look at the lives of married household maids of 15-45 age group living in slums. Married women have been chosen as they bear the responsibility of their family more than unmarried women. They act as the caretakers of the family along with their other roles at home and their role of an employee at their work place. While they are termed as supplementary earners, they very often help the family survive. Therefore, these women cannot leave their jobs even if they want to quit and at the same time they cannot do away with the responsibility of managing their household. The household maids in 15- 45 age group have been taken to rule out the old age health problems. They face the challenge to play multiple demanding roles at the same time and the study tries to explore effects of such factors on their health and overall, on their lives. This is basically an exploratory study.

In order to carry out the above, the objectives of the study were:

Objectives:

- 1) To locate the social and economic stratum from which these women come.

- 2) To find out their total family income, the relative contribution by them, their husbands and other earning members in the family.
- 3) To find out the daily routine work of the married household maids at home and at work place.
- 4) To find out the cases of wage cuts and on an average the number of paid holidays per month.
- 5) To find out the number of sufficient meals taken by them in a day.
- 6) To find out the reported as well as enquired health problems and their follow up action in case of health problems.

Place of the Study

The place of the study was chosen by enquiring about the household maid population in the slums and the slums with fair enough population of household maids were chosen. The five slums chosen have a population of 499 households in which 150 females approximately work as household maids. This includes unmarried as well as old married women. The married household maids were taken from these 150 females.

Five slums which are located in the heart of Cuttack city namely, "Sutahat tantisahi" "Burlabidhisahi", "Golibidhisahi", "Satyarao badi" and "Sutahat hadisahi" which consist of 193, 87, 99, 95 and 25 households respectively were chosen. These slums have a migrant population, which has migrated from North-east coastal

districts of Andhra Pradesh. They have generally migrated twenty to fifty years ago to Cuttack city. All the migrants are Telugu speaking.

Sutahat Tantisahi which is the largest among these slums mainly consists of weaver caste families and the rest of the slums consist of scheduled caste families. One third of men in Sutahat Tantisahi are saree shop salesmen and equal number are rickshaw pullers. Women are mainly working as household maids and very few (less than 15%) work as construction workers. In other slums men usually work as rickshaw pullers and less than 20% work as municipality workers. Less than 5% of the men in these other slums work as saree shop workers. Women work as household maids in these slums.

The common features of the slums are that they have pucca roads of width 3-4m as well as semi pucca and kuccha roads of width 2m, municipality water connections which has periodic water supply in the morning, afternoon and night (for about three hours each time), electric connections in most of the houses, unlined open drains, poor sewage, open defecation grounds, poor toilet facilities. There is one common grocery shop for all these slums and no government hospital with in a radius of 2 to 3Km. The doctors live in near by areas that is within one kilometer. The only health service which may be provided for is given by the anganwadi worker who very frequently remains absent from her duty. There is one school for these five slums

Choosing the Maids for the Study

As mentioned above, there were about 150 household maids in these slums. The household maid population as such had a wide range of age 12-55 yrs. However, these maids included children as well as married and unmarried women, both young and old. As stated earlier in the conceptualization of the problem, I wanted to study only those married household maids who were 15-45 years old. These were seen to be only 57 in number.

All these 57 women were to be studied. However, 5 refused to give an interview, and 5 were out working for the whole day and thus were not available for questioning. Therefore, finally 47 maids were studied.

The field was first visited, a thorough idea of the area, size and occupational composition for men and women of the slums was taken. Then, each and every cluster of house was visited, any married female member in the house of 15-45yrs age group working as a household maid were enquired about and then if there were any, they were asked about their consent for an interview. If they consented, then the interview was taken. 5 of them refused to give interviews as they had no time, and they thought that the interviews were of no use to them. An additional 5 women were not available as they worked from 7 am to 8pm.

Two sources of data were used for the study one was primary source of data and the other was secondary source of data.

Primary Source of Data

The following four methods constitute the primary source of data.

Methods Used

- 1) Non-Participant observation
- 2) Informal group discussion
- 3) Interview schedule
- 4) Case study

Non-Participant Observation

Observation was done while taking interviews as well as while moving around the slums. The living conditions of the slums were recorded.

“Science begins with observation and must ultimately return to observation for its final validation.” (Goode & Hatt).

“When the observer does not actually participate in the activities of the group, but simply observes them from a distance it is known as non-participant observation.” (Bajpai)

This method was used to supplement and validate data collected by the interview schedule. This gave an idea of their houses,

their assets, water and toilet facility, food taken by them, and relationships within the family.

Informal Group Discussions

As it was extremely difficult to assemble the household maids facing similar kind of situation at the same time because they were very busy, focussed group discussions could not be held. But informal group discussions with 3-4 house hold maids were held. This proved to be extremely useful as the women spoke more freely about their lives and their problems. It added to what they had told in their interviews. This information gathered from these women was also used in cross checking the data.

Interview Schedule

The field was first visited and a pilot survey was carried out, then the interview schedules were made. Both close ended and open ended questions were included in these schedules. Close ended questions were those questions which had a preset range of responses from which the respondents had to chose the most appropriate response according to them. Open ended questions were those questions which had no preset responses, rather response from the respondents to the question is elicited without any control and thereby recorded.

Appendix I is the schedule for collecting data on these household maids socio-economic background. These were all close ended questions.

Appendix II is the schedule asking questions about the women's work at home and at work place. This includes close and open ended questions.

Appendix III is the schedule for health problems. The part dealing with these women's enquired health is close ended, while that dealing with reported health and treatment sought and food intake were open ended.

As has been already mentioned, the interview was carried out by going to each cluster of the houses, enquiring whether any married women of 15-45 age group worked as household maids. If there were any they were asked whether they would like to give interview. If they consented, then the interview was taken. The respondents were visited twice or thrice, spoken to when they were free and could give time for the interview.

Case Study Method

20 women with specific problems were spoken to about their problems. These involved problems in their marital relationships or work ,employer and pay or their illnesses or hunger or shelter or living conditions. These were collected in detail and some of them

have been used to strengthen the data collected by interview schedules.

“Case Study is a way of organising social data so as to preserve the unitary character of the social object being studied. Expressed somewhat differently it is an approach that views any social unit as a whole.” (Goode & Hatt) Cases with specific problems were spoken to about their problems in much detail and accordingly the case studies were chosen.

The data collected was thus on the household maids socio-economic status, on their living conditions, on their household work, on their employment, their nutrition and their health and medical care sought.

Secondary Source of Data

Review of literature related to domestic work done by women and other related issues was done to guide the research in a focussed direction. The data collected by the community management group of these slums was used to get an idea of the size of the population. The ODA data and map of the slum were also used.

Limitations of the Study

Only 47 married household maids could be studied. Hence while this study is an in-depth study of these women, it cannot be

generalized to all maids. It would need to be supported by further studies.

Problems in the Study

The maids generally came home at 1pm and returned for work at 3:30 pm. As a result it was difficult to approach them. Some were never available.

The next chapter looks at the place of the study in greater detail by looking at the specific living conditions of each of the five slums.

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**THE WOMEN'S LIVING
CONDITIONS**

THE WOMEN'S LIVING CONDITIONS

As mentioned earlier, the field work was carried out in five slums lying adjacent to each other in Cuttack city.

Cuttack is a historical city of Orissa, and is more than 1000 years old. It was the capital city of Orissa till 1940s. It had been and is still one of the main commercial centres of Orissa. As a result, there has been much migration to this city by people in search of livelihood.

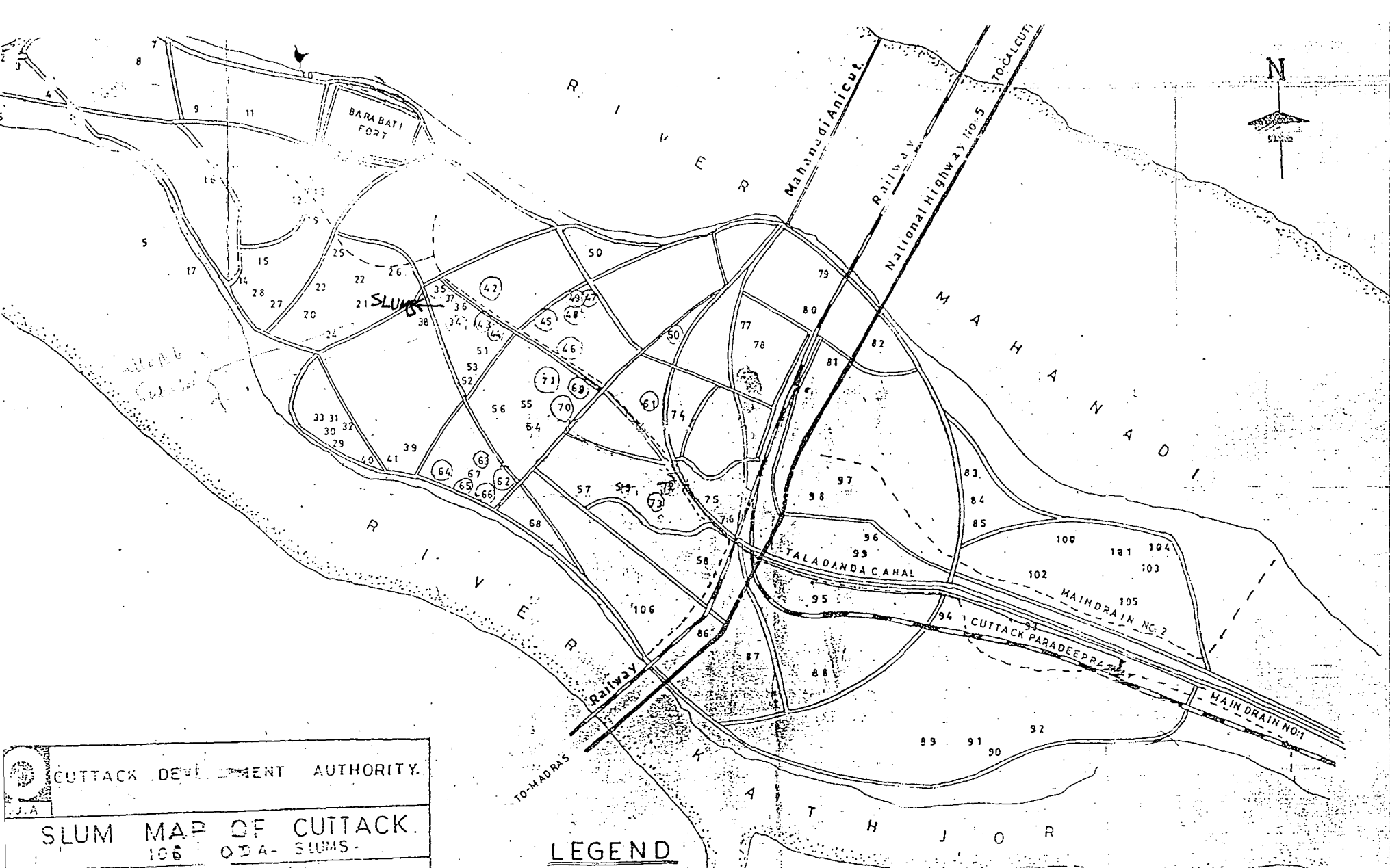
The women of this study were taken from the household maid population of the 5 slums in Cuttack city and as later we'll come to know, all respondents were Telugus, generally 'second or third generation' migrants to Cuttack city. Their parents had migrated from the north-eastern coastal districts of Andhra Pradesh viz. Srirkakulam, Waltair, Vizaynagaram and Relli, etc. to settle in Cuttack in search of livelihood which had more to offer as it was a trade centre in comparison to Bhubaneswar and Berhampur[Bhubaneswar is Orissa's capital city and Berhampur is very near to north- eastern coastal areas ofn Andhra Pradesh]. The respondent's families were either 'Scheduled Caste' or 'Weaver Caste' families.

