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A Study on the Economic Status of Women Domestic Workers and Covid-19 Treatment Affordability in Private Hospitals in Kerala State

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Abstract

Background: The women domestic workers are neglected class of unorganized sector, although many social security measures and wage guarantee legislations are enacted, yet the working conditions and socio-economic status of women domestic workers are still in malady. The onset of covid-19 pandemic towards end of 2019 made matter highly worse for women domestic workers, by making them jobless and restrict to stay home finding hard to meet both ends. Many of these women are infected by covid-19 and several died of insufficient treatment and poor health conditions. The treatment charges in private hospitals for covid-19 is too high to afford by daily earning women domestic workers. Even after Kerala government put a cap to various covid treatment costs in private hospitals, the second wave of covid-19 witnessed filling up of government hospitals with patients and many of the people are forced to rely on private hospitals to save life. It is high time to think the insufficient economic and health schemes of women domestic workers and provide a comprehensive multi-faceted developmental policy to adopt by government. **Objectives:** The primary objective of the study is to analyze the covid-19 treatment affordability of women domestic workers in private hospital in association with their monthly family income. **Methods/Statistical operations:** The study is conducted in Palakkad district of Kerala state. The sampling technique adopted is simple random method from different age group of women domestic workers. A total of 150 women domestic workers is identified and tool used for survey is structured interview according to the convenience of the respondents. **Findings:** The study found that the covid-19 treatment charges fixed by government is still unaffordable to majority of income range groups and only 5 percent have monthly family income to afford the five-day general ward treatment charges with normal medicines in private hospitals.

Keywords 1. Women domestic workers 2. Covid-19 3. Economic status 4. Treatment affordability 5. Monthly income

Introduction

The outbreak of SARS-CoV-2 (COVID-19) was first detected when cases of mysterious pneumonia were noted in the city of Wuhan, China in December 2019. The Covid-19 virus hit all over the world at lightning speed, it changed the socio-economic condition and forced people to shift to unheard type of lifestyle. Total or partial closing of establishments and government machinery leads to a slow pace in the cyclic economic pathway. The pandemic situation affected India very badly, resulting in the collapse of the economy and livelihoods of citizens. The lives of people belonging to below poverty

line, who find it difficult to meet their daily expenses, fallen into a highly miserable situation. COVID-19 has had a disproportionately negative impact on women working in the country's vast informal economy, with millions of livelihoods becoming even more perilous or vanishing totally. Women working as domestic workers in India's cities, many of whom are migrants from rural areas, have lost their jobs in large numbers, forcing many to return to their home villages. Those working as street vendors were unable to sell their wares due to lockdowns, and manual laborer saw demand for their services vanish overnight. Concerns have been raised that, as health risks and COVID-19 exposure increase, people in the sex industry and domestic work will be more vulnerable to exploitation. Domestic workers in India are unprotected, underpaid, and unsafe, according to AmodKanth, chairperson of the Domestic Workers Sector Skill Council, a government organization that trains domestic workers. "They are treated as servants, and their work is considered bondage." Women domestic workers are also affected by the social stigma and discrimination associated with Coronavirus.

A survey conducted in Indiarevealed that approximately 85 percent of domestic workers said their employers did gave any assistance for the lockdown period, and 23.5 percent of domestic workers returned to their home place. Around 30 percent were unable to survive the lockdown period due to a lack of funds

The Kerala government fixed the minimum wage on a daily, hourly and monthly basis to avoid exploitation of domestic workers. The women domestic workers are allowed for minimum wage of Rs.37.50 per hour and Rs.22.50 for additional hours. According to this value in Kerala, a house hold worker doing a job for 3 hours daily in a house excluding Sundays will get approximately Rs.2900/- per month. If she engages in another two houses, she will get a monthly salary of Rs.8700/-for engaging 9 hours daily.

The covid treatment rate in private hospitals in Kerala are fixed by government as Rs.2910/- day in general ward for usual treatment and Rs.15180/- per day for ICU with Ventilator. The order came just days after the Kerala High Court expressed concern about private hospitals incurring exceptionally high fees for COVID-19 patients. After a petition filed alleging that private hospitals and testing centers were charging exorbitant fees to "exploit the epidemiccondition and anxiety of people in society," the state government promised the high court that it would implement a universal pricing system for covid treatment in private hospitals.

