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Domestic workers: Correlations between labor conditions and safety and health

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1. Research background

As women's socioeconomic participation increases and more full-time homemakers become engaged in community activities, the demand for domestic services is growing significantly (Kang Yi-su, 2009). However, labor conditions for domestic workers remain poor, mainly due to social perceptions undervaluing domestic labor. Domestic labor is considered work that is natural for women, that even women can perform, that does not require any particular expertise, and that does not deserve significant reward. The background underlying such poor labor conditions can be found in the 1953 Labor Standards Act. According to Subparagraph 1 of Article 2 of the law, which provides a definition of workers (laborers), Subparagraph 1 of Article 11 (Application) does not apply to domestic workers (see the National Law Information Center). This provision remains unrevised. For this reason, domestic workers are excluded from employment insurance and workers' compensation

1) This paper is an excerpt from Research on the Work Conditions and Health of Domestic Workers, Kim Dongsik et al. (2015).

insurance. In other words, when they quit a job or their agency closes, they are not entitled to unemployment benefits, and if they get injured at work they should cover medical and any other costs at their own expense.

At its 100th International Labour Conference in June 2011, the International Labour Organization (ILO) adopted the Convention concerning Decent Work for Domestic Workers (ILO, 2011), which prescribes the provision of domestic workers with a written contract, overtime wages, a minimum wage, and social insurance, along with conditions ensuring health and safety including suitable periods of rest, occupational safety and health, and maternity protection. Since it was most urgent to achieve recognition of the labor of domestic workers, however, issues related to their work conditions and rights to health and safety were not sufficiently addressed at the conference. Furthermore, the social consensus for such needs remains low.

The goal of this research is to identify the correlation between labor conditions of domestic workers and their safety and health.

2. Research methods

The sample size for this research is 800 persons selected from five major agencies supplying client households with domestic workers. In consideration of the size of the worker pool, organization type, and age distribution among workers registered with each agency, the target sample size was assigned as 200 persons each for two for-profit agencies and 100, 150, and 150 persons each

for three non-profit agencies. The target sample size for individual agencies was proportional to the number of registered domestic workers (members) at each agency. It also took into account the age and years of experience of the workers.

The survey was conducted by employees of each agency (at central and regional offices). Except for in a few cases, one-on-one surveys were not plausible because the workplace for domestic workers is in clients' homes, not their agencies. For this reason, the surveys were conducted during monthly meetings or supplementary training sessions when a large number of domestic workers gathered at their respective agencies. Among the workers collected at each agency for such events, survey participants were selected in consideration of the assigned sample size, age, and years of experience. In order to encourage participation, a gift voucher equivalent to their service fee was provided to survey participants. The survey was conducted from mid-July to early September.

With an aim of reducing non-sampling error among those who would administer the survey and increasing the reliability of responses, prior to the survey the relevant employees at each agency were educated on the goals of the survey, how to conduct the survey, and the meanings of individual questions in the questionnaire.

3. Findings

1) Respondent characteristics

The average age of the domestic workers who participated in the survey was 54.7 years old. Fifty-seven percent of them were in their 50s, 21.8% in their 60s and older, and 20.8% under 50 years of age. As for educational attainment, over 75% had a high school education or higher, and 24% a middle school education or lower. While 76% of them were married, 22.3% were divorced, widowed, or separated. 58.1% were living in large cities and 41.9% in small and medium-sized cities. In terms of monthly income, 51.9% earned less than one million won and 11.1% less than 500,000 won. For 9.7% of the respondents, the average household income was less than one million won. Regarding their contribution to their overall household income, 50.4% of survey participants said that their income amounted to over 50% of their household income, while 28.6% of them marked 75% or higher.

2) Work conditions of domestic workers

(1) Work hours

The average work hours over the past one week was 24.8 hours. As for total work hours per week, 57.8% responded working 15-35 hours and 22.5% said 36 hours or more.

Among the 180 persons who stated that they worked for 36 hours or more per week, 29.4% said that they continued working even when they were ill and 37.3% replied that they felt they needed to work even when they were ill. These answers were cross-tabulated with the degree of their contribution to total household income. This

cross-analysis showed that the greater their contribution, the greater the proportion of responses “I’m sick but working” and “I cannot stop working even if I get sick”.