As reported by the women, the weavers migrated in between 1950s and late 1970s due to technological innovations depriving

them of their income earned by pursuing their traditional occupation .At the same time, there were crop failures, as a result of which the food prices rose. Thus, the weavers who were unable to meet the ends of their families were forced to migrate to cities in search of employment. The Scheduled caste families who were generally landless labourers also faced the problems of crop failure. They in addition faced the 'social discrimination' of belonging to the lower caste. These dual factors acted as 'push' factors to migrate from these rural areas, they migrated to Cuttack an urban area', which promised to provide some livelihood irrespective of their caste.

According to Desouza, there are three types of migrants, first group consists of elite strata of rural society whose members are looking for educational opportunities and higher wage employment, second group consists of seasonal migrants who come without their families, are unskilled labourers and who return to their villages for harvesting operations. And the third group consists of landless labourers and small and marginal farmers whose income is unable to meet the needs of the family and as a result they are forced to migrate to the city not for better employment but for employment. The respondent families the third type migrant families. ¹

¹ .Singh,A.,M.,and Desouza,A., 'The Urban Poor Slum And Pavement Dwellers In The Major Cities Of India',Manohar Pub.,Indian Social Institute,1980,PP-94-95.



NO.	NAME
1.	BID
2.	GO
3.	BI
4.	KU
5.	BID
6.	HA
7.	BID
8.	MU
9.	NU
10.	TU
11.	TA
12.	TU
13.	HA
14.	TU
15.	BA
16.	TU
17.	FA
18.	TU
19.	HA
20.	MA
21.	RA
22.	MA
23.	MUS
24.	MA
25.	DAC
26.	MA
27.	ALI
28.	MA
29.	IDG
30.	MA
31.	KAF
32.	MA
33.	STE
34.	TAN
35.	MA
36.	SID
37.	PAN
38.	ORI
39.	SAL
40.	ORI
41.	GAU
42.	ORI
43.	CHA
44.	ORI
45.	KAZ
46.	ORI
47.	DEW
48.	MUS

CUTTACK DEVELOPMENT AUTHORITY.

SLUM MAP OF CUTTACK.

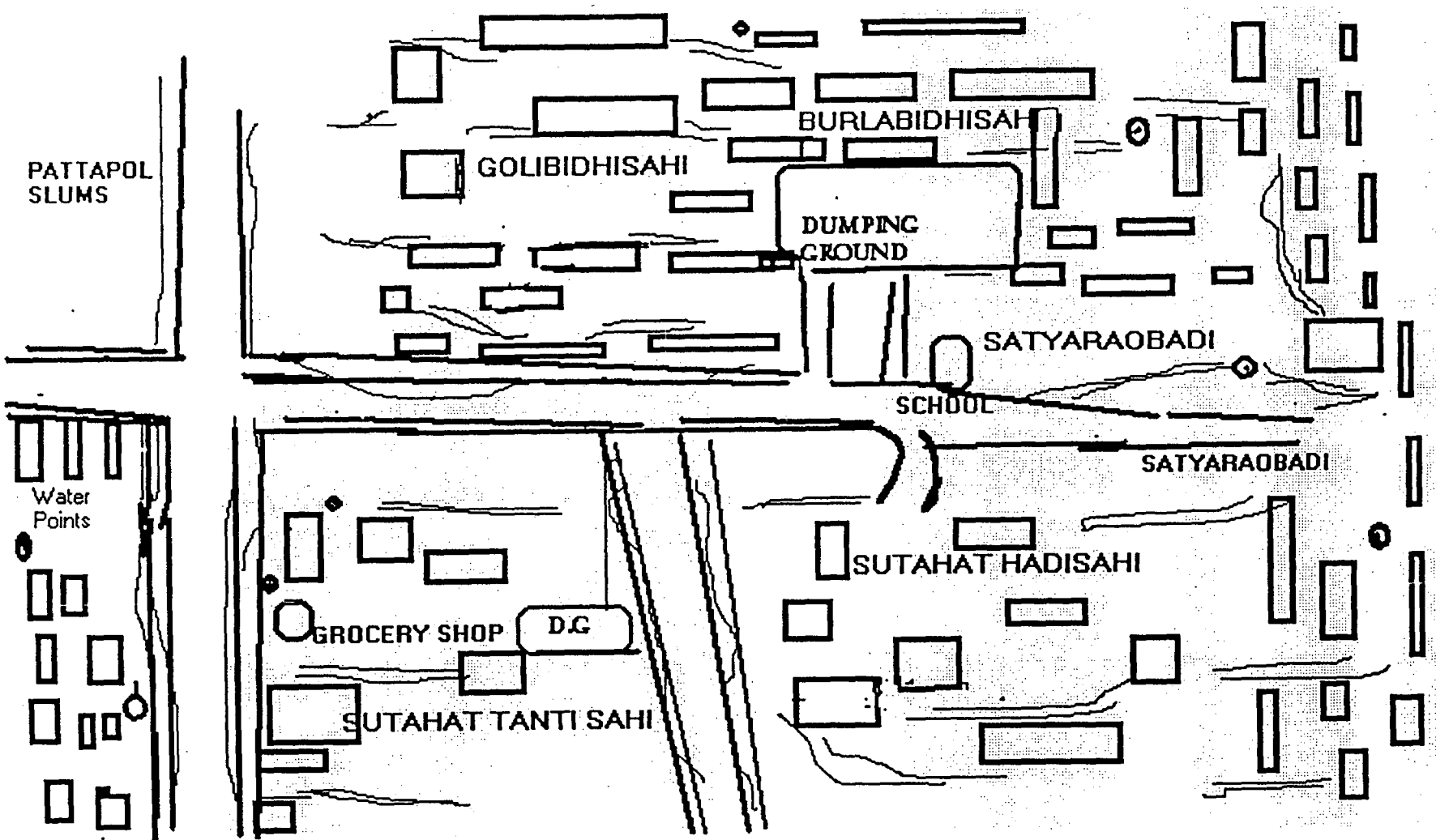
106 ODA- SLUMS.

SCALE: 1:50,000

1 CM = 1 MILE

LEGEND

- 5 NATIONAL HIGHWAY
- 1 RAILWAY LINE
- 0 TALADANDA CANAL
- 0 MAIN DRAIN
- 0 RIVER



PATTAPOL
SLUMS

Water
Points

GOLIBIDHISAH

BURLABIDHISAH

DUMPING
GROUND

SATYARAOBADI

SCHOOL

SATYARAOBADI

SUTAHAT HADISAH

GROCERY SHOP

D.G.

SUTAHAT TANTI SAHI

As has been earlier evidenced in some studies, cited in the review of literature such as Bankim Palli in Calcutta, the migrant working class population settles down in slums of an urban city.

The five slums to which the respondents belong to are Sutahat Tantisahi, Burlabidhisahi, Golibidhisahi, Sutahat Hadi sahi and Satyarao badi. These slums lie almost in the middle of the city.

These slums were chosen as these had a considerable household maid population of 150, which consisted of married as well as unmarried females, and young as well as old women.

An Overview of the Slums

Five of the slums had a migrant population from north-eastern coastal districts of Andhra Pradesh, who had settled here. Most of the houses are Kuccha houses with low height doors. These houses have low ceilings too, most of the houses have got electric connection, it means only a bulb connection for light, very few families have fan in their homes. The water source is either municipality water point or hand pump. The drains are generally open and unlined. There are few toilets. The women do their bathing, etc early in the morning. There are open defecation grounds. Children and men use them. The women also use them but generally before everyone gets up in the morning. The roads are narrow with width 2-3m, these roads are Kuccha, the pucca roads going through the slums are of width 3-4m. the lined drains go side

by side these 'pucca' roads which are used for defecation. The sewage and drainage is not proper as in rainy season, if there is a little rain the streets are flooded with one feet water and if there is heavy pour it means, the houses are flooded by rain and drain water. Many of the residents have their ration cards done and use it monthly. They buy rice, sugar and kerosene from the fair price shop. There is one grocery shop, one school and no government hospitals for these slums.

The living conditions of each of these slums in which the household stay are separately looked at in the following.

Sutahat Tantisahi

There is a huge migrant population, almost all families are from Andhra Pradesh staying here. As one enters into this street [the pucca road of width of 3-4m], the first slum which starts is Sutahat Tantisahi, 'Tanti' referring to the 'weaver caste' and an approximate of 193 families live in this slum. (Source: ODA Survey, 1999-2000). Not all the families staying here belong to the 'lower' class, some 8-10 families belong to the 'middle' class.

There are houses, which are built of cement but have 'thatched' roof or 'asbestos' roof. There are also some concrete houses. The latter built two to three years ago, is a two-storeyed building, has been especially constructed to be rented to the 'lower' class families, by businessmen who stay outside the slums. It is on

the right side of the road from which one enters the slum. There are 20 rooms approximately per floor, which means 40 families stay there, one room for each family. Each family stays in a room of size of 10'ft X 10'ft. The rent is Rs.500 per month, it has 2 common toilets & 2 bathrooms per floor. There is municipality water supply in this building which has periodic water supply in the morning, afternoon and in the night [total nine hours of water supply for families staying in each floor] .

The other houses with 'thatched' or asbestos roofs are situated in clusters. Generally, 7 to 8 houses form a cluster, each house consists of only one room, i.e., one room for one family, the room is as small as 10 ft' x 10 ft'. The 'cluster' of houses in one place has a toilet and a place enclosed to take bath and in other cluster of houses there are no toilets. The women use the lined drains and open grounds for defecation, they do it early in the morning. They take bath where there is municipality water connection in the morning. The children defecate in the drains. The residents use the municipality water supply for taking bath and the nalah or drain for defecating. They take their drinking water from these water supply points also. There are no garbage bins in the slum.

The majority of the population staying in this slum is Telugu speaking migrant population and belongs to weaver caste, hardly one or two families belong to the scheduled castes. There is a grocery shop from which the residents of this slum as well as people

from other nearby slums buy their grocery. The 'sahi' secretary owns the shop and maintains a notebook to lend grocery to these families.

There is a 'pucca' road in this slum, (3-4m.), but it is too narrow to allow free movement of even two rickshaws, the drains on both the sides of the road are lined, but not covered. The municipality water connection is comparatively better in comparison to other slums, 15-20 families use the water source and the other source of water is hand pump in this slum, the same number of families use this also. It also means that the women have to fetch water from these places to their homes. Electricity connection (legal and illegal) is there in almost all houses and this means bulb connection in all houses and fan in few homes, T.V. in very few houses. There are small 'galis' or inroads where one or two people can hardly walk on both the sides of the 'pucca' roads leading to cluster of houses. Some clusters of families are located in 'U' shape or 'L' shape whereas some other cluster of families are situated in a straight line. There are some 'high lying' houses and some extremely 'low lying' houses. In rainy season, rain and drain water enters into these houses. There are some houses where the doors are too small for which one has to bend oneself a lot to enter into the house.

Burlabidhisahi

The narrow 'pucca' road starting from starting from Sutahat Tantisahi runs ahead bifurcates into three. If one moves towards

one's right on this 'pucca' road, then the road becomes more narrower and one has to turn again to the left to enter into an extremely narrow 'gali' (2m.), where hardly two persons can walk. This leads to Burlabidhisahi. There are 87 families staying in this slum. They are generally Telugus but some Oriya SC families also stay here.

There is a large ground for dumping the waste as you enter into this slum. The families are situated near this dumping ground. The children use it for peeing. The families stay here rather in an irregular pattern unlike Tantisahi. One has to constantly meander in the slum. Generally, 4-5 families are situated in clusters, but one cannot easily make out the way in which to go and can be easily lost in the meanderings. There are few 'thatched' huts (kuchha), many 'pucca' houses are thatched and only a large house with two floors. 10 families stay in this building, one family in one room like the double storeyed building of 'tantisahi'. The room in this building and of other cluster of houses has a size of 10'ft X 10'ft. These houses do not have toilets or bathrooms. The people therefore, use the ground or drains for defecating. There are many unlined drains in the slum. Few municipality water connections are there. 40-50 families use each water connection. The women in this slum also finish their bathing, etc. in the morning in this place. There is always a long queue of women to fill water at these points. Electricity connection [legal and illegal] is generally there in houses,

but some do not have it also. This means bulb connection and very few houses have fan connection.