During second surge of covid-19 government hospitals with oxygen and ICU facility are limited and majority are required to seek arrangements in private covid treatment centers. The treatment cost in private centers is highly exorbitant and even a middle-class people cannot afford. In this juncture people with daily earnings were in acute dilemma neither their earnings are sufficient nor they cannot adopt any alternate cheapest form of treatment for disease, since chance in risk of life.Women household workers are very much prone to covid owing to the nature of job. Many of them never get substantial care due to non-affordability of treatment in private centers and they are still suffering from after covid disabilities like body pain, lethargy, and other ailments.

1. Statement of problem

Covid pandemic affected all sorts of people, but marginalised and vulnerable community are mostly affected economically and mentally. Among the vulnerable community, women domestic workers are highly sensitive and they are devoid of income despite hefty sustenance expenses and covid treatment charges. Majority of workers are set out for domestic work owing to abject poverty at home and no regular income due to queer family backgrounds. Hence a systematic study is essential to bring out the problem of these category of people.

2. Review of literature

The universal epidemic situation and the subsequent exposures have intensified and strengthened the social, cultural, economic and political biases surrounding women involved in domestic work. The pandemic has given rise to advent of new forms of rights infringement and conditions of social unfairness among the informal employees, characterized by loss of jobs and no salary for workers, in addition to this hefty workload, health hazard, poor facility to health care, harassment, humiliation, The food, education, health necessities of the family are also in stress (8) (B.S Sumalathaetal 2021)

In COVID-19 situation women domestic workers have to face increased vulnerabilities. Since they involved in casual work in the unorganized segment they are not considered as wage labour and denied of getting any advantage. This should be addressed and they should be placed under wage labor category. Appropriate policy may be scheduled in bringing them to right track, in order to prevent them from distress during unforeseen calamities (9). (Jyotsnamayeenanda 2020)

Women domestic workers are very poor and in condition of any medical emergencies, their income will be too insufficient to meet and they have to go for borrowing making them never ending indebtedness. The trade unions may adopt measures to make an organization for domestic workers to counter the inequalities and atrocities faced by them globally. (6) (Bhattacharjee Sangita & Goswami Bhaskar 2019)

The Central Government planning to implement Unorganized Workers' Social Security Act, 2008, to give social security involving to life and infirmity cover, health and maternity benefits, old age support to the unorganized workers inclusive of domestic workers. Several Ministries/Departments of the Central Government are executing such social security schemes like National Old Age Pension Scheme (Ministry of Rural Development); National Family Benefit Scheme (Ministry of Rural Development); Pregnant mother welfare schemes like Janani Suraksha Yojana (Ministry of Health and Family Welfare) complete health protection scheme Ayushman Bharat (Ministry of Health and Family Welfare). In addition to the above welfare schemes, the Central Government has freshly joined the social security schemes of Aam Aadmi Bima Yojana (AABY) with Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY) to deliver life and incapacity coverage to the unorganized workers for the age group of 18 to 50 years liable upon their suitability. The joined schemes of PMJJBY/PMSBY are executed by Ministry of Labour & Employment through Life Insurance Corporation of India (1) (National Policy on Domestic Workers 2019)

Many of the unskilled and semi-skilled women are coming to domestic household works arena, that too are marginalized section of community. The family circumstances of many of them are characterized by, erratic husband income, poverty, ailments etc. The caste and class concept of society also compel them to go for domestic menial works (4) (Neena Batra & Chhaya Teotia 2020)

NGO's and CBO's can create awareness about rights and privileges of domestic workers, they can conduct health and welfare programme locally. The volunteers from schools and colleges can actively take part in healthcare and hygiene activities of domestic workers. The government can support in making SHG's of women domestic workers (7). (Sreenivasan & Ilango ponnuswamy)

The problems of women domestic workers are tackled through multilevel aspects like economic, legal, psychological and holistic outlook. For this a collective approach by converging all the concerned departments should be incorporated. The NGO's can take part a prominent role in converging all stakeholders for the benefit of women domestic workers (2) (Yogita Beri 2020)

