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The sufferings of abuse, depression, and anxiety among female domestic workers: Clinical interviews with 250 housemaids from Pakistan

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Abstract

The household tasks e.g. cleaning, laundry, cooking, etc. have been associated with women in many parts of the world due to unfair gender roles and gender-based discrimination. Families who can afford domestic workers also prefer female workers instead of men. Female domestic workers have been recognized as the most vulnerable segment among women. They are at a constant risk of abuse and harassment. Pakistan, being the sixth largest population of the world and a collectivistic Muslim culture, lacked research about the psychopathological condition of the women housemaids. Through clinical interviews, the current study screened 250 female domestic workers for major depressive and generalized anxiety disorder, based on the criteria set by the Diagnostic and Statistical Manual of Mental Disorders. The study also analyzed participants' on-job experiences of being emotionally, physically, or sexually abused. 52.8% of female domestic workers were diagnosed with major depressive disorder and 53.2% with generalized anxiety disorder. 51.2% female domestic workers had experienced verbal abuse; 21.2% had experienced physical abuse; 55.2% had experienced emotional abuse; and 28% had experienced sexual harassment from their employers. The current study was the first ever in Pakistan which analyzed the possible psychosocial sufferings of female domestic workers.

Keywords: Domestic workers, housemaids, domestic labour, abuse, women

Introduction

Domestic workers are individuals who are employed in homes for domestic work [1]. The domestic work inside a house includes a variety of everyday household jobs including cooking, cleaning, laundry, looking after the elderly and children, doing grocery, and managing finances [2]. Most of these tasks are associated with female gender in most of the cultures worldwide. Women are used to face social inequalities in almost all the cultures throughout the history [3]. Although the household labor needs to be shared between the spouses [4], there has always been a disparity in the household responsibilities between husbands and wives whereby wives have to bear extra labor inside the house [5]. Domestic work is considered a female norm in most of the societies [6, 7]. People, therefore, prefer female domestic workers over men for the same reasons of social compliance to the gender roles. There are approximately 67 million domestic workers globally who play a significant part in the global workforce [1]. According to the International Labor Organization [1], one in every 25 working women is a domestic worker. The female domestic workers work for several reasons e.g. poverty, illiteracy, lack of other employment skills, etc. (1,8,9). Domestic work is not usually regulated by authorities and is not regarded like other formal jobs in which employees are well protected for their rights. Abuse and humiliation, therefore, is a common experience of female domestic workers worldwide [10]. The earlier literature suggests that the domestic workers are mostly at risk of abusive work conditions and adverse mental health [1, 11-18].

Pakistan is a patriarchal society. Islam is the mostly followed religion by Pakistanis which originally supports the participation of women in the social, political, and economic walks of life and promotes balance between genders. The expectations from women in Islam, for example, have never been to merely perform laborious domestic work all alone [19, 20]. The political, social, and cultural reasons, however, have contributed a lot in the misunderstanding of gender roles among Muslims worldwide [21].

Apart from religious misinterpretations, Pakistan is also a signatory to the Convention on the Elimination of all Forms of Discrimination Against Women and women have been theoretically provided with equal rights and opportunities in the law. In practice, however, men dominate women in all spheres of life [22]. Women have to face several inequalities and challenges due to culture, customs, religious misinterpretations, ingrained feudal systems, and insufficient literacy rates [23, 24]. The state of mental health of Pakistani women is worse than men [25]. They lack appropriate knowledge on the psychosocial stressors [26], and face several cultural barriers in seeking health-related support [27, 28]. Domestic work, as discussed earlier, has been culturally associated with women. Families which can afford the help of domestic workers, prefer to hire women housemaids instead of men. These housemaids are commonly migrated from their villages to big cities to earn the livelihood for their families. Most of them serve as the only bread earners for their families as their men prefer to be jobless. The existing literature from the country did not report any earlier study which could have tried to assess the psychopathological conditions of female domestic workers. The current study, therefore, was initiated to analyze the possible sufferings of female domestic workers in Pakistan by interviewing them from a clinical perspective. It was intended to interview and screen the participants against major depressive and generalized anxiety disorder, based on the Diagnostic and Statistical Manual of Mental Disorders (29). It was also intended to analyze their on-job experiences of being emotionally, physically, or sexually abused.