In this slum, families stay in far more worse conditions than the previous one. All the families belong to lower income category and they are mainly scheduled castes. There are no shops in this slum, they go to the previous slum for purchasing grocery. Most of the men work as rickshaw pullers ,they rent rickshaw in the evening and play 'cards' (gamble) in the day. The children play here and there. The houses are of poorer quality, there is greater water problem, no toilet facilities, electric connection in fewer houses and unlined drains.

Golibidhisahi

This slum is almost merged with Burlabidhisahi. Generally the houses are located on the left side of the dumping ground.. It consists of 99 households The families belong to 'lower' class and are scheduled castes. They all are mainly Telugu speaking. There are 'thatched' houses, which are either 'kuchha or pucca', and the families live in clusters of five to six families. The houses have one room of size 10'ft X 10ft. and they have electricity connection generally. But this is again a bulb connection and not very often a fan connection. The houses do not have toilets. The men and the children use drains for defecating. The women also have to use the drains for defecation and the water connection points for bathing.

This doesn't have a water connection. The women go to Burlabidhisahi or Maoribidhi sahi for water. It means water for 40 to 50 families. There are many unlined drains here and there in the slum.. There is no grocery shop in this slum, they go to Tanisahi or to Pattapol slums for buying grocery.

Sutahat Hadisahi

If one comes out of Burlabidhisahi to the initial 'pucca' road and goes straight then turns right there is Sutahat Hadisahi. This has approximately 25 families. 'Hadi' indicates their caste i.e., one cleans the toilet or the filth. The families are extremely poor and all of these families are SC families. They belong to 'Hadi' caste which lies very low in the hierarchy of untouchables. Most of the houses are 'kuchha' houses (huts). Some of the families have not yet been able to rebuild their house after the devastating cyclone in Oct., 1999 in Orissa. They do not have the money to rebuild their house. Their houses do not have a proper roof and even a proper 'polythene' sheet[which costs Rs.500 could not be afforded for the lack of money] has not been spread out on the roof. The houses are low lying, they have low height doors for which one has to bend almost double to enter into the house. Even inside the house one can not stand properly to his/her height. They have low ceilings. The rooms are too small, 9 ft.' x 5 ft.' generally. Only two or three families have electricity connection, it means only a bulb connection. They do not have municipality water connection. The women go to Satyaraobadi

for collecting water and for taking bath. And they use drains for defecating. There are many unlined drains in this slum.

The 'anganwadi' school is just in front of this slum and was closed for two and a half months. The teacher was not coming to the school as she was pregnant and the helper used to come sometimes and only clean the school room and then used to lock it and go away. One of the respondents from this slum was vehement about this and said that the school was not open and the children are wasting away their whole day simply by playing. She also complained of no progress in their slum in comparison to 'Tantisahi' and 'Burlabidhisahi' as there was no sahi president to put forward their demands before the municipality. There is no grocery shop in this slum, they go to other slums for buying grocery.

Satyaraobadi

Coming out of the Hadisahi if one goes straight, then there are families staying in a 'U' shape i.e., on the right side, on the left side and in the middle. There are approximately 95 families staying here. They all belong to low income category. They are scheduled caste families and are Telugu speaking. Here also, six to seven families stay in a cluster and the rooms are highly congested. Each family lives in only one room of size 10ft X 10ft, these houses are concrete houses with asbestos roofs or concrete ceilings. There is improper lighting in these rooms, they are ill ventilated. There are

electricity connections in houses generally. Some houses have fan connection as well as bulb connections. There are two water supply connections, it means water for 40-50 families and the families use these for collecting water and for taking their bath. They use the drains for defecating, as they have no toilets. The drains are generally lined in the slum. They have no grocery shop, they go to shops in the other slums.

The respondents of this study belong to these five slums, which lie in the heart of the Cuttack city .The living conditions of these slums show that despite slight differences, the women of these slums stay in similar conditions. They have to carry water from the water points, they have to take their bath and defecate early in the morning. They have to stand in the ques for taking bath or for bathing their children or for fetching water. They have to stay in congested and ill- ventilated houses, they have to live, cook, eat and sleep in these small rooms. They have to stay in a place where garbage is openly lying . And they have to face the frequent rains of a coastal area when the rain and drain water comes inside their homes. After looking at the living conditions of the slums in which the women stay the next chapter looks at the socio-economic characteristic of the respondents of the study who live in these slums.

***SOCIO-ECONOMIC
PROFILE***

SOCIO-ECONOMIC PROFILE OF THE

HOUSE HOLD MAIDS

While we have already seen that most of these people are migrants it is well worth having a closer look at their socio- economic profiles. The social and economic characteristics are most essential in understanding the nature of any population of study as this gives an over view of the population to be studied.

The tables given below give information on the caste, education, mother tongue, place of migration, years of migration, family size, income per month of the respondents as well as actual total family income. Then the relationships between these variables have been explored further.

T.1.1

Place Of Migration

District of Migration (State)	No. of Respondents	%
Srirkakulam (A.P)	14	29.8
Vijainagaram (A.P)	2	4.3
Waltair (A.P)	1	2.1
Vishakhapatnam (A.P)	1	2.1
Reli (A.P)	1	2.1
Sompetta (A.P)	1	2.1
Jalmur (A.P)	1	2.1
Cannot Tell (A.P)	20	42.6
Calcutta (W.B)	3	6.4
Any other (Orissa)	3	6.4
Total	47	100

While almost 87% of the respondents had migrated to Cuttack directly from the northeastern districts of Andhra Pradesh, only half of them knew their place of migration such as Srirkakulam, Vijainagaram, Waltair, Vishakhapatnam, Reli and Sompetta as seen in table 1.1. Half of the total could not tell the district or the village from which they had migrated but knew the state that they had migrated from. 6% had initially migrated from Andhra Pradesh to Calcutta and from there it had migrated to Cuttack. About 6% of the respondents

had migrated from other places in Orissa such as Chandbali in North Orissa, Berhampur and Ichchapur in South Orissa .

Mother Tongue: All the respondents were Telugu speaking. Along with being females with a low caste position, the domestic workers were generally migrants, first/second/third generation. These migrant families had settled in the slums.

T.1.2

Years Of Migration

Years of Migration	No. of Respondents	%
<20 yrs	3	6.4
20 < 50yrs	18	38.3
50 < 80 yrs	25	53.2
Cannot tell	1	2.1
Total	47	100

Of the total respondents, only 6% had migrated less than 20 years ago i.e. 1980 onwards and all of these had initially migrated to Calcutta from Andhra Pradesh. From Calcutta they came to Cuttack with their families. 38% were from families that had migrated 20 to less than 50 years ago i.e. between 1950s to late 1970s where as more than half or 53% had migrated 50 yrs to less than 80 yrs ago with their families i.e. between 1920s to late 1940s. Only 2% did not know how

long ago their families had migrated. The respondents were hence mainly, second or third generation migrants. All the respondents were Telugu speaking. Along with the 'female' gender and 'low' caste position, the domestic workers were generally migrants, first/second/third. These migrant families had settled in the slums.

T.1.3

Caste Distribution

Caste	No. of Respondents	%
SC	30	63.8
WC	15	31.9
Others	2	4.3
Total	47	100

As seen in Table 1.3, out of a total of 47 respondents, more than half were scheduled castes (SC), about one third were weaver castes (WC). Both of these castes are low in caste hierarchy. The weaver castes are often the backward castes, hence, they hold a marginally higher rank than the scheduled castes.¹

¹ The analysis of caste revealed two major castes into which the women were divided. Hence further analysis was carried out to see whether the caste contributed to a significant extent to the women's lives. However as will be seen later the caste made no significant difference to either the living or working conditions of the women.

T.1.4

Educational Status

Education	No. of Respondents	%
NIL	41	87.2
<std III	1	2.1
Std III- V	3	6.4
Std VI-VII	2	4.3
Total	47	100

Of the 47 respondents, 87% were illiterates. 8.5% had been to primary school, and only 4.3% had been to secondary school. Even if, approximately 13% of the respondents had been to school for sometime, this did not mean any great difference to them. They still were in the vicious circle of poverty and worked in the unorganized informal sector as domestic workers. Moreover, many of these did not remember how to read or write whatever they had been taught in the schools.

There is no significant difference in literacy levels between the scheduled caste and the weaver caste women as seen in the above table.

T.1.5

Family Size

Family size	No. of families	%
2-3	2	4.2
4-5	14	29.8
6-7	25	53.2
≥ 8	6	12.8
Total	47	100

Most of the families were nuclear while around one third of total families or 15 out of 47 were either extended or joint. More than half of the families (including the extended and joint) i.e. 53% had 6 to 7 members in the family, 13% had more than or equal to 8 members in the family and only 4% had 2 to 3 members in the family. 30% of the families had 4 to 5 members in the family. A reason for large families is the support within the family financially, and physically. Larger family size means more earning members, more actual total family income and often support with in the family yet the actual total family income is not high for which the plight of the women is not good. Also more family members often mean the women get more physical help in their work at home.

Generally both the scheduled caste families and the weaver caste families have more families of larger size. As found out both scheduled

caste and weaver caste families have 2-3 dependent members in their families despite slight differences.

Factors Affecting Economic Status

T.1.6

Respondent's Income per month

Income/Month	No.of Respondents	%
RS.100<RS.300	6	12.8
RS.300<RS.500	25	53.2
RS.500<RS.700	13	27.6
RS.700<RS.900	3	6.4
TOTAL	47	100

More than half i.e. 53% of women earned between RS.300 to Rs.500 per month. 34% earn more than that. 13% earned less than Rs. 300 per month.

T.1.7

Caste And Income/Month Of The Respondent

Income/month of the respondent	CASTE (%)			
	SC	WC	Others	Total
Rs.100<Rs300	5(16.7)	1(6.7)	0(0)	6
Rs.300<Rs500	16(53.3)	7(46.7)	2(100)	25
Rs.500<Rs700	8(26.7)	5(33.3)	0(0)	13
Rs.700<Rs900	1(3.3)	2(13.3)	0(0)	3
Total	30(100)	15(100)	2(100)	47

There are slight variations, the weaver caste women earn marginally better than the scheduled caste women, but the difference is not significant.

Income per month of the Husbands

About 40% of the men earn between Rs500 to Rs1000 per month. 28% earn between Rs1000 to Rs1500 per month, 13% earn below Rs500 and 19% earn more than Rs1500 per month. This reveals that most men have poor income. Some of the weaver caste men work in saree shops (33%), and earn Rs800 to Rs1200 per month. Many of the scheduled castes men are rickshaw pullers, (60%) and earn Rs.800 to Rs1200 per month. Some of the scheduled castes men 17% work as municipality sweepers.

T.1.8

Husband's Income/Month and Husband's Actual Contribution To The Family Income

Husband's Actual Contribution to the Family Income	Husband's Income /Month (%)							
	Nil	<Rs. 500	Rs 500<Rs. 1000	Rs 1000<Rs. 1500	Rs 1500<Rs. 2000	Rs 2000<Rs. 2500	Rs ≥Rs. 2500	Total
Nil	5(100)	1(100)	2(10.5)	1(7.7)	0(0)	1(12.5)	0	10
Rs.100<400	0(0)	0(0)	2(10.5)	0(0)	0(0)	0	0	2
Rs.400<700	0(0)	0(0)	7(36.8)	5(38.5)	0(0)	0	0	12
Rs.700<1000	0(0)	0(0)	8(42.1)	5(38.5)	0(0)	0	0	13
Rs.1000<1300	0(0)	0(0)	0(0)	2(15.3)	0(0)	0	0	2
>1300	0(0)	0(0)	0(0)	0(0)	0(0)	7(87.5)	1(100)	8
Total	5(100)	1(100)	19(100)	13(100)	0(0)	8(100)	1(100)	47

The women gave their whole income to the family. Their income per month was the most dependable income for the family.