In summary, the number of work hours is related to the level of contribution to household income. Since those whose income from domestic labor makes up a greater proportion of their household income are more concerned about loss of income than they are about health problems, they could not afford to take better care of their health.

(2) Perception of their work

The survey examined the workers’ perceptions of their labor. Among the 800 survey respondents, 86.6% agreed that it is physically demanding work. In particular, 47.1% marked “Strongly agree” to this statement. This figure is noteworthy given that the proportion of response “Strongly agree” is only 10-30% for other statements in the survey. All in all, domestic workers perceive their work to be physically demanding and difficult.

Another statement largely agreed to among respondents was “The client’s evaluation is important in this field of work” (84.4%). Although each agency had an established manual regarding the domestic services they provide, in practice domestic workers had to prioritize clients’ needs and clients’ subjective evaluations determined their continuity of employment.

(3) Risk factors and the amount of time exposed to risks

When asked about the degree of physical strain involved in various work postures, between 65% and 83% responded that a

given posture made it hard to work. The response “Very hard” was greatest for “Pushing or lifting heavy objects” at 26.4%. This kind of work, which was usually performed not upon the worker’s discretion but at the client’s request, may negatively affect workers’ health and safety. The next-hardest type of task was “Twisting or bending hands, wrists, or arms”; 19.0% marked “Very hard”.

Those who found their work difficult were then asked how long they were exposed to those postures on average in a four-hour work period. Among those with two hours of exposure or longer, the greatest response was “Continued standing position” with 66.4%. The responses “Bending or twisting neck, back, or knees” and “Bending or twisting hands, wrists, or arms” were in the 20% range. Although the responses to “Pushing or lifting heavy objects” and “Being forced under or bumping into edges” were relatively low compared to those postures mentioned above, the figures still reached 9.3% each.

When it comes to environmental risk factors such as “Inhaling dust and/or powder” and “Inhaling chemicals such as detergents”, the proportion of the response “Very hard” was similar to or even higher than that of “Continued standing position”, which received the greatest response (26.4%) among all physical risk factors. While the proportion of those with exposure of two hours or longer to these environmental risk factors is smaller compared to some physical strains, it is still in the latter part of the 10% range and the degree of perceived difficulty is greater. Therefore, environmental risk factors also need to be considered when devising improvement measures for health and safety.

(4) Lunch and break time

A total of 272 respondents worked full days, meaning that they worked a complete eight hour workday in clients' homes. 84.9% percent (231 persons) stated that they ate lunch during the work period. As to who provides lunch, it was the client in 61.9% of cases and the domestic workers themselves in 38.1%. Among 393 participants who worked a full day but visited two clients, 87.3% (343 persons) ate lunch during work. However, 81.1% of them prepared the lunch by themselves and only 18.9% was provided with lunch by one of the clients. Among the 646 persons who worked half a day, 71.1% (459 persons) had lunch at work and the majority of them (85.2%) prepared the lunch by themselves.

Regarding the average amount of time spent on eating lunch, it was 29.4 minutes for half-day workers and 21.7 minutes for those who worked all day at one home. Those who visited two homes spent the shortest time on lunch at 17.2 minutes. It seems that they do not have much time to spare for lunch because they need to transit to the next house after finishing the first.

Break time during work hours is important in terms of a worker's health and safety. Domestic workers are no exception. When asked if they take a break during work, 3.6% marked "Always" and 12.9% "Usually". In total, only 16.5% took a break at work. Since the details of their work depend on their client's needs due to the nature of domestic labor, 38.1% said that it is not consistent. In sum, 437 persons (54.6%) seem to take a break according to the situation. In the meantime, the proportion of those who answered "Rarely" and "Never" reached 45.4%.

Those who took a break (437 persons) were asked how long their

break time was during a four-hour work period. The most common response was “Less than 10 minutes” with 44.9%, followed by “10-20 minutes” with 36.8%, “20-30 minutes” with 14.0%, and “30 minutes or longer” with 2.8%. All in all, 81.7% took a break for less than 20 minutes.