Materials and Methods

Participants

The study involved 250 female domestic workers from Rawalpindi and Islamabad, Pakistan. They constituted a diversified sample based on age (13-19 years=20; 20-35 years=157; 36-59 years=73), marital status (unmarried=47; married=178; widows=25), education (illiterate=184; educated enough to read and write in Urdu=66), intensity of work (working in one house only=50; working in multiple houses=200), and income (Rs. 1000-5000=173; Rs. 6000-10000=56; Rs. 11000-15000=21).

Instrument

An Interview Schedule was developed for the current study. The schedule included (a) the demographic information regarding the respondent i.e. her age, marital status, education, monthly income, and number of houses in which she works; (b) a symptoms-based checklist for major depressive disorder and generalized anxiety disorder on the criteria of DSM-5; and (c) a checklist for the exposure to physical abuse, emotional abuse, verbal abuse, and sexual harassment.

Procedure

The researchers, who are practising Clinical Psychologists, approached the students and teachers at a university in Islamabad, Pakistan. The students and teachers having female domestic workers at their homes were informed about the objectives of the study and were requested to arrange interviews with their housemaids. The interviews were carried out at the private clinic of one of the researchers. The researchers took prior consent from the

respondents to take part in the study. Upon their willingness, a satisfactory level of rapport was built with them, and they were briefly informed about the purpose of the study. They were asked the questions in Urdu which were recorded in the Interview Schedule accordingly. All the procedures performed in this study were in accordance with the 1964 Helsinki declaration and its later amendments.

Analyses

The respondents were diagnosed for major depressive disorder and generalized anxiety disorder. The diagnoses accompanied by their experiences of physical abuse, emotional abuse, verbal abuse, and sexual harassment were recorded into frequencies. Percentages were also calculated based on these frequencies to present the findings.

Results

132 out of 250 (52.8%) female domestic workers were diagnosed with Major Depressive Disorder. 133 out of 250 (53.2%) female domestic workers were diagnosed with Generalized Anxiety Disorder. 128 out of 250 (51.2%) female domestic workers had experienced verbal abuse (unethical, harsh, and insulting communication) from their employers. 53 out of 250 (21.2%) female domestic workers had experienced physical abuse (slapping) from their employers. 138 out of 250 (55.2%) female domestic workers had experienced emotional abuse (insulting and degrading behavior) from their employers. 70 out of 250 (28%) female domestic workers had experienced sexual harassment (observing them with sexual intentions) from their employers. The respondents reported that they tolerated the aforesaid abuse of their employers to a subjectively defined extent, and they left those employers when the situations became intolerable.

Table 1: Frequencies and percentages for the presence of the understudied variables (N=250)

Variables	n	%
Major Depressive Disorder	132	52.8
Generalized Anxiety Disorder	133	53.2
Verbal Abuse	128	51.2
Physical Abuse	53	21.2
Emotional Abuse	138	55.2
Sexual Harassment	70	28.0

Discussion

The current study was aimed at screening the participants out for major depressive and generalized anxiety disorder, based on the Diagnostic and Statistical Manual of Mental Disorders [29]. The findings revealed that 52.8% female domestic workers were diagnosed with major depression and 53.2% female domestic workers were diagnosed with generalized anxiety disorder. The prevalence of the same disorders in general Pakistani women, as reported in an earlier Pakistani study [25], was significantly lower than the prevalence in female domestic workers (Depression = 43%; Anxiety = 33%). Depression and anxiety in female domestic workers have been commonly found in earlier studies conducted in other parts of the world [16, 30]. Major Depressive Disorder (MDD) is the most frequent mental disorder [31] which affects more than 300 million individuals [32] or 6% of the adult population each year worldwide [33]. MDD has higher adverse effects on health as compared with other common physical diseases such as diabetes, angina,