Husband's actual contribution as earlier has been pointed out determines the actual total family income to a great extent. It is their contribution which determines whether the total family income will be

high or not and if the latter is good enough it certainly makes things better for the women.

However, unlike women, the husbands usually do not contribute their whole income to the family. In case of husband's earning Rs.500<Rs.1000 /month, 21% contribute less than Rs.400/month to the family i.e. less than half what they earn, while about 80% contribute more. For husband's earning Rs.1000<Rs.1500 /month, almost 85% of them contribute less than Rs. 1000/month. Even in case of Rs.2000<Rs.2500 husbands income/month, 88% approximately contribute between Rs.1300 to Rs. 1900 and not their full income/month. It seems therefore that husband's who earn more contribute a relatively smaller percentage of their incomes to the family.

Three women are separated from their husband's, hence, the even if the husbands earn a lot they do not contribute anything to the family. These three men earn Rs.500< Rs.1000, Rs.1000< Rs.1500, Rs.2000<Rs. 2500 per month.

The contribution by husbands to the total family income is slightly better in case of weaver caste families than in case of scheduled

caste families, but it is not that significant to make any considerable difference in the lives of the respondent women.

T.1.9

Husband's Actual Contribution to the Family and Wife's Income per month

Wife's Income/month	Husband's Actual contribution (%)						Total
	nil	<Rs.400	Rs.400< Rs.700	Rs.700< Rs.1000	Rs.1000< Rs.1300	>Rs.1300	
Rs.100<Rs.300	0[0]	0[0]	2[17]	2[15]	0[0]	2[25]	6
Rs.300<Rs.500	4[40]	2[100]	7[58]	9[69]	1[50]	2[25]	25
Rs.500<Rs.700	5[50]	0[0]	3[25]	1[8]	1[50]	3[37]	13
Rs.700<rs.900	1[10]	0[0]	0[0]	1 [8]	0[0]	1[12]	3
Total	10[100]	2[100]	12[100]	13[100]	2[100]	8[100]	47

There are about 21% husbands who do not contribute any thing to their families. There are 3 separated women and a widow who are included in this. Hence, of those who are staying with their husbands, almost 13% have non-contributing husbands. As can be seen in the table above, there is no absolute relationship between husband's monthly contribution to the family and the wife's income per month. This is partly because in households where the husband's contribution

is minimal, the other members of the family also often help out. Additionally, while many women work in order to help their families survive, in some houses women work in order to improve the family's future and standard of living. Also such women can quit their work if they do not like an employer's attitude, while the others have no choice. Thus, it is worth looking at the contribution done by the women in terms of % of the total family income as it determines the pressure on them to work. They cannot quit working under such pressure.

T.1.10

Husband's Actual Contribution to the Family and the Wife's Relative Contribution to the Family Income per month.

Contribution to the family by the respondent	Husband's Actual Contribution to the family in terms of money (%)						Total
	NIL	Rs100<Rs 400	Rs400<Rs 700	Rs700<Rs 1000	Rs1000<Rs 1300	≥ Rs. 1300	
<30%	1(10)	1(50)	2(16.7)	5(38.5)	2(100)	6(75)	17
30% <50%	1(10)	0(0)	8(66.6)	7(53.8)	0(0)	2(25)	18
50% <75%	3(30)	1(50)	2(16.7)	1(7.7)	0(0)	0(0)	7
75% <100%	5(50)	0(0)	0(0)	0(0)	0(0)	0(0)	5
Total	10(100)	2(100)	12(100)	13(100)	2(100)	8(100)	47

There is an inverse relationship between the husband's actual contribution to the total family income and the wife's to the family income.. As the former increases, the latter decreases. Occasionally,

despite a low contribution by the husband, the contribution by the respondents is low. This is because they are unable to earn more. Sometimes other earning members contribute more to the family income. For eg. In the case of a husband with an actual contribution to the family of <Rs.400/month, his wife needs to contribute less than 30% of the family income, since her daughter and son-in-law also contribute to the total family income. In another case, the woman has her father who contributes to family income while her husband contributes less than Rs. 700/month. However, the situation is different for a third woman whose husband also contributes Rs. 400-700/month. She works in two houses. She is unable to earn more as she has no time or strength to work in more number of houses.

It is interesting that about 21% of men do not contribute at all to their families. 30% contribute less than Rs. 300 per month. 28% contribute Rs. 800-1000 per month, and only 21% contribute more than Rs.1000 per month. Most men contribute only half to two-thirds of their salaries.

On the other hand women contribute their full income for running the households. Almost 25% of the women contribute 50% or more than that of their families income . Another 39% contribute

30% or less than 50% of families income. This indicates how on women's shoulders depends the whole family.

The above table shows how the husband's actual contribution to the family in terms of money can affect the wife's contribution to the total family income in terms of percentage and thereby can affect their health by putting pressure on them to work along with doing all the household chores.

Income of other family members

While for almost 50% of the families the earning members are the husband and wife, 38% of the families have other members earning upto Rs. 500 per month. In 13% families other members earn more than Rs. 500 per month.

T.1.11

Other Earning Member's Actual Contribution to the Family Income /month and Respondents Contribution to the Family

Contribution to the family by the respondents	Other Earning Members Actual Contribution To The Family Income/month (%)					
	Nil	Rs.1-Rs.500	Rs.501-Rs.1000	Rs.1001-Rs.1500	Rs.1501-Rs.2000	Total
<30%	7(30.4)	6(33.3)	1(50)	1(100)	2(66.7)	17
30% <50%	8(34.8)	9(50)	0(0)	0(0)	1(33.3)	18
50% <75%	4(17.4)	2(11.1)	1(50)	0(0)	0(0)	7
75% <100%	4(17.4)	1(5.6)	0(0)	0(0)	0(0)	5
Total	23(100)	18(100)	2(100)	1(100)	3(100)	47

Similarly, there is an inverse relationship between other earning member's actual contribution to the family and the contribution to the family income by the respondent. The other earning members in the family act as significant support mechanisms for these women when their husbands are contributing too little to the family income or the earnings of both the husband and the wife are not enough for the family. The other earning members in the family are very often mothers-in-law or older children.

While the SC earning members contribute somewhat more than the weavers the difference is not significant.

T.1.12

Actual Total Family Income per month

Actual total family income per month	No. of Families	%
<Rs. 400	1	2.1
Rs. 400< Rs. 800	7	15
Rs. 800< Rs. 1200	12	25.5
Rs. 1200< Rs. 1600	11	23.4
Rs. 1600< Rs. 2000	5	10.6
Rs. 2000< Rs. 2400	8	17.00
Rs. 2400< Rs. 2800	2	4.3
Rs. 2800< Rs. 3200	1	2.1
Total	47	100

The actual total family income was counted by taking into account the actual contribution in terms of money by the respondent, her husband and by the other earning members of the family, if any to meet the family expenditure. Of the families, 50% had an income Rs.800, Rs.1600 per month, whereas 34% had total family income between Rs. 1600 Rs. 3,200/month. The remaining 16% had an income of less than Rs.800 per month. Since most of the respondents earn less than Rs. 500 per month., a high actual total family income means a good contribution by the husband or other earning members in the family. While the scheduled caste families are relatively poorer than the weaver families, this makes no significant difference in their standard of living.

When total family income/earnings as such were looked at it was found that 55% of the families had a monthly income more than their actual family income by Rs.300 or more than Rs.300 per month. This shows with the full contribution by their husbands and by other members these women could have had a better life.

T.1.13

Actual Total Family Income/month and Contribution to the Family by the Respondent

Contribution of the family by the respondents	Actual Total Family Income/month (%)								
	<Rs. 400	Rs.400< Rs. 400	Rs.800< Rs. 1200	Rs.1200< Rs. 1600	Rs.1600< Rs. 2000	Rs.2000< Rs. 2400	Rs.2400< Rs. 2800	Rs.2800< Rs. 3200	Total
<30%	0(0)	0(0)	2(16.7)	4(36.4)	2(40)	7(87.5)	1(50)	1(100)	17
30% <50%	0(0)	1(14.2)	7(58.3)	6(54.5)	2(40)	1(12.5)	1(50)	0(0)	18
50% <75%	0(0)	3(42.9)	2(16.7)	1(9.1)	1(20)	0(0)	0(0)	0(0)	7
75% <100%	1(100)	3(42.9)	1(8.3)	0(0)	0(0)	0(0)	0(0)	0(0)	5
Total	1(100)	7(100)	12(100)	11(100)	5(100)	8(100)	2(100)	1(100)	

There is an inverse relationship between the actual total family income and contribution to be family income by the respondents. When the total family income is high it means that the husband contributes a good amount to the family income and many times, other earning members also contribute a good amount to the family income.. This shows how support structures can reduce the burden on women.

The lives of household maids are therefore affected by their husband's co-operation and the support of the other members of the family. The Scheduled caste and weaver caste women have a similar

plight though there are marginal differences between them. It is their “poverty”, “gender” and “migrant Status” which determines their life. Their low caste status also determines the prospects in their lives. The subdivisions amongst them such as weaver caste being ritually higher than schedule caste hierarchy does not make a great difference. Only the weaver caste slum that is Sutahat Tantisahi has slightly better living conditions than the rest four of the slums which have a predominantly scheduled caste population. But their poverty and gender determine their life significantly. The next chapter looks at these factors and how they affect then respondents lives.

T.1.14

Caste and Contribution to the Family Income by the Respondent

Contribution by the respondent	CASTE (%)			
	SC	WC	Others	Total
<30%	12(40)	5(53.3)	0(0)	17
30%<50%	10(33.3)	6(40)	2(100)	18
50%<75%	4(13.3)	3(20)	0(0)	7
75%≤ 100%	4(13.3)	1(6.7)	0(0)	5
Total	30(100)	15(100)	2(100)	47

There are slight variations only, more or less the situation of the women of both the castes is same.

The lives of household maids are affected by their husband's cooperation and support of other members of the family. The scheduled caste and weaver caste women respondents have similar plight though there are marginal differences between them. It is their 'poverty' 'gender' and 'migrant status' which determines their life. Their 'low' caste status also determines the prospects in their lives, but the subdivisions among them such as weaver caste being ritually high than scheduled caste in caste hierarchy does not make a great difference for the weaver caste women. Only the weaver caste slum i.e. Sutahat tantisahi has slightly better living conditions than the rest four of the slums which have a predominantly scheduled caste population. But their 'poverty' and 'gender' determine their life significantly. How these factors affect the household maids life is looked at in the next chapter.

**LIVES OF THE
HOUSEHOLD
MAIDS/WOMEN
DOMESTIC WORKERS**

LIVES OF THE HOUSEHOLD MAIDS/WOMEN

DOMESTIC WORKERS

The married household maids belong to the Telugu migrant community mainly from Andhra Pradesh. They had migrated fifty to eighty years ago to Cuttack city, a commercial centre in Orissa in search of livelihood. The push factors as mentioned earlier, were very strong. These families belonged to low castes, who pursued their traditional occupation. With changes in technology they were out of jobs. In addition to these problems they faced crop failures, rising prices and decreasing purchasing power. These problems were compounded by the caste discrimination which they faced. All these factors acted as push factors. They set out for a new place in another state, in search for a livelihood and a new life where their caste would not affect their lives.