Those who did not take breaks (363 persons or 45.4%) were asked why they did not do so. 83.8% replied that they did not have enough time to complete their work. Responses as to why they did not take breaks of “The client does not like it” and “The client allows it but I felt uncomfortable” amounted to 5.5% and 5.8%, respectively.

In short, 54.6% of respondents took a break for less than 20 minutes during a four-hour work period. Meanwhile, the remaining 45.4% worked without a break mainly in order to complete their tasks on time. In this regard, it seems necessary to guarantee an appropriate amount of break time for domestic workers by clarifying the types of tasks that need to be done within a work period and providing work guidelines based on this.

(5) Inappropriate remarks and misunderstanding/suspicion from the client

The respondents were asked if they had experienced insulting remarks, sexual harassment, abuse, and/or misunderstanding/suspicion related to damaged or missing goods from their clients over the past year. First, a total of 64 persons (8.0%) answered that they experienced insults, yelling, and/or foul language from their clients. Unwanted physical contact/sexual harassment and threats/abuse were experienced by 1.6% and 1.0%, respectively.

Cases of misunderstanding/suspicion related to damaged or missing goods were identified in the pre-survey meetings and in-depth interviews conducted for this research. In the survey, 14.1% and 7.8%, respectively, had experienced such suspicion. Related to compensation for damaged goods, 19.5% of those with such experience had paid out of their own pockets. The cost was shared by the domestic worker and the client in 18.6% and by the domestic worker and her agency in 8% of cases. In regard to lost goods, 19.4% of those with such experience had paid for it themselves. 3.2% shared the cost with their clients and 6.5% with their agencies.

3) Experience of accidents and ill health due to domestic labor

(1) Experience of accidents

In the previous one year, 51.5% (412 persons) had experienced headaches, stomach pain, and/or dizziness from using chemicals (chlorine bleach, detergent, etc.). The survey failed to determine whether those chemicals were used upon the client's request. However, it did ask if the client asked them to use a greater amount of chemicals and 22.8% (182 persons) said yes.

The second most common type of accident was twisting a wrist, ankle, and/or back while airing blankets or lifting/moving things such as laundry or trash (47.9%). Responses "I got pricked or cut by sharp objects such as nails, screws, or knives", "I fell in the bathroom", and "I got burned while cooking or boiling laundry" were in the 30% range.

Among the seven types of tasks examined in this survey, domestic workers experienced accidents in 2.27 types of task on average. The

number of those who experienced accidents in at least one type of task was 609 (76.1%).

(2) Requests from the client to perform dangerous tasks and experience of accidents

Respondents were asked if over the past year a client had asked them to perform a type of task that might compromise their safety. Such client requests could be grouped into two types of task: moving heavy objects and cleaning high and dangerous places. The rates of such experiences were 49.6% and 53.2%, respectively. A total of 490 persons (61.3%) had received a request from a client to perform at least one of these two tasks, and 18.4% of them (90 persons) had accidents and were injured while doing the requested work.

As to the type of injury, a bruise was most common, with 78.9%, followed by abrasion with 37.8%, sprain with 23.3%, burn with 20.0%, cut with 15.6%, contusion with 7.8%, and fracture with 3.3%. Regarding a question asking if they had received any medical treatment, such as seeing a doctor or purchasing over-the-counter medicine, only 63 of 90 persons (70%) said that they did. Among the 63 respondents, 77.8% relied on OTC medicine, 25.4% received outpatient treatment at a hospital, and 7.9% were hospitalized. It should be mentioned that the need for medical treatment may vary depending on the type and seriousness of injury.

When asked who paid for the treatment, the most prevalent answer was domestic workers themselves, with 90.5%, followed by the client with 6.3%. The cost was shared with the client in 3.2% of cases and with the agency in another 3.2%.

(3) Experience of changes in overall health

A total of 37.4% of respondents reported experiencing no health-related changes since starting work as a domestic worker. Responses “Slightly improved” and “Significantly improved” were 5.5% and 2.8%, respectively. The remaining 54.4% perceived negative health changes due to their domestic labor, with 5.8% marking “Significantly worsened” and 48.6% “Slightly worsened”.