Women domestic workers are socially feeble, economically susceptible and politically deprived section of Indian society. An appropriate care, safety and policies for empowerment in the emerging society on the basis of humanitarian concepts. They do not have any backings from civil society or

organizational support. They face severe unfair treatment and multi-pronged exploitations. Both International and national entities are highly unproductive in managing situations (3) (Chandrmouli,Kodandarama 2018)

3. Need for study

- I) More than 70% percent of workforce in unorganized sector belongs to domestic workers and among them women domestic workers are manifold.
- II) Since gender equality and women empowerment is an aspiring goal in achieving SDG of UN it is a need to analyze the problem
- III) The economic background of women domestic workers is pathetic and they find very difficult to overcome present covid pandemic situation.

4. Objectives of study

- I) To assess the family size of women involved in domestic works.
- II) To know the education status of the women domestic workers
- III) To analyze the economic status of the women domestic workers family
- IV) Covid treatment cost in private hospitals in Kerala
- V) To calculate the treatment affordability

5. Methodology

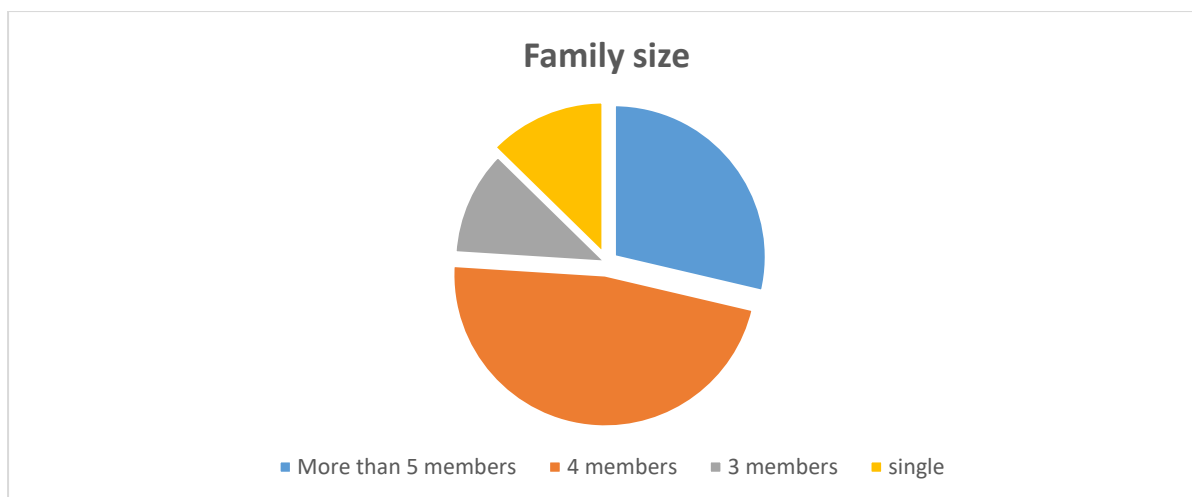
The study was conducted among 150 domestic workers selected randomly from the locality. The data was collected by pre-written set of questions and adopted structured interview with respondents. The study was conducted in six months' time. The researcher conducted a descriptive study of the problem. The statistical operations involved in tabular and graphical representation of data.

6. Results and discussion of data

FAMILY SIZE

Number of members in family including respondent	Number of respondents	percentage
More than 5 members	43	29
4 members	71	47
3 members	17	11
single	19	13
Total	150	100