But here also, they were not completely free from their caste identities and of course, their class identity remained with them, these two determining their future. As had always been witnessed, here also, the poor migrant community settled in the poorer areas of habitation i.e. in slums of Cuttack city. In the some of the studies cited in the review of literature, we have already seen that the caste determines the

migrant's settlement in clusters in slums. The scheduled castes who came before the 1950s settled in the interiors of the slums. The weaver castes came a little late i.e. in 1950s and later, and settled in the outer fringes of the locality, the area which is most close to the main road. Over the years, the weaver caste settlement i.e. 'SUTAHAT' 'TANTISAHI' has improved a little than the scheduled caste settlements i.e. 'BURLABIDHI SAHI', 'GOLIBIDHI SAHI', 'HADI SAHI' AND 'SATYARAO BADI'.

The men started working as rickshaw pullers generally and the women out of economic necessity started working as home based workers or worked outside home as domestic workers/household maids. At times they also worked as construction workers. However, while working as construction workers meant they had better pay i.e. Rs 70/day for work it also meant more time and more energy. As found out, the women were dissatisfied with low pay associated with home based work such as work of rolling of agarbattis i.e.. Rs1 for rolling 1000 battis. Since this meant they were constantly working and had little spare time. Usually, they had no option, but they had to work as domestic workers.

The married women had families to take care of, so they worked in live-out jobs, juggling between their home and their work place, working round the clock, being paid for doing the same work which was hardly recognised as 'work' at home and was paid for at work place, but was very less in comparison to the amount of work they did and the importance of the work that they did. Housework as mentioned earlier is traditionally not considered 'work' hence, is poorly paid.

Interestingly, if the job done by the married household maids was not done at home then their whole family would have fallen into pieces and if it was not done at the workplace, then the 'other' women belonging to 'middle' and 'upper middle' class which enjoyed freedom at their cost would no longer enjoy it.

These household maids thus spent their lives reproducing lives at home and at work place with hardly any recognition which it deserves. This work is rather considered as 'menial' and 'women's work', hence, is left to women and among the women to the poor, to the low caste migrant women.

While most of these women have no well-paying marketable skill, even if some of them have some skills, they have no finance to start anything on their own enterprise. They are compelled by circumstances

to work in a situation where they suffer from disadvantages. They generally get paid Rs150-200 per month per house for doing sweeping, mopping, cleaning utensils and washing clothes in two shifts in a day .

They work on an average in 2 houses. They cannot take leave. Most of them i.e. 27 women or 57% have witnessed wage cuts and of the rest, many have been threatened of wage cuts. These women generally work for 6 to 7 hrs in a day at workplace. As seen in the previous chapter, they are illiterates generally, i.e. 41 women or 87% are illiterates. They do not have any other better job opportunity. Hence, they usually give in to the demands of the employer, only when there are excessive demands, do they leave their jobs.

Help Received in doing Household Tasks at Home

Along with the work at the work place these maids have to work at home. as table 2.1 shows about 32% women receive no help at all for cooking or shopping at home.

T.2.1

Help Received In Doing Cooking And Shopping At Home

COOKING				
Shopping	Solely Done By Her	Helped By Husband	Helped By Others	Total(%)
Solely Done By her	15	2	4	21(44.68)
Helped By Husband	3	0	1	4(8.51)
Helped by the others	5	0	8	13(27.65)
Is Not Done By Her	4	0	5	9(19.14)
Total (%)	27(57.44)	2(2.12)	18(38.29)	47(100)

About 25% have no help for cooking but get help for shopping. About 13% are in charge of shopping and outdoor activity (generally regarded as men's work), but get help in cooking. About 13% have husbands who help at home and 49% have other members in the house helping them.

T.2.2

Help Received in Taking Care of Children at Home

Childcare	No. of Respondents	%
Solely Done By Her	14	45.16
Helped By Her Husband	2	6.45
Helped By Others	13	41.93
Is Not Done By Her	2	6.45
Total	31	99.99

Out of the 47 respondents, only about 33% have no small children to take care of .Of the rest about 45% did the childcare all by themselves and 42% were helped by others in caring for the child. While 6% of the women were helped by their husbands, 6% revealed that they do not need to do childcare as someone else at home i.e. mother-in-law or daughter or sister-in-law takes care of the children.

T.2.3

Help Received in Washing Of Clothes And Cleaning Of Utensils At Home

Clothes				
Utensils	Solely Done By Her	Helped By others	Is Not Done By Her	Total (%)
Solely Done By Her	27	1	0	28(59.57)
Helped By Others	6	10	0	16(34.04)
Is Not Done By Her	1	1	1	3(6.36)
Total	34(72.34)	12(25.53)	1(2.12)	47(100)

About 57% of women did not get any help in washing clothes or in cleaning utensils. About 26% get help in washing clothes, 34% get help in cleaning utensils. As washing which is more strenuous is generally carried out by the married household maids in the study and not by others at home, i.e. by daughters or mothers-in-law. Only 2% or

1 case reported that washing of clothes was not done by her which means someone else at home does that work completely and similarly, only 6% reported that cleaning of utensils was not done by them. There are 27 women or 57% of the women do both washing of clothes and cleaning of utensils at home solely by themselves. The above three tables show that the pressure of work on women is no less for these women at home. Some respite is there due to support structures i.e. other members in the family basically other females. Yet, this does not mean that they do not do the work at all, even if they earn for the family, unlike their husbands.

Support from Husbands

On an average, women work in 2 houses, and get a pay below Rs. 500/month. 53% had their husbands working as rickshaw pullers, 13% had their husbands working as municipality workers and another 13% had their husbands working as saree shop salesmen. 9% had unemployed husbands, 2% or 1 woman had her husband dead and the rest had husbands working as labourers doing small business. Most of the men drink but about 64% are heavy drinkers as seen in table 2.4.

T.2.4

Husband's Occupation and his Drinking Habit

Drinks Heavily	Husbands occupation (%)								
	Rickshaw pulling	Municipality job	Construction work	Small enterprise	Saree shop work	Medium Enterprise	No work	Any other	Total
Yes	23(92)	4(66.7)	0	1(50)	0	1(50)	1(25)	0(0)	30(63.8)
No	2(8)	2(33.3)	1(100)	1(50)	6(100)	1(50)	3(75)	1(100)	17(36.2)
Total	25(100)	6(100)	1(100)	2(100)	6(100)	2(100)	4(100)	1(100)	47(100)

Out of the rickshaw pulling husbands, 92% were drink heavily which is very high in comparison to 67% of the municipality workers and none of the saree shop salesmen. Drinking habit determines the husband's contribution to the family income out of his income per month. As seen in table T .2.4, the rickshaw pullers have wives contributing more to the family than the wives of municipality workers and saree shop salesmen. But, here the husbands income/month also matters such as in case of municipality workers, who earn Rs2040 per month is high in comparison to what the saree shop salesmen earn i.e. Rs800 to Rs1200/month. Hence, even if the municipality worker husbands who drink heavily, they still contribute Rs1500 to Rs1800/month. This is higher in comparison to what the saree shop

sales men generally contribute i.e. their whole income to the family i.e Rs800 to Rs1200 /month. Hence, even if more of municipality worker husbands drink heavily their wife's contribution to the family income is less than 30% generally where as the saree shop salesmen who despite being non-drinking have wives contributing 30% to 50% and 50% to 75% to the family income in 33% and 17% of the cases respectively.

Their husbands contribute very little of their actual income to the family. Hence, the total family income of these families is quite low, generally below Rs.1600 for 66%of the families Often a family of 5-6 members including 2-3 dependents survive on a combined income of less than Rs16, 00 per month. Infact about 55% families survive on less than Rs300 per capita per month. This shows that more than half of the families live on the extreme side of poverty.

Thus, in addition to the physical load of work these women have to manage the household with little support from their husbands. Their living conditions are poor, they have no toilets, open drains, and poor water supply.

Their working hours may be six to seven in a day, but almost an hour is spent on each day by them in going and coming to their

employer's place. They hardly get any gap between two shifts i.e. less than 4 hrs for 45% of women, which means hardly any time to cook the food, clean the utensils, wash the clothes, serve the food to others, to eat one's own food and take little rest in the after noon at home. Women such as Lakshmi go for work at 6 a.m., come back at 11 am, again go to work at 3.00 p.m. and come back home by 5.30 p.m. They often have to do cooking, washing of clothes and shopping at home solely without anyone else's help. Often their young daughters help them in housework.

Adequacy of Meals

Traditionally, women eat at last in the family. In poor households where there is insufficient food this means women are chronically underfed and malnourished. The women in the study were questioned about the meals that they ate during the day.

T.2.5

Breakfast

Sufficient or Not	No. Of Respondents	%
Yes	15	31.9
No	32	68.1
Total	47	100

Almost 68% of the women do not have their breakfast sufficiently. They take tea in breakfast, which is offered at work place, for some the employer offers a chapatti and rarely they spend a rupee or two to get some idlis from the market. In none of the houses, breakfast is cooked. Some of them take gruel rice that is last night's left over rice.

T.2. 6

Lunch

Sufficient or Not	No. Of Respondents	%
Yes	32	68.1
No	15	31.9
Total	47	100

While 68% of the women had their lunch sufficiently, 32% did not have sufficient lunch. These families cook fresh rice generally. They usually, make a potato curry along with rice at lunch.. When their husbands contribute a reasonable amount of money above Rs35/day, they prefer to buy small fish rather than vegetables which are costly for them and cook fish curry with more potatoes in it than fish. Being close to the coast, fish is cheaper than vegetables for them. Some families make gruel rice out of freshly cooked or left over rice, to this

gruel rice, they add potatoes and chilies, but no oil and spices. They told that by taking rice and water they felt their stomachs more full.

T.2.7

Dinner

Sufficient or Not	No. Of Respondents	%
Yes	35	74.46
No	12	25.53
Total	47	99.99

Of the total, nearly two-third or 74% had their dinner sufficiently whereas 26% did not do so. More women take sufficient dinner than breakfast or lunch, because the women say, "We cannot sleep with a hungry stomach. We need to eat full stomach at night than in breakfast or lunch". They generally take fresh cooked rice with dal, or else make gruel rice of the rice left from the lunch.

T.2.8

Relationship between Actual Total Family Income per month and No. of Sufficient Meals per day.

No. of Sufficient Meals/Day	Actual Total Family Income Per Month (%)								
	<Rs 400	Rs.400 <800	Rs.800< 1200	Rs.1200< 1600	Rs.1600 <2000	Rs.2000 < 2400	Rs.2400 <2800	Rs.2800 <3200	Total
0	0(0)	3(42.9)	2(16.7)	0(0)	0(0)	0(0)	0(0)	0(0)	5(10.6)
1	1(100)	3(42.9)	1(8.3)	4(36.4)	1(20)	0(0)	1(50)	0(0)	11(23.4)
2	0(0)	1(14.2)	9(75)	3(27.2)	2(40)	4(50)	1(50)	0(0)	20(42.6)
3	0(0)	0(0)	0(0)	4(36.4)	2(40)	4(50)	0(0)	1(100)	11(23.4)
Total	1(100)	7(100)	12(100)	11(100)	5(100)	8(100)	2(100)	1(100)	47(100)

The state of nutrition of the women can be judged from the fact that there are 5 women (11%) out of the 47 who do not even get one sufficient meal per day (see table 2.8). Another 23% get only one adequate meal per day. About 43% get 2 adequate meals per day and only 23% get 3 adequate meals per day. Thus about 34% women do not even get 2 adequate meals per day. However, one has to remember that to ensure that they have full stomachs many of them (for the other 66%) have added water to their rice.

There is a direct relationship between actual total family income per month and the number of sufficient meals taken per day. Thus the women from families with lower incomes get a smaller number of

sufficient meals, while amongst these with family income more than Rs1200 per month get up to three adequate meals per day. There are few exceptions however, such as in case of Rs2400<Rs2800family income, one respondent Shanti has one meal sufficiently/day, the reason is she is sending two of her children to schools and needs to save for them and for her family. One case which counts for 20% in Rs1600< Rs2000 category has only one sufficient meal, this is so as Lakshmi has frequent quarrels almost everyday with her husband for his drinking habit and she does not eat at night out of anger and agony. In addition like most other women she does not take an adequate breakfast.