(4) Experience of physical pain

Regarding work-related musculoskeletal disorders, the survey asked respondents if they had experienced pain and/or a sense of discomfort (prickliness, stiffness, numbness, etc.) in seven listed body parts (neck, shoulders, arms/elbows, hands/wrists/fingers, back, knees, or legs/feet/ankles) while working as a domestic worker over the past year. A total of 618 of 800 respondents (77.3%) had experienced pain and/or a sense of discomfort in at least one of these body parts.

Among those with such experience, the areas with the most prevalent experience of pain/discomfort were hands/wrists/fingers with 77.7%, followed by shoulders with 77.2%, back with 71.0%, knees with 60.4%, arms/elbows with 58.1%, neck with 55.7%, and legs/feet with 51.3%.

This order of body parts in which pain/discomfort was experienced is not much different when it was examined in the entire sample of 800 persons. It is noteworthy that about 40-60% of domestic workers examined in this survey complained about pain and/or a sense of discomfort in various body parts.

The 618 persons who reported pain in at least one of these seven

body parts were asked if their pain was related to their domestic labor. Thirty point four marked “Strongly agree” and 56.2% “Somewhat agree”. All in all, 86.6% believed that their physical pain was related to their work as domestic workers. In order to confirm the correlation between physical pain and domestic labor, the survey asked respondents to compare their experience of pain before and after starting work as a domestic worker. The assumption was that if they had already experienced the specific pain before starting domestic labor the correlation between the pain and domestic labor may need to be questioned.

According to the analysis, the body parts with the greatest correlation with domestic labor in terms of after-domestic-labor pain were hands/wrists/fingers with 78.1%, followed by arms/elbows with 76.3%, legs/feet with 76.0%, knees with 70.0%, neck with 68.3%, shoulders with 66.5%, and back with 59.0%. In sum, 60-80% of those suffering pain/discomfort, depending on the body part, believed that their pain was related to domestic labor.

(5) Experience of medically diagnosed illness

Focusing on physical (including musculoskeletal, dermatological, and respiratory illnesses) and mental illnesses frequently experienced by domestic workers, the survey asked if they had received any medical diagnosis over the past year. Among the physical conditions confirmed by medical professionals, musculoskeletal disorders (back pain/disc protrusion 17.8%, carpal tunnel syndrome 10.3%, osteoporosis 8.0%, rheumatoid arthritis 7.8%, and frozen shoulder 7.1%) were most common. The rates of dermatological diseases (eczema 9.8%, allergic skin conditions 6.8%, and herpes zoster

4.1%) were 4-10%. In terms of respiratory illnesses, 8.8% were diagnosed with allergic rhinitis and 1-2% with chronic bronchitis and asthma. When it comes to mental diseases, 7.5% were diagnosed with insomnia/sleep disorders and 3.1% with depression/anxiety disorder.

For those with official medical diagnosis, it was asked if they received medical treatment and if their illness was related to domestic labor.

Regarding the proportion of those who received medical treatment, it was in the 60% range for chronic fatigue and insomnia/sleep disorder, 78.2% for eczema, and 80-90% for other illnesses. In the cases of carpal tunnel syndrome, back pain/disc protrusion, herpes zoster, chronic bronchitis, and asthma, the medical treatment rates were over 90%.

Regarding the correlation between illness and domestic labor, the proportion of those who reported positive correlations was between 40-70%, depending on the illness. As to herpes zoster and carpal tunnel syndrome, in particular, the proportions of those who said that their illness developed after they began work as domestic workers were 78.8% and 76.8%, respectively.

(6) Stress

In order to measure the level of stress experienced by domestic workers, the Psychosocial Well-being Index-Short Form (PWI-SF) and the Brief Encounter Psychosocial Instrument (Korean version, BEPSI-K) were used (Kim et al., 2008; Song et al., 2013; Lee et al., 2015)²⁾.

2) The PWI-SF consists of 18 statements and the BEPSI-K of five. The PWI-SF

According to the analysis of the PWI-SF values, only 78 persons or 9.8% of 800 respondents were identified as stress-free; 582 persons (72.7%) were potentially stressed and 140 persons (17.5%) were at high risk of stress. Those whose average score was 2.4 points or higher in the BEPSI-K were classified into the stressed group: 35 of 800 respondents (4.4%) belonged to this group.