Source – Data collected from field survey



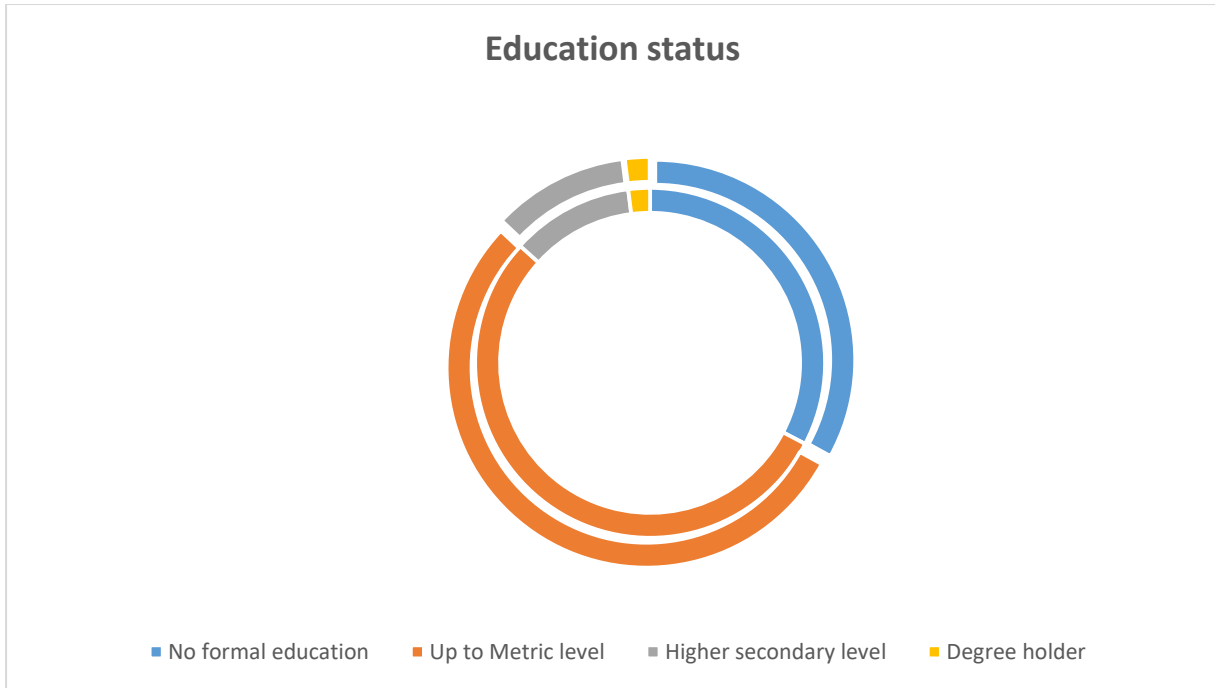
Interpretation

From the survey it is clear that majority (47%) belongs to four-member group. It also significant that single women are (13%). (29%) belongs to more than 5-member group and a share of (11%) in 3-member group. From the data it is clear that 76 percent of women domestic workers family constitute more than 4 members. It is to be noted that during covid-19 condition whenever one affects there is high chance to spread disease to all member in family, since home isolation and shelter conditions are poor in majority of women domestic workers household. So, they need to be admitted to covid-19 treatment centers for safety and resist further spreading of covid-19 in family.

Education status

Education level	Number of respondents	percentage
No formal education	49	33
Up to Metric level	81	54
Higher secondary level	17	11
Degree holder	3	2
Total	150	100