There are 4 cases, accounting for 36% in Rs1200 < RS 1600 category who have only one sufficient meal per day. Among these, is Imla, her family income is Rs. 1250/month, she has insufficient breakfast and lunch, as she has two children at the age of 25, and has to give food first to her children and husband. Another is Chandi whose family income is Rs1200/month but has 6 members in her family. Her breakfast and lunch are insufficient. Another is Annapurna whose family income is Rs. 1250/month but has three children and also sends her daughter to school, hence has, insufficient breakfast and lunch. Another woman is Sitamma whose family income is

Rs.1490/month, has small children, and her situation again is the same as above ones. Some of these women have a greater number of children in their family. They thus, go hungry in order to ensure that their children get sufficient food to eat or to secure a better future for their children by sending them to school Thus one sees that while income makes a difference to nutrition of women there are other social factors which need to be taken into account.

There are women, which do not have a single sufficient meal in a day. Such is the case of Apallama. Her husband is a drunkard who gives home around Rs.600/month. Her family income is Rs850/month and she has four small kids, one among them is 6 months old. . She is hungry all the day; she has never sufficient food to eat. She cannot work more than at present i.e. in two houses.

Another such woman is Lakshmi, her husband is a drunkard who gives home nothing the only source of income for her family is her income i.e. Rs420/month by working in two houses and she has 4 small children, eldest of them being 7 years old.

Another such woman is Damayanti, she is the sole earner, earns Rs. 400/month, her husband is suffering from T.B., he is not working now. She has four small daughters at the age of 20, the eldest being 4

½ years old and she is again pregnant. With such absolute poverty, she has no option but to remain hungry the whole day and work hard.

These women were generally married and had a baby by the age of 20. Lactation increased the demands of nourishment, but they were never fulfilled. For almost all women breakfast was insufficient, sufficiency of meals did not guarantee nutritious food.

For instance, Chandi is approximately 20 years old and has now one daughter and two sons. Her husband is a drunkard and does not give home any money. Her sister who stays nearby gives money in her times of need and her mother helps in taking care of the children when she goes out for work. She tells, "He does not give a single penny. He only drinks and quarrels with me".

These women when are pregnant neither get the nourishment, nor do they get adequate rest required before and after their pregnancy. As they work in unorganised informal sector there is no question of maternal leave. They leave the job or stop working during their pregnancy. For e.g. Nelamma was working in 2 houses when she became pregnant. She had to stop her work in the seventh month of her pregnancy. After delivery she needed to begin working again. But she was unable to manage 2 houses due to her small baby as well as

her own health. Hence, after seventh month of her delivery she started working in only one house.

Similarly, Apulu who is approximately 21 years old, has an eight months old baby, and has resumed work one month ago. During her pregnancy, she left working only when it was six and a half months of her pregnancy. She had a miscarriage 2 years ago and was very unhappy for the mishap. Now also she was unable to take rest.

In such a situation, the plight of these women is worsened when their husbands as in the case of Chandi, mentioned earlier, who is beaten up regularly by her husband.

Another case of wife battering is that of Lakshmi, who is regularly beaten up by her husband, his husband gives home nothing and she is 30 years old with five children. She cannot come out of the relationship.

Padma is 30 years old and has three children out of her marriage. Three years ago, her husband, mother-in-law and sister-in-law tried to burn her by putting kerosene on her, as they were not satisfied with her dowry and had grudge against her. She cannot leave her husband 's home as she has nowhere to go and she has small children. She says, "If I leave this home, where will I stay?" For such

women in addition to their physical labour is the emotional turmoil they constantly go through.

But there were women who had come out of such wrecked marriages when they had support structures. Such as Ratna, who is 20 years old with a 4 years old son is separated. She now stays with her father and brother.

Similarly, for Lakshmi her husband brought home another woman. So, she left her husband's home and now stays with her brother and sister-in-law. These women continue to work and with the help of their families, support themselves and their children.

One is rather extremely brave to live separately when she had no support structures also, Shakuntala is separated for 7 years, now she is 31 years old approximately and her children have started working. Initially, when she had separated, she was the sole bread earner for three of them.

These women's work pressure, poor nutrition, the living conditions and emotional turmoil affect their health. However often, they have neither the money nor the time out of their busy work schedule to consult a doctor or even a take medicine from the chemist's shop. Almost 98% of the women said that they go to the doctor or take

medicine only when the situation becomes worse, the illness becomes unbearable.

More over as mentioned earlier they cannot take leave from their work at work place for fear of wage cut and cannot unburden themselves from the responsibility of the family for lack of husband's cooperation.

CASE NO. 1

Urmi is 35 years old. She has been working as a household maid since her childhood; for twenty years. Her day starts at 5.00 am in the morning. From 5 a.m. to 6.30 a.m. she cleans the house utensils of the last night, brings and stores water, takes her bath, does Puja and then goes off to work to reach there by 6.45 a.m. she works in four houses, gets paid Rs. 150, and Rs.120 per month, for first three houses for sweeping, mopping, cleaning utensils and washing clothes. In the fourth house, she waters the trees and gets paid Rs. 300as she takes out water from the hand pump. She goes to the first three houses one by one, a considerable amount of her energy and time is spent in walking the distance to these houses and then coming back to her home every day. She comes back to home at 12.20 p.m. or so. She starts cooking for her family, her husband occasionally helps her,

serves the food to her sons, husband, and then she eats her food hurriedly and goes off to work at 2.00 p.m. She goes to all the four houses one by one and by the time she reaches her home, it is 7.15 p.m. or so. There is no fresh cooking every night, she prepares food occasionally, they eat the rice cooked in the after noon, she waits for her elder son to come to serve him food and by the time she sleeps it is 11.00 p.m.

She works for 10 to 11 hours in a day and earns Rs. 720/- month, her husband does not work, he was a rickshaw puller, and now he is ill. Due to excessive drinking, he has got liver problem, and they donot have money to treat him. She has two sons, elder one is 16 yrs old, he works in an electric shop and contributes Rs. 500 per month, the younger son is 10 years old neither he works nor he goes to the school. She has a daughter also, who is 12 yrs old and works as a household maid in two houses and earns Rs. 120/month from both the houses, gives home Rs 100/month. Her total family income per month is Rs. 1320 for five members which is not enough for them. It comes to Rs. 264 per capita per month which is too less for all of them.

In the morning, she takes 1 or 2 idlis from the market and tea which is offered at her employer's place. For lunch, she takes freshly cooked rice with plain dal & at times with some curry and in the

dinner she eats the food which was cooked for the lunch. Generally the dinner consists of left over rice, which is made gruel rice by adding water to it. Lunch is the only meal that she feels is adequate for her.

She does cooking at home most of the time and at times she is helped by her husband. She does cleaning of utensils, washing of clothes and shopping solely, all by herself.

With only one meal i.e. lunch sufficiently and lot of work pressure at home and at work place she has constant backaches, kneeaches, leg muscle cramps and feels tired. But she does not go to the doctor or the chemist's shop for medicine always. Neither can she absent herself from her work as her employers cut her wages for being absent. She has no paid leave in a month. And if she does not go for a day, her wages are cut, the next day she has to do extra cleaning of utensils and clothes. Only when her illness is unbearable she goes to the chemist's shop for medicine. She can do little to come out of this vicious circle of poverty. Her support structures are her son and her daughter, but if she gives up, her family will fall apart. Neither does she have any other good job opportunity in the job market . When asked about any other work she would like to do, she responded, "which other work?"

CASE NO. 2

Ganga is 30 years old and has been working as a household maid for four years. Earlier she was a housewife. Her husband is a cobbler and earns around Rs. 20/day i.e. Rs. 600/month. HE DRINKS heavily and gives home around Rs. 400 per month. Ganga works in two houses gets paid for Rs. 200/month in one house and Rs. 100/month in another for doing sweeping, and cleaning utensils and washing clothes. In the former house she also draws drinking water from well for the home.

She has four children. Her eldest daughter who is 10 years old works as domestic help and earns Rs. 60/month another daughter is 7 years old; her two sons are 8 years and 4 years old. Her children donot go to the school Her mother-in-law stays with them, she works as a household maid also and gives home Rs. 280/month. Their total family income is Rs. 1040/month, which is not enough for seven people. This shows Rs. 149 per capita per month, which means extreme poverty.

She takes tea and chapatti offered to her at workplace, she cooks fresh rice for lunch as well as for dinner. Her lunch and dinner are not sufficient for her. She takes her food after everyone else in the family.

She thinks that her breakfast offered by her employer is the only sufficient meal for her.

Her day starts at 6.00 a.m., she does the cleaning, sweeping, mopping of the house, takes her bath, fetches and stores water, bathes her younger son, sometimes other children also and goes off to work at 8.45 a.m. She reaches her employer's house by 9.00 a.m. and manages to do the work of the two houses within 2 hours. She finds drawing water from the well for one house as extremely painful. She comes home by 11.30 a.m. Then she goes for shopping, starts preparing food for all, serves them food, eats her food, washes clothes, cleans utensils and then again goes off to work at 3.45 p.m. In the second shift, she works from 4.00 p.m. to 6.00 p.m. and reaches home by 6.20 p.m. She has to again prepare food for all, serve them, eat her own food, clean utensils, by the time she sleeps it is 11.30 p.m.

She does cooking, cleaning of utensils, washing of clothes, shopping, childcare all by herself at home. She feels tired and has backache after a long day of work. She goes to the chemist's shop for medicine only when the condition becomes extreme. When asked about any other work she would like to do, she responded, "there is no other work for us".

The above two cases share the work pressure and agony of other household maids.

The next chapter looks at the factors affecting the respondent's health by borrowing the perspective from this chapter.

FACTORS AFFECTING HEALTH

FACTORS AFFECTING HEALTH

The household maids in the study generally worked in at least two houses for about 6-7 hrs per day. As mentioned earlier their job involved tasks such as sweeping, mopping, cleaning utensils, washing clothes, grinding masala, shopping, child care, massage and carrying water from the handpump/well/municipality water connection. There are different postures associated with these distinct tasks. Heavy and prolonged work means working constantly in these postures which then affect one's health. Some health problems which are associated with the body postures of such tasks were backache, kneeache, neckache, leg muscle pain and hand muscle pain. Other work conditions also affected women's health such as prolonged contact with water and use of chemical detergent powder resulted in chronic cold and itching. Tiredness was also an outcome of overwork. However, these women were responsible for the management of their homes as well as their work. Hence, being married women and domestic workers they did similar kind of work which are discussed above in both their work place and their homes. The repercussions were visible on their health.

At the same time, there were other factors such as her food intake affected by her poverty, which affected their health. In their work at work place, along with distinct tasks, their years of work, total hours of work and the number of houses they worked in are determining factors of their health.

The respondents were first asked in general whether they had any health complaints and if they did what they were. No health problems were suggested to them. This was recorded as reported health. Here, they reported of tiredness, feverishness, head reeling, headache, hand muscle pain, leg muscle pain, backache, kneeache, injury, cold, cough, etc. Some of the women complained of pain during their monthly cycle while working at their employers houses and doing up and down. This meant extra physical pressure on these women.

T.3.1

Reported Health

Reported health	No. of Respondents	%
Tiredness	11	23.4
Feverishness	6	12.8
Head reeling	7	14.9
Headache	4	8.5
Hand muscle pain	20	42.6
Leg muscle pain	25	53.2
Backache	21	44.7
Kneeache	7	14.9
Injury	1	2.1
Cold	9	19.1
Cough	2	4.3
Any other	3	6.4

The above table shows the number of reported health complaints for each of the illnesses separately out of the total of 47 women. After recording their reported health, the respondents were specifically asked about seven illness symptoms and then, this was also recorded as enquired health.