4) Work environment and its relation with the health and safety of domestic workers

The findings of these analyses were used to define dependent variables (health and safety), independent variables (characteristics of labor environment), and control variables (sociodemographic characteristics and the characteristics of general work environment) in order to conduct a multivariate logistic regression analysis.

Those who replied that they did not take a break at all or did not have enough time for rest were 1.93 times more likely to experience perceived ill health, 1.64 times more likely to experience stress in the past two weeks, 1.61 times more likely to suffer from musculoskeletal disorders, and 1.75 times more likely to experience accidents compared to those who reported having sufficient rest during work. These dependent variables (health and safety) were independently related to amount of rest with statistical significance. There was also a clear difference between those who were requested

assigns 0-3 points to each statement, with the total score being in the range of 0-54 points. Based on the total score, the stress-free group is 0-8 points, the potential stress group 9-26 points, and the high-risk stress group 27 points or higher. The BEPSI-K assigns 0-4 points for each statement and a subject is considered stressed if the average score is 2.4 points or higher.

to perform dangerous tasks and those who were not. The former experienced perceived ill health 2.41 times more than did the latter, stress 2.2 times more, and musculoskeletal disorders 2.52 times. In particular, the gap between the two groups was greatest in terms of the experience of accidents at 8.71 times ($p<0.001$). Those who continued working even if they were sick experienced accidents at a rate that was 3-4.7 times greater than those who did not. There was also a difference in some dependent variables between those who received safety hazard prevention training and those who did not. The likelihood of the latter to experience stress and accidents was 1.76 times and 1.54 times higher, respectively, compared to the former ($p<0.05$). In terms of training on the prevention of musculoskeletal disorders, those with training were less likely to experience illness and/or accidents than were their counterparts, but a statistical correlation was not established. Last, those who experienced suspicion and unfair treatment related to lost/damaged goods were 3-4 times more likely to experience stress, musculoskeletal disorders, and accidents compared to those with no such experience ($p<0.01$).

In summary, either a lack of or insufficient rest, experience of being requested to perform dangerous tasks, and experience of having to work despite being sick, all of which illustrate the poor work conditions faced by domestic workers, seem not only to have physical and emotional health implications, but also to be important factors that independently affect safety hazards. Furthermore, efforts are required on the part of agencies to prevent conflicts between domestic workers and clients, since unfair treatment from a client such as misunderstanding/suspicion related to damaged/missing goods,

insults, sexual harassment, and abuse may increase stress levels for domestic workers. Lastly, while safety hazard prevention training and training on the prevention of musculoskeletal disorders do not seem to have a direct impact on the experience of accidents and musculoskeletal disorders, correlations (directions) were observed in this research. Hence, the necessity of such training should be carefully considered.

4. Conclusion

The current study examined the status of domestic labor by surveying a total of 800 domestic workers in cooperation with major recruitment agencies in order to investigate whether the characteristics of labor environments of domestic workers have an impact on the workers' psychological/mental health and the risk of safety hazards.

When the self-perception of domestic labor among domestic workers was examined in terms of social value, labor intensity, health risks, work conditions, and emotional labor, a significant number of respondents viewed their work negatively. Although they believed that they could complete their work within a set amount of time, a number of them felt time pressure if the workload were increased due to a client's request for additional work or if they experienced anxiety over potential conflicts with their clients due to the client's dissatisfaction with the quality of service. It was also established that domestic workers suffered a significant level of physical and mental stress due to the characteristics of domestic labor, which require them to sustain repetitive motions and uncomfortable postures for a long period of time.

In comparison to the amount of rest and occupational safety and health standards recommended by the ILO in order to ensure decent work conditions for domestic workers, a considerable number of domestic workers did not take a break during work and often continued working even when sick.

According to the multivariate logistic regression analysis conducted in this study, the characteristics of the labor environment of domestic workers as discussed above and the basic work conditions

for domestic workers recommended by the ILO showed correlations with the health and safety risks faced by domestic workers. Although the degree of risk varies depending on different labor environment factors, attention needs to be paid to the fact that the overall work environments of domestic workers are poor and pose threats to the workers' health and safety. In this regard, it is necessary to devise measures to improve the work environment experienced by domestic workers.

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