Source – Data collected from field survey



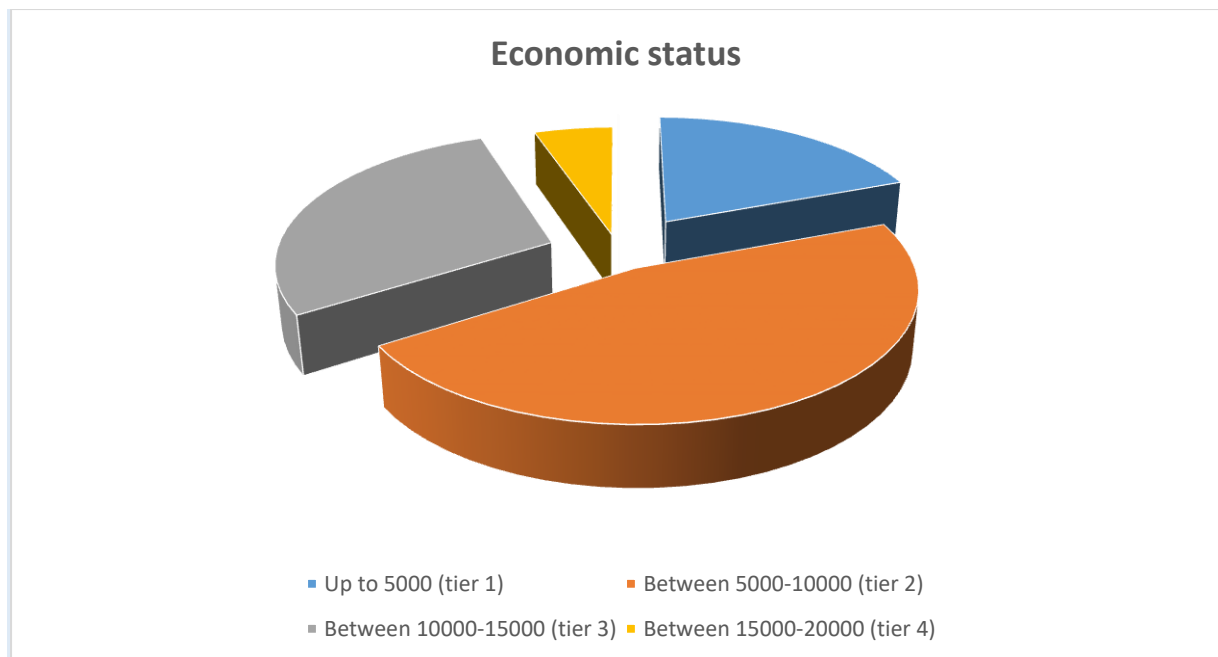
Interpretation

The data shows that women domestic workers with metric level study is high with (54%) and degree holder is only (2%). From this we can understand that degree qualified women are getting many higher income jobs in the employment market. So, the educational status is also a factor in women belonging in domestic workers category.

Economic status

Monthly family income	Number of respondents	percentage
Up to 5000 (tier 1)	29	19
Between 5000-10000 (tier 2)	70	47
Between 10000-15000 (tier 3)	43	29
Between 15000-20000 (tier 4)	8	5
Total	150	100

Source – Data collected from field survey



Interpretation

For calculating the affordability, family income levels are categorized into 4 tiers. Each tier is denoted for specific range of income. From the data collected it is clear that majority (47%) belongs to tier-2, which is between Rs.5000 and 10000. The second highest level is (29%) belongs to tier-3, which is between Rs. 10000 and 15000. (19%) belongs to tier-1 group with monthly family income up to Rs.5000 This category mainly consists of single member group. Tier-4 with monthly income between Rs.15000 and 20000 were only (5%). From the table we can understand that (95%) of respondent family are group with family income below Rs.15000.

Covid treatment charges in private hospitals

Bed Type	Rate in INR per day (Non - NABH)	Rate in INR per day (NABH)	Inclusions	Exclusions
GENERAL WARD	Rs. 2645	Rs. 2910	a. Registration Charges b. Bed Charges c. Nursing and Boarding Charges d. Surgeons, Anaesthetists, Medical Practitioner, Consultant Charges e. Anaesthesia, Blood Transfusions, Oxygen f. Medicines and Drugs g. Pathology and radiology tests: Medical procedures include essential Radiological imaging and	a. High-End Investigations like C.T. Chest /HRCT Chest b. PPE Kits c. Costly Medications like i. Remdesivir ii. Tocilizumab
HDU	Rs. 3795	Rs. 4175		
ICU	Rs. 7800	Rs. 8580		
ICU WITH VENTILATOR	Rs. 13800	Rs. 15180		

			diagnostic tests such as X-ray, USG, Haematology, pathology etc. h. Pre and Post Hospitalization expenses: Expenses incurred for consultation, diagnostic tests and medication earlier admission of the patient in the same health care centre and rate of diagnostic trials and medicines up to 15 days after release from the hospital for the same disease	
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Source - Health & family welfare (f) department, Govt of Kerala, **G.O.(Rt)No.1066/2021/H&FWD**
Dated, Thiruvananthapuram, 10/05/2021

Treatment affordability

In measuring the treatment affordability, the criteria adopted is treatment expenses for five days admission in general ward without any complications in a private hospital. It can be formulated as

$$\text{Affordability} = \frac{\text{Monthly income}}{\text{Qualifying income}} \times 100$$

(Qualifying income required) is here assumed as 5 days covid treatment charges in general ward of any private hospitals = Rs.14550 (2910 X 5 days)* 5 days is taken because normal covid-19 recovery time estimated unless any serious complications.