T.3.2

Enquired Health

Enquired Health	No. of respondents	%
Tiredness	39	83.0
Leg muscle pain	42	89.4
Backache	41	87.2
Kneeache	36	76.6
Neckache	25	53.2
Cold	35	74.5
Itching	14	29.8

Similarly, the numbers of enquired health complaints are looked at separately for each of the illnesses out of the total of 47 women. The number of complaints for reported health is less than that of enquired health for the seven illness symptoms which are tiredness, leg muscle pain, backache, kneeache, neckache, cold and itching. Reported health gives an idea of the severity of the women's health problems. When questioned they mentioned their most acute problem. As far as the

other health problems are concerned they had them but did not consider them at a conscious level. For many women being in poor health had become so constant that they actually regarded it as “normal” and did not think of mentioning their complaints unless they were specifically asked about them. Only after being questioned specifically they came out with their health problems

It was so as the respondents took these symptoms for granted. These illnesses had become a part of their life. It shows their plight, how they have given into the situation. The constant adjustment between work and home has affected their health, yet they are oblivious of this fact.

While 23% of the women complained of tiredness on their own, 83% confirmed of tiredness when asked specifically. Bhagyalakshmi says, “the doctor has told me I’ve less blood in my body, anemia. I get tired very easily. I took tablets for few days, now I don’t take them. They are costly”.

53% of the women complained of leg muscle pain, but almost 90% reported so in enquired health. In their words, “both hands and legs will pain, and at times I cannot move them”. “There is a throbbing pain in my legs from deep inside”.

While almost 45% of the women complained of backache in reported health, 87% complained of backache in enquired health.

While 15% of the women complained of kneeache in reported health, where as 77% of the women complained of kneeache in enquired health.

About 19% of the women complained of cold on their own, whereas 74% of the women complained of cold when asked specifically. In words of a respondent, "I have cold always and I feel feverish at times, I don't feel like doing my work, but then I have to take one tablet from the chemist's shop and have to do all the work". 30% of the women complained of itching in enquired health while only 2 of the women reported of this. A considerable number of women i.e. 43% of them reported of hand muscle pain.

T.3.3

Multiple Illnesses

Multiple Illnesses	No. of Respondents	%
Tiredness, leg muscle pain, backache, kneeache and neckache	26	55.31
Tiredness, leg muscle pain, backache and kneeache	6	12.8
Tiredness, leg muscle pain and backache	4	8.5
Tiredness, leg muscle pain and kneeache	1	2.1
Tiredness and leg muscle pain	2	4.3
Tiredness and backache	1	2.1
Tiredness	3	6.4
Leg muscle pain, bachache, kneeache and neckache	2	4.3
Leg muscle pain, backache and kneeache	1	2.1
Nil	1	2.1
Total	47	100

A large number of women at the same time complained of multiple illnesses. There were as many as 55% who complained of tiredness, leg muscle pain, backache, kneeache and neckache together when enquired about their health problems.

There were 13% of the women who had tiredness, leg muscle pain, backache and kneeache together. There were 9% who had tiredness, leg muscle pain and backache together. There was only one respondent who had no health complaints. This also indicates that more women have a greater number of health problems existing at the same time.

The respondents work in two houses generally. When we look at each of the tasks they do in these houses, then the load of work can be calculated in a way such as if a woman sweeps and the mops the floors in two houses, then the load of work on her per day is 4 i.e. each task in each house is counted individually and all such tasks are then summed up.

This is a very crude method since it assumes all tasks are equal and there is equal work in each house. The effect of load of work can be increased if there are more than 6 people in a house, it has been

assumed that they work in families of 5-6 members. However it is worth seeing the rough load of work carried by these women.

T. 3.4

Load of Work per day

Load of Work/day	No. of Respondents	%
1-3	5	10.6
4-6	14	29.8
7-9	10	21.3
10-12	12	25.5
13-15	4	8.5
16-18	1	2.1
19-21	1	2.1
Total	47	100

Almost 59% of the respondents had more than 6 load of work per day. Parbati who works in four houses does sweeping mopping cleaning of utensils and washing of clothes has health problems such as tiredness, hand and leg muscle pains. It is interesting that most women carry 4-12 load of work per day. However the work done can also be considered by looking at the hours of work done per day. This

can be used to find out the impact of their workload on the women's health.

T.3.5

Total Hours of Works/day and Tiredness

Tiredness	No. of hours of work (%)			
	3 < 7	7<10	≥ 10 hrs	Total
Yes	23(85.2)	15(100)	5(100)	43
No	4(14.8)	0(0)	0(0)	4
Total	27(100)	15(100)	5(100)	47

There is a direct relationship between total hours of work per day and tiredness as seen in table 3.5. As the former increase the latter also increases. Urmi works from 6.30 a.m in the morning till 12 p.m in the noon and again 2 p.m to 7 p.m in the evening, at the end of the day she feels tired, has backache, kneeache, leg muscle pain and neckache.

T.3.6

No. of Houses and Tiredness

Tiredness	No. of houses (%)				
	1	2	3	4	Total
Yes	9(75)	23(95.8)	6(100)	5(100)	43
No	3(25)	1(4.2)	0(0)	0(0)	4
Total	12(100)	24(100)	6(100)	5(100)	47

Similarly, with an increase in the number of houses the respondents work in, the incidence of tiredness also increases, in other words, there is a direct relationship between the two factors. Working in a number of houses means walking down to each of the houses and managing time to finish the work in time. It is quite exhausting as she does all this quite fast to adjust her time. Bhagabati who works in four houses, feels tired at the end of the day, she has backache, leg muscle pain, kneeache, cold and itching.

T.3.7

Year of Work and Tiredness

Tiredness	Years of work (%)						Total
	<1	1<6	6<11	11<16	16<21	≥21	
Yes	4(57.1)	18(94.7)	11(100)	2(100)	5(100)	3(100)	43
No	3(42.9)	1(5.3)	0(0)	0(0)	0(0)	0(0)	4
Total	7(100)	19(100)	11(100)	2(100)	5(100)	3(100)	47

Also as can be expected there is a direct relationship between years of work and incidence of tiredness. Its interesting that all the women who have been working for 6 years or more complain of tiredness.

T.3.8

Years of Work and Backache

Backache	Age years						Total
	<1	1<6	6<11	11<16	16<21	≥21	
Yes	5(71.4)	16(84.2)	9(81.8)	2(100)	5(100)	3(100)	40
No	2(28.6)	3(15.8)	2(18.2)	0(0)	0(0)	0(0)	7
Total	7(100)	19(100)	11(100)	2(100)	5(100)	3(100)	47

Again as expected the incidence of backache in terms of % increases with increase in years of work excepting 6<11 years age category where it falls down slightly from 84% to 82%. There are three women or 19% of them saying that they do not have backache problem in this category, of these one is Chandi who is hardly 20 years old; another is Parbati who has been earlier also discussed, she has other health problems then backache and the third is Chandrakala who works in two houses and has her mother-in-law to help her at home and she is also young, 25 years old.

T. 3.9

Most Difficult Work : As Reported by Women

Most Tasking work	No. of Respondents	%
Nil	4	8.5
Sweeping	2	4.3
Mopping	9	19.1
Washing clothes	23	48.9
Cleaning utensils	4	8.5
Carrying water	2	4.3
Shopping	1	2.1
Excess of work	2	4.3
Total	47	100

Almost half of the respondents said that washing clothes is the most difficult work. In their words, “it is very painful to wash clothes, we’ll have cold, fever”. For Shakuntala, it means taking out water from the handpump and washing clothes, which requires a lot of energy. Shakuntala says, “the Marwari family gives me food or else I would have left the job, taking water from the handpump for washing clothes, for watering the trees and for drinking water along with sweeping, mopping and cleaning utensils is a lot of work for Rs300/month. But I do the work for food.” The second most difficult task was reported to be mopping the floors.

For Shanti, backache is a constant pain. She washes clothes, irons them and cleans utensils makes beds fills water in the filter in two houses. She says excepting the washing work, she has to do all her work in standing position. "It is a pain to work continuously in standing position". Lakshmi who cooks in only one house and works there fore 5 hours says, "I cannot sit for a moment, I've to constantly bring and do his or that".

The correlation between each of the distinct tasks such as sweeping, mopping, cleaning utensils and washing clothes and each of the illnesses, tiredness, backache, leg muscle pain, and itching was carried out to see whether a single task affects women's health. The correlation showed rather irregular patterns. Hence, it was inferred that the aggregate affect of all tasks done by women at their work place affects their health rather than a distinct task. It is not possible to separate their work at work place, their work at home, living conditions, age and food intake as they simultaneously act on their health. Nasamma who is 35 years old, says, "I've always backache, sometimes I also have hand and leg muscle pain". She doesnot sweep in any of the houses, but she washes clothes of 12 people and massages 4 people, additionally, she does all the works at home alone".

The work at home has been elaborately discussed in the previous Chapter. Along with her work at work place, she works at home. 59% do cooking solely, 47% do shopping an outdoor activity, [generally regarded as men's work) solely, only 5 cases have husbands helping in doing shopping, 74% do washing clothes solely, 61% do cleaning of utensils solely, and 14 cases out 31 cases who have small children do childcare solely. As we see all these affects their health.

T.3.10

Age and Tiredness

Tiredness	Age years (%)						
	15<20	20<25	25<30	30<35	35<40	40<45	Total
Yes	1(100)	6(85.7)	12(92.3)	14(87.5)	8(100)	2(100)	43
No	0(0)	1(14.3)	1(7.7)	2(12.5)	0(0)	0(0)	4
Total	1(100)	7(100)	13(100)	16(100)	8(100)	2(100)	47

There is almost a direct relationship between age and incidence of tiredness excepting 35<40 years of age where it falls down from 92% of the previous one to 87%. There are two women in 30<35 years of age who said that they do not feel tired, one is Lakshmi who is 30 years old and works in one shift for 4 hours in the morning. She has two sufficient meals in a day. Another case is of K. Lakshmi who works in one house, has three sufficient meals in a day and at home has her sister-in-law do the household chores along with her.

T. 3.11

Age and Enquired Backache

Backache	Age years (%)						Total
	15<20	20<25	25<30	30<35	35<40	40<45	
Yes	1(100)	5(71.4)	11(84.6)	14(87.5)	7(87.5)	2(100)	40
No	0(0)	2(28.6)	2(15.4)	2(12.5)	1(12.5)	0(0)	7
Total	1(100)	7(100)	13(100)	16(100)	8(100)	2(100)	47

With increase in age, there is an increase in incidence of backache among the respondents. We thus see that the load of work at home along with load of at work place affect women's health.

T.3.12

Number of Sufficient meals and Tiredness

Tiredness	No. of sufficient meals (%)				Total
	0	1	2	3	
Yes	5(100)	11(100)	18(90)	9(81.8)	43
No	0(0)	0(0)	2(10)	2(18.2)	4
Total	5(100)	11(100)	20(100)	11(100)	47

It is worth noting their nutrition, which affects their health.. With an increase in number of sufficient meals taken by the women per day, their complaints of tiredness decreased. Thus, there is an inverse relationship between the two factors. Apallama who does not have by

any meal sufficiently in a day has constant bodyaches and feels tired. She has headreeling also.

Hence, the factor causing ill health is not one but are many and they act together on health. Each of the factors discussed above have a definite impact on health and though it is difficult to show any clear cut direct relationship between each of the factors discussed above and ill health, some of the tables showing some direct relationship have been given here. In ill health, treatment of ill health is essential.

Treatment Sought by Women

The following table looks at the number of women who seek treatment at different stages of their illness and the relationship between this and their contribution to the family income.