asthma, or arthritis [34]. It has a potential to develop several medical conditions such as diabetes and cardiovascular disease [35] and adversely affect the general health of a person [36]. According to the Diagnostic and Statistical Manual of Mental Disorders-DSM5 [29], the diagnosis of Major Depressive Disorder is made through depressed mood, loss of interest or pleasure, sadness, hopelessness, worthlessness, weight loss, insomnia, hypersomnia, psychomotor agitation, fatigue or loss of energy, problems in concentration, death anxiety, and suicidality. Suicide is strongly correlated with MDD [37] and it has been reported that 50% of the suicides are conducted in a depressive episode [38]. MDD is also positively correlated with premature deaths [39]. The lifetime prevalence of MDS has been reported as 2 to 21% worldwide [40] and 16.2% in the US [41]. Several environmental factors such as loss of employment, financial constraints, exposure to violence, separation, bereavement [42], neglect and abuse in childhood [43] etc. have been associated with its development. MDD adversely affects a person's cognitive functioning [44], work performance [45], and quality of life [46]. MDD is also found to be more prevalent among women and occurs twice in women than men [40]. Generalized Anxiety Disorder (GAD) is 'worrying about the future excessively' [47]. GAD is regarded as a chronic and impairing disorder [48, 49]. It is a basis for several other mental disorders [50] and a risk to several chronic medical problems including depression and cardiovascular disease [51]. The patients of GAD have been considered as the most common patients of any Outdoor Patient Department in hospitals [52]. According to the Diagnostic and Statistical Manual of Mental Disorders – DSM5 [29], the diagnosis of Generalized Anxiety Disorder is made through the excessive and uncontrollable worry, restlessness, fatigue, irritability, muscle tension, and disturbance in sleep. Patients with GAD worry to avoid and reduce the ongoing distress [53]. They have cognitive hyperactivity and highly intense perception of emotions [54]. Other significant causal factors include negative life events [55], parental neglect [56], maltreatment [57], loss [58], interpersonal problems [59], etc. Women experience GAD more than men [25, 60].

The current study also revealed that 51.2% of the understudied female domestic workers had experienced verbal abuse by their employers, 21.2% had experienced physical abuse, 55.2% had experienced emotional abuse, and 28% of them had experienced sexual harassment from their employers. Abuse and harassment toward female domestic workers have also been commonly found in studies conducted in different parts of the globe [61, 62]. The term 'abuse' refers to the destruction of one's self-esteem or sense of safety occurring within relationships in which power dynamics are different [63]. Abuse may include 'physical' aspects involving physical acts to intentionally harm someone [64]; 'sexual' aspects to exploit another person through sexual activities [65]; 'emotional' or 'psychological' aspects to devalue the targeted person emotionally [66]. 'Neglect' is another form of abuse in which a person withdraws from the caretaking of a dependent [67]. Emotional abuse, defined briefly, can be any non-physical behavior or attitude intended to control, intimidate, subjugate, demean, punish, or isolate another person for the sake of gaining power over another person [68]. Emotional abuse is generally more prevalent than physical or sexual abuse [69]. Emotional abuse has a significant potential to be

converted into physical abuse [70] and has negative psychological effects on the victim e.g. depression, low self-esteem, sense of failure, hopelessness, self-blame and self-destructiveness [71].

Conclusion

The current study was the first ever of its nature in Pakistan. It reported the adverse psychosocial condition of female domestic workers for the first time in the country. The study emphasized gender-based discrimination which is based more on the sociocultural customs of a patriarchal society rather than the religious foundations. It highlighted the problems of the most vulnerable segment of women who are the poorest and the most prone to abuse and exploitation. The study sensitized the policymakers and public to pay sufficient attention to the vulnerability of female domestic workers. The employers of female housemaids should raise their moral standards in dealing with their workers. They should also facilitate their mentally affected workers for appropriate psychological help. Psychotherapy has been found effective in treating major depressive [72] and generalized anxiety disorder [73]. Future researchers are advised to explore this scenario further by analyzing the causal factors involved in the psychosocial sufferings of women housemaids.

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