Class	Tier	Monthly income (A)	5 days general ward normal treatment charges/qualifying income (B)	Affordability (A/B*100)
A	Monthly Income of tier 1	5000*	14550	34.36426117
B	Monthly Income of tier 2	10000*	14550	68.72852234
C	Monthly Income of tier 3	15000*	14550	103.0927835
D	Monthly Income of tier 4	20000*	14550	137.4570447

* Taken as maximum of income range

Interpretation

On examining the treatment affordability table, we can understand that Class A and Class B affordability value are far below 100 and Class C has slightly above 100. Class D has value fairly above 100 (137.4).

From this we can conclude that the treatment charges decided by government in private hospitals are very much insufficient to women domestic workers family with meagre monthly earnings. Another factor also to be mentioned is that income shown is also needed to support other basic needs of living that a family need to undergo.

The conclusions are arrived only from the treatment charges for five days in general ward in private hospitals with normal medicine, but if it led to complications and changing to ICU or ICU with ventilator facility then condition will be highly worst. The mental and financial breakdown of the whole family resulting in a very panic situation. Since many of the women domestic workers family are marginalized and stigmatized by community standards, social commitment from the public on humanitarian grounds will be low.

So, majority of women domestic workers family when infected by covid-19, essentially need to look for other source of money. It may be borrowing from usurer with exorbitant rate of interest or obtain money from any government or co-operative credit agencies for personal loan. This will again be making their life miserable

7. Recommendations

1. District wise labor department should create a database about unorganized women domestic workers.
2. They should be provided special medical insurance for treatment, since they are prone many contagious diseases due to their work nature.
3. Domestic workers employment is unidentified by public, frequent health survey and immunization activities are to provide with help of civil society organization.
4. Government should provide subsistence allowance to women domestic worker in the event of an unforeseen calamity or epidemic.
5. NGO's and other community-based organizations can converge philanthropic donations of rich people and distribute to needy poor women domestic workers registered in database available in District Labor Office.
6. Priority should be given in covid vaccination drive.
7. Government should provide covid protection kit to domestic workers in free or with the help of volunteering agencies.
8. The legal authority should ensure that minimum wages are guaranteed for women domestic workers
9. The government can constitute a wages advisory board exclusively for unorganized sector workers including women domestic workers
10. A complaint cell can be constituted at panchayath/municipality level by local government for redressing complaints like wages, harassment, timing, food and services, leave and medical benefits. The authority should arrange hearing with both house owner and worker separately.
11. The work place attitude and stigma of the society or house owner can be overcome by positive approach, like creating awareness and advocating best practices.
12. The children of women domestic workers should be given educational aid and grants for higher studies and professional courses according annual income.

8. Limitation of study

The study was confined only to Palakkad district and population belonging to this area. The income of a family taken into account only earnings of the family in a month from doing any profession or work. The wealth from immovable properties and other inherited from ancestral source are not taken into consideration.

9. Scope of further study

The study can be elaborated with another geographical area, with wider universe and can be conducted in similar unorganized sector constituting of vulnerable workers. Covid-19 treatment can be

extended with other degenerative and communicable diseases according to susceptibility of the workers.

10. Conflict of interest

The author affirms that the article does not exist any personal, professional, financial or contractual conflict of interests

11. Funding

The author confirms that this research has not received specific grant from any funding agency in the public, commercial, or not-for-profit making sectors.

12. Conclusion

'If we shaped a society based on affection, it would be a society without exploitation'-- Boots Riley.

This is the world of haves and have-nots, although democracy and constitutional remedies are overwhelming and blooming over citizens, still there is hidden corridors where humanity needs greater reformation. The women domestic workers, belong to unorganized sector of employees without any job security, medical insurance. However, the pathetic situation is that, every woman engaged in domestic work will have to encounter several bitter experiences from the employers throughout their work period. Our constitution envisages every citizen should be provided with rights against exploitation, right for good living condition and right to safe health standards, yet there is more distance to go for the women domestic workers to realize such rights. Today International Labor Organization, several Human right activists, and NGOs strive harder to preserve the employment satisfaction of women domestic workers. In these pandemic circumstances government should never turn a blind eye to deliver safe health standards and medical benefits to unorganized class of workers as a whole.

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