T.3.13

Contribution to the Family Income and doctor's help

Doc's help	Contribution to the family (%)				
	<30%	30%<50%	50%<75%	75%≤ 100	Total
Always	0(0)	0(0)	1(14.3)	0(0)	1(2.1)
Extreme	9(52.9)	13(72.2)	6(85.7)	4(80)	32(68.1)
Never	8(47.1)	5(27.8)	0(0)	1(20)	14(29.8)
Total	17(100)	18(100)	7(100)	5(100)	47(100)

While only 2% of the women always go for a doctor's help, if they have a health problem or illness, 68% goes for doctor's (MBBS) help only when the illness becomes extreme and does not permit them to do their work. There is almost one-third of the women or 30% of them who never go for doctor's help even if they have extreme illness. The usual answer is, "we do not have money to go to the doctor". "We do not have time to go to the doctor". Some of the women who never go to the doctor take medicine from the chemist's shop when the illness becomes unbearable.

There is no definite direct relationship between the contribution to the family by the respondent and doctor's help taken by her. This shows how women are very often quite powerless to take care of themselves in their poverty and their effort to keep their family intact. Their priority is their family and not their health. There is Sushila whose husband is dead, who worked as a municipality worker. She has neither yet got neither his pension nor his job. She works in two houses and earns only Rs350/month and she has four small children, the eldest of them is 10 years old and he has not yet started working. Hence, though she is contributing 100% to the family income, she cannot afford the fees of a doctor.

Very few of the respondents go to govt. hospitals, as it means a waste of half of a day, they do not have the time for it and moreover, they feel that the govt. doctors do not treat them properly. They feel that if they pay to a private practitioner, then only a proper treatment is done.

T.3.14

Paid Holidays/month

Holidays/Month	No. of Respondents	%
1	15	31.9
2	25	53.2
3	2	4.3
4	1	2.2
5	1	2.1
6	1	2.1
7	2	4.3
Total	47	100

To make the situation worse when women cannot afford to go to the doctor or take medicine, they cannot also take leave from work. Maximum (about 85%) of the respondents get a day or two as paid leave per month. This means that they have to constantly juggle between two busy schedules of home and work place. There is no time

for rest when they are ill. One woman said, “I’ll stay at home like that for one or two days without telling my employer. They will not cut the wage, but will be angry with me. All the utensils of last one day or two days will be there to clean. They’ll give more clothes to clean. Holiday will not mean less work rather more work at the end of the holiday”. “If I am severely ill or we have a puja, my employer will let to me take leave for 1 or 2 days. But I’ve to do the pending work when I rejoin my work”, another women said.

T.3.15

Cases of Wage Cut

Wage cut	No. of Respondents	%
Yes	27	57.4
No	20	42.6
Total	47	100

More than half of the women, about 57% reported wage cuts if they take leave of three or four days, whereas 42% reported of no wage cuts, but some of them said that they’ve to face the anger and wrath of their employer after their leave and also threats of wage cuts in future if they take leave like this. In such a situation, these women have no option but have to continue work even if they are is ill and hence, the illness gets accentuated or chronic.

The above findings and analysis show that work at home, work at work place, years of work, number of houses, load of work, to the hours of work, age, food intake, all these factors affect their health significantly.

These factors are in turn affected by their economic status, the social structures that push responsibility on them when their husbands deny them. Their social situation has left them with no option but to work as household maids / domestic workers.

CONCLUSION

CONCLUSION

The purpose of the study was to look at the lives of the household maids or women domestic workers and their health and the factors affecting their lives as well as health.

Appendices I, II and III contain the various questions which were asked to the respondents about their social and economic status, work at work place, work at home, terms and conditions of work, daily routine, health problem, treatment sought by them and any other job desired by them other than the present job. When the data collected on the above issues were analyzed, they helped in giving an idea of a complex of factors in their lives which affected their health.

These household maids were born into low caste poor families. Their families had migrated from Andhra Pradesh to Cuttack city between 1920s to 1970s. They had left their native place as they faced crop failures, poverty and caste discrimination. They had come to Cuttack, a city in search of employment other than their traditional caste occupation.

They were traditionally landless labourers or weavers. However, men of these families continued to work as filth cleaner as they worked as municipality workers. This was an extension of their traditional caste occupation in a modern context. The men also worked as rickshaw pullers, saree shop salesman, small and

medium enterprises etc. The earnings of the men were not very high. Moreover, almost one third of the husband's income per month was spent on drinking, gambling and watering movies. At the same time, their families demanded a dependable income which was not provided in most of the cases. Therefore, these women had to work for the survival of their families or to secure a comparatively good life for themselves and their children. Many of them felt that they could improve their children's life by sending them to schools. As a result, their situation demanded money, but the job market offered very little opportunity for these women to work. As they were born into poor families they had no well paying marketable skills. They could get the work of a household maid or of a construction worker. The former gave them time flexibility i.e. it was not a ten to five job. They could come home in between their shifts. This gave them time to take care of their family while working. Hence, they joined domestic work/labour out of financial compulsion and demands of their multiple roles and lack of any other viable job opportunity. But domestic work is regarded as menial work by others, even in their slums by other women who preferred to stay at home than to work as a domestic help. Despite this, these women did the so called 'menial' work out of situational demands. By calling it as menial which 'requires no skills', we fail to look at the significance of the domestic work. **Whether it is done at work place or at home, without it, the very existence of he family which is the most essential for the growth and personality development of an**

individual is endangered. Domestic work cannot be done way with.

Hence, at home it is the women, who did it and at work place, it is the poor, low caste migrant women who did it.

Underneath the domestic work lies the power dynamics on the basis of 'gender', 'caste', 'poverty' or 'majority/minority' (migrant status).

As had already been mentioned, these women had no option but had to join domestic work. Thus, they worked according to the terms and conditions of work dictated by their employers. There was very little space for them to negotiate, opposition to their work terms and conditions meant dismissal from the job. Most of the women worked in at least two houses for 6 to 7 hours in a day and bore more than six load of work per day. Most of the women did four tasks at their work place which were sweeping, mopping, cleaning utensils.

As had been already mentioned, these women had no option but had to join domestic work. Thus, they worked according to the terms and conditions of work dictated by their employers. There was very little space for them to negotiate. Opposition to their work terms and conditions meant dismissal from job. Most of the women worked in atleast two houses for 6 to 7 hours in a day and bore more than six load of work per day. Most of the women did four tasks at their work place which were sweeping, mopping, cleaning

utensils and washing clothes. As they worked in two shifts, they walked to their employer's home and came back to their home twice in a day. This meant almost an hour of walking for them. Along with their heavy pressure of work, they had to manage their time efficiently to finish work in time in all the houses they worked and this meant working of without much rest in between tasks. This only heightened the work pressure and left them exhausted at the end of the day. And at the same time, they could not take leave from their work for more than two days in a month. While more than half had wage cuts for taking leave many of the rest of the women had faced threats of wage cuts. Leave from work did not necessarily mean less work, they had to clean the utensils of the days they had remained absent from work and they had to wash extra clothes. Even if they were sick, they could only stay away from work for one to two days.

As they worked in unorganised informal sector they did not get any maternal leave. The respondents when pregnant generally left their work in their seventh month of pregnancy. If they had kept another women in their place in their employer's place, then they rejoined the same place after pregnancy. if they did not keep any one else in their place then they for a new house to work in. Only when their babies became seven months old, they rejoined work. Hence, they never got adequate rest which is very essential for mothers.

To worsen the situation, the women were under nourished. The data had revealed that more than half had insufficient meals in a day. They served the food to others first and then they ate after everyone else had taken food in family. Hence, little food was left for them. As they were women, their socialization had internalized in them the tendency to sacrifice their food for their husband and children.

Work pressure at home was no less for these women. At their homes, they did most of the works on their own without anyone's help. Their husbands were least cooperative, many had heavily drinking husbands. The only help and support (physically or mentally or financially), they got was from other members in the family, if they were old enough to help. These were mainly their daughters occasionally their sons. The women contributed their total income to the family unlike their husbands who spent one third of their income on drinking, gambling and watching movies. Meager as it was the most dependable income for the family. Despite their work at home and contribution to family income and responsibility for managing the house, they had no say at home. Additionally, often they tolerated the wife battering by their husbands.

This work pressure at home and at work place affected their health. This effect was aggravated by their poor nutrition and poor living conditions. Their whole family of five/six members stayed in

one room of size 10'ft X 10'ft. There was hardly any space to move around. These rooms had very often no windows and had very poor ventilation. The houses were situated in a congested manner. As they had no water connection in their homes, they had to go to the common source of water municipality water point or handpump on the roads to fetch water. It meant extra work for them. Poor toilet facilities made life difficult for them, as they were women, they could not defecate/urinate openly. They had to do these in the morning or had to wait/search for some privacy. The poor sewage and drainage often left the houses flooded in rainy season. It meant illness (gastrointestinal infections) for all in family. For the women, this meant that they had to take care of all even if they themselves were ill.

Despite their chronic illness, they did not always go to a doctor, it was only when their illness became unbearable that they went for doctor's help/medication. They could neither take leave from their work nor could they free themselves from household chores to take some rest, the day started for them at 5.30 a.m. in the morning and extended till 11.00 p.m. at night without rest or afternoon nap, generally. They constantly tried to adjust their time and energy between their work and their home.

Health Situation

When they were asked whether they would like to do any other work than this, one fourth of the women said that they would like do the some work since there was no other employment available for them where they could give time to family along with their job. At the same time, another one-fourth of the women wanted government jobs of good pay such as of municipality cleaner or of school sweeper. A little less than one-fifth of the total household maids taken wanted to work in private organised sector. Only 4% of the women wanted to do some business. As many as 28% of the women wanted to do some other work but did not think, they had any other option of work, they instead, asked, 'which other work?'

With this kind of response, the situation demands organisation of household maids for better pay and better conditions of work as has been done in Maharashtra recently. And it also requires support from different non-governmental organisations to make these women realise their power and not to meekly bear the burden of the whole family alone without their husbands support. Betterment of conditions at work, maternal leave, creches, childcare improvement of relationships in the family and living conditions can significantly make their lives better.

The study therefore shows that while the health of the domestic workers is affected by their load of work they have to do, it

is also affected by other factors. Their health is therefore, affected by their work as household maids and compounded by their work at home, their nutrition, their living conditions which are in turn affected by their economic and social status.

APPENDIX – I

SOCIO-ECONOMIC BACKGROUND

- Name:
- Age:
- Years of work:
- Previous work:
- Number of houses you work in:
- Pay per house per month:
- Husband's occupation:
- Husband's income per month:
- Husband's actual contribution to the family per month:
- No. of family members:
- Income of other earning members in the family per month:
- Other earning member's actual contribution to the family per month:
- Mother tongue:
- Caste:
- Education:
- Whether migrant: yes/no
- Place of migration:
- Years of migration:

APPENDIX – II

WORK AT WORK PLACE AND AT HOME

1. How many hours do you work in a day?
2. Which kinds of tasks do you do in each of the houses you work in?
3. Which task is the most difficult to do in your work? Why?
4. Do you get holidays on Sundays?
5. How many holidays do you get in a month? When?
6. Is your wage cut for taking leave from work?
7. Who does cooking at your home?
8. Who cleans utensils at home?
9. Who washes clothes at home?
10. Who does shopping for the family?
11. Who takes care of your children at home?
12. When do you get up in the morning? How do you work the whole day? Do you take afternoon nap in between your shifts? When do you go for sleep?
13. Would you like to do any other work than this work? Why?

APPENDIX- III

HEALTH

1. How many meals do you take sufficiently in a day? What do you eat at breakfast, lunch and dinner?
2. After working the whole day, do you have any health problems?
3. Do you feel tired?
4. Do you have leg muscle pain?
5. Do you have backache?
6. Do you have kneeache?
7. Do you have neckache?
8. Do you have any itching in your hands? Feet?
9. Do you have cold?
10. Do you always go to the doctor when you are ill?

If, no when do you go to the doctor?

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